



1. Identification and description of the procedure

The parotidectomy consists in the partial or complete extirpation of the parotid gland, which is responsible for the producing saliva and is found on the lateral side of the face and superior part of the neck, in front of the ear. As an important characteristic we must point out that it circles the facial nerve that gives movement to that side of the face. The parotidectomy can initially be proposed with the intention of saving the nerve or not. On occasions, even when pretending to conserve it, during the surgical act its lesion may be unavoidable.

There are numerous processes that could affect the parotid and that require surgical treatment: cysts, inflammations, abscesses, malignant and benign tumours, etc.

Faced before a malignant tumour it may be necessary to extirpate, besides the gland the neighbouring structures such as skin, facial nerve, external carotid artery, muscles, mandible, mastoids and the ganglions in the area (cervical ganglion emptying) and it may also be necessary to add a complementary treatment after the surgery such as radiotherapy or chemotherapy.

2. Purpose of the procedure and benefits that are expected to be achieved

Definitive diagnosis and cure of the process when the operation has been successful.

3. Reasonable alternatives to this procedure

In case of chronic disease or inflammations the alternative is medical treatment of the re-sharpening episodes. In some type of tumour there may be the alternative of chemotherapy and/or radiotherapy with less probabilities or success.

4. Foreseeable consequences of its performance

The foreseeable consequences of its performance are:

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5. Foreseeable consequences of its non performance

In case of malignant tumours the evolution without treatment is always towards the local destruction and the death of the patient, with a progressive increase in the size, deformity, facial paralysis and of other nerves in the area, difficulties in chewing and tasting, infections, haemorrhages and metastasis.

If we are in a chronic inflammation and infection process, the progress usually implies successive re-sharpening processes, with pain and infectious complications.

If it is a benign tumour the non-treatment allows it to continue growing, giving aesthetic and functional alterations to the face (alteration in chewing, eating...) due to compromised space.

6. Risks

The vital risks are not very frequent, even though, as in any medical act and keeping in mind the necessity of general anaesthesia in all the cases, they can occur. These vital risks, both intra and well as postoperative are those of any major surgery and are closely related to age, the general state and the associated pathologies which the patient has. The complications of this surgery include:

- Acute haemorrhage that could require blood transfusion.
- Aesthetic complications:
- Cardiovascular complications:
- Reversible or irreversible lesion, partial or total of the facial nerve (which on occasions is already affected by the disease), with the consequent face paralysis on the side of the face with he lesion.
- Infection of the wound. As a consequence of any of these complications the surgery stay can be prolonged and it may be necessary to submit the patient to re-intervention.

Some of these complications can be very serious and possibly compromise the patient's life. The side effects that can be left after a parotidectomy are the following:

- Scarring and aesthetic alteration with sinking in the area of the face where the gland was.
- Numbness and pain in the surgery area and on the ear lobe.
- Redness and increase in sweating in some are of the face.
- In case of a lesion of the facial nerve, alteration of the facial mimic and difficulty in closing the eye on the side affected.

7. Risks depending on the patient's clinical situation

Other risks or complications that might appear, given your clinical situation and your personal circumstances, are:

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Declaration of consent

Mr./Mrs./Miss. aged, with home address at

....., National Identity No. and SIP number

Mr./Mrs./Miss. aged, with home address at

..... acting in the capacity of (the patient's legal representative, relative or close friend), with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my situation to perform a

and that I have adequately understood the information he/she has given me.

In on, 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2 and I do not wish to carry on with the treatment that I hereby terminate on this date.

In on, 2

Signed: The Doctor

Signed: The patient

Associate number:

