

## Post-Operative Instructions for Parotidectomy

**Incision:** Please keep the incision dry for two to three days, and then gently wash the incision with soap and water two to three times a day as needed. You may use Q-tips or cotton swab dipped in peroxide to remove any dried blood over the incision. After washing, apply a thin film of an antibacterial ointment (e.g. Polysporin). Avoid any activity that pulls across the incision such as shaving across the incision for at least two weeks (the rest of the face may be shaved). The staples and stitches will be removed one to two weeks after surgery.

**Drain:** Some patients are discharged with a thin drain tube and oval collecting reservoir called a grenade. Empty the grenade and record the amount of fluid whenever the grenade looks half full or at least twice a day. Discard the fluid down a sink or toilet; do not save it.

**Head of Bed:** Elevate the head of your bed 30-45 degrees or sleep in a recliner at 30-45 degrees for the first three to four days after surgery to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.

**Bleeding and Bruising:** Oozing from the skin may occur and cause a slow drip of blood. Simply apply 15-20 lbs. of gentle pressure to the wound with a clean paper towel or wash cloth for 15-20 min. If the swelling is raised an inch higher than the surrounding area, call (503) 581-1567 for instructions. You may change any dressing as needed.

**Fever:** A low-grade temperature of 100 degrees and even an occasional elevated temperature above 101.5 degrees or higher are common. Should you have a temperature of 101 degrees or higher, take a deep breath and cough (once or twice) every 15-30 minutes and increase your fluid intake. Deep breathing and coughing opens the lungs and reverses a common cause of elevated temperature. If your elevated temperature persists for more than two hours, call our office for further instructions. Please measure your temperature. Patients will often think they have an increased temperature because they feel warm.

**Nausea and Vomiting:** Nausea and vomiting are common during the first 24 hours after surgery. Narcotic medication may increase the nausea and vomiting. Try to reduce the narcotic pain medicine as much as possible, either by reducing the amount given or lengthening the time between doses. You may try to skip one dose of narcotic and use a full dose of plain acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin). The patient may also try to eat some simple, non-fatty food with the next dose of narcotics. If nausea and vomiting is excessive or persistent, call our office for further instructions.

**Pain Management:** A realistic goal is to reduce the patient's pain to a manageable level, not to eliminate the pain. One cannot predict a patient's pain level or the necessary dose of pain medicine. One must approach each patient in a stepwise fashion for pain management. When acetaminophen and/or ibuprofen do not lower the pain enough, start with a lower dose of narcotic and increase the dose if pain remains uncontrolled or decrease the dose if the medication's side effects are too severe. Close monitoring of each patient for side effects to medication is essential.

1. Try to use plain acetaminophen or plain ibuprofen before using the narcotics.
2. Always strive to either avoid the narcotics or give the lowest dose possible to control the patient's pain.
3. Give the narcotic AS NEEDED but not more often than it states on the bottle

4. Do not give the narcotics “automatically around the clock” if the patient has minimal pain.
5. Never wake up a sleeping patient to give them narcotics
6. Avoid combining narcotics with another sedating drug, such as alcohol, sleeping pills, muscle relaxants or anti-anxiety pills (e.g. Valium and Xanax), antihistamines (e.g. Benadryl) unless instructed by your doctor.
7. Start with the lower dose that is prescribed and take additional medication only if the pain is still not adequately controlled 45 minutes after taking the first dose. For example, if the prescription reads “one to two tablets every four to six hours as needed for pain”, then start with one tablet on the first dose. If the pain is not adequately controlled in 45 minutes, take a second tablet.
8. Try to decrease the total amount of narcotic medication every day by:
  - a. increasing the time between doses
  - b. decreasing the amount used each time
  - c. substituting plain acetaminophen or ibuprofen for the narcotic
9. Observe for unusual sleepiness, confusion, difficult or noisy breathing. If these occur, stop all narcotics, call WENT MD on call at 503-581-1567 or go to Salem Emergency Room if the office is closed.
10. Always measure the amount of liquid narcotic with a syringe or a marked medicine cup. Spoon sizes are not reliable.
11. Record the medication given with the date and time on the same piece of paper. This helps reduce medication errors.

**Constipation:** patients may experience constipation while taking narcotics and eating a low fiber diet. Please try to minimize narcotics. Eat some soft foods with fiber: e.g. apple sauce, bananas and berries. You can blend some fruits with ice for a cool “smoothie” drink.

**Diet:** You may eat your regular diet after surgery. If the oral “pucker” muscles are weak, you may drool slightly when drinking or have trouble with very sticky foods like peanut butter. You may notice a slight increase in fluid from your incision while eating, this is normal and usually resolves after a few weeks. A few months after the surgery, some nerves can regrow into the sweat glands of the skin, resulting in some sweating of the skin while eating.

**Activity:** Avoid any activity that raises your blood pressure for one week, e.g. heavy lifting, strenuous exercise, etc. Please walk every two hours while awake to avoid leg clots.

**Eye care:** The nerve controlling the closure or blink of the eye may be weak for several weeks to months. The cornea or surface of the eyeball is moistened with tears by the blinking action of the eye muscles. The eyelids also close and cover the cornea while you sleep. If the blink is slow or eye closure is incomplete, then the cornea may dry out and/or become infected. This can lead to scarring of the cornea and blindness. If the blinking action is weak or slow, apply a thin film of Lacrilube to the eye before sleeping, whenever going outside on a windy or dry day, and whenever the eye feels dry or itchy. The Lacrilube will distort the vision in that eye while the ointment is present. Do not scratch or rub a dry or itchy eye. Please call us or your eye doctor if you have vision problems after the surgery.

#### **TO AVOID RUNNING OUT OF A NARCOTIC MEDICATION:**

1. Fill your narcotic prescriptions at a pharmacy that is open after hours and on weekends.
2. Call our office by 2 pm the day BEFORE you will need a refill to give us time to process your request. A family member may need to drive to our office to pick up the narcotic prescription (DEA rules). If you are taking narcotics, you cannot drive. You could be cited for driving under the influence.

**Other Questions:** For non-emergent questions, please call our office at 503-581-1567 between 9:00 am and 3:00 pm. Monday through Friday. For emergent question, please call our office and our answering service will page the doctor on call. We have a doctor on call seven days a week.