



# Parotidectomy via Individualized Miniblair incision

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No disclosures related to the presentation



# Parotidectomy

- Superficial parotidectomy not the standard of care
- Is Modified Blair incision still necessary?
- Ideal: an incision that is tailored to each patient with no apparent increase in morbidity
- Decrease in length of incision as well as operative time and hospital stay



# Tailored Miniblair incision

Factors important for planning the incision:

- Patient factors (Age)
- Tumor factors (small, mobile, suspicious )
- Location (body, tail, anterior)



# “Mini-Blair” incisions



“Classical mini-Blair”



“Vertical mini-Blair”



“Cervical mini-Blair”

# Tumors of the Parotid Body

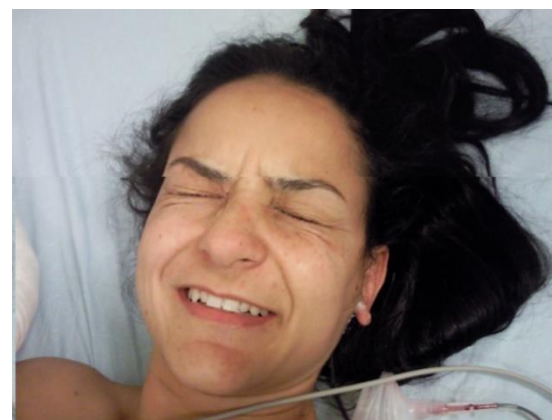
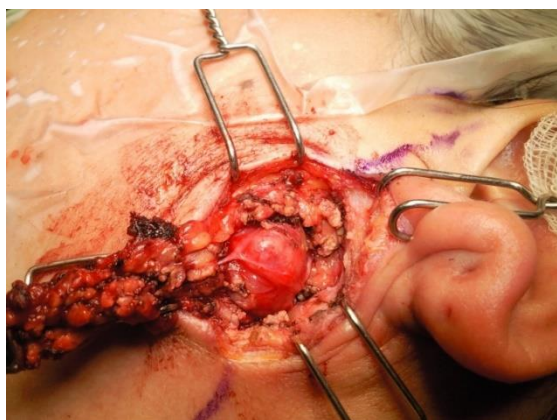
- Miniblair incision
- Identify VII (TMS)
- Antegrade dissection



# Tumors of the Parotid Body



# Tumors of the Parotid Body





# Tumors of the Parotid Body



# Tumors of the Parotid Tail

- Cervical incision only
- Retrograde dissection of the cervical and marginal branches
- Excision of the parotid tail



# Tumors of the Parotid Tail

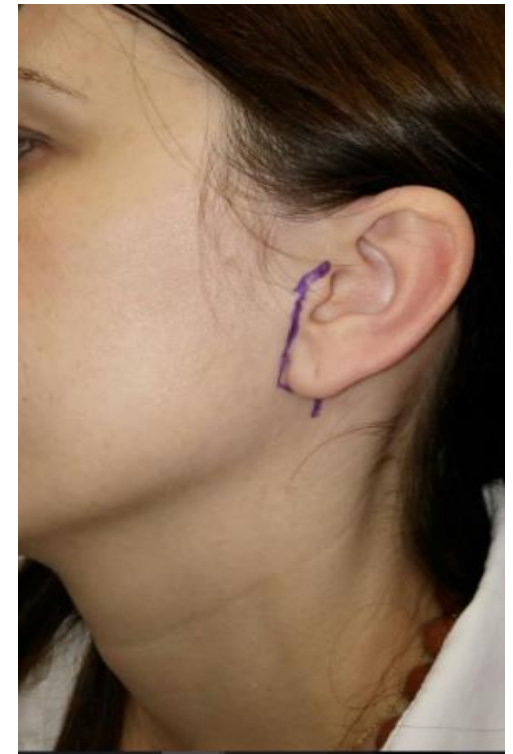


# Tumors of the Parotid Tail



# Tumors of the anterior Parotid

- Vertical part of Blair incision only
- Retrograde dissection of the close branch
- Excise the tumor with a normal parotid cuff



# Tumors of the Parotid Body



# Not all patients had small incisions



# Post-op





# Study design

- All (#122) Patients undergoing parotidectomy between 2011-2013
- Collect data from operative charts and medical reports
- Interview (2X) patients -telephone questionnaire  
(Overall satisfaction from surgery and from scar, post op course, facial nerve injury, hypoesthesia, salivary leak and recurrence)

# Results

122 patients

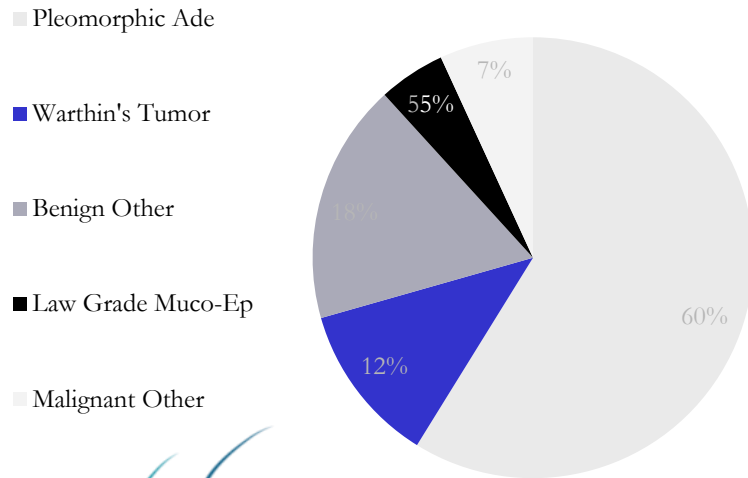


# Results

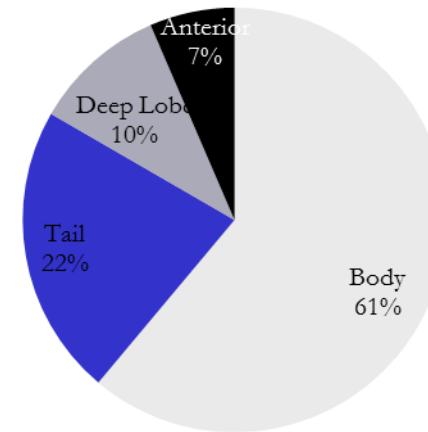
## Tumors:

- Benign=77
- Malignant=12
- Size [cm]: Median=2.5 (0.5-4.6)

### Tumor Distribution



### Tumor Location



# Results

Duration	Min	Median	Max
Operation time (Min.)	23	71	211
Hospitalization (Days)	1	1.6	4

All tumors were successfully removed

# Results

## Complications:

- Minor complications only (N=27)
- No major complications
- No permanent unintentional facial paralysis

# Results

## Facial nerve function

- Pre-operative paralysis - 1 patient
- Resection of functioning facial nerve - 1 patient
- Resection of small communicating branches - 3 patients
- Temporary paralysis (one branch) - 3 patients (2.5%)
- Permanent inadvertent facial nerve injury - 0%

# Results

## Follow Up (Av 4 years)

- 1 patient- PA recurrence
- 1 patient- local recurrence (poorly diff ca)
- 2 patients DM (1- AWD, 1-DOD)

# Results

- Satisfaction from surgery (1 year post op):

Av: 9.72 (1-10)

67 patients: 10

13 patients 9

5 patients 8

2 patients 6

After 3 years: 9.65 (ns)



# Results

- Satisfaction from surgical scar (1 year post op):

Av: 9.54 (1-10)

62 patients: 10

13 patients 9

7 patients 8

4 patients 7

1 patient 6

After 3 years: 9.2 (ns)



# Conclusions

- A small incision may be used for parotidectomy for both benign and malignant tumors
- No apparent added morbidity
- Short hospital stay/operating time
- May not be applicable when teaching residents

# Conclusion

As an alternative to "one cut fits all" approach, we suggest an "Individualized mini-Blair Incision" Parotidectomy for benign as well as selected malignant parotid tumors.

In hands of an experienced surgeon mini-Blair is both safe and with excellent cosmetic results



Thanks for your attention

