



ALFORD ENT AND
FACIAL PLASTIC SURGERY
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Parotidectomy

Our goal is for you to have a successful surgical outcome; therefore, we provide these instructions based on Dr. Alford's expertise performing many Parotid surgeries. Please attempt to follow these instructions faithfully; those that do so, generally have the smoothest postoperative course.

About the Procedure:

A Parotidectomy is a surgical procedure to remove the parotid gland which is one of 6 major salivary glands found in the human body. The most common reason to remove this salivary gland is due to an abnormal mass contained within the gland. The mass itself can be found anywhere within the parotid gland. It rarely causes any pain or discomfort. In fact, the *only* symptom a patient may complain of is that they feel a lump in their cheek or the side of the neck.

Most masses that develop in the parotid gland are due to benign tumors such as a [pleomorphic adenoma](#) or [Warthin's tumor](#). These are generally painless and move around easily when manipulated. Even if benign, these tumors should be removed as they will NOT go away on their own and will continue to increase in size over time causing facial disfigurement. Usually over decades, these benign tumors can become cancerous. This surgery to remove the parotid gland requires both highly technical micro-dissection as well as facial nerve monitoring because the nerve that makes the face move goes right through the middle of the parotid gland. Therefore it is not just simply cutting the skin and removing the mass without regard to surrounding structures.

The facial nerve exits from out behind the ear and extends like the 5 fingers of the hand toward the forehead, eye, nose, lips, chin, and neck regions. All branches of the facial nerve pass thru the parotid gland.

Injury to the facial nerve is the most significant possible risk in removing the parotid gland. This could result in a temporary or permanent facial weakness. What does this exactly mean? It means that even if the facial nerve is identified and protected, TEMPORARY facial paralysis may occur, in fact this is not unusual and can occur up to 2% of the time. This means that for a period of time the person will not be unable to move a portion of the face. It can affect all areas of the face or just one area. This paralysis occurs rarely but when it does most are temporary and will recover full and normal function over time.

The best way to protect the facial nerve is to identify and protect all branches of the facial nerve before removing the mass. Dr. Alford accomplishes this facial nerve identification by microscopic dissection with facial nerve monitoring. It is this facial nerve identification that takes so much time. After the facial nerve is identified, preserved and protected, removing the mass can be done safely.

In order to perform parotid surgery, an incision following the curves of the ear and flowing in a gentle curve on to the neck is required. However, the scar is usually invisible, in fact this incision is very similar to the incision used to perform facelifts for cosmetic reasons.

Other risks of surgery can include infection and bleeding or hematoma formation as exists with any type of surgery. To minimize infection, antibiotics are always given during and after surgery. To minimize bleeding/hematoma formation, a surgical drain is placed and will be removed the next day before you are discharged home.

After complete healing, another side effect may develop called "[Frey's Syndrome](#)." This is when the facial skin over the parotid gland sweats when you eat. Dr. Alford takes care to reduce the possibility of this side effect by placing a barrier such as Alloderm under the skin, over the nerve endings to prevent them from touching the skin.

Rarely, 1-2 weeks after surgery, salivary leaking can develop between the residual gland and the skin resulting in "spit" coming out the skin, usually somewhere along the incision or at the drain site. This can be treated as well with Botox injections and local wound care.

Although not considered a complication, the patient should be forewarned that the ear very often is numb as the sensory nerves to the ear get cut during surgery. Fortunately, the ear numbness resolves over 9-12+ months, though it may never have 100% of the feeling back.

Immediately Following Surgery

You will awaken in the Post Anesthesia Care Unit (PACU). The PACU nurses will give you medications as needed to keep you comfortable. There will be a small tube, less than ¼ of an inch wide that will exit from the skin of the neck. This drain is designed to prevent any fluid from building up in the area of the surgery. The drain will be removed prior to your discharge from the hospital.

After you have awakened from the effects of anesthesia, you will be moved from the PACU to your room in the hospital. In most cases you stay one night in the hospital. Dr. Alford will see you the next day, remove the drain and ensure you are ready to be discharged home. Pain is not severe in the vast majority of patients after this surgery with most people requiring narcotics only during the first few days after surgery. The patient is able to eat whatever they want but is forbidden from any exercise or heavy lifting the first 1-2 weeks after surgery.

Swelling

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount varies from person to person, but it always seems more dramatic in the face. The swelling is usually greatest on the second or third day after your operation. It is usually more pronounced along the jaw line and is generally worst first thing in the morning; therefore, we suggest that you keep your head elevated as much as possible. The swelling itself is normal and is not an indication that something is wrong with the healing phase of your operation. Your face and neck will remain swollen with varying amounts of discoloration for several days. The most important thing to remember is that such swelling always subsides.

Some tips to shorten the duration of the swelling include:

- Arrange to have frozen pea packs available for your use for at least the first 24 hours after discharge from the hospital (see “Frozen Pea Packs” below).
- Staying vertical is very IMPORTANT! Sit, stand and walk around as much as is comfortable beginning on your second postoperative day. Of course, you should rest when you become tired but keep your upper body as upright as possible.
- Avoid turning your head or bending your neck. When you must turn, move your shoulders and head as one unit or as though you had a “stiff neck.” This protects the soft tissues of the face, allowing them to heal quickly, smoothly and securely to the facial skeleton. This will result in a longer lasting facelift.
- Avoid bending over or lifting heavy things for one week. In addition to aggravating swelling, bending and lifting may elevate blood pressure and start bleeding.
- Avoid hitting or bumping your face and neck. It is wise not to pick up small children and you should sleep alone for one week after your operation.
- Sleep with the head of the bed elevated 30-40 degrees both while you are in the hospital and for 1-2 weeks following your surgery. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of the mattress. Try not to roll on to your face; this tends to weaken the supporting stitches used under the skin of your face. Therefore, it is necessary that you sleep on your back for 30 nights. Some patients find a reclining chair placed at a 45-degree angle to be more comfortable than a bed.
- Avoid straining during elimination. If you need a laxative, we recommend Miralax™ (available without a prescription at any pharmacy). Proper diet, plenty of water and walking are strongly recommended to avoid constipation.

Discoloration

It is not unusual to have varying amounts of discoloration about the face. Like the swelling, it may become more pronounced, especially in the neck, after the first day or so. Remember this is normal and temporary. It usually lasts no more than two weeks, all the while decreasing in intensity. The measures previously described that help the swelling to subside will also help diminish discoloration; however, there is no medication that will cause it to disappear rapidly – only the natural course of time.

Antibiotics

You will take an oral antibiotic for 7 to 10 days following your surgery. All antibiotics should be taken with food or liquids to prevent nausea and promote proper absorption of the medication. Take the full course of this antibiotic as instructed by your physician. Do not stop taking it because you “feel better” as this may cause unwanted bacterial resistance.

Medications

In addition to antibiotics, you will be given prescriptions for nausea and pain as well. Nausea develops following many types of surgery. You may be given a prescription medication, Zofran, to take if you develop any nausea. This is an orally disintegrating tablet that is quickly absorbed when placed under the tongue and works well to prevent or treat nausea.

Pain

There is usually only mild to moderate pain following a parotidectomy. For the first 24 hours following discharge from the hospital, take the prescribed pain medication given to you at the

time of your discharge and rest as much as possible in a sitting/head elevated position. On the second postoperative day, most patients feel ready to start moving about and many require less prescription-strength pain relievers. If you still feel the need for pain relief try applying cold compresses (see “Frozen Pea Packs”). If you do not experience sufficient relief, take Extra Strength Tylenol® according to the package instructions. Under no circumstances should ASPIRIN or medication containing aspirin or salicylates be taken (See comprehensive list of medications to be avoided). If you are not sufficiently relieved of pain, try alternating doses of Extra Strength Tylenol® and the pain medication prescribed by Dr. Alford. We recommend alternatives to prescription-strength pain relievers because they can cause sensations of light-headedness, particularly in the immediate postoperative period and, consequently, seem to make recovery more difficult.

Frozen Pea Packs

Frozen English peas (from your grocer), placed in Zip Lock® bags, provide the simplest and most effective cold compresses to reduce swelling, bruising, and discomfort following surgery. During your waking hours, apply the pea packs to the face, neck, and jawline for 20-30 minutes each hour for at least 48-hours following surgery. You may continue to use the pea packs as much as you like for up to 7 days after your surgery.

Removal Of Dressings

A pressure dressing will be applied immediately after surgery. It is to remain in place until the following morning and should not be adjusted or removed by anyone except Dr. Alford or his nurse. You should be as quiet as possible during this time.

Bleeding

If bleeding or a sudden painful swelling should occur, go to bed, elevate your head, apply frozen pea pack compresses to your face and neck, and call us immediately. You may be told to come in to the office so that Dr. Alford can examine you.

Temperature

A low grade temperature up to 100°F may be expected following surgery as the body is healing. Patients will often think they have increased temperature because their face feels warm; however, this rise in temperature is an appropriate part of the healing process. If you have a persistent temperature above 101.5 degrees that is not relieved by Tylenol®, call Dr. Alford’s office.

Weakness

It is not unusual for a patient to feel weak, break out in “cold sweats,” or get dizzy following the administration of anesthesia for any type of surgical procedure. Within a few days these feelings will generally disappear without medication. Returning to a normal healthy diet, staying hydrated and light activity will shorten the duration of these feelings.

Numbness

Parts of the face, neck, and ears sometimes feel weak or “numb” after the parotidectomy operation these feelings are temporary and, if they occur, generally last less than 6 weeks. In some cases, this sensation may last as long as six months but this is an extremely rare occurrence.

Resuming Activities

- **DO NOT SMOKE & AVOID ALCOHOL CONSUMPTION** for 3 weeks. Both of these activities significantly slow the healing process.
- **WEARING GLASSES AND CONTACT LENSES.** Eyeglasses may be worn as soon as the bandages are removed. Wear glasses over the facial wrap. Contact lenses may be inserted the day after surgery, if no eyelid surgery was performed.
- **HAIR AND BODY CARE.** You may wash your hair with Neutrogena™ shampoo and tepid water in a shower and comb it out with a large-toothed comb on the second day after surgery. You may use a blow dryer on cold setting only. You may have your hair washed at a salon one week after your surgery, but do not sit under a hair dryer – use a hand blow dryer on cold setting. Be careful not to rest your neck or the area of the incisions on the rim of the wash bowl. Hair coloring should be delayed until six weeks after your surgery.
- **WASH YOUR FACE** gently with a mild soap (Neutrogena™) twice daily after the first week, using a gentle, upward motion. As mentioned, you may take a shower by the second postoperative day but **NOT** on the day when you have your sutures removed.
- **HOUSEHOLD ACTIVITIES.** On your second postoperative day, you are encouraged to be up and around the house with your usual activities except those specifically outlined previously (no bending, no heavy lifting, etc.). No strenuous activity.
- **PULLOVER CLOTHING.** For 1 week following surgery, you should wear clothing that fastens either in the front or at the back rather than the type that must be pulled over the head.
- **ATHLETICS.** No swimming, strenuous athletic activity or exercises that involve turning the head for 4 weeks.
- **KEEPING A “STIFF” FACE AND NECK.** You should not move your face and neck excessively until the skin heals to the underlying tissues.

This includes:

- **AVOID EXCESSIVE GRINNING AND SMILING.**
- **DO NOT TURN YOUR HEAD** without turning your neck and shoulders as one unit, for two weeks.
- **DO NOT BEND YOUR HEAD FORWARD OR EXTEND YOUR NECK BACKWARD** for two weeks.
- **AVOID GUM OR FOODS THAT ARE HARD TO CHEW.** Soups, mashed potatoes, stewed chicken, ground beef, or any easily chewable food is permissible. Steaks, French bread, etc. should be avoided for at least one week.
- **AVOID YAWNING WITH YOUR MOUTH OPENED WIDELY** for two weeks.
- **RETURNING TO WORK AND RESUMING SOCIAL ACTIVITIES.** When you return to work depends on the amount of physical activity and public contact your job involves and also the amount of swelling and discoloration you develop; the average person is ready to return to work or go out socially 2-3 weeks following surgery.

- **DO NOT DRIVE A CAR** for two weeks. Also, do not drive while taking any prescription pain medications.

Appearance after Surgery

Following removal of the parotid gland the effected side of the face will appear somewhat sunken in compared with the normal opposite side, especially behind the jawbones and below the ear. Furthermore, the bigger the parotid mass is to begin with, the more asymmetric the appearance will be after the surgery. This is because by removing a mass, there will be a "hole" left behind. The bigger the mass, the bigger the hole leading to a sunken appearance after parotid surgery. Dr. Alford commonly uses a permanent filler called Alloderm to replace some of the tissue removed at the time of surgery. This lessens the facial asymmetry and over time the two sides of the face will again appear the same.

Scars

Remember that whenever an incision is made in the skin, healing results in the formation of a scar. Dr. Alford's goal is for these scars to be almost invisible. After all stitches have been removed, the incision lines will appear a deep pink color. There will be varying amounts of swelling in and around the incision lines themselves. With the passage of time, the pink will become pale and fade to white, the firmness of the scar will soften, and the scars will become almost invisible. Each individual varies with respect to healing, but it takes approximately one year for these changes to occur in most scars. After everything heals up, the incision should be barely noticeable.

Your First Postoperative Office Visit

On the occasion of your first postoperative visit to Dr. Alford's office, a few of the skin sutures may be removed and the progress of your healing will be checked. Removing sutures is quick and uncomplicated because it is done with small delicate instruments to minimize discomfort. You will probably feel much better after your first office visit. Similar treatment will be given during subsequent office visits. Ordinarily, all sutures are removed within two weeks from the day of your surgery. During the interim, do not disturb sutures yourself. Occasionally, crusts will develop around the sutures; these can be softened and removed with applications of hydrogen peroxide on a cotton swab.

Call Dr. Alford's office if you experience:

1. Signs of infection such as excessive swelling, redness or drainage, or persistent temperature above 101.5 degrees
2. Excessive bleeding that persists after applying pressure for 20 minutes
3. Discharge from the wound or other evidence of infection
4. Development of any drug reaction

It is of utmost importance that you take care of yourself and be patient during the healing process. We welcome all questions, so if you still have questions after reading the materials we have provided, please feel free to call the office **713-532-3223**