



Salivary Gland Surgery Perioperative Instructions (Parotidectomy, Submandibular Gland Excision)

- We would like to make sure all your questions are answered before your procedure. We previously discussed the risks, benefits and alternatives to having the procedure at your pre-operative appointment, but please contact us if you have further questions.



If you would like to learn more, we would like to direct you to the trusted information at this website <http://www.entnet.org/content/patient-health>. We want to make sure you use only trusted sites since not all online medical information is accurate.

- It is important for your care team to know about your medications. If you take any medications regularly, please write each one down. Include dose amount and how often medications are taken. Remember to bring this list with you to your procedure. Be sure to leave your medications at home.



If your health history requires it, do not forget to obtain written clearance for anesthesia from your PCP or appropriate physician. This would have been discussed at your pre-operative appointment.



If your health history requires it, do not forget your pre-surgical testing at the surgery center. This would have been arranged at the time you scheduled surgery. You DO NOT have to fast for this work up.

Appointment date/time: _____

- Illness can interfere with your procedure, so please let us know if you are experiencing any flu-like symptoms such as fever over 100F, chest congestion, wheezing, vomiting, diarrhea or ongoing cough with mucus (phlegm).

One Week Before Surgery

- **For one week prior to your procedure, DO NOT** take any medications that contain aspirin, ibuprofen or naproxen. Also, stop herbal medications and supplements. These medications interfere with blood clotting and may increase the risk of bleeding during and after surgery. Aspirin is found in several over-the-counter medications, for example, Anacin, Pepto-Bismol and Alka-Seltzer Cold. Ibuprofen is an ingredient in medications such as Advil, Motrin and Pediaprofen. Naproxen sodium is found in Aleve. Some supplements and herbal medications such as omega 3, flaxseed oil, fish oil and ginkgo biloba may also increase the risk of bleeding. Check with your pharmacist or refer to information provided about the content of medications.



For pain or fever, you can take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, **but not both**. Acetaminophen does not increase the risk of bleeding but too much can be harmful to your body. Many prescription pain medicines including Norco, Vicodin, Percocet and Tylenol with codeine contain this ingredient. Be sure to check the contents of your prescription pain medications.

- If you have been prescribed a blood thinner by another physician for a health condition, be sure to speak to them about when to stop/restart these or an alternate plan.
- Make arrangements for your postoperative care. As you prepare for your procedure, we encourage you to identify a care plan partner to support you during your recovery. It is important to have someone to help you for at least the first 24 hours after your procedure.



You'll appreciate having a family member or friend help you at home after surgery to assist with routine activities like cooking, bathing and getting around. If you are unable to get assistance, please let us know.

- Smoking anything or using tobacco products can cause problems during and after your procedure. We want your recovery to be as smooth as possible, so please quit using any of these now. If you need help stopping, please speak with your primary care doctor.

Before Your Procedure

Driving after Your Procedure

- We don't want you to drive following your procedure, so please make arrangements for someone to drive you home after you have been discharged. You must also wait at least 24 hours after you have had anesthesia to resume driving.



Driving may resume as soon as you are no longer taking prescription (narcotic) pain medication, you are comfortable, have the ability to turn your head from side to side and are able to control your vehicle in the event of an emergency.

- **It's important to stay well hydrated after your procedure** so go ahead and stock up on items you will need. We recommend you eat or drink whatever feels most comfortable after your procedure. In our experience, most find that clear fluids and soft foods are the most easily tolerated during the first 24 hours. Liquids such as water, apple juice and ginger ale are fine. Acidic liquids (orange juice, lemonade) can upset your stomach, especially if you are not eating a regular diet.



Did you know that drinking lots of fluids will help speed up your recovery and reduce your discomfort? It will feel difficult to swallow at first, but the more you drink and swallow, the less pain you will have.

The Night Before Your Surgery

- **Don't Eat or Drink Anything After Midnight**

It's important to not eat or drink ANYTHING after midnight unless we have advised you otherwise. This is to prevent you from vomiting when you are put to sleep which could cause a problem in your lungs and elsewhere. You can take your usual medications with a sip of water unless your prescribing doctor(s) has told you otherwise. Nothing to eat includes mints, candy, cough drops and gum. Even a nibble may be grounds for cancelling your surgery.

If your procedure is after noon, you may have CLEAR liquids **up to two hours prior to arriving** for your procedure. This includes black coffee, chicken broth, Gatorade, apple juice and plain Jell-O (no fruit, etc. added in).

Day of Surgery

- Someone from our office will call you a day in advance to advise you on when to arrive for your surgery. The order of surgeries is often scheduled by age with children having surgery first. Bring reading material if you would like as your arrival time will be a couple of hours before your surgery.

Surgery date/time: _____

Things to Bring with You to Your Procedure

- In addition to your medication list, bring any inhalers that you use, a case for eyeglasses or contacts, your insurance card and enough money for any co-payments and/or prescriptions. If you have a Social Security card or number, bring either with you as well. DO NOT BRING your medicines (except inhalers), jewelry (a wedding ring is OK), credit cards or large amounts of money.
- It's common to have a low-grade fever during the first week of recovery. However, if you feel feverish and your temperature is 102F or greater (oral thermometers are the most accurate), let us know as soon as possible.



Reminder: It's common to feel “down” a few days after a procedure. This may last for a few hours or days, and you may feel emotionally exhausted. Don't worry, this is a normal response and it will go away as you recover.

- For the first 24 hours following anesthesia or taking narcotic pain medication, you should avoid the following: rough physical activities, using motorized or dangerous vehicles, toys or equipment, riding a bicycle, drinking alcoholic beverages or making important decisions.
- It is normal to experience a sore throat, difficulty swallowing and/or some hoarseness, a change in the pitch of your voice, and difficulty speaking at loud volumes following your procedure. These symptoms gradually improve over several weeks. If you have any difficulty breathing, let us know as soon as possible.
- You will have subcutaneous sutures that will not need to be removed; they will dissolve on their own.

First Postoperative Appointment (generally the day after your procedure)

- You will have a gauze pressure dressing covering the surgical site and wrapping around your head following your surgery. We will see you in our office the day after your surgery to have the dressing removed. You may also have a drain that will be removed at the follow-up appointment.



Some drainage from the incision can be expected, especially early in your recovery. Your dressing may show some light blood and/or fluid staining. This is normal. However, if your dressing becomes soaked with blood, notify us immediately. After your dressing is removed in our office, it is not necessary to cover your incision any longer.

- After your dressing has been removed, you can care for your wound by cleaning the edges twice daily using hydrogen peroxide. Dip a cotton-tipped applicator into peroxide and gently roll the applicator over the incision. Place a small amount of antibiotic ointment directly onto the incision. This will help remove old dried blood and scabs and will promote better healing.
- You may resume showering and/or bathing now that your dressing has been removed. First apply a small amount of antibiotic ointment directly over your incision to repel the water. After bathing/showering, lightly pat your incision dry. Do not submerge your wound under water until your surgeon has said it is ok to do so, generally two weeks following the procedure.

24-72 Hours After Your Surgery

- Now that the procedure is behind you, let's focus on keeping you comfortable and work towards a strong recovery. You're probably feeling uncomfortable today, but it is important to get up and move around a bit (following our instructions) at least three times each day. Movement helps to prevent blood clots and preserve your muscle strength.

Pain management

- Most people experience some degree of pain following surgery that will vary during recovery. Pain will affect how you eat, drink and/or sleep. Non-narcotic pain medication around the clock is the best way to manage pain. You may use the

prescribed pain medication as directed for the first few days after surgery. We recommend you then transition to Tylenol, using prescribed medication for breakthrough pain only.



Constipation and nausea are common side effects of narcotic pain medicine. Stool softeners, a high fiber diet, apple juice or prune juice and drinking plenty of water help prevent constipation. Taking your narcotic with food helps decrease nausea.

- Be sure to avoid taking any medications such as ibuprofen, aspirin or naproxen for two weeks after surgery. Keep in mind these medications may increase the risk of bleeding. If another physician has prescribed these for a health condition, speak to them about when to restart your medication or an alternate plan.
- Some redness and swelling in the area immediately around your incision site is normal. This is your body's natural response to surgery. If you have increasing redness, redness that spreads, redness with increasing pain or your swelling worsens, please let us know.
- Some patients may experience nausea and/or vomiting from the general anesthetic during the first 24-36 hours following surgery. Let us know if nausea/vomiting is experienced for more than 6-12 hours.

For Two Weeks after surgery

- Generally, it takes about 7-10 days to recover from salivary gland surgery. However, some patients may feel better in just a few days and others may take up to two weeks to recover. You should take it easy for the first week after your procedure, gradually resuming normal activities. Do not engage in strenuous activities such as sports and exercise for at least two weeks.



We do NOT recommend that you travel long distances the first two weeks, as this is when issues are most likely to arise. It makes sense for you to be able to get back to us quickly in case you have any problems following your procedure.

- **Do not lift anything over 20 pounds**, including a child, for the first two weeks following your procedure. The strain of lifting puts pressure on blood vessels in the process of healing, causing them to re-open and bleed.

- It is important to allow your salivary gland to rest for a period following your procedure. Avoid all citrus fruit such as limes, lemons, grapefruit and oranges for 6-8 weeks.
- It is normal to have numbness and tingling around the incision site and ear for weeks or months following your procedure. As the numbness begins to fade, there may also be some tenderness around the site. You may also have lower lip weakness, numbness and tingling on the side of your procedure. These generally improve over time.
- After your surgery, you may experience what is known as Frey's syndrome, where you have sweating and flushing around the cheek, temple, or behind the ears after eating certain foods, especially those that produce a strong salivary response. Symptoms are generally mild and well-tolerated. In some cases, symptoms may be more severe and therapy may be necessary.

Second Post-Operative Appointment (generally one week after procedure)

- We look forward to seeing how well you are doing since your procedure. Please don't forget your already scheduled follow-up appointment in our office. If you don't remember the date, please let us know (479) 750-2080.

Follow-up appointment date/time: _____

- Remember that you may resume driving once you are no longer taking prescription (narcotic) pain medication, you are comfortable, have the ability to turn your head from side to side and are able to control your vehicle in the event of an emergency. If you are taking narcotic pain medication, please make arrangements for someone to drive you to and from your appointment.
- You generally may return to work 7-10 days following your procedure if you stay within your prescribed activity guidelines, are eating and drinking normally, are no longer taking pain medication and are sleeping through the night.



If you need to communicate with your Care Team directly during business hours, please call our main phone number, (479) 750-2080. If at any point you need urgent medical attention, please call 911 or go to the nearest emergency room.