Christopher Daniell, MD • Mark Carwell, MD • Ashok Reddy, MD • William Numa, M.D.
194 Pleasant Street, Concord, NH 03301
Tel. (603) 224-2353/ 800-286-2353 Fax (603) 226-0727

Post Operative Instructions
PAROTIDECTOMY – Total or Subtotal

Background Information

The salivary glands are responsible for a variety of disorders that may or may not require surgery. They consist of major and minor glands and ducts that drain secretions into the mouth. These glands produce saliva, the first secretion involved in digestion. There are three major pairs of salivary glands: the parotid, the sub-mandibular and the sublingual glands. In addition, numerous minor salivary glands are located throughout the upper aero-digestive tract.

The parotid gland is the largest of the major salivary glands. It consists of two lobes of tissue centrally divided by the facial nerve. It lies in a perpendicular position in front of each ear within the muscle of the cheek. The "tail" of the parotid gland extends under and slightly behind the ear.

The purpose of the parotid gland is to produce a thin watery fluid containing an enzyme, salivary amylase, which begins the digestion of starch. The saliva is deposited into the mouth through a small opening inside the cheek (Stensen's duct). Parotid gland disorders include infections such as parotiditis or sialadentis, or abnormal tissue growths (tumors). Parotid infections cause pain and swelling, but usually respond to antibiotic therapy. Parotid tumors are usually not painful, but over time, cause the gland to increase in size. Benign and malignant parotid tumors require surgical excision and require an overnight stay. Surgery is under general anesthesia

Please refer to your separate pre-operative surgical instruction sheet for all the instructions you must follow before the surgery.

Common, Normal Post-Operative Complaints:

- Mild to moderate discomfort at the incision site. Pain medication prescriptions are provided
- Numbness or other altered skin sensation of the ear and along the incision line. This is usually temporary in nature but may take anywhere from 6 weeks to several months to return to normal.
- Generalized fatigue for about 10 days.
- A low-grade fever.
- Decrease in saliva resulting in a dry mouth – usually temporary.
- Generalized swelling around the incision line.

Post-Operative Instructions:

- Rest quietly for the first 24 hours. Gradually increase activities when you feel comfortable.
- For the first week avoid strenuous activities that increase the heart rate (i.e. exercise). Do not lift objects greater than 20 lbs. Do not make any sudden turns of your neck.
- Avoid driving for one (1) week.
- A clear liquid diet is advised for the first 12 hours after surgery. Resume a normal diet when you feel ready.
- Take all prescribed medications.
- Continue to use your neck muscles in a full range of motion to avoid neck spasms.
- Choose clothing that is loose fitting at the neck to prevent irritation of the incision.

Care of the Operative Site

- Change dressing as needed.
- Keep the incision dry. Once the drain insertion site forms a scab and is closed, you may begin showering. Pat your incision dry. Apply antibiotic ointment twice a day. It is ok to leave the incision exposed to the air rather than covering the incision continuously.

Call the office at 224-2353 if any of the following occurs:

- Surgical site develops increased redness, significant swelling or increased pain.
- Fever greater than 101 degrees.
- Any noticeable change on the surgery side, such as:
    - Decreased ability to open/close the eye
    - Inability to pucker the lips
    - A drooping of one side of the mouth when smiling
    - Inability to raise eyebrows or produce a frown
- Development of skin flushing, sweating or loss of clear fluid behind the operative ear at the junction of the incision this caused by chewing.