

Post-Operative Instructions: Parotidectomy / Salivary Gland

WHAT TO EXPECT:

- The typical period of face/throat pain is about 10 to 14 days.
- Difficulty swallowing is sometimes seen, as there is a “full” feeling in the upper throat/and or face.
- Some hoarseness can be expected for several days. This is generally due to the breathing tube (endotracheal tube) which was placed in the airway during the anesthetic procedure. The placement of the breathing tube may cause swelling of the vocal cords as a side effect.
- There may be a drain in the wound for several days. The drain is removed on the first to third postoperative day, depending on how much drainage is present.
- You may be on a post-operative antibiotic for at least a week after the operation. Start this antibiotic after surgery. A prescription for pain medication will be given.

DIET:

- For the first day, liquids and soft foods are best. Avoid solid food.
- Starting on the second day, it is best to eat soft foods that do not require a lot of chewing. These would include mashed potatoes, scrambled eggs, milk shakes, oatmeal, etc. You can advance to regular foods as you are able.
- Bland diet- no sour, tart, extra spices. A bland diet decreases the risk of saliva collections in the surgical wound.

ACTIVITY:

- After discharge from the hospital, you should remain at home for the first week.
- Lifting over 20 pounds should be avoided. Sleep with your head elevated above your heart for the first 3-5 days to reduce swelling. No exercise should be undertaken for at least one week, and only mild exercise for the next two weeks. Avoid getting the wound wet for the first 3 days. Bathing is better than showering. Don't soak the wound. It is permissible to get the wound wet for short periods of time after that. Leave the tape over the wound in place. Your surgeon will remove it after approximately 7 days.

COMPLICATIONS:

- The nerve that closes the eyes, wrinkles the nose, and moves the lips runs through the middle of the parotid gland. Decreased motion of facial muscles might occur while the nerve recovers from surgery. Approximately 30% of patients will have some weakness. Every effort is made to preserve the branches of the facial nerve, but sometimes small branches of the nerve may need to be sacrificed if involved with a malignant tumor, resulting in paralysis of some facial muscles. If facial movement does not completely return, rehabilitation can help restore facial movements.
- Nerves that link to the saliva producing areas in the parotid gland sometimes link with the nerves that control sweating in the skin. This might cause sweating of the skin at meal time. Rarely, a salivary fistula can develop and cause saliva to leak through the skin.
- If your eye will not shut, then there is a risk of dryness of the cornea of the eye. Artificial tears may be used during the daytime. Ointment can be obtained from a pharmacist OTC and, despite the blurriness, can be used whenever the eye feels dry, especially at night. The eye lid may need to be taped shut at night for sleep.
- Generally we expect some swelling of the wound over the face or jaw, but if there is increasing redness or unexpected swelling of the wound (particularly around day 4-6), then an infection may be suspected and the on-call physician should be notified.
- For after hour emergencies call **801-596-6665**.