Surgical Procedures: Parotidectomy

What is a parotidectomy?

The parotid gland is the largest of the salivary glands (glands that make saliva). It is found in front of the ears. The parotid gland makes and secretes (releases) saliva. Saliva is important for digesting food, killing bacteria in the mouth, and preventing tooth decay. A parotidectomy is surgery to remove the parotid gland.

Salivary gland cancers often start in the parotid gland. They are rare and most parotid tumors are benign (not cancerous).

A parotidectomy may be done to treat some cases of salivary cancer. It may also be done to treat non-cancerous conditions like chronic infection or obstruction (blockage) of the salivary glands.

How is a parotidectomy done?

There are two types of parotidectomy:

- **Superficial parotidectomy**: The superficial (outer part) of the parotid gland is removed. The surgeon makes a cut (incision) in front of the ear and down the neck. This does not often affect how the face moves, because the surgeon tries to avoid the facial nerve.
- **Total parotidectomy**: The whole parotid gland is removed. The surgeon makes a cut in front of the ear and down the neck. The facial nerve, as well as other tissues, may need to be removed depending on where the tumor is. This could affect how your face moves.

In some cases, lymph nodes in the neck may need to be removed. This is called a lymphadenectomy. The surgeon may need to remove connective tissue, muscles, nerves, and blood vessels (small tubes that carry blood through your body). To do this, a long incision is made in the neck.

Each case is different, and your provider will talk to you about your specific surgery.

What are the risks of having a parotidectomy?

As with any surgery, there are risks and possible side effects. These can be:

- Reaction to anesthesia (Anesthesia is the medication you are given to help you sleep through the surgery, to not remember it, and to manage pain. Reactions can include wheezing, rash, swelling and low blood pressure).
- Bleeding.
- Blood clots.
- Infection.
- Facial nerve damage. This can lead to facial muscle loss, facial droop, problems with moving your tongue and speech/swallowing, arm weakness, and/or weakness in the lower lip.
- Frey syndrome (A condition caused by facial nerve damage. It causes facial flushing and sweating when eating a meal, or even thinking, dreaming, or talking about eating.)
- Loss of feeling in the ear.
- Dry eye.
- Salivary fistula (An abnormal opening in the skin that saliva may leak through).
- A change in how you look.
Before surgery, your provider will talk to you about any other risks based on your health and the surgery you are having.

**What is recovery like?**

The recovery and hospital stay from a parotidectomy depends on the type of procedure you have had.

You will be told how to care for your surgical incisions or drains and will be given any other instructions prior to leaving the hospital.

Your care team will talk with you about the medications you will be taking, such as those for pain, blood clot, infection, and constipation prevention and/or other conditions.

Your provider will talk to you about any changes in your activity level, which depend on the surgery you had. Often, you should:

- Take prescribed medications as directed.
- Eat a bland diet, avoiding sour, tart, or spicy foods.
- Treat constipation as needed to reduce straining when having a bowel movement.
- Sleep with your head elevated (raised) above your heart. Prop pillows up under your head to do so.
- Talk to your healthcare team about when you should restart your pre-operative medications, especially medications that can affect blood clotting, like blood thinners, aspirin, and non-steroidal anti-inflammatory medications (NSAIDs, like ibuprofen and naproxen).
- Not drink alcohol.
- Not smoke because this will slow blood flow to your surgical wound. If the wound does not have enough blood flow, it will not heal.
- Not lift anything over 10 pounds.
- Not bend to lift objects or exercise until told to do so.
- Avoid air travel for 2 weeks after surgery.
- Care for your incision and shower as directed. Do not put the incision under water.

**What will I need at home?**

- Thermometer to monitor for fever (101°F/38.3°C), which can be a sign of infection. Your care team will tell you at what temperature you should call them.
- Wound and drain care supplies if needed.

**When should I call my provider?**

Your provider will give you instructions about when to call the office. Often, you should call the office if you have:

- Fever of 101°F/38.3°C or higher.
- Redness, swelling, and/or drainage at the incision.
- Any other questions or concerns.

**How can I care for myself?**

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.
Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.

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