



# CONSENT FORM FOR SUPERFICIAL PAROTIDECTOMY

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

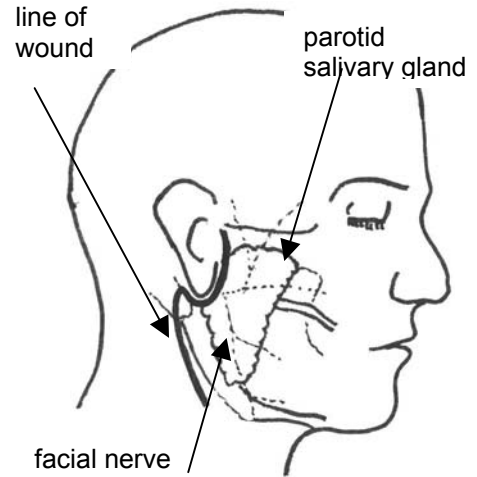
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### PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)* ....., have the following condition:.....  
and that a **superficial parotidectomy** on the .....*(side)* is proposed:

**This means removing part of the large salivary gland (parotid) that lies close to the angle of the jaw. The gland has two parts – one close to the skin (superficial lobe) and the other much deeper, close to the ear canal (deep lobe). The operation removes only the lobe nearest the skin.**

Under a general anaesthetic, the surgeon makes an ‘S’-shaped cut around the lower earlobe, behind the angle of the jaw and sometimes onto the neck. The nerve supplying most of the muscles of the face is identified as this runs between the two lobes of the gland. The surgeon traces the nerve through the gland, lifting the superficial lobe away as (s)he works and protecting the nerve from damage. When the superficial lobe is free, it is sent for microscopic examination. The operation site is checked for bleeding and a fine tube drain is usually left in place for a short while after the operation to remove any secretions. The skin wound is closed.



### RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **superficial parotidectomy** has the following **general risks and limitations**:

- My wound may rarely become infected, becoming red painful, swollen and possibly developing a discharge. I may need antibiotics if this happens

I understand **superficial parotidectomy** has the following **specific risks and limitations**:

- There is a small chance my facial nerve may be damaged. This is usually only partial and usually recovers in several weeks or months.
- If the nerve is involved in the disease however, it may need to be removed with the disease for the best chance of preventing recurrence of the disease. In this case, the surgeon may try to repair the nerve at the time, possibly using a nerve graft from elsewhere. However, even if the nerve repair gives some improvement, it is very unlikely to restore my facial muscles to normal.
- My earlobe and cheek may be numb afterwards.
- I may notice some hollowness where the gland had been.
- In a few cases, patients find the cheek skin on the side of the operation sweats or flushes when eating (Frey Syndrome). This is rarely bothersome, but is caused by very fine nerves regrowing in a different way after the operation. Simple treatments are available, if necessary.
- Rarely, an abnormal connection may form between the salivary duct and the skin (salivary fistula). As long as there is no blockage to the normal drainage of the duct, this connection will heal over some weeks.
- Rarely, the operation site may bleed or swell excessively and may require a return to the operating room.

RISKS CONTINUED OVERLEAF →

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FOR  
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**RISKS CONTINUED**

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

**INDIVIDUAL RISKS**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

**DECLARATION BY PATIENT**

- I acknowledge the general surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the general surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my general surgeon during this superficial parotidectomy operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient

Date

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Date

Doctor's name  
(print name)

**INTERPRETER'S DECLARATION –**

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature

Date

Interpreter's name  
(please print)