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Surgery on your parotid salivary gland

Oral & Maxillofacial Surgery

Information for Patients

Last reviewed: December 2023
Next review: December 2026
Leaflet number: 1067 Version: 3

What are parotid salivary glands?

The parotid glands are plum-sized glands which produce saliva. You have 1 on each side of the face, in front of and below each ear. The saliva drainage tube opens in the mouth in the cheek near the upper back teeth.

Saliva is important as it helps:

- to lubricate the mouth.
- to protect the teeth against bacteria in the mouth.
- with swallowing.
- with digesting food and drink.
- with your speech.

What problems can occur in the parotid gland?

Problems which can occur include:

- stones (similar to kidney stones).
- benign lumps (most are non-cancer related).
- cancer related (malignant) in a small number of cases

What tests will I have?

Once you have been seen by your consultant you will need further tests, which may include 1 or several of the following:

- An ultrasound scan.
- A sialogram. This is an X-ray procedure. A contrast dye is injected into the salivary duct and gland. This allows them to be seen more clearly on an X-ray picture.
- MRI or CT scan.
- Fine needle aspiration (FNA). A fine needle is inserted into the lump and cells removed. The sample is sent to be looked at under a microscope.

Why do I need surgery?

The most common reason for removing the parotid gland is if there is lump (tumour). Even though most lumps in the parotid gland are not cancerous (benign), they usually need to be removed as they will continue to grow and cause symptoms or cosmetic changes. Most lumps (tumours) are in the outer part of the gland (superficial lobe).

Other reasons for removing the gland include:

- repeated infections.
- salivary stones.
- cancerous (malignant) tumour.
- a small number of benign tumours, if left for many years, can change and become cancerous.

What happens during surgery?

Surgery to remove the parotid gland is called a parotidectomy. We rarely remove the entire gland. It can be just part of the gland (partial parotidectomy), or just the lump with a good border of tissue around it (extracapsular parotidectomy).

The surgery involves:

- Having a general anaesthetic so you are asleep. Surgery usually takes 2 to 3 hours.
- A cut (incision) is usually made in the skin crease in front of the ear, that goes down into the neck or hairline. The skin is lifted to expose the gland. The wound usually heals very well, and in time the scar is minimal.
- The facial nerve is then found and protected. However, the smaller nerves that supply feeling to the skin in the area may be cut or sacrificed to gain access to the gland.
- The superficial lobe of the gland (area where the lump, infection or stone can be seen) is then removed. Sometimes, if the deep lobe of the gland is involved, it will also be removed (total parotidectomy).
- The area will be then closed with stitches (sutures). These will be removed in 10 to 14 days.
- A drainage tube will be placed through the skin to stop blood from collecting under the skin.
- You may wake up with a head dressing.

What to expect after surgery

- 1 or 2 nights in hospital.
- Discomfort, swelling and bruising.
- A stiff neck, numbness or tingling affecting the skin of the neck, cheek and earlobe. This may be permanent.
- Regular pain relief.
- The drainage tube and head dressing is usually removed the day after surgery.
- Stitches will be removed 10 to14 days after surgery. The wound should be kept dry until then. Sometimes dissolving stitches may be used.
- Scar at the incision site will take several months to soften and fade.
- You will need 1 to 2 weeks off work. It will take a month to fully recover.
- Avoid shaving until the stitches are removed and the wound has healed.

What are the risks of the surgery?

- **Minor bleeding** is common.
- **Bruising and swelling** are common.
- Infection is uncommon.
- Thickened and/ or sensitive **scarring.**
- **Facial weakness** - the facial nerve runs through the gland, and is handled whilst trying to protect it during surgery . This can result in weakness of the facial muscles (facial palsy). This nerve has 5 main branches that help move different parts of your face , and the weakness depends on the branch damaged or handled. Usually the nerve fully recovers after surgery, but about 5% to 25% (5 to 25 out of 100 patients) with benign lumps and 50% (1 in 2 patients) with malignant tumours may have temporary weakness.

  Weakness usually takes 3 to 6 months to recover, but can take as long as 24 months or be incomplete in its recovery.
- In some malignant large lumps or repeated infections, the nerve is involved with the tumour and will have to be removed too. This usually affects small branches or 1 main branch. If this is likely, your surgeon will warn you. This would result in permanent weakness on that side of the face.

  Permanent weakness happens in up to:

  - 2% (2 in 100 patients) with benign or infected glands.

  - 10% (1 in 10 patients) with repeated operations.

  - 50% (1 in 2 patients) with malignant tumours.
- **Numbness** - the skin on that side of your face may be temporarily numb. Recovery may take from a few weeks up to 6 months. The nerve that supplies feeling to your earlobe may be cut, so your lobe is likely to be permanently numb in most cases.

- The most common benign tumour is pleomorphic adenoma. It can come back many years after surgery. This has a **recurrence** rate of between 1 to 2% (1 to 2 out of 100 patients). Malignant tumours (cancerous tumour) can come back due to the nature of the disease. You will have close follow-up appointments and scans for a few years, to keep an eye on the area.
- In around 10% of patients, there may be a swelling of body fluids or saliva (**seroma)** or an opening on the skin **(fistula).** This may happen a few days after surgery once the drain is taken out, and can be removed with a needle similar to having a blood test. It tends to last a few weeks before getting better.
- Sometimes in about 5% (5 in 100 patients), the drains can become blocked with blood before being removed. This is called a **hematoma**. If this happens, we may need to take you back to theatre to remove the clot and change the drain.

Are there any long term side effects?

- There may be a **hollowing** in front of and behind the ear. You will notice this more if the whole gland is removed. Sometimes nearby tissues are used to reduce this.
- **Frey's syndrome** can happen around a year after surgery. This can be described as a flush, red or sweaty (ranging from little beads to a flow of fluid) patch on the skin over the area of the gland. This can happen if the cut end of the nerve (that ran through the gland) re-grows and attaches itself to the sweat glands in the skin. It then tells these sweat glands to produce fluid when you eat or think of food, in the same way it would tell the gland to produce saliva. For this reason we will see you a year after the surgery to check for this. Your surgeon may suggest Botox injections to treat this.

Contact details

If you have any further concerns, you can contact the Maxillofacial Unit between 9am to 5pm on 0116 258 5671.

Previous reference: 06.02.2007.26217

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