Information for patients

Removal of Parotid Gland

This section is for the patient to make notes if they so wish:

Name: _______________________________________

Who to contact and how: ____________________________

Notes: _________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Diana, Princess of Wales Hospital
Scar tho Road
Grimsby
DN33 2BA
03033 306999
www.nlgnhs.uk

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
03033 306999
www.nlgnhs.uk

Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
03033 306999
www.nlgnhs.uk
Introduction
This leaflet has been produced to give you general information about your condition. Most of your questions should have been answered by this leaflet. It is not intended to replace the discussion between you and your doctor, but it may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team caring for you.

What is the parotid gland?
You have two parotid glands that are each about the size of a plum. They are positioned immediately below and in front of the ear. The saliva it produces passes through a tube that opens on the inside of the cheek next to the upper back teeth.

Why do I need treatment?
The most common reason for removing the parotid gland is because there is a lump or blockage of the gland. Lumps can occur due to abnormal growth of the gland. Most of the time these lumps are benign, meaning they do not spread to other parts of the body. However, occasionally cancerous tumours can affect the parotid gland. Other causes for blockages include salivary gland stones. Removal of the gland prevents lumps getting bigger or helps relieve discomfort caused by blockages.

Are there any alternatives and what would happen if I have nothing done?
If you have a stone in your parotid gland, sometimes it is possible merely to remove the stone. However, it is not always easy to reach the stone, especially if it is far back in the duct or in the gland itself. On many occasions the gland may be considered to be too diseased to be left. If ignored you may have further episodes of pain and infection which if severe can be life-threatening. However, this is rare.

Can there be any complications or risks?
There are complications and risks of this surgery and it is important that you are aware of these and have the opportunity to discuss them with your surgeon.

The facial nerve runs through the parotid gland and makes the muscles move on that side of your face. Sometimes the nerve can become bruised from the
surgery, meaning the movements of your face can be weakened. If this happens, in most cases the nerve fully recovers over time. However, there may be a small number of cases which result in permanent weakness of the face muscles.

There will be numbness of the skin particularly of the ear because the nerves supplying sensation are cut in the operation. Some of the numbness fades in the first year, but it is usual for numbness of the earlobe to remain.

As nerves recover, some patients’ experience sweating or flushing of the skin over the gland especially, when they eat. This is called Frey’s syndrome.

There will be a scar but this is made as invisible as possible by placing incisions in skin creases. Initially a scar may appear red and lumpy but this tends to fade to a white line after six months or so.

Since part of or all of the gland is taken away it results in hollowing in front of and below the ear.

How do I prepare for the treatment?

Please read the information leaflet. Share the information it contains with your partner and family (if you wish) so that they can be of help and support. There may be information they need to know, especially if they are taking care of you following this examination.

You will be given a letter detailing where you should attend, starving instructions and the time to report to the ward. Staff will greet you and show you around the ward. You will be seen by the doctor and possibly the anaesthetist. The type of anaesthetic you will be having is called a general anaesthetic. You will be prescribed pain relief medication to manage any pain you may suffer following the operation.

You may be required to attend a pre-assessment where the nurse will prepare you for the surgery and you can ask any questions you may have. She will also ensure you are fit for the anaesthetic.

What does the operation involve?

The parotid gland is removed under a general anaesthetic, i.e. you will be asleep during the operation. The operation involves a cut around two to three inches long immediately in front of the ear. This cut is extended downwards into the neck and possibly upwards to the temple, where it may be necessary to shave some hair. Once the gland has been removed the incision is held together with stitches.
These usually need to be removed about a week after surgery. At the end of the operation a small tube is also placed through the skin into the underlying wound to drain any blood which may collect. This may be removed two to three days after the surgery.

**Will anything else be done while I am asleep?**

If your gland is being removed because of infection that is caused by a stone, it may also be necessary to make a cut inside the mouth to remove that stone. If it is for a tumour, the lymph nodes below the jaw may be removed in order to be examined.

**How long will the operation take?**

Removal of all or part of the parotid gland is a complicated operation which takes approximately three to four hours.

**Do I need any time off work?**

It is usual to take a week off work to recover from the surgery and possibly more depending on your job. You should avoid strenuous activity during this time.

**Is there anything that I need to do when I get home?**

It is important to keep the wound dry for the first week following surgery. This obviously means you need to take care when washing or shaving.

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact the Maxillofacial Unit on 01482 463218.

**General Advice and Consent**

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with the healthcare team.

**Consent to treatment**

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you do not understand or if you want more information.
The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid. That means:

- you must be able to give your consent
- you must be given enough information to enable you to make a decision
- you must be acting under your own free will and not under the strong influence of another person

**Information about you**

We collect and use your information to provide you with care and treatment. As part of your care, information about you will be shared between members of a healthcare team, some of whom you may not meet. Your information may also be used to help train staff, to check the quality of our care, to manage and plan the health service, and to help with research. Wherever possible we use anonymous data.

We may pass on relevant information to other health organisations that provide you with care. All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the General Data Protection Regulation and the Data Protection Act 2018 we are responsible for maintaining the confidentiality of any information we hold about you. For further information visit the following page: Confidential Information about You.

If you or your carer needs information about your health and wellbeing and about your care and treatment in a different format, such as large print, braille or audio, due to disability, impairment or sensory loss, please advise a member of staff and this can be arranged.

**Contact Details**

Specialty Admin Team 2 – 03033 306530 (Monday to Friday 8:30am – 5:00pm)

**Out of Hours**

Emergency Care Centre Reception, Diana, Princess of Wales Hospital – 03033 304560

Accident & Emergency Reception, Scunthorpe General Hospital – 03033 302800
Information for patients

Or

Hull University Teaching Hospitals – 01482 328541 / 875875 ask for Maxillo Facial Bleep 128

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlq.nhs.uk/patients/patient-leaflets/

Toate pliantele noastre sunt disponibile pentru a fi vizualizate în diferite limbi prin intermediul Browaloud pe site-ul nostru, la www.nlq.nhs.uk/patients/patient-leaflets/

Wszystkie nasze ulotki są dostępne do przeglądania w różnych językach za pośrednictwem Browaloud na naszej stronie internetowej www.nlq.nhs.uk/patients/patient-leaflets/

Visus mūsų lankstinukus galite peržiūrėti įvairiomis kalbomis, naudodamiesi „Browsealoud“ mūsų svetainėje, adresu www.nlq.nhs.uk/patients/patient-leaflets/

Vse naše zloženke so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlq.nhs.uk/patients/patient-leaflets/

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