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Head & Neck Surgery

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SALIVARY GLAND SURGERY SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended salivary gland surgery for you. The following information is provided to help you prepare for your surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

The salivary glands consist of three paired glands located on the lateral face (parotid glands), in the upper neck under the jaw (submaxillary glands), and under the tongue in the floor or mouth (sublingual glands). In addition, there are multiple glands located throughout the mouth and throat. Their function is to produce salivary secretions which help aid in the initial breakdown and digestion of our food. The saliva secreted by these glands enters the mouth through ducts located in the cheek and under the tongue. Disorders of the salivary glands can be broadly grouped into four categories: obstruction, inflammation, infection, and tumors. In the first three clinical settings, medical therapy will generally be sufficient. Tumors or masses of the salivary glands usually require surgical therapy. A submaxillary or sublingual gland sialoadenectomy is an operation to remove that particular gland causing a specific problem.

The anatomy of the head and neck region is complicated by a number of important nerves and structures. The main goal of a sialoadenectomy is to remove the gland and/or tumor while safely preserving the integrity of these important structures. Obviously this may not be possible in all cases because some malignant tumors of the salivary glands may have already invaded important structures.

The following instructions are designed to help you recover from salivary gland surgery as easily as possible. Taking care of yourself can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, ultimately there can be no guarantee made as to the results or potential complications.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your

information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Damage to the facial nerve with resultant weakness or paralysis of the facial muscles on that side of the face. This is a rare but serious complications. In some situations the tumor has already invaded one or more branches of the facial nerve. Ultimately if a malignant tumor is found, one or more branches of the facial nerve may need to be sacrificed in order to give the best chance for cure. Every effort will be made to save all nerve branches. Temporary facial weakness occurs more frequently, and will usually resolve in days to weeks.
2. Bleeding or hematoma. In very rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion is necessary. You are encouraged to consult with your doctor if you are interested in this option.
3. Need for further and more aggressive surgery. For example, if it is found that lymph nodes adjacent to the gland are enlarged or infiltrated with cancer (metastatic), a selective lymph node removal or dissection will be performed. This has been shown to improve survival.
4. Need for adjuvant therapy such as radiation therapy or chemotherapy. Some tumors are best treated by combined therapy such as surgery with postoperative radiation therapy.
5. Damage to the hypoglossal nerve with resultant weakness in moving the tongue, or damage to the lingual nerve with resultant decreased taste sensation on the side of the tongue.
6. Scarring, Loss of skin flaps with a poor cosmetic result, or asymmetry of the face from loss of tissue volume, or permanent numbness around the incision site.
7. Prolonged pain, impaired healing, and the need for prolonged hospitalization.
8. Recurrence of the tumor or failure to cure the tumor despite effective therapy.

BEFORE SURGERY

In most situations, the surgery is performed at either the hospital or the outpatient surgi-center. An anesthesiologist will monitor you throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance.

You should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Usually your doctor will give you your prescriptions at the preoperative visit. It is

best to have these filled prior to the date of your surgery. You must not eat or drink anything 6 hour prior to the time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication. Smokers should make every effort to stop smoking, or at least reduce the number of cigarettes. This will help to improve the healing process and to reduce postoperative coughing and bleeding.

If you are sick or have a fever the day before surgery, call the office. If you wake up sick the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including any preoperative orders and history sheets. You should wear comfortable loose fitting clothes which do not have to be pulled over your head. Leave all jewelry and valuables at home. Remove all make-up with a cleansing cream. Thoroughly wash your face and neck with soap and water. Do not apply make-up or cream to your face.

Do not take any medication unless instructed by your doctor or the anesthesiologist. Usually in the pre-operative holding room, a nurse will start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of a gas and an intravenous medication to put you to sleep and to maintain your anesthetic at a safe and comfortable level. During the procedure, you will be continuously monitored including pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room. The whole procedure usually takes one to two hours. Your doctor will come to the waiting room to talk with any family or friends once you are safely to the recovery room.

AFTER SURGERY

After surgery, you will be taken to the recovery room where a nurse will monitor you for about one hour. In many situations you will spend at least one night in the hospital. When you go home (either the same day or the next day) you will need to arrange to have a friend or family member to pick you up from the surgical facility and to take you home. They should spend the first night after surgery with you.

Your face or neck may be swollen and bruised after surgery, and in many instances you will have a bandage wrapped around your head. All bandages are usually removed one to two days following surgery. There will usually be a small plastic drain exiting through the skin. Your nurse will empty and record the output from this drain. Sometimes you may even go home with a drain in place, and the nursing staff will teach you how to manage this drain.

Numbness, slight swelling, tingling discoloration, bumpiness, hardness, crusting,

tightness and a small amount of redness around the incisions are normal findings after surgery and should improve with time. Occasionally a nerve will not function properly after surgery. If you notice that one or more muscle areas on your face is weak immediately after surgery, do not get worried. It is likely that all muscles will be working properly in several days to a few weeks. Your doctor will discuss your particular situation with you.

After the bandages have been removed, clean the wound with a Q-tip soaked in hydrogen peroxide to remove all crusts. By gently removing all crusts, the wound edges will heal better with a less obvious scar. Apply polysporin ointment, or a similar antibiotic ointment of your choice, to the cleaned wound. If you develop a rash, discontinue the ointment and notify your surgeon. You may wash you face, neck, and hair after the bandages have been removed. Avoid excessive scrubbing of the wound. Use a gentle soap and shampoo.

In the hospital and after you go home you should go to bed and rest with your head elevated on 2-3 pillows. By keeping your head elevated above your heart, you can minimize edema and swelling. You may get out of bed with assistance to use the bathroom. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Even though you may be hungry immediately after surgery, it is best to go slowly to prevent postoperative nausea and vomiting. Occasionally, you may vomit one or two times immediately after surgery; if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You will likely be prescribed antibiotics after surgery, and should finish all the pills that have been ordered. Some form of a narcotic will also be prescribed (usually vicodin), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you may be prescribed anti-emesis medications such as phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take any other medication, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

Your sutures will be removed approximately 7 days after surgery. You should call the office to arrange for a follow-up visit. Routine follow-up care will depend on the nature of the problem. For example, if it is found that a salivary tumor is malignant, close observation during subsequent office visits are necessary to detect a recurrence.

You may go back to work or school only when your doctor says you can. Rest for the first week following surgery. Avoid excessive talking, smiling, hard chewing, strenuous activities, lifting heavy objects, and bending over. Alcohol and tobacco should be avoided because they may prolong swelling and healing. We discourage facial tanning for 6 months after surgery. If you must be in the sun you should use a number 15 or greater sun block and consider wearing a hat. You may use your usual make-up anytime after surgery. After

3 weeks if you are not having problems with bleeding or excessive swelling, you may resume exercise and swimming. You should plan to stay in town for 3 weeks to allow for postoperative care.

NOTIFY YOUR DOCTOR IF YOU HAVE

1. A sudden increase in the amount of bruising and pain which may be associated with excessive swelling of the face or tongue, and/or difficulty breathing.
2. A fever greater than 101.5 degrees F which persistent despite increasing the amount of fluid you drink and Tylenol. A person with a fever should try to drink approximately one cup of fluid each waking hour.
3. Drainage from the wound.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at **(949) 364-4361**. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 580-2098. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery (five pages). I have been given the opportunity to discuss freely with my doctor any concerns and alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, and patient information regarding my surgery and pre & post operative care. I am comfortable with all aspects of the upcoming surgery, including the uncertainty of outcomes and the acceptance of risks, and ask that we proceed with surgery.

(Signature of patient or guardian)

(date)

Witnessed by _____

(date)

Revised December 2002: JKB.