

Parotid Surgery Postoperative Care Head and Neck Surgical Oncology

Home Care

Hand Hygiene

When you are discharged home after surgery it is vitally important to utilize good hand hygiene when caring for your incisions. This will help prevent infection.

Parotid Gland

The parotid gland is a salivary gland that sits in front of the ear that produces saliva and helps you break down food. You have a parotid gland on each side of your mouth as well as other major salivary glands under your jaw and inside your mouth and throat. If your doctor recommends that you have your parotid gland removed, this is called a parotidectomy. There are a number of reasons that you may need a parotidectomy including infections and benign and cancerous tumors. Throughout your treatment, you will follow a plan of care. The following information provides an overview of care. Although this material covers standard procedures, each patient receives individualized care. This will be detailed for that specific patient and their needs.

About Your Surgery

- You will most likely require a minimum of a one night stay in the hospital
- You may or may not need a Jackson-Pratt (JP) drain placed
 - This can help prevent fluid buildup at the surgical site
 - You will be given instructions on how to care for your JP drain in the event that you are discharged home with drain(s)
- After surgery your body will need time to heal
 - Expect about a week or two before you can return to normal activities
- Possible issues or complications after surgery:
 - Temporary or permanent facial asymmetry
 - Facial and ear numbness
 - Ear fullness
 - Sweating or flushing when eating on the side of the face
 - Pain with the first bite when chewing food
 - Fluid collection near the surgical site
 - Drainage from your incision line

Incision care

After surgery, your incision will be closed with either Dermabond, dissolvable sutures or non-dissolvable sutures. You will need to follow up with your surgeon about 1-2 weeks after surgery to have the non-dissolvable sutures removed in clinic. You may shower when you are discharged home. **Do not** let shower hit incision directly. Wash the incision daily with soap and water. Pat dry. **Do not** use any ointment or cream over the incision except for bacitracin. Bacitracin ointment will be used on the incision until the first post-operative appointment with your surgeon. The dressing of the incision site will be discussed with you before you are discharged by a member of the Head and Neck team.

Medication

Tylenol and Ibuprofen should be sufficient for pain control after the procedure. Take pain medication as directed by your pharmacist or doctor. Please **do not** drink alcohol. **Do not** drive if you are taking prescription narcotic medication. If you are having increased pain, please let the nurse or doctor know. Our goal is for you to continue through your surgery and post-surgical procedure with controlled pain-management. You will have discomfort and pain that is tolerable. If your pain medications are not effective in treating your pain please contact the Head and Neck clinic team. Staying on a regimen that helps control your pain will give you the best healing from surgery.

Special Instructions

Some issues may come up that are normal for your type of surgery.

- You may experience numbness over the incision itself or over areas near the incision. This is normal and is most likely temporary.
- It is normal to have a small amount of drainage from the incision after the surgery. This fluid may be blood-tinged or clear yellow. Keep the incision covered with a dressing until this stops. Change the dressing as directed by your doctor
- If your facial nerve got stunned during surgery you may experience facial asymmetry- this should improve with time
- Nutrition is important for wound healing after surgery so make sure to get adequate amounts of protein in your diet a day
- Call your doctor immediately if you're having any of the following symptoms:
 1. Bleeding from the incision that will not stop. You should hold firm pressure over the area and go to the nearest emergency room
 2. Separation of the skin at the incision site

3. Constant clear fluid drainage from the incision line.
4. Worsening redness around the incision
5. Temperature of 101°F (38.3°C) or higher
6. Tenderness, swelling, pus, warmth, redness, or pressure around the incision site

Follow-up Care

You will have a post-operative visit with your surgeon about 2 weeks after surgery for an incision check. You will be given a follow up date and time before you are discharged from the hospital. If you are discharged home with non-dissolvable sutures or a JP drain(s) then, you may follow up in clinic with a nurse prior to your post-operative visit. You will be given instructions on when you should call the Head and Neck clinic to remove drains. *Please remember to bring your JP log sheet with you to clinic. (See attached)*

Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. *For non-emergencies during business hours, call our triage line at 904-202-7300 option3.*

