

Parotidectomy

Site Applicability

VGH

Practice Level

RN

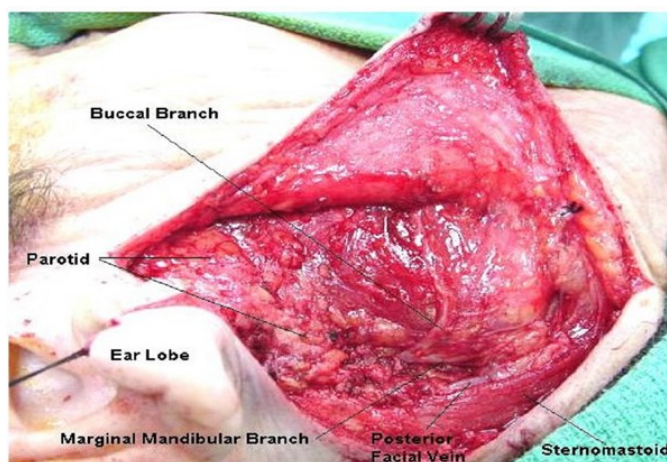
Need to Know

The Parotid Gland

The parotid glands are located below the external auditory canals and descend anterior to the angle of the mandible between the skin of the cheek and the masseter

muscle. The parotid glands are the largest of the three major pairs of salivary glands found in and around the mouth. The anatomical proximity of each gland to the facial nerve and the obvious change in appearance when in a disordered state, create a reasonable concern for people affected by parotid conditions.

A parotidectomy maybe be performed to treat recurrent parotiditis but is more commonly performed as management of parotid gland tumours. Tumours of the salivary glands constitute 3% of all head and neck neoplasms. Approximately 80% of parotid tumours are benign pleomorphic adenomas. Signs of malignancy in the parotid gland include a rapid growth rate, pain, facial nerve involvement and cervical adenopathy. Superficial parotidectomy is the treatment of choice for both malignant and benign tumours in the superficial lobe. A total parotidectomy with preservation of the facial nerve is recommended for tumours involving the deep lobe or both lobes, providing the tumour does not involve the facial nerve.



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Indications for Parotidectomy:

- Benign and malignant neoplasms
- Obstruction of salivary flow
- Chronic inflammation

Protocol

Nursing Management

Nursing Management of the patient after parotidectomy involves observation and early detection of facial nerve damage, infection, hemorrhage and hematoma.

- Provide patient with information regarding care of the wound and drain to prevent infection and promote healing.
- Patients should be instructed about sign and symptoms of infection, keeping the wound dry and clean for at least the initial 24 hours and applying antibiotic ointment if ordered.
- Care of the drain including emptying and monitoring the quantity and quality of drainage.
- Pain management, including the use of analgesia and nursing interventions such as head elevation and neck bracing.
- Assess facial nerve mobility. If eyelid weakness is noted, administer artificial tears PRN during day and taping eyelid shut during sleep. Post-operative vital signs as ordered and PRN.
- Monitor lab values and report abnormal values to physician.
- Provide support and resources for patients experiencing alteration of self-image.

EXPECTED CLIENT / FAMILY OUTCOMES (Guidelines Only):

- Removal of affected tissue Preservation of facial nerve function
- Knowledge of parotid gland condition and strategies to control effects of surgery

Related Documents

- Smith, S., Duell, D., & Martin, B. (2000). Clinical Nursing Skills - Basic to Advanced Skills Text (5th Ed), pages 712-714

References

- Beutner, D. (2006). Impact of Lateral Parotidectomy for Benign Tumours On Quality of Life. Acta Oto-Laryngologica, Oct; 126(10):1091-5
- Gharayeb, B. (2007). Otolaryngology Houston. Retrieved from: <http://www.ghorayeb.com>.
- Rothrock, Jane C. (2007). Alexander's Care of the Patient in Surgery (13th Ed), 685-687.
- Smith, S. & Martin, B. (2000). Clinical Skills - Basic to Advanced Skills. Prentice Hall Health, NJ.
- Wirkus, Jaclyn. (2007). Parotid Masses: Face the Facts. Head & Neck Nursing 25(1):10-6.

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