

Having a parotidectomy

This factsheet explains your operation and answers many commonly asked questions. If you have any concerns about your illness or your treatment, please talk to your surgeon or clinical nurse specialist (key worker).

What is the parotid gland and what causes parotid lumps?

You have two parotid glands, one on either side of your mouth in front of your ears. These glands make saliva. There are other glands that make saliva, one on each side under the jawbone, and hundreds of tiny ones scattered around the lining of your mouth.

Lumps can occur in the parotid due to abnormal overgrowth of some parts of the salivary glands. These are called parotid gland tumours. The majority of these are benign, which means they are not cancerous.

What is a parotidectomy?

A parotidectomy is the surgical removal of the parotid gland. In most cases, we do not remove all of the parotid, just the lump with a good border of normal tissue around it.

Why remove the lump?

In most cases, we recommend lumps are removed since they generally continue to grow and can become unsightly. The bigger the lump, the more difficult it is to remove, which is another reason why we tend to operate fairly quickly.

Lastly, there is always some concern regarding the exact cause of the lump until it has been removed and examined. Although 80% of these lumps are benign (8 in 10 cases), after many years a benign lump can become cancerous (malignant), therefore it is best to remove them as a precaution.

What happens before I come into hospital?

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if there's anything you do not understand. You will also have the opportunity to see the clinical nurse specialist who will be your key worker and will be available for advice and further information.

In addition, you will have a pre-operative assessment visit. This is usually one to two weeks before your planned admission for your operation. During this assessment, a specialist assessment nurse will see you. They will discuss your general health with you, including any medicines you are currently taking and will decide whether you need any tests before you have a general anaesthetic.



You may also be seen by either the doctor or anaesthetist, or both, if the nurse feels it is necessary. They will examine you and may listen to your heart and lungs.

Tests you may have include:

- Routine blood tests
- ECG (electrocardiogram or heart trace)
- MRSA skin test.

This appointment is also an opportunity to ask questions about your stay in hospital and to share any concerns you may have.

What happens during the operation?

The operation is performed under a general anaesthetic, which means that you will be asleep throughout. A fairly long cut will be made which runs from in front of your ear and down into your neck. The cut heals very well and in time the scar is likely to be minimal.

During the operation, the facial skin is lifted and some of the nerves to the skin are cut. This means that the skin on the side of your face and in front of your ear will be numb for some time after the operation. Many patients tell us that the skin of the ear lobe remains numb permanently.

After the affected part of the parotid gland has been taken out, the skin is closed with surgical glue, stitches (sutures) or strips of sticky tape (steristrips). The stitches that we use are usually soluble. At the end of the operation, the surgeon may place a drain (plastic tube) through the skin in order to prevent any blood collecting under your skin. You may need to stay in hospital for 24–48 hours after the operation, before the drain can be removed and you can go home.

What can I expect after surgery?

After surgery you are likely to feel some pain. The team of doctors and nurses will make sure you have the appropriate dose of painkillers to keep you comfortable. You should be able to eat and drink normally.

What are the side effects that may occur after my operation?

Facial weakness

There is a very important nerve that passes right through the parotid gland, called the facial nerve. This makes the muscles of the face move. If it is damaged during surgery, it can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the operation. However, in 15-20% of cases (about 15-20 in 100 patients), the nerve can become bruised and as a result the face can be weakened. This usually lasts for only a few weeks after the operation.

In 1% of cases (1 in 100 patients), there is a permanent weakness of the face following this kind of operation for benign tumours. In some cases the nerve can be involved with a malignant tumour, in which case some of it may need to be removed in order to get the tumour out safely. If there is any chance of this happening to you, the doctors will advise you before the operation.



Numbness of the face and ear

The skin on the side of your face will be numb for some weeks after the operation. Your earlobe is likely to be permanently numb.

Salivary collection

In 2-5% of cases (2-5 in 100 patients), the cut surface of the parotid gland leaks a little saliva which can collect under the skin. If this happens the saliva has to be removed, usually with a needle (like a blood test) possibly several times over the next weeks, but this will settle completely in time.

Frey's syndrome

Some patients find that after this type of operation, their cheek can become a little red, flushed and sweaty when they are eating. This is because the nerve supply to the parotid gland can re-grow following surgery and start to supply the sweat glands of the overlying skin. This can usually be treated with a roll-on antiperspirant or your doctor may suggest other treatments in severe cases, for example, botox injections.

Contact details

If you have any further questions about your surgery, please contact your clinical nurse specialist or surgical team.

Switchboard:	020 7352 8171
Clinical Nurse Specialist /Key Worker (Head & Neck):	020 8661 3112
Physiotherapy team:	020 7808 2821 (answer machine)

Outside of normal workings, you may wish to contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

Available 24 hours a day, seven days a week

Further information

You can also find more information about the types of cancer of the head and neck, surgery or other treatments from Macmillan Cancer Support.

Telephone: 0808 808 0000

Website: www.macmillan.org.uk

This information factsheet has been adapted by Jorn Rixen-Osterbro, Advanced Nurse Practitioner from the patient information leaflet produced by Oxford University Hospitals NHS Trust

