

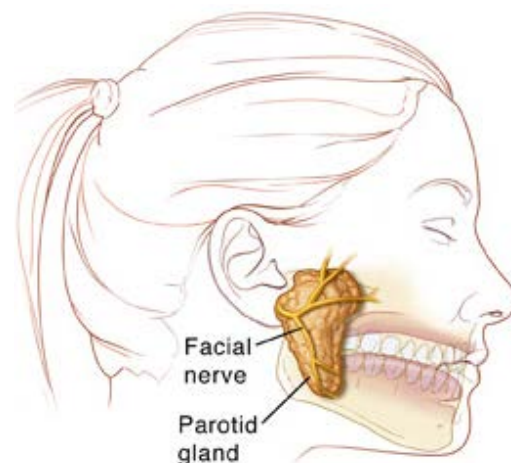
## Parotid Surgery

### *How to prepare and what to expect*

*This handout for patients at University of Washington Medical Center explains how to prepare for parotid surgery. It includes self-care after the surgery, and when to call the doctor.*

The *parotid* glands secrete saliva. There are 2 parotid glands, one on each side of the mouth, in front of both ears.

In your parotid surgery, your doctor will remove either part of the gland (a *superficial parotidectomy*) or the whole gland (a *total parotidectomy*). The type of surgery depends on your diagnosis.



*Parotid glands are in front of the ears.*

### How to Prepare

- Starting **1 week** before your surgery, do **not** take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See the attached sheet for more information.
- Starting **48 hours** before your surgery, do **not** use a razor to shave any part of your body. We want to avoid skin cuts on the day of surgery.
- During your pre-op the nurse will remind you:
  - Not to eat or drink after a certain time.
  - Which of your regular medicines to take or not take.
  - To sip only enough water to swallow your pills.

### Day Before Surgery

- **Show:** Take a shower the night before your surgery:
  - Use the antibacterial soap your nurse gave you to wash your body.
  - Do **not** use the antibacterial soap on your face and hair. (See the directions that came with the soap.) Use your own soap and shampoo on your face and hair.
  - Use clean towels to dry off, and put on clean clothes.

- **Arrival time:** A Surgery patient care coordinator (PCC) will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the PCC will call you the Friday before. If you do not receive this call by 5 p.m., please call **206.598.6541**.

## Day of Surgery

### At Home

- **Fast:** Follow the nurse's instructions about not eating and drinking.
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did the night before.
- **Medicines:** Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

### At the Hospital

- **Heating blanket:** To reduce your risk of infection, we will cover you with a heating blanket while you wait to go into the operating room. This will warm your body and help prevent infection. Ask for a heating blanket if you do not receive one.

## What to Expect After Surgery

### Your Hospital Stay

You will spend 1 to 2 days in the hospital, most likely on the 4-Northeast or 4-South unit. Visiting hours are 5:30 a.m. to 9:30 p.m.

### Intravenous Line

You will have an *intravenous line* (IV) in your arm to give you fluids during and after surgery. We will remove your IV when you can drink liquids.

### Drain

You may have a drain to remove fluids that build up in your skin after surgery. The drain will be removed 1 to 2 days after surgery.

### Incision

- Your incision will be in front of your ear and extend down to your neck or behind your ear. It will be closed with *sutures* (stitches).
- It is important to keep the incision area clean. Your nurses will do these steps 2 to 3 times a day:
  - Clean your incision with saline (salt) solution or distilled water
  - Put a special ointment on your incision

- After you go home, you or your helper will need to keep caring for your incision until your sutures are removed.
- Your sutures will likely be removed at your clinic visit 1 week after surgery.
- Your incision will be red and raised as your body heals. For most patients, this will flatten and fade in about 6 months.
- Use sunscreen to protect your incision starting about 2 weeks after your surgery. Keep using sunscreen on your incision for 12 months.

### **Pain Medicine**

We will give you pain medicine to take by mouth. It is common to have a sore throat and a hoarse voice after surgery. This may last for 1 week or more.

For pain control:

- **For mild to moderate pain:** Take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin). Follow the dose instructions on the label. Alternate taking Tylenol and ibuprofen every 3 to 4 hours.
- **For severe pain:** Take the pain medicine (*opioids*) your doctor prescribed. Take this medicine **only** as prescribed.

### **Eating**

- You may feel a little queasy from the *anesthesia* (medicine you received to help you sleep during surgery). This should ease as the anesthesia wears off.
- You will probably be able to eat and drink as usual the evening after surgery.

### **Activity**

- After the anesthesia wears off and you are feeling up to it, you will be able to get up and walk. Moving around will help your lungs and your blood flow.
- For **2 weeks** after surgery, avoid heavy lifting, straining, or activities that may increase your blood pressure.

### **Return to Work**

Patients who have this surgery usually return to work in 1 to 2 weeks.

## When to Call

Call the clinic nurse or your doctor if you have:

- Signs of infection in your incision:
  - Redness
  - Swelling
  - Increased pain
  - Bad-smelling or watery discharge from your incision
- A fever higher than 101.5°F (38.6°C)
- Bleeding from your incision
- Rash or itching
- Ongoing nausea or vomiting

### Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- **To set up a clinic visit**, call the Otolaryngology/ Head and Neck Surgery Center at 206.598.4022 and press 8 to speak to the front desk.
- **If you are already a patient** and have questions about your treatment plan:

Weekdays from 8 a.m. to 5 p.m., call the Head and Neck Voice Mail Line at 206.598.7535.

After hours and on weekends and holidays, call 206.598.4022 and press 5 when you hear the recording. This will connect you with a nurse on the Community Care Line.