

Parotidectomy

Information for patients

You have been given this leaflet to explain more about an operation called a **parotidectomy**.

What is a parotidectomy?

A parotidectomy is an operation to remove the parotid gland. The parotid glands make saliva (spit). You have two parotid glands - one on each side of your face, just in front of your ears and below the earlobes.

Why do I need this operation?

Your surgeon has explained that tests have shown there have been cancerous cells identified in the parotid gland. The aim of this operation is to remove the gland to treat this.

Sometimes this operation is done on its own. In some cases, it is done together with another operation called a **neck dissection**.

What will happen?

You will have a general anaesthetic, which means you will be asleep during the operation.

The surgeon will make a cut on the side of your face and neck to remove all or part of the parotid gland. How much is removed depends on how serious the problem is.

After the operation:

- You may have a drain in your neck to collect fluid. This may stay in for a few days.
- You will have stitches or staples and dressings on your wound.
- The nurses will check and care for your wound.

What are the general risks?

Most people recover well, but any surgery can have risk of:

- Bruising
- Infection
- Scarring
- Slow or poor wound healing
- Pain (you will be given pain relief).

Specific risks of parotidectomy

Facial weakness

A nerve that controls some facial movement (the facial nerve) runs through the parotid gland. This can become bruised during surgery.

In some rare cases the surgeon may have to remove the nerve if it is involved in the tumour and the likelihood of this will be discussed with you prior to the operation.

Numbness

You may have numbness or changed feeling around:

- The ear
- The earlobe
- The skin in front of the ear.

This may be temporary or permanent.

Blood clot under the skin (haematoma)

Sometimes blood can collect under the skin after surgery.

- The drain will help to reduce this risk.
- Rarely, another small operation may be needed to remove the clot.

Saliva collection or leak

In rare instances, saliva can collect under the skin or leak from the wound.

- This may need to be drained with a needle.
- Special dressings may be used.
- This usually settles with time.

Frey's syndrome (sweating when eating)

Some people get sweating or flushing on the side of the face when they eat. This is called **Frey's Syndrome**.

Uncommon risks

Blood clots in the legs (deep vein thrombosis).

Blood clots in the lungs (pulmonary embolism).

How long will I be in hospital for?

There is no fixed length of stay. This depends on:

- How you recover
- Whether you have a drain
- Whether you have had other procedures.

Your surgeon can give you the best estimate.

Is this the end of my treatment?

For some people, surgery is the main treatment. Others may need additional treatments, such as radiotherapy.

Your care will be planned by a specialist team, and your wishes will always be taken into account. You can ask questions and discuss any concerns at any time.

Who should I call if I have any questions?

You may or may not have met once of our Clinical Nurse Specialists in clinic. Their role is to support you, inform you and your family and be a point of contact for you to ask questions. You can contact them via the Cancer Navigation Hub on **0300 123 1600**.

For more information on the Cancer Navigation Hub please scan this QR code:



<https://policyonline.nhslothian.scot/wp-content/uploads/2023/11/Cancer-Navigation-Hub.pdf>

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