Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Parotidectomy

1. Introduction

1.1. To remove part of or whole parotid gland.
1.2. Indications:
  1.2.1. parotid gland tumor (benign/ malignant)
  1.2.2. Recurrent parotid infection
  1.2.3. Provide surgical access for other head and neck procedures

2. Procedural Preparation

2.1. Tests may be ordered include Computer Tomography Scan (CT scan), blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent will be signed before operation.
2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist.
2.4. Inform your doctor fo any drug allergy, regular medication(s) or other medical conditions.
2.5. Do not eat or drink for 8 hours before operation.

3. Procedure

3.1. The operation is done under general anaesthesia.
3.2. An incision is made in front of the ear to the neck. Identify facial nerve and remove part or all of the parotid gland.
3.3. The wound is closed with drain inserted.

4. Recovery Phase

4.1. You will have neck wound dressing and drainage tube. The drainage will be removed after a few days.
4.2. Wound pain is normal and will be controlled by medications.
4.3. Avoid food that stimulate saliva secretion, such as chewing gum, sour food.

5. Risks and Complications

5.1. Common Risks and Complications (≧ 1% risk)
  5.1.1. Bleeding and hematoma
  5.1.2. Wound infection
  5.1.3. Numbness around pinna
  5.1.4. Frey's Syndrome causing sweating during eating
  5.1.5. Transient facial weakness
  5.1.6. Hypertrophic scar or keloid formation
  5.1.7. Cosmetic deformity
5.2. Uncommon Risks with Serious Consequences (<1% risk)
  5.2.1. Permanent facial weakness
  5.2.2. Recurrence
  5.2.3. Salivary fistula
  5.2.4. Skin necrosis
  5.2.5. Death due to serious surgical and anaesthetic

6. Follow Up

6.1. Follow up as scheduled.

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7. Remark

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

8. Reference

8.1. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____