



PAROTID GLAND SURGERY

The anatomy and function of the parotid gland provide unique challenges to the surgeon during parotid gland surgery. The most significant concern involves the **Facial Nerve** which controls most all of the muscles on the same side of the face. The main branch of the nerve enters deep into the gland and divides into five main branches within the gland tissue. By far the safest method to avoid paralysis of the face is to identify the nerve and dissect it free from the portion of gland to be removed.

If paralysis of the facial muscles occurs, it can be temporary or permanent, involve part or all of the face, and result in weakness or total paralysis. Most instances of weakness results from tugging or tension of the nerve and improve with time. Only cases of complete and total paralysis resulting from cutting a branch of the nerve do not improve without further intervention. **Temporary weakness occurs in approximately 10% of surgeries and permanent paralysis only 2% of cases.**

In order to safely identify the nerve and remove the affected portion of the gland, an incision extending from the front of the ear down behind the angle of the jaw is required. This incision is essentially the same incision that is used for most cosmetic facelifts.

Other concerns during and after parotid surgery include are usually minor inconveniences or subtle in nature. Removal of part of the parotid gland can result in a slightly thinner cheek when compared to the other side. Some patients notice sweating over the cheek during meals. This can be treated with antiperspirants or other drying medications. Occasionally a collection of fluid/saliva at the operative site may develop and require compression dressings or repeated needle drainage. To help prevent this problem, suction drains are commonly employed after surgery.

Most all parotidectomy procedures require an overnight stay in the hospital post-operatively with patients going home the next day after the drains are removed. On rare occasions, longer stays may be required.

As with all surgeries, other risks include: **pain, bleeding, infection, poor wound healing and poor cosmetic result.** If the gland is being removed for a tumor, there is always the potential for persistent or recurrent disease after the surgery and close surveillance will be required.