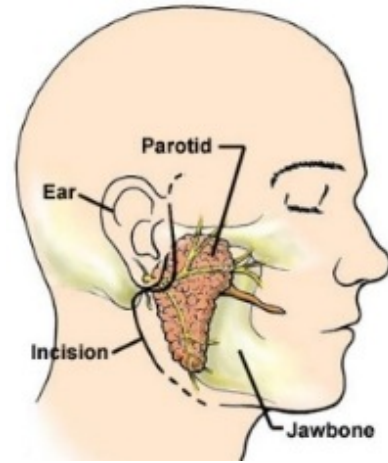




Parotidectomy

Post Op Appointment:



The Recovery/Time Off

The recovery from Parotidectomy takes about 2 weeks. Most patients stay 2 nights in hospital, occasionally more if the drain tube output remains elevated, or if a neck dissection has also been performed. I advise strictly no exercise during the recovery. Walking and staying mobile however is good for you.

It is expected that you will have:

- A mild to moderate amount of pain which will settle within a fortnight.
- A numb ear lobe/back of the ear (in most this improves to a degree with time but rarely returns to normal)
- A more scalloped/concave facial profile in front of and under the ear where the lesion was removed.
- A scar which runs down in front of the ear, under the lobe and then down onto the neck.

By 2 weeks your energy levels should be back to normal and most patients will be fine to return to work.

Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and any allergies. There is no role for preventative antibiotics. I will typically prescribe:

- Regular Paracetamol four times daily for 5 days.
- Celebrex twice daily for 5 days.
- Opiate painkillers may be given in addition. These have side effects (nausea and constipation) and can be addictive and should therefore only be used if the above painkillers are inadequate.

Post Op Problems

Facial nerve weakness

Most patients will awake with normal function in their muscles of facial expression. 10% will have some weakness in one region of the face only (ie the forehead, the eye, the cheek, mouth or lip) and over half of these will completely resolve within a few weeks. It is extremely rare for the entire facial nerve to be transected unless this is done purposefully in order to remove a malignant tumour.

Seroma/Sialocele

A soft collection of fluid may *gradually develop* in the wound bed during the first week after surgery causing the area to look and feel swollen. This will progressively feel tighter, plateau, then go away over a few weeks if left alone. If causing pain/concern it can be drawn out with a needle at your post op appointment.

Bleeding

Approximately 1% of patients will *suddenly develop* a haematoma in the wound. This typically occurs in the first hour or two after surgery or when coughing or straining. This can be left alone if small, or may require a return to theatre to evacuate the haematoma if large.

Scar Management

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. Initially it will be a little raised/heaped and reddish-pink. By 2 months the redness will begin to fade and by a year it is usually quite a subtle thin white line.

Some useful tips...

- From 1-3 weeks post op I advise skin colour steri-strips, advanced healing bandaids, or beige paper tape along the wound. This can both camouflage the incision and help flatten the scar while it is healing.
- From 3weeks onwards - use a moisturiser with Vitamin E or a scar cream from the chemist
- Always apply suncream to your scar in the 1st 12months

Freye's Syndrome

This is a condition (also known as gustatory sweating) whereby beads of sweat form on the cheek while eating. It is actually quite a common occurrence years after parotid surgery. It occurs when the tiny nerves which previously coursed through the saliva gland re-join with nerves travelling to sweat glands in the overlying skin. Most people are able to ignore this, some elect to use topical antiperspirants, and very rarely a surgical solution is sought.

If you need help....

- 1) **In hours call me via my office 52218490.**
- 2) **After hours call me on my mobile 0425746617.**
- 3) **If urgent Call 000 or attend the emergency department at either St John of God or Barwon Health. Please do not attend the Epworth as I do not work at that institution.**