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The Association acknowledges the help of The Royal College of Surgeons of England Patient Liaison Group in the preparation of these leaflets. Patient information produced by the Patient Liaison Group is available at

http://www.rcseng.ac.uk/patient_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group

ABOUT PAROTID SURGERY

ENT.UK is the professional association for Ear, Nose and Throat Surgeons and related professionals in the UK. This information leaflet is to support and not to replace the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.

**If you have any problems or questions,
please contact:**

*Please insert local department routine and emergency
contact details here*



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Disclaimer

This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information given may not be comprehensive and patients should not act upon it without seeking professional advice.

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 **ENT-UK**
BRITISH ASSOCIATION OF OTORHINOLARYNGOLOGISTS
HEAD & NECK SURGEONS

What is the parotid and what causes parotid lumps?

The parotid gland makes saliva; you have two parotid glands, one on each side, in front of your ears. Lumps occur in the parotid due to abnormal overgrowth of some part of the salivary glands (a parotid gland tumour). The vast majority of these tumours are benign, which means that they are not cancerous and do not spread to other parts of the body. Rarely, malignant tumours can also affect the parotid. Your doctor will probably collect a needle sample from the lump in order to try to find out what sort of tumour you have.

Why remove the lump?

Although 80% of these lumps are benign in most cases we recommend that they be removed since they generally continue to grow and can become unsightly, and after many years a benign lump can turn malignant. Also the bigger the lump the more difficult it is to remove. Lastly, there is always some concern about the exact cause of the lump until it has been removed.

A parotidectomy is the surgical removal of part or all of the parotid gland.



A patient with a lump in their parotid gland. The parotid gland is located in front and below the ear.



A patient with a lump in their parotid gland. The parotid gland is located in front and below the ear.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

The parotidectomy operation

The operation is performed under general anaesthetic, which means that you will be asleep throughout. An incision (cut) will be made which runs from in front of your ear and down into your neck. This incision heals very well indeed; the incision is nearly the same as the one used in “face lift” surgery, and in time the scar is likely to be minimal. At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin. Most patients will require 24 - 48 hours in hospital after the operation before the drain can be removed and they can go home.

Possible complications

Facial weakness:

There is a very important nerve, the facial nerve, which passes right through the parotid gland. This makes the

muscles of the face move and if it is damaged during the surgery can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the surgery. However sometimes (in about 15-20% of cases), where the tumour has been very close to the nerve, a temporary weakness of the face can occur that can last for a few weeks. In 1% of cases there is a permanent weakness of the face following this sort of surgery for benign tumours.

Numbness of the face and ear:

The skin of the side of the face will be numb for some weeks after the operation, and often you can expect your ear lobe to be numb permanently.

Blood clot:

A blood clot can collect beneath the skin (a haematoma). This occurs in about 5% of patients and it is sometimes necessary to return to the operating theatre and remove the clot and replace the drain.

Salivary collection:

In 2-5% of patients the cut surface of the parotid gland leaks a little saliva, in which case this can also collect under the skin. If this happens it is necessary to remove the saliva, usually just with a needle, like a blood test, although it may need to be repeated several times.

Freys syndrome:

Some patients find that after this surgery their cheek can become red, flushed and sweaty whilst eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the overlying skin, instead of the parotid. This can usually be treated easily by the application of a roll-on antiperspirant.

How long will I be off work?

You will need two weeks off work