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PAROTID SURGERY

WHY DO I NEED SURGERY?

The parotid is part of the gland systems that make your mouth water. This system has many extra sources of watering for the mouth. You won't miss the gland we remove. In fact, one can be without all four of the major glands and be unaware of the missing saliva. The parotid gland develops from inside the mouth and wraps itself around the back of the jaw bone and around the nerve which moves the face. This nerve, called the facial nerve comes out of a hole in the skull underneath the ear as a trunk about 1/8" thick and splits into a network connecting to different parts of the face.

WHAT HAPPENS DURING SURGERY?

To remove the parotid, we used a modified cosmetic face lift incision. Wound closure is done in the same manner as that of a face lift. Because danger to the nerve is greatest when the gland has previously been operated on, we approach the parotid the first time by removing completely. We will locate the nerve and then use it as a guide to remove the gland.

WHAT TO EXPECT AFTER SURGERY?

After the surgery is completed, you will be sent home. You will have a piece of tubing that will help with any drainage as part of your bandage. Please keep careful track of the drainage from your neck area. Prior to leaving the hospital, you will be given complete instructions on what to watch for.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

With this surgery, there is the possibility of damage to the facial nerve. In addition, partial damage can create difficulty closing the eye. If the eye cannot blink effectively, it becomes dry and blindness can occur. There is also the possibility of an abnormal smile. These conditions are rare, however.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

JJL:nc

I understand the above information and consent to the surgery.

Patient Signature

Date

Patient Name-Printed