

Superficial Parotidectomy

WHAT IS SUPERFICIAL PAROTIDECTOMY?

This is an operation (also known as partial parotidectomy) to remove part of the parotid gland, which is situated below and in front of the external ear. An incision is made on the side of the face, alongside the ear, running beneath the lobe and down beneath the line of the lower jaw; only that part of the gland lying closest to the surface is removed. The operation, which is performed under general anesthesia, requires a hospital stay of at least one week.

WHY IS IT PERFORMED?

The parotid is one of three major paired salivary glands which deliver their secretions by a duct into the mouth. If one of the parotids is diseased, due to infection or blockage, it becomes swollen and tense. The flow of saliva may be obstructed due to blockage of the parotid duct, resulting in severe pain on salivation. Surgery is mainly performed for the four out of five salivary tumors which arise in the parotid gland. Most of these occur in the superficial portion of the gland, and at least three-quarters are benign (noncancerous). Or, less often, superficial parotidectomy may be required for other conditions of the gland -- including chronic enlargement or infection, or the formation of salivary calculus (stone) -- which have not responded to more conservative treatment.

RISKS AND BENEFITS

Superficial parotidectomy is effective in removing obstruction and relieving unsightly swelling and the often severe pain accompanying some forms of parotid disease. A major consideration is that some salivary tumors (in themselves painful) may become malignant in time. The risks of surgery are low. Besides the usual risks of general anesthesia, they include hemorrhage, infection, and damage to the facial nerve.

THE PROCEDURE

PREPARING FOR SURGERY

There is no special preparation for superficial parotidectomy. You will be warned that some facial weakness may be present after the operation. This occurs in a minority of cases, and is usually only temporary, persisting at most for two to three weeks. You will be given a thorough physical, and blood and urine samples will be taken for analysis. Your blood will be crossmatched in case you need a transfusion, in the very unlikely event of excessive bleeding.

ON THE DAY OF SURGERY

Having eaten nothing since midnight, you will be asked to take a shower or bath (and men to shave) and to remove any make-up jewelry, or dentures. Dressed in a hospital gown, you will be given your premedication an hour or so before surgery.

IN THE OPERATING ROOM

The surgeon works with you lying, anesthetized, on your back, with the head of the table

slightly raised. Once an incision has been made, exposing the corner of the lower jaw, the superficial portion of the parotid gland can be separated out. The main priority now is carefully to identify the facial nerve, its branching network penetrating the substance of the gland, so that each tiny strand can be traced and preserved. With careful dissection, the portion of the gland lying uppermost of the facial nerve is peeled away and removed. A flexible drainage tube is inserted into the cavity and the wound is closed. You will be moved to the recovery room for monitoring as you come out of the anesthetic.

BACK IN YOUR ROOM

Your vital signs (temperature, pulse, blood pressure, respiration) will be checked frequently in the first few postoperative hours. You will feel sleepy and possibly nauseous; your face and neck will be swollen and sore and you will have difficulty in chewing and brushing your teeth for the first few days. You will be given painkillers as necessary and drugs to relieve nausea.

You should be able to get out of bed on the first postoperative day. The wound drain is usually removed within a day or two of surgery, and the sutures are removed within 5-7 days. You will probably want only liquid at first, but you should be eating normally within a few days. You can look forward to going home in about a week.

GOING HOME

On leaving the hospital, you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a few weeks, but in practice recovery from parotid surgery is usually uneventful, and you should be able to resume all normal activities, including driving a car and going to work, within a month.

POSSIBLE COMPLICATIONS

Immediate postoperative complications of superficial parotidectomy include: Hemorrhage; pooling of blood in the wound cavity (hematoma); numbness around the ear; and temporary facial weakness. Occasionally a salivary fistula (abnormal pathway) develops, probably due to over-activity by the remaining deep lobe of the gland. This normally resolves following treatment with a drug to reduce salivary flow. A troublesome late complication of this operation is gustatory sweating (occurring at mealtimes) at the site of surgery. Developing 2-3 months postoperatively, this tends to diminish over the years. If the condition is severe, further surgery may be recommended.