DOCTOR DISCUSSION GUIDE

Managing Mumps

Mumps is rarely serious, but it's still a good idea to talk with your doctor about what warning signs to watch out for and how to prevent passing the virus onto others. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

**Vocabulary to Know**
Your doctor might mention these common terms. Here’s what they mean.

<table>
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<th>Term</th>
<th>Description</th>
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<td><strong>Aseptic Meningitis</strong></td>
<td>Also called “viral meningitis,” aseptic meningitis is when the lining around the brain and spinal cord becomes inflamed, often prompting a headache and stiff neck. Unlike bacterial meningitis, which can be extremely dangerous, aseptic meningitis (a possible complication of mumps) is rarely fatal and doesn’t typically cause any lasting damage to the brain.</td>
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<td><strong>Incubation Period</strong></td>
<td>The incubation period for a disease is the time it takes to develop symptoms after being exposed. In the case of mumps, people typically don’t start to feel sick until 12–25 days after being around someone infected.</td>
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<td><strong>Orchitis</strong></td>
<td>When men or boys get mumps, the virus can cause their testicles to swell up. This is called orchitis, and it can be painful. On very rare occasions, this swelling can cause sterility in men.</td>
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<td><strong>Parotitis</strong></td>
<td>Parotitis is when the parotid gland gets swollen, causing the side of the neck and face to puff up. This is the most common symptom of mumps.</td>
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<td><strong>Paramyxovirus</strong></td>
<td>Paramyxovirus is the type of virus that causes mumps. It’s spread through respiratory droplets like when someone coughs or sneezes. Some diagnostic tests work by looking for the virus or its RNA in a saliva sample.</td>
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<td><strong>Sensorineural Deafness</strong></td>
<td>The mumps virus can cause damage to tiny hairs in the inner ear, resulting in temporary or long-term hearing loss—a condition called sensorineural deafness. It’s an uncommon complication, and permanent hearing loss in both ears is extremely rare.</td>
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Questions to Ask
These questions will help you start a conversation with your doctor about how to best manage your mumps.

About Symptoms
- I haven’t been around anyone with mumps for a couple of weeks. Why am I just getting it now?
- When will the swelling around my face go away?

About Causes & Risk Factors
- I’ve been vaccinated against mumps. Shouldn’t I be immune?
- Mumps seems very rare now. How did I get it?

About Diagnosis
- Will you need to do a blood test to confirm I have mumps? What will the test entail?
- What happens if the lab results come back negative?
  Does that mean I really don't have mumps, or will you need to test again?
- I don’t have any swelling around my face or neck. Why do you think I have mumps?

About Treatment
- I know there’s no cure for mumps, but is there something I can take to relieve the swelling and tenderness?
- Should I be re-vaccinated for mumps once I recover?
- What can I do to lower my chances of getting complications like pancreatitis or swelling in my brain?

About Living With Mumps
- How long will I be able to spread the virus to others?
  Is there anyone I should avoid until I’m no longer contagious?
- Will having mumps affect my ability to have kids in the future?