

**Patient
Information**

Parotid tumour and parotid surgery

Introduction

This leaflet gives you information about parotid tumours and the surgery to remove them. It also answers the commonly asked questions.

What is the parotid and what causes parotid lumps?

The parotid is a gland that makes saliva. There are 2 parotid glands, one on each side, just in front of your ears.

Lumps occur in the parotid due to abnormal growth of some parts of the salivary glands. This is a parotid gland tumour. Most of these tumours are benign, this means that they are not cancerous and do not spread to other parts of the body. Rarely, malignant (cancerous) tumours can also affect the parotid.

Your specialist may collect a needle sample from the lump in order to try to find out what sort of tumour you have.

What is a parotidectomy?

A parotidectomy is an operation to surgically remove part or all of the parotid gland. The operation is performed under general anaesthetic (while you are asleep). An incision (cut) will be made which runs from in front of your ear and down into your neck. This incision usually heals very well.

At the end of the operation, the surgeon will place a drain (plastic tube) through the skin in order to stop any blood collecting under the skin. You will need to stay in hospital for 36 to 48 hours until the drain can be removed.

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ENT

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Why remove the lump?

- Although most lumps are benign, we recommend that they are removed as they can continue to grow and may become cancerous (malignant) after many years.
- It is best to remove lumps as early as possible. Larger lumps are more difficult to remove.
- Removing the lump allows us to examine it under a microscope and confirm exactly what it is.

Possible complications

Facial weakness

The facial nerve passes through the parotid gland. This controls the muscles of the face and if damaged during surgery, can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after surgery.

Where the tumour has been very close to the nerve, a temporary weakness of the face can happen. This weakness may last for several weeks. Permanent weakness of the face following surgery for benign tumours is rare.

Please discuss any concerns you may have with your specialist.

Numbness of the face and ear

The skin on the side of the face will be numb for some weeks after the operation. It is possible that this will be permanent.

Blood clot

Blood can clot beneath the skin (known as a haematoma). If this happens it may be necessary for you to return to the operating theatre to have the clot removed and to replace the drain.

Salivary collection

In some cases, the surface of the parotid gland leaks saliva. This can collect under the skin and will need to be removed with a needle. This may need to be repeated several times.

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Very occasionally, saliva may leak through the skin. This usually settles down within a week. If the leak continues you will be monitored by the surgeon until it has stopped. It is impossible to say exactly how long it may take for a leak to stop.

Frey's syndrome

Some patients find that after parotid surgery their cheeks can become red, flushed and sweaty while they are eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the nearby skin, instead of the parotid. This can be treated by the use of a roll-on antiperspirant. A special type of injection can be prescribed by your surgeon if your symptoms are severe.

How long will I be off work?

Most patients will be able to return to work after 2 weeks.

Contact information

If you have any further questions, please do not hesitate to contact your Clinical Nurse Specialist or surgeon. The surgeon can be contacted by calling their secretary via the hospital switchboard:

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted ask for the operator then your surgeon's secretary.

Clinical Nurse Specialist

Tel: 0300 422 6785

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

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