

## PAROTIDECTOMY DISCHARGE INSTRUCTIONS

### FOLLOW UP CARE

- A small amount of swelling is expected
- Skin will be tender at the incision site
- If a drain is placed, bloody drainage is common and will reduce over the first 2 days. An appointment will be made to remove your drain.
- Keep your head elevated on 2 pillows while sleeping or resting, to help minimize swelling
- Facial weakness or drooping are possible
- If you are unable to close your eyes, they may become dry. Please notify your doctor if this occurs. We will recommend over the counter artificial tears or moisturizing eye ointments to be placed in the eye.
- If a follow up appointment was not made the day of surgery, please call the office to make one

### OPERATIVE SITE

- If skin glue was used to close your incision (shiny plastic like coating) no wound care is required
- If sutures close your incision, clean the incision with hydrogen peroxide and apply Bacitracin ointment twice a day

### ACTIVITY

- Do not drive for 24 hours or while taking narcotic pain medication
- Avoid vigorous activity or heavy lifting for 2 weeks
- You may shower after the drain is removed or 2 days after surgery if no drain
- Avoid tub baths or swimming until instructed by your doctor
- Smoking impairs healing and should be avoided

### DIET

- Resume previous diet as tolerated

### MEDICATIONS

- Prescription (s) will be sent with you. Use as directed.
- See PAIN CONTROL sheet for additional instructions.

### PROBLEMS TO WATCH FOR

- Fever over 101.4
- Uncontrolled Nausea/Vomiting
- Increased swelling at the incision site
- Increased redness at the incision site



## PAROTIDECTOMY DISCHARGE INSTRUCTIONS CONTINUED

- Increased draining at the incision site
- Irritated, scratchy, dry eyes

**Call your doctor with ANY problems that concern you: Phone # (843) 766-7103.** If you need immediate attention, go to the nearest Emergency Department.

**I have read, been read, and verbally repeated back instructions and understand them. A copy has been given to me.**

Date of Follow-up visit \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Patient / Responsible Party

\_\_\_\_\_  
Nurse Signature

