PAROTIDECTOMY  
(SUPERFICIAL OR TOTAL PAROTIDECTOMY)

The following are the possible complications and risks associated with these procedures. In addition to those listed, there may be some unforeseen complications with any operative procedure.

• **Infection:** Infection is always a possibility with any surgery. Fortunately, it is extremely uncommon with this form of surgery. When it occurs, it may require prolonged hospitalization.

• **Salivary Leak:** On occasion, a persistent drainage of saliva through a portion of the suture line occurs. It is usually corrected with the application of pressure dressings. On rare occasions, surgical correction is required.

• **Facial Palsy:** Partial or total loss of facial nerve function can occur with any surgery involving the parotid gland. In the majority of cases, the weakness is temporary. If the paralysis is permanent, additional surgery in the form of grafting is required. In this instance, a temporary tarsorrhaphy (partial closure of the eyelids) is often indicated. If the facial nerve is removed as part of the resection for a tumor, immediate or delayed facial nerve grafting will be performed. This generally requires the removal of the greater auricular nerve on the opposite side of the face and neck. When grafting is required, some return of function can be expected in 70% of the cases.

• **Numbness of the Earlobe:** The nerves supplying sensation to the front of the ear and the earlobe are always cut during a parotidectomy. This results in numbness in this region and is to be expected. On occasion, some return of sensation is seen.

• **Frey’s Syndrome:** Sweating in the parotid region during or after a meal is occasionally experienced by patients who undergo a parotidectomy.

• **General Anesthesia Complications:** There are risks involved with any anesthesia, and you may discuss these with the anesthesiologist if desired.

I have read, understand, and considered the risks and complications of this surgery and accept them. I have been given written postoperative instructions to take with me. I understand these instructions and will follow them to the best of my ability.

Signed ___________________________________________ Date _____________________

Witness ____________________________________________

After Hours Number – 1-800-925-1318