

# Home Care After Surgery

## 1. Activity

You can resume normal activities as your condition improves.

## 2. Diet

There are no restrictions on your diet. However, a soft diet is advised if you have throat discomfort.

## 3. Medications

Take pain medications or antibiotics as prescribed.

## 4. Wound Care

Keep the exposed wound clean and dry

Check your wound daily for:

- Redness
- Swelling
- Discharge (blood, pus)
- Severe pain

If you develop any of the above, please inform the ENT clinic or surgeon immediately.

## 5. Care of Drain

If you are discharged with a neck drain, keep the drain well secured and anchor it at waist level. Remember to measure and record the amount of drainage daily.

## 6. Follow-up Appointment

Please keep to your appointment date and timing for review of the wound and removal of stitches or drain.

### Clinics 1B

TTSH Medical Centre, Level 1

#### Contact:

6357 7000 (Central Hotline)



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## Department of OTORHINOLARYNGOLOGY (EAR, NOSE & THROAT)

# Parotidectomy





## What is Parotidectomy?

Parotidectomy refers to the surgical removal of the parotid gland. This gland is the largest of our major salivary glands.

### Types of Parotidectomy

#### 1. Superficial Parotidectomy:

Removal of the parotid tumour located on top of the facial nerve.

#### 2. Deep Lobe Parotidectomy:

Removal of the parotid tumour located deep to the facial nerve. You may experience some weakness of facial movements after this procedure

#### 3. Total Parotidectomy:

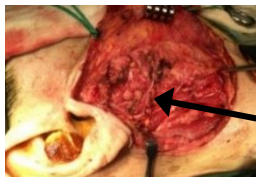
Removal of the entire parotid gland, usually performed for aggressive parotid cancers.

### When is Parotidectomy Needed?

1. Parotid cancers
2. Benign parotid tumours with risk of becoming cancerous or recurrent infections
3. To remove the lymph nodes within the parotid gland that are affected by the spread from other cancers of the head and neck region



Tumour overlying facial nerve branches



Tumour removed with preservation of all facial nerve branches

## How is the Surgery Performed?

- Performed under general anaesthesia
- A facial nerve monitor may be used
- Further details of the procedure will be provided by your ENT surgeon.

### Preparation for Surgery

- You will undergo anaesthesia review and blood tests before the surgery to determine your fitness for surgery.
- Duration of surgery ranges from two to four hours, depending on the procedure and approach.
- You may need to stop aspirin and other blood thinning medications for seven to ten days before surgery to reduce the risk of bleeding. If you have to continue them for other medical reasons, please check with your ENT surgeon.
- Your surgery may be postponed if you develop a fever, cold, flu, sore throat or any other illnesses 24 to 48 hours before the day of surgery. Please inform the ENT clinic or surgeon if you feel unwell before the surgery.

### What to Expect Immediately After the Surgery?

- Stitches and numbness around the wound site
- A neck drain may be placed around the wound site.
- You will be able to eat, drink and talk after the surgery

## Possible Risks of Surgery

#### 1. Facial Weakness

As the facial nerve runs closely within the parotid gland, you may experience temporary weakness of facial movements, such as closing your eyes and facial asymmetry. Permanent damage to the facial nerve is rare (unless caused by cancer).

#### 2. Bleeding / Wound Swelling

A neck drain may be placed during surgery to facilitate drainage of excess fluid, prevent the formation of blood clots and collection of saliva.

#### 3. Wound Site and Ear Lobe Numbness

Numbness around the wound site is common after surgery. This improves as the wound heals. Injury to the greater auricular nerve may also cause numbness of the ear lobe.

#### 4. Frey's Syndrome

This is a rare complication whereby patients develop sweating over the cheek area when they are eating or salivating. This occurs due to abnormal regeneration of nerve fibres that control salivation with the nerve fibres that control sweating.

#### 5. Wound Scarring and Infection

Your doctor may prescribe antibiotics to treat any infection. The chance of scar or keloid formation is less than 1%.

#### 6. First Bite Syndrome

This is uncommon and occurs in the removal of deep lobe tumours. You may feel pain on your first bite which subsequently improves with each bite.