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Parotid Surgery.

Before the operation:

2 weeks before the operation you should not take any ASA. Non-steroidal anti-inflammatory medications such as Motrin, Ibuprofen (Advil), Naproxen or any medications containing these drugs can be taken up to five days preoperatively. Celebrex and Mobicox may be taken up to the day prior to surgery. All herbal medications should also be avoided as they can interfere with normal blood clotting and anesthetic agents. If you take pills for high blood pressure, you should still take them the morning of surgery with sips of water. One of the risks of the surgery is post-operative bleeding which will be less likely if these instructions are adhered to. There are many new blood thinners now being used which each have a different duration of effect. Please make certain you review this with the office, so you are only off them the appropriate amount of time.

The incision generally heals quite well post operatively. If you are prone to prominent scars, you may wish to purchase Skinuva cream from the office which has been shown to significantly reduce post-operative scar formation.

Patients will attend a pre-operative tour at the hospital where blood work and pre-operative testing will be done if any has been ordered. If this is not attended and we are unable to contact you to confirm that you are still going ahead with your surgery, it will be cancelled.

After the Operation:

You will be discharged the same day of surgery in most cases. A drain may be present that would be removed by home care. This will be arranged through CCAC (Community Care) either at your home or their nursing office. After Parotid surgery there will be some tapes, called Steri Strips, that should be removed about 5-7 days after surgery to help reduce wound tension and result in a smaller finer scar. You can remove these tapes 5-7 days after surgery by getting them wet in the bath or shower and peeling them off the neck. The sutures may be dissolvable and or will be removed at your follow up appointment as needed. We recommend Skinuva cream, available at the office be used twice a day for 3 months starting ten days after surgery to optimize healing. You can shower the day after you go home but should have a Band-Aid over any drain sites.

If you develop significant swelling over the incision site, redness you should contact the office or go to the nearest emergency room for treatment. Following parotid surgery, you may have some minor weakness in the muscles on the side of the surgery, which usually resolves in 6-8 weeks if it is present. This can occur with dissection around the nerve that innervates these muscles. A nerve monitor is used, during surgery, to reduce any chance of permanent injury to the facial nerve. You may notice tiny marks in the face, from the monitor which are from placement of the electrodes and will resolve in a few days time.

All patients should expect to have some neck pain and possibly headache after surgery. This is from the positioning required to perform the procedure. The neck is extended to optimize access to the surgical area. The muscle which inserts into the back of the ear, called the Sternocleidomastoid muscle, is also manipulated during surgery and may lead to ear pain for a short time afterwards. The nerve which supplies sensation to the ear lobe is often cut to allow removal of the mass and will lead to permanent numbness in this area. There will be a temporary loss of sensation over the cheek and upper ear as well, in some cases, but this will return over several weeks time

If you have trouble closing your eye on the side of the surgery, or unusual swelling, make sure to contact the office or go to the emergency department for assessment.

Follow up is recommended at 2 weeks following surgery and the time and day is generally provided at the time of discharge. The office can be reached at the number listed above or can also be reached by email at info@niagararhinoplasty.com if you need to reschedule your appointment.