



PAROTIDECTOMY INFORMED CONSENT

Parotidectomy is a surgical operation to remove a large salivary gland (the parotid gland) located in front of the ear and slightly below it. The most common reasons for removing all or part of this gland are a tumor, chronic infection or obstruction of the saliva outflow causing chronic enlargement of the gland.

Most parotid tumors (80%) are benign; the rest (20%) are malignant. The most common tests to determine the nature of a parotid tumor include FNA (fine needle aspiration biopsy), during which a small amount of fluid is withdrawn from the parotid to see if malignant cells are present, CT scan (an x-ray test that helps to determine the size and position of the parotid tissues), and MRI scan (an imaging test that uses powerful magnets instead of x-rays).

The nerve that controls motion to the face (the facial nerve) runs through the parotid gland. This nerve is important in closing the eyes, wrinkling the nose and moving the lips. Most often the parotid gland can be removed without permanent damage of the nerve, however, the size and position of the diseased tissue may require that the nerve, or small branches of the nerve, be cut to assure complete removal. Even if the nerve is not permanently injured, there may be decreased motion of the facial muscles as the nerve recovers from the surgical procedure. If facial motion does not fully return, there are ways to rehabilitate facial movement.

Other possible short-term complications include bleeding and infection. Although rare in parotid surgery, some patients may develop a thick scar or keloid. Many patients experience numbness of the earlobe and outer edge of the ear after parotid surgery. This generally resolves slowly over time. In a small proportion of patients, the face on the side of the parotidectomy sweats while eating ("gustatory sweating"). Most often this goes essentially unnoticed, however, if it should become bothersome medication and sometimes surgery are available. Very rarely, a salivary fistula may occur, with saliva draining from a small opening of the incision.

Depending on the final diagnosis after the tissue is reviewed by a pathologist, additional diagnostic tests and follow-up examinations may be needed. Most often, masses of the parotid are benign, and complete removal is the only treatment needed.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Print Name: _____

Signature: _____

Date: _____