

Total Parotidectomy

WHAT IS TOTAL PAROTIDECTOMY?

This is an operation to remove all the parotid gland, which is situated below and in front of the external ear. An incision is made on the side of the face, along side the ear, running beneath the lobe and down beneath the line of the lower jaw; the entire gland 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. Most parotid tumors are benign ones (noncancerous), located in that part of the gland which lies nearest the surface. These are treated by superficial parotidectomy, in which only part of the gland is sacrificed. Total parotidectomy is reserved for the minority of benign tumors involving the deep lobe of the gland (untreated, such tumors could turn malignant in time). Total parotidectomy is performed also for early or low-grade malignancies arising in the gland.

RISKS AND BENEFITS

Total 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 (not 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 total parotidectomy. You will be warned that some facial weakness may be present after the operation. You will be given a thorough physical, and blood and urine samples will be taken for analysis. Your blood will be crossmatched in the unlikely event of you needing a transfusion.

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. (Although rarely, where there is tumor involvement, some portion of the nerve may have to be sacrificed.) With careful dissection, the superficial and deep portions of the gland are 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 liquids 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

Postoperative complications of total parotidectomy include hemorrhage; pooling of blood in the wound cavity (hematoma); numbness around the ear; and facial weakness.