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Risks of Parotidectomy

Salivary gland tumors are typically resected with a surrounding cuff of normal tissue. This is most commonly accomplished by performing a superficial parotidectomy. The parotid gland, the largest of the salivary glands, is divided by the facial nerve into a superficial and a deep component. An incision is made around the ear and into a skin crease in the neck.

As with any surgery risks exist. The following information will help you understand the risks of a parotidectomy. As with any operation, there may be some unanticipated complications beyond those listed here.

Bleeding: Substantial bleeding requiring transfusion is extremely rare. A hematoma or collection of blood under the skin incision is unusual. Removal of the clot may require additional surgery and prolonged hospitalization.

Infection: Though infection is not common, it is a risk with any surgical procedure. Should infection occur, it may require prolonged treatment in and out of the hospital. Fortunately this is a rare complication. A wound infection occurs in a few cases and is treated with antibiotics and drainage is usually not a serious problem.

Nerve Injury: The facial nerve controls all facial function. Immediate or delayed weakness of facial movement is rare but may occur as the result of swelling or injury to this nerve.

Frey's Syndrome: Sweating and flushing may occur on the face in response to chewing. There are interventions to make this less noticeable.

Taste Disturbance: Taste disturbance and mouth dryness occasionally occur following surgery. In rare patients, this disturbance is prolonged.

Numbness: A lack of sensation around the area of your incision is very common and can last for several months. In rare instances, the numbness can be permanent. Earlobe numbness is nearly universal and is often permanent to some degree.

Scar: You will have a scar. Initially this will be swollen and red. As it heals, the swelling and redness will lessen. It is a good idea not to expose the scar to direct sunlight for the first six months after surgery to prevent the scar from hyper pigmenting (getting darker).

Recurrence: Although every attempt is made to remove the entire tumor, there is a possibility of recurrence due to residual or recurrent disease. Those may require additional surgery.

Reviewed 2/06

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