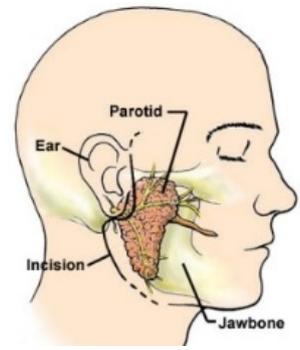




Mr Nicholas Agar

GEELONG
Head and Neck



Parotidectomy

Discharge Date

Post Op Appointment

Discharge meds given? Yes / No

Time Panadol last given

The Recovery/Time Off

The recovery from Parotidectomy takes about 2 weeks. Most patients stay 2 nights, occasionally more if the drain tube output remains elevated. I advise strictly no exercise/exertion during the recovery. It is expected that you will have:

- A mild to moderate amount of pain which will settle within a fortnight.
- A numb ear lobe/back of the ear (in most this improves to a degree with time but rarely returns to normal)
- A more scalloped/concave facial profile in front of and under the ear where the lesion was removed.
- A scar which runs down in front of the ear, under the lobe and then down onto the neck.

By 2 weeks your energy levels should be back to normal and most patients will be fine to return to work. *Please ask for a certificate if needed.*

Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and any allergies. There is no role for preventative antibiotics. I will typically prescribe:

- Regular Paracetamol four times daily for 5 days.
- Celebrex twice daily for 5 days.
- Oxycodone to be taken as required.

Paracetamol and Celebrex taken regularly will often be adequate. Oxycodone is a strong painkiller related to morphine. Take this if you are still uncomfortable but be aware that it will make you drowsy and can cause nausea and constipation. Please ask your chemist for a Laxative at the first hint of constipation.

Post Op Problems

Facial nerve weakness

Most patients will awake with normal function in their muscles of facial expression. 10% will have some minor weakness in a region of the face only (ie the cheek or the lower lip) and over half of these will completely resolve within a few weeks.

It is extremely rare for the entire facial nerve to be transected unless this is done purposefully in order to remove a malignant tumor.

Seroma/Sialocele

A soft collection of fluid may *gradually develop* in the wound bed during the first week after surgery causing the area to look and feel swollen. This will progressively feel tighter, plateau, then go away over a few weeks if left alone. If causing pain/concern it can be drawn out with a needle at your post op appointment.

Bleeding

Approximately 1% of patients will *suddenly develop* a hematoma in the wound. This typically occurs in the first hour or two after surgery or when coughing or straining early on after the operation. This can be left alone to reabsorb over weeks if small, or may require a return to theatre if large.

Scar Management

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. Initially it will be a little raised/heaped and reddish-pink. By 2 months the redness will begin to fade and by a year it is usually quite subtle. Some useful tips...

- Skin colour steri-strips or beige paper tape along the wound can both camouflage and help flatten the scar.
- Use a Moisturiser with Vitamin E from 2week onwards (eg BioOil).
- Always apply sunscreen to your scar.

Freye's Syndrome

This is a condition (also known as gustatory sweating) whereby beads of sweat form on the cheek while eating. It is actually quite a common occurrence years after parotid surgery. It occurs when the tiny nerves which previously coursed through the saliva gland re-join with nerves travelling to sweat glands in the overlying skin. Most people are able to ignore this, some elect to use topical antiperspirants, and very rarely a surgical solution is sought.

If you need help....

- 1) **In hours call me via my office 52218490**
- 2) **After hours call me on my mobile 0425746617**
- 3) **If I am unable to respond please**
-attend the Geelong Hospital Emergency
Department and the on-call ENT surgeon will
become involved if necessary.
OR
- 4) **-call an ambulance on 000**