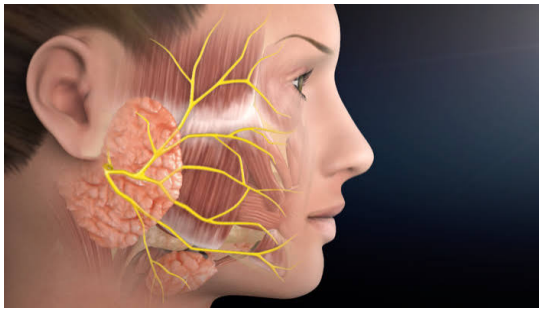
PAROTIDECTOMY SURGERY- FOR PATIENTS

A Parotidectomy is the surgery used to treat benign or malignant disorders of the parotid salivary gland.



The surgeon examines the swelling and order the following investigations to confirm the diagnosis
USG Neck
FNAC /FNAB/ Try cut Biopsy
MRI Contrast /CECT /PET-CT.

Based on the investigations the decision for the parotid to be Malignant /Benign.
Sometimes even after extensive investigation also the diagnosis is not established in which cases the surgeon will be sending a small tissue sample during the surgery to biopsy **(Frozen Biopsy)** confirm the diagnosis based on which the surgical decision will be changed.

PROCEDURE:
Parotidectomy is performed with an incision in front and below the ear. The facial nerve controls the facial muscles that allow you to purse your lips, open your lips, smile, close your eyes and raise your eyebrows.
The most important step in Parotidectomy is the identification of the Facial nerve (Which is the most important step of the entire surgery).
The surgeon at our hospital will be using microscope and magnification to identify the nerve, with meticulous use of special instruments and techniques to identify the nerve.

SURGICAL RISKS/COMPLICATIONS:

1. **Facial nerve injury**. The majority of the technical aspects of parotid surgery are designed to avoid injury to your facial nerve.as explained prior however there is a risk of temporary paresis in few people especially the branch which supplies the angle of the lip. Permanent injury to one or more of the branches of the facial nerve is very rare. If this was to occur, the muscles that are controlled by the particular nerve branch would not be able to contract, leaving paralysis of those facial muscles.
2. **Ear lobe numbness**. Often the nerve that gives you feeling to the lower half of your ear is the retracted during surgery which leads to temporary numbness.
3. **Seroma/Hematoma/Sialocoele**: In order to prevent fluid, blood or saliva from collecting under the skin, you will have a drain placed to help escape of excessive fluids. You may also have a snug compressive dressing placed for several days to help prevent a fluid, blood or saliva collection under the skin. Occasionally however, fluid, blood or saliva does collect under the skin making an additional minor surgery necessary, as well as needing a longer term pressure dressing in order to resolve.