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Form “PO-J”
Guidelines after parotid surgery

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.

THIS FORM ONLINE: SCAN QR & SELECT FORM “PO-J”

Wound care, avoidance of bleeding, management of nausea/ vomiting, pain control, urinary retention, and facial numbness and facial muscle weakness are the main factors in care after parotid surgery

Wound care instructions:

Incision and drain site:

After 48 hours from the time of surgery, you may remove any dressing remaining. Unless your wound is covered by a dressing, apply an antibiotic ointment directly to the surgical wound and drain site (if you have a drain) three times a day. Keep all incisions dry for at least 48 hours. You may sponge bathe, bathe, or shower the rest of your body as long as the surgical site stays dry. After 48 hours from the time of surgery, soap and water may be used directly on the incision, but gently, with the fingertips, not a washcloth. Drying these areas should be blotting dry, not wiping dry.

Antibiotic ointments:

mupirocin (Bactroban)
bacitracin
triple antibiotic ointment
double antibiotic ointment
Neosporin

Note: These may be purchased over-the-counter (without a prescription).

If your surgeon has prescribed an oral antibiotic, take it as scheduled until the supply is used. Report any rash, hives or other reaction to your surgeon. If you were prescribed oral antibiotics, take them as scheduled.

Contact your surgeon if the wound becomes more painful over time, develops more than a little swelling, or if the coloration of the skin extends more than 1/2 inch (1cm) from the incision.

The best ways to achieve a nicely healed scar are to follow the above instructions and to avoid sun exposure (with a broad brimmed hat or by applying SPF 30+ sunscreen directly on the incision when outside) for three months after surgery.

Drain care (if you have a drain):

Keep the drain charged. A charged drain appears collapsed. The drain wants to assume its rounded shape, and because of that, it maintains a vacuum in the tubing. If the drain is rounded (like an egg), re-charge it by removing the stopper, squeezing the drain to push out air, and then replace the stopper. If the drain fills up with air within seconds to minutes, there is a leak in the drain circuit and you should inform your surgeon.

Three times a day, strip the drain tubing, then empty the drain contents into a measuring cup. Record the time and volume of drainage. The drain output tends to decrease over time.

It helps to safety-pin the drain tag onto your shirt so that the drain is not pulling on the skin, causing discomfort.

For more detail and images, see also **https://www.doctorlansford.com/jp-drain-care** or use the QR code to the right.

QR FOR JP DRAIN CARE PAGE

Bleeding:

If a doctor has prescribed a medicine to “thin” the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding. Medicines to avoid include common pain medications (see Table 1, below), blood “thinners” (see Table 2, below), and certain dietary supplements and herbal remedies (see Table 3, below). If a prescribing physician considers your risk of clotting too high to stop taking blood “thinners” according to table 2, he or she may arrange a “bridge” with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered.

Table 1: Common NSAIDs (non-steroidal anti-inflammatory drugs):

Name	Omit (do not take) timeframe	Common **resume** date
aspirin	1 week before surgery	2 weeks after surgery
Motrin (ibuprofen)	1 week before surgery	2 weeks after surgery
Advil (ibuprofen)	1 week before surgery	2 weeks after surgery
Aleve (naproxen)	1 week before surgery	2 weeks after surgery
Voltaren (diclofenac)	1 week before surgery	2 weeks after surgery
Naprosyn (naproxen)	1 week before surgery	2 weeks after surgery
Mobic (meloxicam)	1 week before surgery	2 weeks after surgery
Indocin (indomethacin)	1 week before surgery	2 weeks after surgery
(many others)	1 week before surgery	2 weeks after surgery

Table 2: Common drugs to "thin" the blood:

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-**7** days before surgery
Warfarin™ (coumadin)	5 days before surgery
Pradaxa™ (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-49)	4-**6** days before surgery
Xarelto™ (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Eliquis™ (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Saveysa™ (edoxaban)	4-**5** days before surgery
Arixtra™ (fondaparinux)	
normal-mild kidney dysfunction	5 days before surgery
Lovenox™ (enoxaparin)	2 days before surgery
Fragmin™ (dalteparin)	2 days before surgery

These medications are commonly resumed 7-10 days after surgery, as determined by the surgeon's assessment of bleeding risk.

Table 3: Dietary Supplements and herbal remedies that "thin" the blood:

Name	Omit (do not take) timeframe	Common **resume** date
Vitamin E	2 weeks before surgery	At least 2 weeks after surgery
Fish oil (including omega-3-fatty acids)	2 weeks before surgery	At least 2 weeks after surgery
Ginko biloba	2 weeks before surgery	At least 2 weeks after surgery
Ginger	2 weeks before surgery	At least 2 weeks after surgery
Garlic	2 weeks before surgery	At least 2 weeks after surgery

Table 4: Drugs for erectile dysfunction:

Name	Omit (do not take) timeframe:
sildenafil (Viagra®)	24 hours before surgery
tadalafil (Cialis®)	24 hours before surgery
vardenafil (Levitra®)	24 hours before surgery
These erectile dysfunction medications may be resumed two weeks after surgery.	

Pain Control:

Pain after surgery is usually moderate initially, and gradually subsides to a mild level over a day or two. Chewing is typically uncomfortable but doable.

Narcotic pain medicines must be respected and used sparingly. Note that some pain medicines are combinations of narcotic and Tylenol (acetaminophen). Plain Tylenol (acetaminophen) may be used for mild to moderate pain, but the total amount of Tylenol (acetaminophen) from all sources must be less than 3 g (3000 mg) per day for an adult. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two weeks after surgery because they promote bleeding.

Do not try to attain a pain-free state, since this would require too much pain medicine, and risk dangerous side effects. On the other hand, do not try to just suffer through your pain since doing so will make your blood pressure too high with potential risk. The ideal degree of pain is low enough to be able to sleep a couple of hours at a time.

Narcotic pain medicines should be taken with food.

Nausea/Vomiting:

Nausea and vomiting can occur after surgery.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and combined with other medicines, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metaclopromide (Reglan).

Fever:

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

Urinary Retention:

The inability to urinate despite having a full bladder can sometimes occur after a procedure under general or spinal anesthetic. This is more common among men above the age of 60 and when the anesthetic duration is longer than two hours. Symptoms of urinary retention include the following:

- Feeling like you need to urinate but being unable to urinate
- Feeling like you cannot fully empty your bladder after urinating

- Feeling pain in the low abdomen

Typically, if one is able to urinate normally once after surgery, the risk of urinary retention thereafter is low. Tricks to try to facilitate flow of urine include turning on some flowing water from the sink and putting a hand in warm water while trying to urinate. If symptoms of urinary retention develop, you may need to present to an Emergency Room where a bladder scan to verify urinary retention and possibly catheterization to empty your bladder may be performed. If one waits too long to get a bladder drained, the bladder may temporarily lose ability to contract, leading to needing a urinary catheter for several days while it recovers, or in extreme cases, bladder rupture.

Return to Driving and Other Activities Requiring Alertness:

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

Physical Activity:

For 2 weeks after surgery, avoid strenuous activity (such as running, jogging, sports, sexual activity, lifting more than 15 pounds, and gardening). (See Table 4.) You should be active with walking regularly during this time.

Skin numbness:

It is normal to have some numbness or altered sensation on and around the ear and on the cheek after parotid surgery. These gradually improve. Some numbness, especially around the ear, may not resolve completely, but with time this becomes much less of a nuisance. Be especially careful in the bitter cold because you may not notice frostbite of the ear. Cover your ears with something warm and pay attention to how cold the opposite ear feels when you are outside in cold weather. If you use a curling iron for your hair, be especially careful not to touch the hot surface to your ear skin, as a severe burn may occur before you become aware of it.

Facial muscle weakness:

Since the facial nerve runs directly through the it, surgery on the parotid gland unavoidably puts the nerve at some risk. Every effort is made to preserve the facial nerve and its branches, which route to the muscles of the face from the forehead down to the upper neck. Occasionally, especially if the operation is performed for a cancer, some or all of the branches of the nerve must be sacrificed (removed) in order to clear the cancer. More often, weakness or paralysis of one or more branches is limited, and often returns once the nerve has a chance to recover. This may take days or it may

take one or more years. Weakness of the branch that closes the eyelids is the most important right after surgery because a lack of blinking allows the eye to dry out quickly, possibly causing permanent damage. If you have weakness of any of the muscles of the face after surgery, be sure to discuss this with your surgeon and receive instructions on how to care for it after you have gone home.