

Parotidectomy-A brief note

Parotid glands are situated on either side of the face below and in front of the ear. It is a major salivary gland. Surgical removal of this gland is called Parotidectomy. Parotid gland has two lobes- superficial and deep

It is indicated in 1) tumours of Parotid gland. Benign tumors are usually located in superficial lobes. In this situation removal of superficial lobe will suffice. It is called superficial parotidectomy. Some tumours are found situated in deep lobe. In such cases and in malignancies total parotidectomy is done. 2) recurrent infection of the gland (Parotitis)

Prior to surgery general medical status is assessed by blood investigations and ECG. USG (Ultrasound) Neck, CT Scan Neck and in some cases MRI Neck was done.

Details regarding past and present ailments, medications, allergies should be shared with the doctor. There will be restrictions regarding intake of food and fluid before and after surgery. It should be complied with. Please read document named **instructions to patients posted for surgery** for more information.

Surgery is usually done under general anaesthesia. Gland is approached through an incision made in the skin in front of ear extending to neck.

It takes one to one and a half hours usually. Main intention of surgery is to remove Parotid gland.

This is achieved in almost all cases.

After surgery the patient is kept in post operative ward under observation for 3 hours and then shifted to room. In cases where further monitoring is required, the patient is shifted to ICU. Oral feeds can start 5 hours after surgery.

Analgesic and antibiotic are given usually. Patient is kept in the hospital for one day. There will be a drain (drainage tube draining blood and serum) sutured to skin. Once drainage comes to negligible level, drain is removed and the patient is discharged.

It is advised to stay at home for 1 week. Body bath can be taken. Head bath is deferred till sutures removed on first postoperative visit. First postoperative visit is on the 7th day. Histo pathology report is received. Further follow ups are required only if histopathology warrants periodic follow up and if the patient has any symptoms.

Complications are rare. Weakness of facial nerve can occur. But it usually recovers. Hematoma due to collection of blood can occur. It can lead to infection. Rarely salivary fistula can occur.