

Care Instructions After Parotid Gland Excision

What is the parotid gland?

The **parotid gland** is a salivary gland located in front of the ear. A **salivary gland** is a body part that makes **saliva** (spit) to keep the mouth and throat wet. Saliva drains from the parotid gland through a tube that opens on the inside of the cheek, next to the upper back teeth.

What does parotid gland excision surgery involve?

- A **parotid gland excision** is a surgery to remove the parotid gland. During this surgery, your child will be under general anesthesia (meaning we will give them medical so they will be asleep during the operation).
- The operation involves making a cut (called an **incision**) starting in front of their ear and down toward their neck or behind their ear. Then we will remove the parotid gland. Once the gland has been removed, we will close the cut with stitches. These stitches will dissolve on their own, and they do not need to be removed.
- At the end of the operation, we will also place a drain that looks like a small tube through their skin. This drain will remove fluid that may build up under your child's skin. We will usually remove the drain on the morning after their surgery.

What can my child expect after surgery?

- Typically, your child will need to stay the night in the hospital after the surgery.
- We will give your child pain medications to help keep them comfortable. However, they will likely feel some pain after surgery.

- There is usually only a little swelling after this surgery. Since part of the gland is removed, it can leave a small dent under their skin.

How do I care for my child's incision after surgery?

- It is important to keep the incision dry for the first week after surgery.
- Make sure your child wears sunscreen on the incision regularly after their stitches dissolve. This will help the scar fade as it continues to heal.

What activities should my child avoid after surgery?

- We recommend that your child stay home for about 1 week after their surgery to recover.
- Your child should avoid strenuous activity (anything that increases their heart rate and blood pressure) for 2 weeks after surgery.
- Your child should not participate in gym class, running, or contact sports (football, hockey, etc.) for 2 weeks after surgery.
- If your child is old enough to drive, have them avoid driving for at least 1 week after surgery.

Are there diet restrictions for my child to follow after surgery?

- Not usually. Your child's surgeon will tell you if they have any restrictions on what they should eat and drink after surgery.
- Soft foods might feel more comfortable to your child after surgery.
- Encourage your child to eat a diet with protein to help them heal. Learn more about increasing the amount of protein in your diet here:

med.umich.edu/1libr/Nutrition/IncreasingProtein

How do I manage my child's pain after surgery?

We will work with you on a pain management plan for your child after their surgery. You and your child should expect that there may be some discomfort.

We recommend that you review their discharge paperwork for details on their pain management. Usually, we will use a combination of oral medications (pills taken by mouth), including acetaminophen (Tylenol®) and ibuprofen (Motrin®), to control their pain.

What follow-up care will my child receive?

Your child's first follow-up appointment will be 1-2 weeks after their surgery. We will give you this appointment date and time when your child is discharged from the hospital.

What are possible complications (medical issues) from this surgery?

- Bleeding from the incision is unlikely. If it happens, it's usually within the first 12 hours after surgery, which is why we plan to have your child stay in the hospital overnight.
- Infection is possible, but not common.
- Sometimes saliva leaks out of the incision (called a **salivary fistula**). You or your child may notice this if there is increased drainage (leaking fluid) from the cut. This usually gets better on its own, but it can take several weeks.
- Your child shouldn't notice having any less saliva in their mouth, since other salivary glands will continue to keep your child's mouth moist.
- There is a possibility of nerve damage to some or all of the facial nerves, which can cause weakness of the muscles on one side of your child's face. If nerve damage occurs it is usually temporary, although it can take several months to recover fully.
 - An exception to this is if your child has parotid gland surgery for cancer treatment. This may require removal of a nerve in their face, which may cause permanent paralysis (loss of muscle function) on one side of their face.

When should I call my child's doctor?

Call your child's doctor if you notice any of these symptoms:

- Increased redness, swelling, or bruising around the incision
- Bleeding from the incision that is not stopping or going away
- Uncontrolled pain in your child's upper or lower jaw
- Fever over 102° F for over 24 hours that does not improve after taking acetaminophen (Tylenol®) and ibuprofen (Motrin®)
- Neck stiffness when they tilt their head toward the side of their head where they had surgery
- Your child has signs of dehydration (they're not getting enough fluids):
 - They refuse to eat popsicles or Jell-O
 - They have not urinated (peed) at least 2-3 times in 24 hours
 - They have no tears when they cry
 - They are very weak or tired
 - They are throwing up more than 2-3 times per day

Who should I call if I have questions about my child?

- On Monday through Friday between 8:00 AM - 5:00 PM: Call (734) 936-8051
- After 5:00 PM, or on weekends or holidays: Contact hospital paging at (734) 936-6267. Ask for the Otolaryngology (ENT) resident on-call for your surgeon.

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