

CONSULTATION CHECKLIST

This checklist has been provided to help guide you through your parotid surgical consultation. Please feel free to add your own questions to this list and bring this checklist to your consultation appointments.

NAME: _____

DOB: _____

TEL: _____

1. What is your diagnosis? _____

2. If you do not know, what are your symptoms? Please list them

3. Have you already seen an ENT (ears, nose & throat) physician?

Yes No

If No, move on to question # 10

4. Have you obtained a second opinion?

Yes No

If No, are you scheduled to have one?

Yes No

Most physicians who are qualified to treat parotid tumors see only 0-4 patients a year. This makes it difficult for most doctors to honestly say they are extremely comfortable operating on these tumors.

At the Osborne Head and Neck Institute, we have developed a reputation for treating parotid tumors and are a referral source for doctors who wish to refer on these difficult cases.

5. Have you been scheduled for an MRI?

Yes No

If yes please specify date _____

An MRI focuses on soft tissue and is very detailed compared to CT scans which focus on calcifications and will not show a clear image of a mass in the parotid gland. MRIs allow our physicians to know exactly where the mass is located and to have more information available for the patient prior to surgery.

6. If an MRI has already been performed, do you have a copy of the images and report?
Yes No

7. Has a biopsy been ordered/scheduled? **Yes No**

8. If you have already had an FNA (Fine Needle Aspiration) performed, do you have your results?
Yes No

Keep in mind that an FNA is not always ordered or necessary prior to surgery. The outcome is never 100% accurate and the recommendation to have the tumor removed usually will remain.

9. What side of your face is being affected? **Left Right**

10. What is the approximate size of the mass? _____

If you do not know the exact measurements, an easy way is to reference the size is to think of a “pea”, “marble”, “cherry tomato”, or “golf ball.”

11. How long have you noticed it? _____

12. Have you discussed the risks and benefits of having surgery with your physician?
Yes No

Facial Paralysis and deformity are physically and emotionally scarring complications that can last a lifetime. The best way to avoid lifelong facial paralysis and facial asymmetry is to have the most qualified surgeon perform your procedure.

Parotidectomy is not a commonly performed procedure for most physicians. Surgeons with less experience may be apprehensive about using smaller facial incisions and performing reconstruction to the face after tumor removal.

13. Is your physician able to remove your tumor through a smaller incision without increasing the recurrence rate?
Yes No

*Dr. Osborne and Dr. Hamilton use their minimally invasive approach to remove parotid tumors. Their main concern is to remove the tumor in its entirety through a small incision. This technique allows this procedure to be done in an outpatient setting, and does **not** have any statistical impact in the recurrence of parotid tumors.*

14. Will a nerve monitor be used during your procedure? **Yes No**

15. Considering that parotid tumors are not common, do you know how many of these procedures your doctor has performed?
Yes No

16. Have you considered reviewing photographs of patients before and after surgery with your physician? **Yes No**

If so, are those available? **Yes No**

The pictures should not only show how well the patients have healed but also how well the patients' faces move (i.e., action pictures). If the doctor can not show you pictures, they may not perform many of these procedures.

17. Are you aware of who will be performing your procedure? **Yes No**

*At the Institute, Dr. Osborne and Dr. Hamilton perform all of your surgery. A head and neck oncologist (Dr. Osborne) performs your tumor removal and a facial plastic surgeon (Dr. Hamilton) performs your wound closure and reconstruction. **No** residents, physician assistants, or medical students perform any part of your procedure, unlike at many teaching hospitals and universities.*

18. Do you feel comfortable with the information provided by your physician?

Yes No

If No, what has not been covered? Please explain.

20. Have all your questions and concerns been addressed? **Yes No**

If No, please list what are some pending questions or concerns.

21. With the information provided do you feel prepared to make an informed decision about proceeding with surgery? **Yes No**

If No, what are some other concerns? Please explain.
