



Manchester University
NHS Foundation Trust

Royal Manchester Children's Hospital

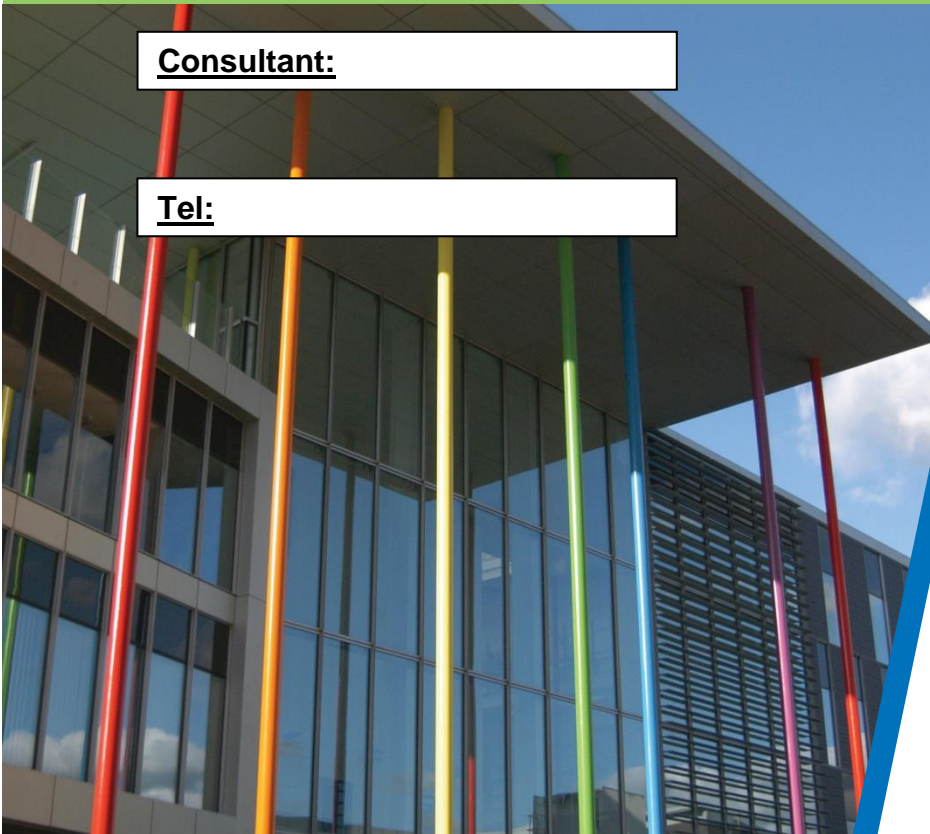
Paediatric Otorhinolaryngology (ENT)

Parotid Surgery

Information for Parents, Carers and Patients

Consultant:

Tel:





What is the parotid gland?

The parotid glands are a pair of salivary glands that lie immediately in front of each ear, one on each side. These glands make saliva. The saliva then drains via a tube from the gland to an opening on the inside of the cheek next to the upper back teeth.

What causes a parotid lump/swelling?

Lumps can occur in the parotid gland due to abnormal overgrowth of some part of the parotid tissue. These lumps are called parotid gland tumours. Although the majority of these are benign, they can be malignant. A needle sample may be taken from the parotid lump to try and find out what it is. Although this is helpful, it is not completely reliable.

Why remove the lump?

Although most parotid lumps are benign, your surgeon will recommend that it be removed. This is primarily because although needle biopsies are helpful, they are not conclusive and there will always be a concern that the lump may be malignant until it has been removed and examined.

What is a parotidectomy?

A parotidectomy refers to removal of part or all of the parotid gland. In the vast majority of cases, it is not necessary to remove the whole parotid gland. It is far more common to remove the lump and a small cuff of surrounding normal tissue.

What are the risks of parotid surgery?

Parotid surgery is a common and safe operation. However, all operations carry some risks. These include:

- Infection
- Bleeding/haematoma





- Scarring – parotid surgery scars generally heal very well as they are performed through a modified face-lift incision (cut). However, it can take some time for the scar to mature and settle
- Numbness – it is not uncommon to have some numbness over the area of the wound for a few weeks. This usually resolves completely. There may be some numbness over the ear lobe which is often longstanding, but this rarely a problem
- Facial nerve injury - the facial nerve is the nerve which helps to move the muscles of the face. It runs within the parotid gland. If the nerve runs close to where the parotid lump is located, it may be injured/bruised resulting in weakness of that side of the face. This is a rare occurrence and is nearly always temporary. Very rarely, it may be permanent. A facial nerve monitor is used throughout the procedure to safeguard the nerve and minimize this risk, although the risk is not zero
- Salivary collection (sialocoele) – this is a rare occurrence where the cut surface of the parotid gland leaks saliva which then collects under the skin. If this did happen, the saliva could be removed using a needle and syringe. Rarely, this will need to be repeated a few times before the collection settles
- Salivary fistula – very rarely, there may be a persistent leak of saliva from the wound. This usually settles on its own but may take a few weeks to do so
- Frey’s syndrome – some patients find that after this operation, the side of their cheek may become red, flushed and sweaty when eating. This happens because the nerve supply to the parotid gland can regenerate after surgery and grow into and supply the sweat glands of the overlying skin. This is a rare occurrence and usually improves with time, although it may be permanent
- First bite syndrome – some patients may feel pain/discomfort around the jaw on the same side as their surgery for the first few bites after eating. This is a rare occurrence and usually improves with time, although it may be permanent





- Need for further treatment - it is possible that once the parotid lump has been removed, laboratory testing may reveal findings which require further surgery
- There is also a very small risk with any anaesthetic. However, modern anaesthetics are very safe.

What will happen on the day of the procedure?

Information about how to prepare your child for their operation will be included in their admission letter. It is important to follow these instructions. Failure to do so may result in the procedure being delayed or cancelled.

Your surgeon will speak to you again on the day of surgery to once again go through the procedure, risks and complications with you and to answer any questions you may have following your clinic/ward review. As the procedure is performed under a general anaesthetic, your child will also be reviewed by an anaesthetist on the day of surgery. They will be able to answer any questions you may have relating to the general anaesthetic.

Once your child is asleep, the procedure takes approximately 2 hours. A facial nerve monitor will be applied at the start and used throughout the procedure to help safeguard the facial nerve. This involves the use of tiny needles inserted into the face which are then connected up to a monitor to track facial nerve activity. Your surgeon will then make an incision (cut) from the front of the ear down to the upper neck. This is a modified face-lift incision and is known for being associated with a good cosmetic outcome after surgery. A skin flap is raised and the facial nerve is identified and protected. The nerve has multiple branches which will be carefully followed and preserved. The parotid lump will be isolated, carefully dissected free of the surrounding tissue and sent to the laboratory for testing. Once this has been done, the wound is then closed in layers using absorbable stitches. Depending on each case, your surgeon may/may not leave a small drain (plastic tubing) in the wound. This is left in overnight and can easily be removed on the ward the following day. Your child will then be taken to the recovery room



What will my child be like afterwards?

Your child will recover from the anaesthetic in the recovery room and then be taken to the ward. It is not uncommon for children to be a little tired and disorientated after a general anaesthetic.

Your child can drink as soon as they are awake. Nursing staff will advise you when your child may eat.

Your surgeon will speak to you again following the procedure to let you know how it went. Depending on the size of the lump and other factors, the procedure may be done as a day case. However, there may be other factors in your child's medical history and general health that require an overnight stay, including if a drain is used.

Follow up will be arranged by the ENT team and you will be sent a letter with an appointment for your child. If your child had a total thyroidectomy, they will also be seen by the Endocrinology team a few weeks after surgery

Is there anything I need to watch for when my child goes home?

After discharge, an appointment will be made to see your surgeon in a few weeks. In the meantime, if you experience any of the following symptoms, please contact the ward from which your child was discharged for further advice:

- Swelling at the surgical site - bleeding after surgery is rare but involves progressive swelling around the wound site
- Facial nerve weakness – this is rare but if it occurs and your child is unable to close his/her eye fully, they will need some treatment to protect the eye until the weakness resolves. This often involves the use of artificial tears (to keep the eye moist), an ointment to apply at night, and taping of the eyelid at night



When can my child go back to school?

Your child can go back to school once you feel they are back to normal. This is usually within a week of surgery

Covid and surgery

It is likely that having an operation while carrying the Covid-19 virus causes an additional risk of developing complications. How much of a risk this is in children remains unclear. Whilst we are awaiting more details around this, we have taken precautions both prior to admission as well as during hospital stay to limit the risk of Covid-19 in the peri-operative period.

Questions

We understand that there may be questions that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below.



No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the



grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboomasaaxiiboaysanu tarjumikarinbukaanka. Haddiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



www.mft.nhs.uk

© Copyright to Manchester University NHS Foundation Trust

TIG 100/17 Produced October 2017 Review Date October 2018 (SF Taylor CM17403)