

Parotidectomy (Parotid Gland Surgery)

Procedure-Specific Information & Consent

This document explains parotid surgery and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Recommended procedure

Parotidectomy (partial, superficial, or total, as needed) ± lymph-node biopsy or neck dissection. The extent may change based on the mass location, its relationship to the facial nerve, findings during surgery, or final pathology. The facial nerve will be preserved when it can be safely separated from the mass. If cancer involves the nerve, removal of an involved branch and nerve repair or grafting may be needed.

2. Why this procedure is recommended (The goal is diagnosis and/or treatment.)

- A lump in the parotid gland (parotid mass)
- Suspicious biopsy results
- Confirmed salivary gland cancer
- Enlarging or painful mass
- Recurrent infection

3. What the procedure involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you.
- An incision is made in front of and behind the ear, sometimes extending into the neck
- The facial nerve (the nerve that moves the face) is carefully identified and protected
- Part or all of the gland is removed, depending on the mass location and diagnosis. A facial nerve monitor may be used.
- Lymph nodes may be biopsied or removed when cancer is suspected or confirmed.
- A drain may be placed temporarily. Most patients go home the next day.

4. Expected benefits and limitations

- Removal of the mass for diagnosis and treatment.
- Treatment of infection
- Cancer treatment when possible; cure is not guaranteed.

Important:

- Final diagnosis depends on pathology results
- If cancer is confirmed, final pathology may lead to radiation therapy, another operation, or other treatment.

5. Risks and Side Effects, Common or Expected

- Swelling, bruising, neck discomfort, and a visible scar
- Numbness around the ear or earlobe is common and may be permanent
- A drain may stay in place for 1–3 days

Less Common but Important

- Bleeding under the skin (hematoma), which may require an urgent return to the operating room
- Infection, which may cause redness, drainage, or fever and require antibiotics

Facial Nerve Injury (The facial nerve controls facial movement)

- Temporary weakness may occur. Permanent weakness or complete paralysis is uncommon but possible.
- Risk is higher with a large or deep mass, repeat surgery, or cancer involving the nerve.
- Weakness may affect smiling, lip movement, or eye closure. Eye protection may be needed.

Nerve-Related Sensory Changes

- Numbness around the ear or earlobe from injury or removal of the greater auricular nerve
 - Changed feeling in the cheek or temple
 - Rare shoulder weakness if deeper lymph nodes are removed and the spinal accessory nerve is injured.
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Frey's Syndrome

- Sweating or flushing of the cheek when eating (Frey's syndrome) may begin months later and is often mild
 - Pain near the jaw with the first bites of a meal may rarely occur (first-bite syndrome)
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Salivary Collection or Leak

- Saliva may collect under the skin (sialocele) or leak from the wound (salivary fistula)
 - This is usually temporary but may need drainage, medication, or another treatment.
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Cosmetic Changes

- Hollowing, indentation, or asymmetry near the jaw
 - Scar thickening
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Cancer-Specific Risks (if applicable)

- Radiation therapy or another operation may be needed based on final pathology
 - Risk of recurrence
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6. Alternatives

- Observation with follow-up imaging or repeat needle biopsy when appropriate
 - No surgery, with the risks of delay or growth discussed for your condition
 - Radiation therapy or other cancer treatment in selected cases.
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7. Recovery Expectations

- Most patients recover over 1–2 weeks
- Swelling improves gradually
- Facial weakness, if present, usually improves over weeks to months
- Avoid heavy lifting for approximately 2 weeks
- Follow-up is required to review pathology

Seek urgent medical care for:

- Call 911 for trouble breathing or rapidly increasing neck swelling.
 - Seek same-day medical care for new or worsening facial weakness, trouble closing the eye, fever, increasing redness, pus, or clear fluid from the wound.
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8. Acknowledgement

I understand the planned parotid operation, possible related procedures, expected benefits, limits, risks, alternatives, and recovery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient Name: _____

Signature: _____

Date: _____