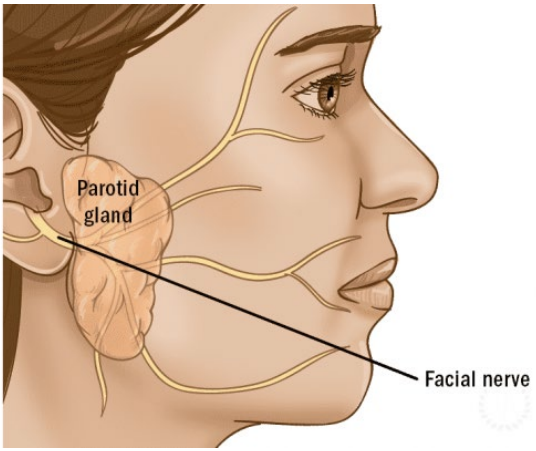
National University Hospital

PAROTIDECTOMY

Patient and Family Information

Information is correct at time of printing [Jun 2026] and subject to revision without prior notice.

What is a parotidectomy?



Parotidectomy refers to the removal of the parotid gland. This is a salivary gland located near the ear and angle of jaw.

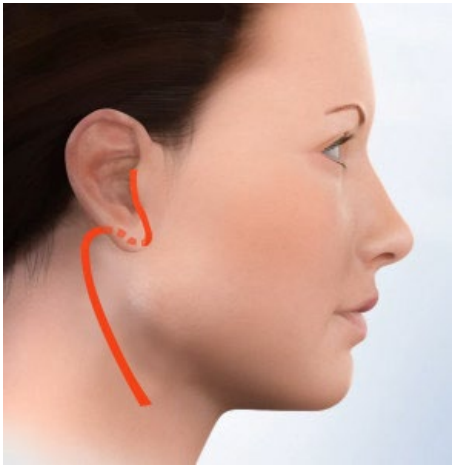
What are the indications for this surgery?

The parotid gland may require removal for several reasons:

- Benign tumours of the parotid gland
- Cancer arising from the parotid gland
- Cancer arising from structures around the parotid gland (e.g. ear canal, cheek, mandible)
- Access to tumours deep within the neck
- Stones in the parotid gland or duct

How is this surgery performed?

The surgery is performed under general anaesthesia. A curvilinear incision is made from the front of the ear to the side of the neck. The facial nerve, which supplies the muscles of the face, lies within the gland. This nerve will be identified during the surgery to protect it. Depending on the location of the pathology, either a part or the whole of the parotid gland may be removed while preserving the branches of the nerve. A surgical drain will be placed in the wound at the end of the operation.



What are the risks associated with this surgery?

The potential complications following a parotidectomy include but are not limited to the following:

- Bleeding: if the wound is bleeding after the operation, you may need an operation to stop the bleeding.
- Wound infection: this causes pain, redness, swelling, and discharge around the wound.
- Numbness of the ear lobe whereby the nerve that provides sensation to the earlobe may need to be sacrificed during the surgery. This does improve with time but may be persistent in some patients.

- Facial weakness: the facial nerve lies within the parotid gland and is at risk of injury. This may lead to temporary or permanent facial weakness (<1%) on the affected side. Some patients may require secondary procedures to improve this.
- Frey syndrome: sweating over the wound during meals. It occurs because of abnormal regeneration of nerves supplying the salivary gland sweat glands. In most patients, this is generally minimal and does not require further treatment.
- Saliva or fluid collection: there may be fluid accumulation in the wound post-operatively. It usually resolves after needle aspiration.
- Scarring.
- Post-operative pain.
- Anaesthetic risk.

What can I expect immediately after surgery?

You will usually be observed in the hospital for one night after the surgery. There will be a surgical drain attached to a drain bottle. This will be kept in the wound for at least 2-3 days. It will be removed in the outpatient clinic after discharge from the hospital.

You may experience some pain over the wound which can usually be controlled with pain medications. You should be able to eat, drink, and ambulate normally on the same day after the surgery.

Should you have any pre or post operation queries, please call us at 6772 4551 or email us at ent_fc@nuhs.edu.sg.

For urgent medical attention, please walk into the clinic during operating hours (Monday to Friday, between 8.30am to 5.30pm) or visit the Emergency Department after clinic hours.

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