

Welcome
to
Lakeside ENT & Allergy

*Thank you for choosing
Lakeside ENT & Allergy for all
of your ENT needs!*

*The following pamphlet con-
tains your post-operative in-
structions to minimize compli-
cations and insure a fast re-
covery after surgery.*

*Please do not hesitate to call
our office with any questions
before or after surgery.*

585-394-8800



Visit Any of Our 3 Locations

229 Parrish Street Ste. 250
Canandaigua, NY 14424
(585)394-8800
(585)394-5942 Fax

4 Coulter Road
Clifton Springs, NY 14432
(315)462-9491
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Batavia, NY 14020
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**Parotidectomy
Post-Operative
Care**

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Post-Operative Care Instructions:

Expectations

- The area around the incision will have some swelling and bruising that tends to peak 3 days after surgery.
- Most patients will experience some numbness of the ear as the sensory nerve supplying the ear is often affected with a parotidectomy. This may gradually get better but can be permanent.
- Some patients are able to go home on the same day of surgery but be prepared to stay one night post-operatively.
- Some patients may have a drain in place after surgery. This will be removed 1-2 days post-operatively. Specific instructions for drain care will be given to you, by your doctor.
- Facial weakness is a risk of the procedure but happens infrequently and is often temporary. Your doctor will discuss this in more detail with you both before and after surgery.

Activity

- Most patients can return to work 1-2 weeks after surgery; this depends on the nature of your work. It may take longer to return to more physically demanding work and less time if you do more sedentary work.
- You may begin driving when you can comfortably turn your neck from side to side and you are no longer taking narcotic pain medications (hydrocodone or oxycodone).
- Avoid exercise or athletics until you have seen your doctor post-operatively and you have been given the okay.
- Avoid heavy lifting (>10 lbs).
- Bedrest is not necessary after surgery. Remaining active and mobile will help to expedite your recovery.
- Sleep with your head elevated for the first few days after surgery.

Medications

- You may resume your preoperative medications unless otherwise specified by your doctor.

Pain Control

- You have been provided with a prescription for a narcotic pain medication (hydrocodone/ acetaminophen or oxycodone/ acetaminophen). There are plenty of patients who never need to take this medication. It may be needed for the first few days or up to a week after surgery.
- This medication can cause constipation, so start a stool softener (Miralax, Colace, or Senokot) while taking this medication.
- Many patients only need ibuprofen or acetaminophen (Tylenol) after surgery for pain control. You can take 400 mg of ibuprofen every 8 hours.
- You can also use Tylenol or acetaminophen but do not take this if you are taking hydrocodone/ acetaminophen or oxycodone/ acetaminophen. The maximum daily dose of tylenol (acetaminophen) is 3000mg from all sources.

Diet

- Immediately after surgery, you will be started on clear liquids. If you tolerate this without nausea and vomiting, your diet will be advanced to a regular diet.
- Some patients have a scratchy or irritated throat from the endotracheal tube for a few days after surgery and prefer a softer diet.

Wound Care

- A pressure dressing will be in place when you awaken from surgery. This can be removed temporarily for bathing but should be worn routinely until your first post-operative appointment.
- You may shower and get the incision wet 48 hours after surgery.
- Pat the incision dry when it gets wet.
- The incision may feel itchy and uncomfortable. Try to avoid rubbing or scratching the incision.

Follow-Up

- **You will be scheduled for a follow-up 7-10 days after surgery for suture removal. The pathology results from the surgery will be discussed at this appointment.**
- **Call Lakeside ENT at 585-394-8800 if you develop any of the following symptoms:**
 1. **Excessive drainage or bleeding from the incision**
 2. **Excessive swelling of the neck**
 3. **Concern for infection with pain and redness at the incision site and/or fever >101.5**
 4. **Poorly controlled pain**