

**Patient
Information**

Discharge information following a Parotidectomy

Introduction

This leaflet gives you information about what to expect following your parotidectomy.

Follow up appointment

- The consultant will see you in an outpatient clinic 2 to 4 weeks after your discharge to review your recovery progress.

What to expect following discharge

- During the operation the skin over your face is lifted and some of the nerves to the skin are cut. This means that the skin on the side of your face and in front of the ear will be numb for some time. Many patients say that the skin of the ear lobe remains numb permanently.
- The facial nerve is an important nerve that passes right through the parotid gland. This makes the muscles of the face move. If the facial nerve is damaged during surgery it can lead to weakness on one side of the face (facial palsy). In most cases the nerve works normally after the surgery, however, the nerve can become bruised and result in facial weakness lasting for a few weeks. This can be improved with facial exercises.
- Salivary fistulas can also happen. This is when saliva collects in the wound site and drains through the incision. This is usually temporary and settles without treatment.
- Frey's syndrome - After surgery your cheeks and neck can become a little red, flushed and sweaty when you are eating. This is due to the nerve supply to the parotid gland re-growing and starting to supply the sweat glands of the overlying skin. If this happens and you are concerned, please speak to your consultant at your next clinic appointment.

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Department

**Head and Neck
Oncology**

Review due

June 2024

**Patient
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- **Pain** – If you are experiencing pain that is not being controlled with the pain relief you have been sent home with then please contact your GP for advice. The Head and Neck Clinical Nurse Specialists (CNS) can also advise you.
- **Swelling** – This is to be expected following a parotidectomy and will slowly reduce over time. However, if the swelling worsens please contact the Head and Neck CNS for advice.
If the swelling starts to affect your ability to breathe, please call 999 and ask for an ambulance.
- **Bleeding** – If the wound oozes or bleeds it can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up clean handkerchief or swab. Contact the Head and Neck CNS if you are concerned. If the bleeding continues, or you are bleeding large volumes, please go to the nearest Accident and Emergency Department or call 999.
- **Infection** – If you have any signs of infection such as a raised temperature, redness, new pain or a discoloured discharge then contact your GP, as you may need a short course of antibiotics.

Contact Information**Clinical Nurse Specialists**

Tel: 0300 422 6785

Monday to Friday, 8:00am to 4:00pm

Head and Neck Dietitian

Tel: 0300 422 3460

Monday to Friday, 8:00am to 4:00pm

Head and Neck Speech and Language Therapists

Tel: 0300 422 8105

Monday to Friday, 8:00am to 4:00pm

Out of Hours**Ward 2b**

Tel: 0300 422 6184

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