

EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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PAROTIDECTOMY

Parotidectomy is a surgical operation to remove a large salivary gland (the parotid gland) located around the front of the ear. The most common reasons for removing all or part of this gland are a tumor, infection, or obstruction.

The procedure is done under general anesthesia. The amount of parotid gland to be removed is often determined at the time of surgery based on the size and location of the diseased parotid tissue. The extent of surgery may also depend on pathological examination of tissues removed during the surgery.

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 to 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.

Other possible short term complications include bleeding and infection. Although rare in parotid surgery, some patients may develop a scar or keloid. All patients experience numbness of the ear and face after parotid surgery, the earlobe remaining permanently numb post-surgery. The ear and facial numbness generally resolve 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 in 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.

The nature and purpose of the operation or procedure, the possible alternative methods of treatment, the risks involved in the operation or procedure and the administration of anesthesia, and the possibility of complication have been fully explained to me. I UNDERSTAND THAT THERE IS A RISK OF PERMANENT INJURY AND DEATH ASSOCIATED WITH ALL MEDICAL AND SURGICAL PROCEDURES. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained from the operation or procedure.

Northwest Office

7040 Smoke Ranch Road

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Green Valley Office

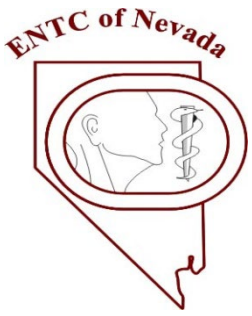
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ADDITIONAL RISKS AND ALTERNATIVES: (To be filled in on the reverse side by doctor as necessary)

I CERTIFY: I have read or had read to me the contents of this form, I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask questions and all of my questions have been answered.

Patient/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

Patient Account #: _____

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