



**Lubbock**  
SINUS DOCTOR

## Postoperative Instructions for Parotidectomy

1. A parotidectomy is usually performed to remove a parotid gland tumor or mass. It may also be done to remove a gland with recurrent or chronic infection problems.
2. The surgery will require at least 3 hours of general anesthesia. It may take longer depending on the amount of parotid gland that must be removed.
3. It may be scheduled for a day surgery or require hospital admission.
4. The incision is long. It extends from the front of the ear down into the neck.
5. There will be a dressing wrapped around the head and neck after surgery. Please leave this in place. It will be removed the day after surgery.
6. After the dressing is removed, you may begin cleaning the incision three times a day with peroxide if needed. Please apply over the counter Bacitracin antibiotic ointment to the incision three times a day for 10 days. Keep the incision completely dry for two days. After that, apply the antibiotic ointment to the incision before showering.
7. There will be a drain in place. This evacuates fluid from the operative site. It will be in place for at least 5 days. You will be asked to record daily outputs. The daily amount must be less than 20 millilitres before removal.
8. No activity other than walking for 2 weeks.
9. Take the medications prescribed. You may also take Motrin or Advil.
10. You will have facial and ear numbness for several weeks to months after surgery. It usually resolves but may be permanent.
11. The facial nerve stimulates the facial muscles and passes through the parotid gland. This places the facial nerve at risk during parotid gland surgery. You may have facial weakness or paralysis after the surgery. It may be temporary but there is always a risk for permanent paralysis. If this occurs, it is a life altering condition. A facial nerve monitor may be used during the surgery.
12. After surgery, the face may "sweat" while eating. It may be permanent. This is called Frey's syndrome.
13. Sutures will be removed 7-10 days after surgery.
14. Please call if the surgical area develops firm swelling, redness, increasing pain, or yellow drainage.

I, \_\_\_\_\_, confirm that I have read and understand the information provided before the date of surgery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date