



腮腺手术

如何做准备及其过程

华盛顿大学医学中心为病人提供的这份讲义，说明了如何为腮腺手术做准备。它包括手术后的自我护理、以及什么时候需要打电话给医生。

腮腺分泌唾液。腮腺有 2 个腺体、在嘴的两侧、两耳前面。

在腮腺手术中、医生将切除一部分腺体（表面的腮腺切除术）或整个腺体（全腮腺切除术）。是根据您的诊断来决定手术的类型。

如何做准备

- 从您手术的 **1 周**前开始、切勿服用任何阿司匹林或其他影响血液凝结的产品。其中两个是布洛芬（Advil、Motrin）和萘普生（Aleve、Naprosyn）。请参阅附件以取得更多的资讯。
- 从手术前 **48 小时**开始、不要用剃刀剃头。避免手术当天有任何皮肤割伤。
- 在您手术前的门诊、护士会提醒您：
 - 在特定的时间后就不可吃喝。
 - 您服用的常规药物中有那些可以服用、那些不可服用。
 - 仅以一小口水送服药物。



腮腺位于耳的前面

手术前一天

- **淋浴：**手术前晚、请淋浴：
 - 使用护士给您的抗菌肥皂淋浴。
 - **切勿**用抗菌肥皂洗脸或洗发。（请参阅肥皂附带的说明。）用您自己的肥皂、洗发精洗脸及洗发。
 - 以清洁的毛巾擦干身体、穿上清洁的衣服。
- **报到的时间：**手术前一天、外科病人护理协调员 (PCC) 会在下午 5 点前给您打电话告诉您报到的时间。如您在周一做手术、病人护理协调员会在周五给您打电话。如您在下午 5 点之前还没有接到这个电话、请致电 **206.598.6541**。

手术当天

在家

- **禁食:** 遵照护士对饮食的指示。
- **淋浴:** 遵照前天晚上淋浴的指示再以抗菌肥皂淋浴。
- **药物:** 按照护士给您的说明、服用或不服用某些药物。切记仅以少量的水送服。

在医院

- **热毯:** 为了降低感染的风险、我们会在您等待进入手术室前给您盖上热毯。让您的身体保暖、并有助于防止感染。如没有给您这热毯、请向护士索取。

手术后的注意事项

您的住院时间

您将在医院住 1-2 天、最有可能是 4 楼东北区或南 4 楼。探访时间为上午 5:30 至晚上 9:30。

静脉导管

您的手臂上会有一根 **静脉输液管 (IV)** 在手术前及手术后为您输液。当您喝液体时、我们就可将您的静脉输液管除去。

引流

手术后您可能会有引流管来清除皮肤里积聚的液体。手术后 1 至 2 天会将引流管除去。

伤口

- 伤口是在您的耳朵的前面、并向下延伸到您的颈部或耳朵后面 以**缝线**（缝合）关闭。
- 保持伤口部位清洁是很重要的。您的护士会做以下的步骤每天 2 至 3 次：
 - 用盐水（盐）水或蒸馏水清洁伤口
 - 在伤口上涂上特殊的药膏
- 回家后、您或照顾您的人需要继续护理您伤口、直到拆线。
- 您的缝线很可能在您手术 1 周后去诊所覆诊时拆线。

- 伤口愈合后、会变成红色并有点凸起。对于大多数患者、在大约 6 个月内变平并消失。
- 大约 2 周后开始使用防晒霜保护伤口。在伤口处继续使用防晒霜 **12** 个月。

止痛药

我们会给您口服止痛药。通常手术后会有喉咙痛、声音嘶哑。这可能持续 1 周或更长。

对于疼痛控制：

- **对于轻度至中度疼痛：**服用对乙酰氨基酚（泰诺）或布洛芬（Advil、Motrin）。请遵循标签上的剂量说明。每 **3-4** 小时交替服用泰诺和布洛芬。
- **对于剧烈疼痛：**请服用医生开的止痛药（阿片类药物）。**仅按处方服用**该药。

饮食

- 您可能会因 **麻醉** 而感到不适（您接受的药物以帮助您在手术期间入睡）。麻醉药效消退后应该可以缓解。
- 您可以在手术后第二天晚上照常饮食。

活动

- 麻醉消退并且感觉良好之后、您就能够起身行走。多走动会帮助您的肺部和血液循环。
- 手术后 **2 周内**，避免提拿重物、出力或活动可能会增高血压。

重返工作岗位

接受这种手术的患者通常可在 **1-2** 周内恢复工作。

什么时候打电话

如您有以下情况；请致电诊所护士或医生：

- 伤口感染的症状：
 - 发红
 - 肿胀
 - 疼痛加剧
 - 伤口有异味或渗出液体

- 体温高于 **101.5°F (38.6°C)**
- 伤口出血
- 皮疹或瘙痒
- 持续恶心或呕吐

您有疑问吗？

我们很重视您的提问。您有疑问或顾虑时、请致电您的医生或医护人员

安排门诊预约，致电耳鼻喉科
- 头颈外科中心

206.598.4022、当您听到录音时、再按 **8** 与前台服务人员联系

如您已经是我们的病人但对您的治疗计划有疑问：

- 工作日上午 **8** 点至下午 **5** 点、请致电喉科的语音信箱 **206.598.4437**
- 下班以后及周末假期、请致电 **206.598.4022** 当您听到录音时、再按 **5**。就会将您转到社区护理专线的护士。

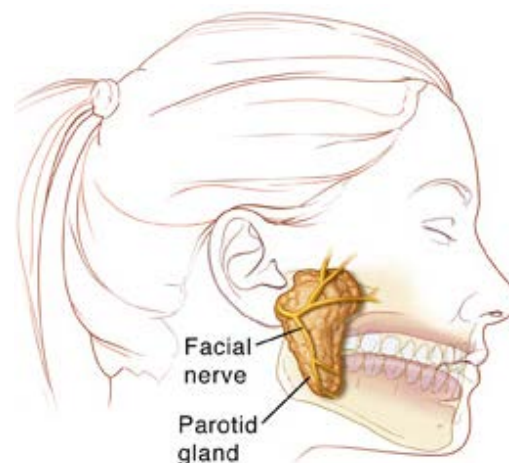
Parotid Surgery

How to prepare and what to expect

This handout for patients at University of Washington Medical Center explains how to prepare for parotid surgery. It includes self-care after the surgery, and when to call the doctor.

The *parotid* glands secrete saliva. There are 2 parotid glands, one on each side of the mouth, in front of both ears.

In your parotid surgery, your doctor will remove either part of the gland (a *superficial parotidectomy*) or the whole gland (a *total parotidectomy*). The type of surgery depends on your diagnosis.



Parotid glands are in front of the ears.

How to Prepare

- Starting **1 week** before your surgery, do **not** take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See the attached sheet for more information.
- Starting **48 hours** before your surgery, do **not** use a razor to shave any part of your body. We want to avoid skin cuts on the day of surgery.
- During your pre-op the nurse will remind you:
 - Not to eat or drink after a certain time.
 - Which of your regular medicines to take or not take.
 - To sip only enough water to swallow your pills.

Day Before Surgery

- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body.
 - Do **not** use the antibacterial soap on your face and hair. (See the directions that came with the soap.) Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothes.

- **Arrival time:** A Surgery patient care coordinator (PCC) will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the PCC will call you the Friday before. If you do not receive this call by 5 p.m., please call **206.598.6541**.

Day of Surgery

At Home

- **Fast:** Follow the nurse's instructions about not eating and drinking.
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did the night before.
- **Medicines:** Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

At the Hospital

- **Heating blanket:** To reduce your risk of infection, we will cover you with a heating blanket while you wait to go into the operating room. This will warm your body and help prevent infection. Ask for a heating blanket if you do not receive one.

What to Expect After Surgery

Your Hospital Stay

You will spend 1 to 2 days in the hospital, most likely on the 4-Northeast or 4-South unit. Visiting hours are 5:30 a.m. to 9:30 p.m.

Intravenous Line

You will have an *intravenous line* (IV) in your arm to give you fluids during and after surgery. We will remove your IV when you can drink liquids.

Drain

You may have a drain to remove fluids that build up in your skin after surgery. The drain will be removed 1 to 2 days after surgery.

Incision

- Your incision will be in front of your ear and extend down to your neck or behind your ear. It will be closed with *sutures* (stitches).
- It is important to keep the incision area clean. Your nurses will do these steps 2 to 3 times a day:
 - Clean your incision with saline (salt) solution or distilled water
 - Put a special ointment on your incision

- After you go home, you or your helper will need to keep caring for your incision until your sutures are removed.
- Your sutures will likely be removed at your clinic visit 1 week after surgery.
- Your incision will be red and raised as your body heals. For most patients, this will flatten and fade in about 6 months.
- Use sunscreen to protect your incision starting about 2 weeks after your surgery. Keep using sunscreen on your incision for 12 months.

Pain Medicine

We will give you pain medicine to take by mouth. It is common to have a sore throat and a hoarse voice after surgery. This may last for 1 week or more.

For pain control:

- **For mild to moderate pain:** Take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin). Follow the dose instructions on the label. Alternate taking Tylenol and ibuprofen every 3 to 4 hours.
- **For severe pain:** Take the pain medicine (*opioids*) your doctor prescribed. Take this medicine **only** as prescribed.

Eating

- You may feel a little queasy from the *anesthesia* (medicine you received to help you sleep during surgery). This should ease as the anesthesia wears off.
- You will probably be able to eat and drink as usual the evening after surgery.

Activity

- After the anesthesia wears off and you are feeling up to it, you will be able to get up and walk. Moving around will help your lungs and your blood flow.
- For **2 weeks** after surgery, avoid heavy lifting, straining, or activities that may increase your blood pressure.

Return to Work

Patients who have this surgery usually return to work in 1 to 2 weeks.

When to Call

Call the clinic nurse or your doctor if you have:

- Signs of infection in your incision:
 - Redness
 - Swelling
 - Increased pain
 - Bad-smelling or watery discharge from your incision
- A fever higher than 101.5°F (38.6°C)
- Bleeding from your incision
- Rash or itching
- Ongoing nausea or vomiting

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- **To set up a clinic visit**, call the Otolaryngology/ Head and Neck Surgery Center at 206.598.4022 and press 8 to speak to the front desk.
- **If you are already a patient** and have questions about your treatment plan:

Weekdays from 8 a.m. to 5 p.m., call the Head and Neck Voice Mail Line at 206.598.7535.

After hours and on weekends and holidays, call 206.598.4022 and press 5 when you hear the recording. This will connect you with a nurse on the Community Care Line.