

How long will I be off work?

The usual amount of time off work is 2 weeks. Your Consultant will be happy to provide you with a letter for your employer.

Post-Operative Instructions:

Please contact the hospital booking team to arrange your post-operative follow up appointment as per Mr Cascarini's advice.

Telephone numbers can be found at www.lukecascarini.com

Should you have a post-operative concern, please email pa.consultants@hcahealthcare.co.uk within normal office hours. Outside of office hours, please contact the hospital.

Outside of office hours

Please note that there is a comprehensive out of hours service for our patients post operatively. The following instructions should be followed outside of working hours for any medical situation that requires urgent attention, but which IS NOT a life-threatening situation.

Contact the hospital where you were treated, and they will be able to provide medical advice or arrange for a doctor to see you if required.

The Wellington Hospital

Day Case Unit number is 0203 214 3643 (4th Floor PMC). If the Day Case unit is closed, then Switchboard is 0203 733 5344 and they will bleep Duty Manager.

The London Bridge Hospital

HCA LBH at Guys Reception Desk on 0203 905 4000 and ask to be put through to the duty manager (Ext 48400).

The BMI Sloane Hospital

Main hospital number, 020 8466 4000, then option 4 - (for all other enquiries)

Private Consulting Rooms:

The Platinum Medical Centre
15 - 17 Lodge Road, St John's Wood
London, NW8 7JA
Appointments: 0207 483 5148

The Shard, London Bridge Hospital
St Thomas Street,
London, SE1 9BS
Appointments: 0207 234 2009

The Sloane BMI Hospital
125 Albemarle Road, Beckenham
Kent, BR3 5HS
Appointments: 0208 466 4050

ABOUT PAROTID SURGERY



MR LUKE CASCARINI
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**Consultant Oral &
Maxillofacial,
Head & Neck Surgeon**

What is the parotid gland and what causes parotid lumps?

You have 2 parotid glands; one on each side of the face, in front of your ears. These glands make saliva. Lumps in the parotid gland are the result of an abnormal growth of cells - the exact reasons for this are not clear. The vast majority of these lumps are benign - they are not cancerous and do not spread to other parts of the body. Occasionally, malignant tumours can also affect the parotid. Your doctor may collect a needle sample from the lump in order to try to find out what sort of tumour you have.

Why is it necessary to remove the lump?

Although most lumps (around 80%) are benign, in the majority of cases we recommend that they be removed as they generally continue to grow and can become unsightly, and after many years a benign lump can turn malignant. The larger the lump the more difficult it is to remove, and this can complicate surgery. There is always concern about the exact cause of the lump until it has been removed and analysed.

Consent forms

Signing a consent form does not mean that you have to continue with the operation. You may change your mind about the operation at any time and your Consultant will be happy to discuss your situation with you.

If you would like to have a second opinion about the treatment, you can ask your Consultant to help you to arrange this.

Parotidectomy

A parotidectomy is the surgical removal of part or all of the parotid gland. The operation is performed under general anaesthetic, which means you will be asleep throughout the procedure. A skin incision (cut) will be made which runs from in front of your ear and curves toward the back of the ear to the level of the hairline. This incision heals very well indeed: the incision is nearly the same as the one used in "face lift" surgery and has excellent cosmetic results. At the end of the operation a small drain (plastic tube) is placed through the skin to facilitate drainage of blood and tissue fluids. The skin cut is closed with stitches and the drain is removed after 24-48 hours, when you will be able to go home.

Possible Complications

Weakness of the face:

The facial nerve that moves the muscles which help the eyes to close and the mouth to smile/eat runs through the parotid gland. This makes the muscles of the face move and if it is damaged during the surgery it can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the surgery. Occasionally (in about 15-20% of cases) where the tumour has been very close to the nerve, a temporary weakness of the face can occur. This usually lasts a few weeks. Permanent weakness of the face following this sort of surgery for benign tumours is very rare, around 1%.

Numbness of the face and ear:

The nerves that are responsible for feeling sensation on the face, side of the neck and ear lie just under the skin and can be damaged to a variable degree. This can be felt as numbness of the ear, ear lobe, side of the face and neck. With time, the numbness generally improves, however, the ear lobe can remain numb permanently.

Blood clot:

Sometimes a blood clot can form beneath the skin (a haematoma). This occurs in about 5% of patients and it may mean a return to the operating theatre to remove the clot and replace the drain.

Salivary collection:

Rarely (around 2.5% of cases), the cut surface of the parotid gland leaks a little saliva, which can collect under the skin (salivary fistula). If this happens it is necessary to remove the saliva with a needle. This may need to be repeated several times.

Frey's Syndrome:

Frey's Syndrome results from damage to or near the parotid gland and causes redness and sweating to the skin in the cheek region. It is particularly noticeable around mealtimes when saliva production is high. This occurs because the nerve supply to the gland sometimes regrows to supply the sweat glands of the overlying skin, instead of the parotid. This can usually be treated easily by the application of a roll-on antiperspirant.