Parotid tumour and parotid surgery

Introduction
You have been given this leaflet because your doctor has recommended that you have an operation called a parotidectomy.

What is the parotid and what causes parotid lumps?
The parotid is a gland that makes saliva. There are 2 glands, 1 on each side in front of your ears. Lumps occur in the parotid due to abnormal growth of some part of the salivary glands, a parotid gland tumour. The vast majority (80%) of these tumours are benign, which means that they are not cancerous and do not spread to other parts of the body. Rarely, malignant (cancerous) tumours can also affect the parotid. Your specialist will probably collect a needle sample from the lump in order to try to find out what sort of tumour you have.

What is a parotidectomy?
A parotidectomy is an operation to surgically remove of part or all of the parotid gland. The operation is usually performed under general will be asleep throughout. An incision will be made which runs from in front of your ear and down into your neck. This incision usually heals very well. In fact this incision is nearly the same incision, which is used in types of face lift surgery and in time the scar is likely to be minimal. At the end of the operation, the surgeon will place a drain, (plastic tube) through the skin in order to prevent any blood collecting under the skin. You will usually need to stay 36 to 48 hours in hospital after the operation before the drain can be removed and you can go home.
Why remove the lump?

- Although most lumps are benign, we recommend that they are removed as they can continue to grow and may become cancerous (malignant) after many years.
- It is best to remove lumps as early as possible when they are smaller because larger lumps are more difficult to remove.
- Lastly, there is always some concern regarding the exact cause of the lump until it has been removed.

What complications can occur?

**Facial weakness**
There is a very important nerve which passes right through the parotid gland, (the facial nerve). This controls the muscles of the face and if damaged during surgery, it can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after surgery. Where the tumour has been very close to the nerve, a temporary weakness of the face can occur. This happens in 15 to 20% of cases and can last for several weeks. There is rarely permanent weakness of the face following surgery for benign tumours. Please discuss any concerns you have with your specialist and how likely you are to experience problems.

**Numbness of the face and ear**
The skin on the side of the face will be numb for some weeks after the operation. It is likely that your ear will be permanently numb. This happens in above 90% of cases.

**Blood clot**
Blood can clot beneath the skin (known as a haematoma), in about necessary to return to the operating theatre to have the clot removed and to replace the drain.

**Salivary collection**
In 2 to 5% of patients, the surface of the parotid gland leaks saliva which can collect under the skin and if this happens, we need to remove the saliva with a needle. This may need to be repeated several times.
Very occasionally, saliva may leak through the skin, but this usually settles down within a week or so but if the leak continues you will be monitored by the surgeon until it has subsided. It is impossible to say exactly how long it may take for a leak to stop.

**Frey's syndrome**
Some patients find that after this surgery their cheeks can become red, flushed and sweaty while they are eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the nearby skin, instead of the parotid. This can be treated by the application of a roll-on antiperspirant. A special type of injection can be prescribed by your surgeon if your symptoms are severe.

**How long will I be off work?**
Most patients will be able to return to work after 2 weeks.

**Contact information**
If you have any further questions please do not hesitate to contact your clinical nurse specialist or surgeon by calling their secretary via the automated hospital number on:

Tel: 0300 422 2222 and ask for the secretary when prompted

**Clinical Nurse Specialist**
Tel: 0300 422 6785

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