

PAROTID SURGERY **Post Operative Instructions**

Nurse Line (8:30am to 5pm)
Emergency After Hours Line

937-496-0261
937-496-2600

The Surgery Itself

Parotid surgery involves general anesthesia, typically for 2-3 hours. Patients may be quite sedated for several hours after surgery and may remain sleepy for much of the day. Nausea and vomiting are occasionally seen, and usually resolve by the evening of surgery - even without additional medications. Some patients stay overnight in the hospital; other patients can go home the evening of surgery. Most patients will have a drain in place after surgery, which is usually removed in the office 2-4 days after surgery.

Your Incision

Your incision is closed with sutures, there may be tape or skin glue over your incision. Do not remove this tape or the glue. You can shower and wash your hair as usual starting 24 hours after your drain is removed. You may wash in a bathtub prior to that time if you are careful not to get your neck wet. Use a dab of Bacitracin ointment on your drain site (under and behind your ear) before and after showering. It is normal to have some red or pink drainage from your drain exit site for 1-2 days after the drain is removed. Do not soak or scrub the incision. You might notice swelling and bruising around your incision, upper neck and face after surgery. In addition, the scar may become pink and hard. This hardening will peak at about 6 weeks and may result in some tightness, which will disappear over the next 2 to 3 months. You will have numbness of the skin around the incision and the lower ear on the side of surgery. This will resolve slowly after surgery except on the earlobe, where some patients have permanent numbness. Be very careful when shaving if your neck skin is numb. You should apply sunscreen on your incision site starting 1 month after surgery EVERY day for the first year after surgery. This will prevent a red or pink scar and give you the best cosmetic result for your scar. A daily moisturizer with sunscreen (example Oil of Olay with SPF 15) is fine.

Limitations

You can start resuming normal activities as tolerated 7 days after surgery. For some patients, lifting can cause pain and stretching at the surgery site for up to 3 weeks after surgery. You should not drive or drink alcohol while taking pain medications. Most people can return to work/school 1-2 weeks after surgery, but

there may be physical limitations as far as what you may do while at work. Your surgeon will review your specific limitations and release you when you are ready to return to work.

Medications

- Pain medication can be used for pain as prescribed. Pain is expected after surgery. Your neck and face will be sore and pain will be worse when the neck is stretched and moved. As the surgical site heals, pain will resolve over the course of a week. It is not uncommon for pain to get worse when you first go home because your activity may increase but from that point on the pain should improve every day. Pain medications can cause nausea, which can be prevented if you take them with food or milk.
- You may be given a stool softener (Colace) because pain medications may make you constipated. It is recommended that you use these starting right after surgery -- you may discontinue if you find that you are having normal or loose stools.
- Bacitracin ointment should be applied to the drain exit site three times a day for 2 days after the drain is removed. It should also be applied before and after showering for 24 hours after the drain is removed. Bacitracin ointment can also be applied to the incision once the tape is removed or the glue peels off. This prevents scabbing and itching.
- Take all of your routine medications as prescribed, unless told otherwise by your surgeon. Any medications that thin the blood should be avoided.
- **IT IS OK TO TAKE OVER THE COUNTER PAIN MEDICATION (IBUPROFEN, NAPROXEN, or ACETAMINOPHEN) IN ADDITION TO YOUR PRESCRIBED MEDICATIONS. DO NOT TAKE ASPIRIN UNLESS CLEARED WITH YOUR SURGEON.**
- Limit Acetaminophen/Tylenol to less than 4,000mg/day
- Limit Ibuprofen/Motrin to less than 3,600mg/day

Pain

- The main complaint following parotid surgery is pain with eating, swallowing and neck movement. Some people experience a dull ache, while others feel a sharp pain. This should not keep you from eating anything you want and will improve daily after surgery. When the sensation returns to the skin of the neck and ear, there may be feelings like electric shocks from the sensory nerves returning to normal function. The nerve that controls movement of the facial muscles is exposed during parotid surgery. Because of this, some patients have weakness in those muscles after surgery from swelling which will resolve with time. This may make the

face feel “heavy” or “sluggish.”

Cough

If your operation was done under general anesthesia, you may feel like you have phlegm in your throat or a sore throat. This is usually because there was a tube in your windpipe while you were asleep that caused irritation that you perceive as phlegm. You will notice that if you cough, very little phlegm will come up. This should clear up in 4 to 5 days.

Reasons to call your surgeon's office

- Persistent fever over 101° F
- Bleeding from the neck incision
- Increasing facial or neck swelling
- Sudden loss of facial movement
- Pain that is not relieved by your medications
- Purulent drainage (pus) from the incision
- Redness surrounding the incision that is worsening or getting bigger