



YOUR POST-OPERATIVE APPOINTMENT IS SCHEDULED FOR

(it is essential to keep your post-op appointment, if this date and time does not work,  
please call our office to reschedule. (617) 524-3864

### **Post Operative Instructions Parotidectomy**

Parotidectomy is a surgical operation to remove the parotid gland which is a large salivary gland located in front of the ear and slightly below it. The most common reasons for removing all or part of this gland are a tumor, chronic infection, or obstruction of the saliva outflow causing chronic enlargement of the gland. Surgeons describe the parotid gland as having two lobes, superficial and deep, separated by the facial nerve that makes the face move and the eye close. The amount of parotid gland to be removed is often determined at the time of surgery, based on the size, location and examination of the diseased parotid tissue.

#### **WOUND CARE**

- You may have a drain tube in place. This is usually removed within 1 – 2 days. Please do not pull on the drain and do not attempt to remove it yourself.
- Your incision may be closed with suture and/or skin glue. If you have stitches, apply antibiotic ointment (bacitracin or Neosporin) 2 – 3 times daily. After the drain has been removed, you may shower and get the incision wet.
- Many patients experience numbness of the earlobe and outer edge of the ear after parotid surgery. This generally resolves slowly over time.
- A small proportion of patients may notice facial sweating on the side of the surgery when eating ("Frey's syndrome / gustatory sweating"). Most often, this goes essentially unnoticed. However, if it should become bothersome tell your doctor; medication and sometimes surgery are available.

#### **PAIN**

- For 2 – 3 days after the surgery, it is not unusual to have pain or difficulty swallowing. You may take Tylenol or pain medication that your doctor has prescribed as needed.

#### **DIET**

- Start with clear liquids, and if tolerated, you may resume a normal diet.

## ACTIVITY

- If you feel up to it, you may stand up, walk and go to the bathroom, with assistance if needed. If you feel dizzy or groggy from the anesthesia or pain medication do not attempt to get out of bed or walk without assistance.
- Avoid strenuous activity or exercise for at least 1 – 2 weeks after surgery. Do not lift anything over 10 lbs.

## WHEN TO CALL YOUR DOCTOR

- Weakness of the muscles of the face
- Fever above 101.5 degrees
- Excessive swelling or drainage around or near incision

Should you have any questions or problems following your procedure which have not been covered in this information sheet, please feel free to call the office between the hours of 9AM and 5PM and we will be happy to answer your questions.

Some important information about narcotic medications:

### NARCOTICS (OPIOIDS)

Frequently after surgery you may be prescribed a narcotic pain medication, also known as opioid medications. Tylenol #3 (Tylenol [or acetaminophen] with codeine), Vicodin (Tylenol with hydrocodone), and Percocet (or its liquid form, Roxicet which are Tylenol and oxycodone) are commonly given for procedures where pain may not be easily controlled with Tylenol alone. As these above listed pain medications include acetaminophen (Tylenol) as well, it is notable that you should not be taking additional Tylenol on top of these medications. (Acetaminophen not to exceed 3000 mg daily for adults or 10 mg/kg per 4 hours in children, 15 mg/kg per 6 hours in children).

Common side effects of narcotics include:

-Sedation- because these medications can make you drowsy, do not operate heavy machinery nor drive while taking them. Also, do not make important decisions after anesthesia nor while on these medications.

-Nausea- try to take a little bit of food (even a tablespoon or two of applesauce; something simple) before the narcotic, to prevent nausea. Also, use the least amount that is effective to avoid additional adverse side effects. If taking the narcotic you are still very nauseous or vomiting, call the office to obtain anti-nausea medication or to be switched to a different pain medication.

-Constipation- for some people, narcotics can cause significant constipation. Taking an over the counter stool softener, such as Colace or Dulcolax can be helpful in preventing this, or consider adjusting your diet (e.g. adding prunes/juice/fiber) while taking them to avoid/alleviate this problem. Call the office if this is a problem despite these suggestions.

-Itchiness- unless you have a rash (which would indicate potential allergic reaction) this is seen in association with a histamine release noted by some patients when taking narcotics. An antihistamine such as Claritin (loratadine), Zyrtec (ceterizine) or Benadryl can generally alleviate this.

When taken as prescribed, narcotic pain medications can manage pain safely and effectively. But taking medication that is not prescribed for you, taking more pills than have been prescribed, taking too many prescription narcotics at once, or taking them in ways other than prescribed can have short-term and long-term harmful effects on the brain and body, including serious medical complications, addiction, brain damage, overdose and death.

Disposal of Unused Prescription Drugs:

-Bring unused medications to secure medication drop-off boxes around the state. To find a drop box in your area, visit [www.mass.gov/DrugDropbox](http://www.mass.gov/DrugDropbox)

-Do not flush medication down the drain unless the label or accompanying patient information specifically instructs you to do so

-If you throw medication in the garbage, remove the medicine from its container, crush the pills and mix them with coffee grounds or kitty litter. Place the mixture in an unmarked container, like an empty can or sealable bag, and throw the container in the trash.