

## The Tampa Bay Hearing and Balance Center

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## Parotidectomy with Facial Nerve Dissection

### What is Parotidectomy with facial nerve dissection?

The parotid gland is a saliva (spit) gland located on the side of the face, just in front of and below the outer ear. It overlies the jawbone and its muscles. The nerve that makes the face to smile runs through the medial third of the gland. The duct for the parotid gland gathers saliva from all portions of the gland and delivers it through a soft tube (duct) into the mouth right next to the upper second molar tooth. Parotidectomy is usually advised for management of tumor or suspected tumor of the parotid gland. At times, the parotid gland may be removed in order to access the nerve that makes the face to smile either for a facial nerve concern or as part of a larger skull base operation.

Sometimes, the safest way to preserve the facial nerve is to find it and trace it through the parotid gland. In cases where malignancy has been confirmed, the gland may be taken without making an effort to trace out the facial nerve with a resulting facial paralysis on the side in question. In most cases, however, the parotid gland tumors are benign and very careful efforts to save all branches of the facial nerve are undertaken. In about 5-7% of cases, the tumor relationship or the dissection to preserve the facial nerve may cause the facial nerve not to work for a period of days to weeks to months. In rare cases, facial nerve recovery is incomplete or may not occur at all; the latter largely for highly malignant tumors. In some cases, removal of the adjacent portion of the jaw bone and lymph glands of the same side of the neck may be necessary. If a portion of the jaw had to be removed, chewing might be affected and an appliance for jaw motion is sometimes advised. If the lymph glands in the neck must be removed, see consent form for neck lymph gland removal (radical or modified radical neck dissection).

**Purpose of Surgery: Removal of tumor or other disease or facial nerve reconstruction.**

### Alternatives to parotidectomy:

Generally, parotidectomy is recommended for suspected tumor or chronic infection of the parotid gland. Sometimes, the tumor can be biopsied with a needle. If the tumor were then found to be appropriate for radiotherapy with or without chemotherapy, such might be possible. In general, removing suspected tumor is the preferred choice.

Sometimes, a needle biopsy before surgery helps in surgical planning. When the tumor is malignant, for example, extra effort to remove the parotid gland, a portion of the jaw, of the ear, of the neck lymph system, and the facial nerve may be advised. For chronic infection, the problem may at times stop recurring swelling and pain with disciplined fluid and massage management. Please ask your doctor for details.

### General Considerations:

The surgery is normally performed as an outpatient, almost always under general anesthesia. Depending on health status, some laboratory testing may be necessary. Laboratory testing is usually completed within a week prior to

surgery. Prior to surgery, both the surgeon and the anesthesiologist review your medical history and pertinent medical examinations. Usually, a hearing test (audiogram) is completed shortly before surgery.

**Before Surgery:**

Avoid aspirin, **Advil, Motrin, Aleve, Celebrex, Vioxx**, or similar non-steroidal anti-inflammatory medication for at least five days before surgery. Ask the doctor if any other medications will need to be changed before surgery.

**After surgery, restrictions include:**

Do not use **aspirin, Advil, Motrin, Aleve, Celebrex, Vioxx**, or similar non-steroidal anti-inflammatory medication for two weeks after surgery. These and other **arthritis medications may cause bleeding.**

After surgery, a dressing wrapped around the head may be removed on the second post operative day.

You may wash the incision with soap and water and coat it with antibiotic ointment starting on the third postop day.

**Resuming normal activities:**

Some patients are **dizzy** and some have **headaches** for a while after surgery. **Tiredness** commonly follows major surgery. Resume **driving** and **return to work** when dizziness and/or lightheadedness have improved sufficiently and if your job activity fits within lifting restrictions, listed below. Dizziness after surgery usually improves more rapidly the more active you are. Avoid ladders, step stools, and unprotected heights until you can move quickly in any direction without dizziness or lightheadedness. The more quickly you work back into normal routines, the more quickly you will feel better and energy will return.

**Avoid lifting** more than 10 pounds for two weeks after surgery. Then, you may resume normal lifting the activity unless the doctor has indicated a reason to continue to avoid lifting.

**General Risks of parotidectomy:**

**Numbness** of the back, top, and front of the ear commonly improves within six to twenty four months after surgery.

**Swelling** of the soft tissue of the lateral scalp and face may spread to cause a temporary **black eye** in a small number of patients. The swelling typically resolves in a few days to a week or so. **Infection** after surgery may occur in 1-3% percent of patients. Things that make infection more likely are wound problems, respiratory illness (a cold or flu), and other non-specific problems. If you think you have an infection, call the doctor right away. In the case of parotid tumors, **residual or recurrent disease** may prompt **further surgery** at a later date. After parotid surgery, facial nerve weakness is a possibility depending on the relationship of the tumor to the nerve that makes the face to smile. All or a part of the side of the face may be affected. The facial nerve runs through the parotid gland and is often adjacent to the disease process. In the vast majority of patients, the facial nerve is either unaffected, or minimally affected. In cases of malignant tumor, saving the facial nerve is not always possible. When a portion of the facial nerve must be removed, the facial nerve can sometimes be repaired by transferring a nerve from another part of the body such as the sural nerve from the foot or the great auricular nerve from the opposite side of the head. A delayed-onset facial paralysis can develop after leaving the hospital. The face recovers to normal or nearly normal in almost all cases, but, in some, facial movement may be permanently impaired. In rare cases, facial paralysis may require additional

surgery. In the event of facial nerve weakness or paralysis, **special eye precautions** will be necessary. **Other rare problems** after parotid surgery include excessive bleeding, blood collection under the skin that may require more surgery, or other serious problem. Excessive bleeding can lead to trouble breathing and an emergency tracheotomy. Death, stroke, blood clot to the lungs, and other problems are possible from major surgery, but are highly unlikely unless pre-existing major health issues increase risk. In the healing process, sometimes saliva drains out of the wound for a period of time. While this problem usually resolves on its own, sometimes additional treatment is necessary, such as more surgery. On a delayed basis, the side of the face may sweat with eating or smelling of food if the nerve to the parotid gland grows back to the skin sweat glands.

**General medical conditions** that affect the heart, circulation, breathing, and urination can all be aggravated by surgery of any kind. Men sensitive to certain medications may need bladder catheterization after surgery of any kind.

**Patient/Guardian Statement:** The patient or patient=s guardian and/or legal representative state by signing below that the doctor has discussed the surgery, alternatives, and major risks that the above information has been communicated to the patient, guardian, and/or legal representative and that an opportunity to ask questions has been given. The consent form should not be signed until the patient, guardian, and/or legal representative have obtained a layman=s understanding of the surgery and have obtained satisfactory answers to all questions. By signing the consent form, the patient, guardian, and/or legal representative indicate a layman=s understanding of the surgery, potential alternatives to surgery, and reasons for surgery and indicate a desire to proceed. If the surgery has been explained in another language, the person who has translated must indicate by cosigning the document that all information from the doctor and from this consent form have been communicated to the patient, guardian, and/or legal representative and that all questions have been answered satisfactorily.

Patient printed name			Patient/guardian signature		Date Signed
Circle Ear to be operated	R	L	Doctor: <b>Loren J Bartels MD FACS</b>	Date of Surgery	
Witness			Guardian printed name		Translator
					Language