



The Head+Neck Center
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SINUS
ENDOCRINE
HEAD AND NECK CANCER
VOICE DISORDERS
SALIVARY GLANDS
TONSILS AND ADENOIDS
EARS
PEDIATRICS
SNORING / SLEEP APNEA

Parotidectomy

Salivary glands distributed throughout the neck and oral cavity provide saliva to aid in digestion. Parotidectomy, excision of a major salivary gland of the cheek, is performed in order to remove swelling or tumors. These tumors can be benign, or a known or suspected tumor containing cancer.

There are several reasons to consider a parotidectomy. Swelling from the tumor may cause damaging nerve compression on a facial nerve. Prevention of further spread of disease to other parts of the body is another. The parotid gland is one of hundreds of salivary glands. Therefore, you will have more than enough saliva to compensate when your parotid gland is removed. Quality of life after parotidectomy is rarely significantly affected. Parotidectomy is a safe, effective procedure, however, as with any surgical procedure, certain risks may be involved.

KNOWN RISKS AND COMPLICATIONS

Wound Infection

Infection can lead to a non-healing wound, skin breakdown, bleeding and leakage of saliva. You will be given antibiotics through your IV to prevent infection.

Bleeding

The need for a transfusion is rare but nevertheless could be a potential complication.

Skin Breakdown and Scar

Skin breakdown is most commonly a result of infection and can be managed with antibiotics. The potential exists for the salivary tract to exude saliva out of the cheek of the operative side. This drainage can be managed with medications. The surgical incision will be placed in a natural skin fold, thus minimizing any scarring. Keloid or thick scarring is uncommon in surgery of the head and neck.

Nerve Injury

Injury to the nerves controlling the face, the throat and tongue, as well as skin sensation under the ear and jaw is a potential risk of this procedure. Depending on the involvement and proximity of the tumor to the facial nerve, one may experience temporary nerve damage, permanent nerve damage or both. If nerve damage is temporary (most commonly due to swelling) full function may take three to six months to return. Permanent damage (when the tumor has invaded the nerve, therefore making it necessary to remove past the nerve) usually is in combination with temporary damage. Therefore, some improvement from the immediate postoperative period may still be anticipated. Every care will be taken, including monitoring throughout your procedure, to minimize nerve damage. If you do experience facial palsy, a prescription for natural tears and eye protection will be given postoperatively. A consultation with an ophthalmologist may be indicated.

Anesthesia

Complications from anesthesia are known to exist. These, along with other complications, are mostly related to the risks of any major surgery in older or debilitated patients. When you call the hospital on the business day before the procedure you will be given an arrival time that will be about an hour prior to the procedure. Upon arrival at the hospital you will talk with a nurse, who will also start an IV, an anesthesiologist and your surgeon before the procedure. The length of surgery depends on the extent of the tumor involvement, therefore the procedure could take anywhere from two to four hours. Your surgeon will take care to place the incision along a natural skin crease to minimize any scarring. Recovery time takes about one hour, so your estimated arrival time to the hospital surgical unit is about four hours from admission

PREOPERATIVE INSTRUCTIONS

Confirm Arrival

Please call the hospital after 2:00 pm on the business day prior to scheduled surgery to confirm your arrival time.

Food and Drink

Do not have anything to eat or drink after midnight prior to your surgery. This includes all food, all liquids, water, candy, mints and gum. Your surgery will be cancelled if you do not follow these instructions. You may brush your teeth.

Medications

Please inform Dr. Coniglio's nurse at this time if you take routine medications. If you take any medications that affect your bleeding time (Coumadin or Warfarin, arthritis medications, muscle relaxants, to name a few) please let the nurse know at this time.

What to Avoid

Please do not take aspirin or aspirin-containing products, ibuprofen or ibuprofen-containing products or Vitamin E for one week prior to your surgery.

Do Not Bring

Please leave all valuables (money, credit cards, jewelry, watches) at home.

Remove

Prior to your arrival at the hospital, please be certain all make-up, nail polish or false nails are removed. This assists in monitoring your blood oxygen level.

Hospital Stay

You will be admitted to one of the surgical units in the hospital. Your family may bring your belongings in at the time. It is recommended that you do not keep valuables with you while you are in the hospital. You will be admitted to the hospital for observation for one to two nights.

POSTOPERATIVE INSTRUCTIONS

Drainage

Following surgery you will have a soft drain in the surgical incision. The drain will be removed the following morning prior to your discharge. Removal of this drain has been described by most patients as discomfort rather than pain. You will go home with Steri-strips along the incision line, which must be kept dry to remain in place.

Fullness or Numbness

After surgery it is not uncommon to have sensation of fullness or numbness on the side of the face, neck and lower ear on the affected side. Therefore hair dryers, curling irons and extremely hot baths should be avoided or used with the utmost care in the immediate postoperative period.

Discharge Criteria

Prior to your hospital discharge, the nurse will assist you to meet the discharge criteria; to drink liquids, walk with a steady gait, manage your discomfort, and to have any drainage under control. You will be asked to return to our office for a two week postoperative appointment for removal of Steri-strips.

Results

Pathology results may take anywhere up to two weeks but usually are available after one week to ten days. Our nurse will notify you as soon as results are available. If you have not received the results after one week, please call our office at (585) 256-3550.

Sleeping

Sleep with head of the bed elevated, or use two to three pillows for one week.

Activity	Absolutely no bending, lifting or straining or aerobic activity is allowed as this will promote swelling at the surgical site and delay wound healing. If you have little children who need urgent attention, bend at the knees or sit on the floor and let them come to you. Two to three weeks off work is recommended following parotidectomy.
Diet	Avoid extremely hot liquids or foods. Due to stiffness or difficulty opening your mouth, you may find soft foods and liquids easier to manage the first week following surgery. Please drink as much fluid as you can which will help avoid becoming dehydrated. Advance diet from liquids to soft foods to solids as tolerated.
Wound Care	Immediately following your surgery you will notice a drain placed in the surgical incision. This drain will be removed when the drainage subsides, prior to your discharge from the hospital. A dressing will be placed to manage any of the remaining drainage.
Medications	Use pain medication as directed and as needed. Significant pain is uncommon following parotidectomy. If your pain is not managed by the prescription provided please call the office. Start your antibiotic when you arrive home following hospital discharge. Take as directed.
Appointments	Your first follow-up appointment will be with our PA in approximately two weeks following surgery. Please call the office to arrange an appointment if you have not done so preoperatively.
Special Instructions	<p>The sedative medication and/or general anesthesia may make you drowsy for as long as 24 hours. Therefore <u>do not</u>:</p> <ul style="list-style-type: none"> • Drink alcoholic beverages for 24 hours, also no alcohol while taking pain medications • Make major decisions, sign contracts, operate any heavy machinery or drive, etc. for 24 hours
Please Call for	<ul style="list-style-type: none"> • Difficulty breathing or painful swallowing • Coughing up blood or persistent bleeding • Significant swelling of the neck or face • Fever above 101°F • Pain not managed by pain medication
Questions?	If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.
Emergencies	If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.