

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

Clare Park Hospital

Switchboard – 01252 850216

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 **F** 01252 851331

E infosurrey@entpartnership.co.uk www.entpartnership.co.uk

Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

T 01256 377733 **F** 01256 354483

E infohampshire@entpartnership.co.uk www.entpartnership.co.uk

Information for Patients on

Parotid Surgery

Introduction

The parotid glands are two large salivary glands that lie just in front of and below your ear on either side of your face. They produce saliva when you eat. An important nerve runs through the parotid gland called the facial nerve; it controls all the muscles of your face and hence is responsible for all the movements of the face.

Problems with your Parotid Gland

The most common problem is a small growth within the gland itself. These growths are usually non-cancerous but can, if left alone, grow larger and cause problems. For this reason, your doctor will often recommend an operation to remove the lump.

The only other common problem found in the parotid gland is recurrent infections often due to little stones forming within the ducts of the gland. If this problem is sufficiently troublesome, then again your doctor may recommend that the gland is removed to prevent the infections.

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

About the Operation

You will attend the hospital about 1 – 2 weeks before the operation for a pre-operative assessment. You should not have suffered from a common cold for at least two weeks before the operation. If you have had a cold please ring the Consultant's secretary.

Please advise us if you take the oral contraceptive pill, as this may need to be stopped temporarily.

You will be admitted to hospital on the morning of the surgery.

Operations to remove part or all of the parotid gland are nearly always performed under a general anaesthetic (fast asleep). An incision is made in front of the ear and down into the neck. This incision will leave a scar. The most important part of the operation is to find the nerve that runs through the gland (the facial nerve) to make sure that it is protected from any damage during the operation. This takes a little bit of time. Once this nerve has been found then it is normally quite a straightforward job to remove part of, or the entire gland, as required.

At the end of the operation a small plastic drain is left in the wound to remove any blood that might collect and the incision is closed (often with special staples). The next day the plastic drain will be removed and if all is well you should be able to go home. Occasionally a second night in hospital is required.

What to Expect Afterwards

After leaving hospital the main problem is normally related to the length of operation and anaesthetic.

People often feel tired and worn out for a few days afterwards until things get back to normal.

The side of the face around the operation is often a little bruised and swollen and will certainly feel numb for quite some time afterwards. Occasionally there may be a little weakness of this side of the face because of some bruising around the facial nerve.

The stitches or skin staples that have been used to close the incision should be removed about one week after the surgery. This can normally be arranged with your doctor's surgery.

A follow-up outpatient appointment will be made for four weeks after the surgery.

Finally, we would recommend you allow at least two weeks for convalescence before getting back to normal activities. A medical certificate can be supplied if needed.

Risks

As with all operations there is a risk of bleeding or infection, although these are uncommon in this operation.

The main specific risk is damage to the facial nerve which can leave a temporary or permanent paralysis of your face. The risk of this occurring is very small.

There is also a slight risk of a condition called Frey's Syndrome. In this condition some of the little nerves that supply the parotid gland and make it produce saliva find their way into the skin after the surgery. Some people will find that when they eat and drink they get a small patch of sweating just in front of their ear. For most people this is not a problem but occasionally it can be troublesome and further treatment may be required for it.

Finally, it is worth noting that although the numbness in the side of the face will largely disappear, there will always be some slight numbness of the ear lobe on the side of the operation as a result of having to cut one of the small nerves that supplies sensation to the ear.

Tumour recurrence requiring further treatment is rare

If any problems arise after you have gone home please contact the ENT ward or consultant's secretary.