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## **PAROTID SURGERY**

### **What is the parotid gland?**

The parotid gland is a salivary gland that produces saliva. The gland is located in the cheek area just in front of and below the ear.

### **Why is parotid surgery necessary?**

The most common reason for parotid surgery (called parotidectomy) is to remove a tumor. About 90% of tumors are benign and 10% are malignant. Benign tumors tend to grow over time and can become quite large and disfiguring. Therefore, most benign tumors are removed surgically. Malignant tumors may grow and cause destruction of local structures such as the facial nerve and may spread to other regions in the body. Treatment for malignant tumors often also require postoperative radiation therapy. Occasionally, parotid surgery is performed because of repeated infections or salivary gland stones.

### **What does the surgery involve?**

The surgery is performed in the operating room under general anesthesia. You must not eat or drink anything after midnight prior to your surgery. You should take all of your regularly scheduled medications unless told otherwise by your physician. Once you are asleep under anesthesia, the surgeon makes an incision just in front of the earlobe and this will extend up towards the hairline and down below the jaw line. The gland is exposed under the surface of the skin. The facial nerve is then carefully exposed. The branches of the facial nerve are carefully dissected out and protected as the tumor is removed. The incision is closed and a small drain is left in place. Patients generally go home on the same day and follow-up in the office a few days later to remove the drain.

### **What are the risks of surgery?**

The main risk with parotid surgery is weakness or paralysis of the facial nerve. In fact, the surgeon spends most of the time during the surgery identifying and protecting the branches of the facial nerve. In most cases there will be no weakness of any part of the facial muscles. In some cases there could be facial weakness that results from normal traction and dissection of the nerve branches. This weakness will gradually recover in most cases. In rare cases, there could be permanent weakness affecting any part of the face on the side of the surgery. This is rare but it is possible and patients must understand this risk.

There is often some numbness of the cheek or earlobe after surgery. This may be temporary but some earlobe numbness may be permanent. This is not



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usually bothersome for patients. There may also be a slight sunken appearance of the skin in front of the earlobe. This gradually flattens with time. There can be facial sweating of the skin over the parotid gland that is stimulated with salivation.

Other possible complications include bleeding, infection, or fluid collection under the skin. These are not common but may require additional surgery to alleviate the problem.

### **What should I expect after surgery?**

There will be a small drain in place next to the incision for 1-3 days after the surgery. This drain will be removed in the physician's office. There will be a mild to moderate amount of pain around the incision for 1-2 weeks after surgery. You will be given prescription pain medication that should easily control the pain. Most patients can return to work in 3-5 days. You should avoid strenuous exercise or lifting greater than 15 pounds for two weeks after surgery. You should avoid traveling for two weeks after surgery. You may eat regular food after surgery. Removal of one major salivary gland does not diminish overall production of saliva because the remaining glands will compensate.

**Please notify Dr. Thomason or Dr. Zhou immediately if you have any of the following problems:**

- Fever > 101 deg F
- Vomiting that lasts more than four hours
- Swelling at the incision
- Any concerns that are not addressed on these pages

Emergencies will be treated at Medical City Las Colinas located at 6800 N. MacArthur Blvd Irving, Texas (Southeast corner of MacArthur and Highway 161)