

A NOVEL TECHNIQUE FOR SUPERFICIAL PAROTIDECTOMY ASSOCIATED WITH IMPROVED OUTCOMES

Jonathan Melong, B Williams, A Butler, MH Rigby, RD Hart, J Trites, S. Mark Taylor

OTOLARYNGOLOGY

INTRODUCTION: Superficial parotidectomy has become the standard of practice for the management of benign parotid disease. However, it is not without risks. Following surgery, patients can experience cosmetic defects including facial contour defects and Frey's syndrome and can have a prolonged course in hospital due to surgical drain insertion. One way to overcome these challenges is through our novel technique of a drainless parotidectomy by reconstructing the resulting defect with a sternocleidomastoid (SCM) flap to provide additional tissue bulk to the area and by applying a facelift dressing postoperatively to avoid drain insertion.

METHODS: Patients with benign parotid disease undergoing a superficial parotidectomy and reconstruction with a SCM flap and postoperative facelift dressing at our center were identified within a prospective cohort database between July 2010-2017. Primary outcomes included length of hospital stay and postoperative complications.

RESULTS: Forty-six patients were identified within the database and were included in the final analysis. The average length of hospital stay was 1.04 days. Two patients (4%) developed a postoperative sialocele requiring drainage. One patient (2%) developed a hematoma on extubation requiring evacuation. No patients developed subjective Frey's Syndrome. Seven patient's (15%) developed temporary facial paresis. All patients in the cohort had resultant normal facial function.

CONCLUSION: Superficial parotidectomy with SCM flap reconstruction and placement of a postoperative facelift dressing was associated with improved patient outcomes, fewer postoperative complications and shorter hospital stay compared to traditional surgical techniques.