



Pediatric and Adult Ear, Nose, & Throat Specialists

Gregory N. Rohn, MD
Bradford A. Gamble, MD

6300 West Parker Road
Suite G24
Plano, TX 75093
972 378-0633

7515 Greenville Avenue
Suite 410
Dallas, TX 75231
214 239-1641

POST-OPERATIVE INSTRUCTIONS PAROTIDECTOMY

Recovery: Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately an hour. They are then transferred to the postoperative medical ward, where they are usually kept overnight. During the remainder of the first day, the patient is typically groggy and tired, but progressively improves. The patient is typically discharged the following day. We usually ask patients to budget from 3-5 days off of work and activities during the first week.

Diet: The patient is typically given clear liquids either in recovery, or upon transfer to the floor. Depending on the level of grogginess, and whether they have nausea, the patient's diet is advanced to a regular diet rapidly over the first and second day. Upon return home, there are no dietary restrictions.

Activity: We typically have the patient maintain head elevation while in bed during the first week. This reduces swelling and discomfort. We suggest no heavy lifting or vigorous activity during the first week. We would request that the patient not travel out of the DFW area during the first week.

Instructions/expectations:

pain: The pain following parotidectomy is typically surprisingly mild. Most patients have good pain control with Tylenol, or a mild oral narcotic pain medication for the first few days after surgery. We do ask the patient to avoid NSAID's like Motrin, ibuprofen, Advil, Aspirin, or Aleve. It is common to have some mild throat pain for a day or two after this surgery due to the breathing tube which is in place during the surgery.

nausea: Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

fever: Fever is not expected after parotidectomy. If a fever over 100 is present, please call the physician.

swelling: Typically, the cheek does swell during the first 24-48 hours, then the swelling slowly subsides over a period of 1-2 weeks.

numbness: Most patients have numbness of the region around the incision for a period of weeks – to-months. The ear and earlobe are typically numb for a longer period of time.

weakness: Facial weakness is infrequently present after the surgery and is in most cases temporary. Your surgeon will discuss this with you and your family postoperatively.

drains: The patient usually has a surgical drain placed in the region where the parotid used to be. This thin tube extends out of the skin and empties into a collection apparatus. The surgeon typically removes the drain the am after surgery. In some cases, the output is too much to remove the drain, in which case the patient can be sent home with the drain in place. The nursing staff at the hospital will instruct the patient how to care for the drain.

incision care: The surgical incision is typically closed with absorbable sutures under the skin, steri-strips (tape affixed to the skin), or sutures on the skin. Your surgeon will update you

on which method of closure was used, and how the incision is to be cared for, based on the method of closure.

Medications: Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen/hydrocodone. Antibiotic if prescribed by your surgeon.

Follow-up appointment: A routine follow-up visit is usually made for about one week after surgery. The office staff makes this appointment when the patient calls to set up surgery.