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Parotidectomy

Parotidectomy is a surgical operation to remove a large salivary gland (the parotid gland) located in front and just below the ear. The most common reasons for removal of all or part of this gland are a mass in the gland, chronic infection of the gland, or obstruction of the saliva outflow from the gland causing chronic enlargement of the gland. Masses in the parotid are most commonly benign, but about 20% are malignant. The most common tests to determine whether a parotidectomy is necessary include a fine needle aspiration biopsy (withdrawing a small amount of fluid from the parotid to see if malignant cells are present), CT scan (an x-ray test that helps to determine the size and position of the parotid tissues), and MRI (an imaging test that does not use x-rays and helps to determine the size and position of parotid tissues). In some cases no additional testing may be needed prior to surgery.

The procedure is usually done under general anesthesia. The amount of parotid gland to be removed is often determined at the time of surgery based on the size and location of the diseased parotid tissue. The extent of surgery may also depend on pathological examination of tissues removed during the surgery.

The nerve that controls motion to the face (the facial nerve) runs through the parotid gland. This nerve is important in closing the eyes, wrinkling the nose, and moving the lips. Most often the parotid gland can be removed without permanent damage to the nerve, however, the size and position of the diseased tissue may require that the nerve, or small branches of the nerve, be cut to assure complete removal.

Even if the nerve is not permanently injured, there may be decreased motion of the facial muscles as the nerve recovers from the surgical procedure. If facial motion does not fully return, there are ways to rehabilitate facial movement.

Other possible short term complications include bleeding and infection. Although rare in parotid surgery, some patients may develop a thick scar or keloid. Many patients experience numbing of the earlobe and outer edge of the ear after parotid surgery. This generally resolves slowly overtime. In a small proportion of patients the face on the side of the parotidectomy sweats at mealtimes, ("gustatory sweating"). Most often this goes essentially unnoticed, however, if it should become bothersome medication and sometimes surgery are available. Very rarely, a salivary fistula may occur, with saliva draining from a small opening in the incision.

Depending on the final diagnosis after a pathologist reviews the tissue, additional diagnostic tests and follow-up examinations may be needed. Most often masses of the parotid are benign, and complete removal is the only treatment needed.