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
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

- 122 Pt.
  - 2Y Parotidectomies

- 89 Pt.
  - Early interview (median 12M)

- 58 Pt.
  - Late interview (median 47M)
Results

Tumors:

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

### Tumor Distribution

- Pleomorphic Ade: 55%
- Warthin's Tumor: 7%
- Benign Other: 18%
- Law Grade Muco-Ep: 12%
- Malignant Other: 6%

### Tumor Location

- Body: 61%
- Tail: 22%
- Deep Lobe: 10%
- Anterior: 7%
## Results

<table>
<thead>
<tr>
<th>Duration</th>
<th>Min</th>
<th>Median</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation time (Min.)</td>
<td>23</td>
<td>71</td>
<td>211</td>
</tr>
<tr>
<td>Hospitalization (Days)</td>
<td>1</td>
<td>1.6</td>
<td>4</td>
</tr>
</tbody>
</table>

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)
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