

## Pre and Post-operative instructions for Cleft Lip & Palate repair

### **Cleft lip Pre Surgical Instructions:**

All babies with cleft lip or palate should be seen within the first week or two of life by the plastic surgeon. At the first appointment, the surgeon will assess your child's condition and since each child's cleft is unique, different surgical techniques may be used to repair the cleft. The plastic surgeon is responsible for repairing the cleft lip and palate and He/ She will discuss with you the surgeries that will be performed on your child, possible risks and complications, recovery, and the results you can expect. The lip repair is performed in hospital, requires a general anesthetic, and takes 2 to 3 hours. Only local tissue is used, so no skin grafting from other parts of the body is required. The length of hospitalization is usually 2-3 days with a return to hospital within 7 days for a follow up. Some surgeons do cleft lip repair as a day surgery case which the child will be discharged home on the same day of the surgery if he/she is well and fed.

Surgery is usually performed during the first 3 to 6 months to repair cleft lip and between 12 and 18 months to repair the cleft palate.

### **Directions for post-operative care : following cleft lip repair:**

- **After the surgery for cleft lip:**

Your child may be irritable following surgery. Your child's physician may prescribe medications to help with this.

Stitches will either dissolve on their own or will be removed in approximately five to seven days. Specific instructions will be given to you regarding how to feed your child after the surgery. The scar will gradually fade, but it will never completely disappear.

During the surgery, and for a short time after surgery, your child will have an intravenous catheter (IV) to provide fluids until he/she is able to drink by mouth. For a day or two, your child will feel mild pain, which can be relieved with a pain medication. A prescription medication may also be given for use at home.

The child's upper lip will have stitches where the cleft lip was repaired. It is normal to have swelling, bruising, and blood around these stitches.

It's normal for the surgical scar to appear to get bigger and redder for a few weeks after surgery. This will gradually fade, although the scar will never totally disappear. In many children, however, it's barely noticeable because of the shadows formed by the nose and upper lip.

- **Lip Care:**

- ✓ **Do not** touch or handle your child's lip (surgical area). Allow any dried blood or crusty material to fall off on its own. Your surgeon or nursing staff will cleanse the lip at the first visit after surgery.
- ✓ Massage the area with vasline or fucidin after your first visit to the clinic. Massage gently and by the days apply pressure to the area.

- **Feeding instructions:**

The surgeon may allow breastfeeding, bottle-feedings, or cup-feedings after surgery. **Note:** your child should not use a straw or pacifier, as both could damage the surgical repair.

- **Activity after surgery:**

Your child can walk or play calmly after surgery. He/she should not run or engage in rough play (i.e., wrestling, climbing) or play with "mouth toys" for one to two weeks after surgery. Your surgeon will advise you when your child can safely return to regular play.

Follow-up with your child's surgeon and the cleft team is very important. This will be discussed with you. You will also be an important part of the child's overall health management after the surgery.

- **Relief of Pain**

You can expect your child to have mild to moderate pain for a few days. Give liquid acetaminophen as directed by you surgeon. If a stronger medicine is needed, give as prescribed.

- **Problems to Report to Your Doctor Right Away:**

- ✓ A fever (temperature over 38°C)
- ✓ Severe pain not relieved by the pain medicine
- ✓ Vomiting and/or diarrhea
- ✓ Bleeding from and/or any change in the suture line (area of surgery)
- ✓ Any direct injury to the repaired lip
- ✓ Drainage from the incision that looks like pus or smells bad

## **Cleft Palate Pre Surgical Instructions:**

Cleft palate surgery involves drawing tissue from either side of the mouth to rebuild the palate. It requires 2 or up to 4 nights in the hospital, with the first night spent in the intensive care unit ( depends on the surgeon). The initial surgery is intended to create a functional palate, reduce the chances that fluid will develop in the middle ears, and help the teeth and facial bones develop properly. In addition, this functional palate will help speech development and feeding abilities.

The need for more operations depends on the skill of the surgeon as well as the severity of the cleft, its shape, and the thickness of available tissue that can be used to create the palate. Some kids require more surgeries to help improve their speech.

Additional surgeries may also improve the appearance of the lip and nose, close openings between the mouth and nose, help breathing, and stabilize and realign the jaw. Later surgeries are usually scheduled apart to allow time to heal and to reduce the chances of serious scarring.

It's wise to meet regularly or yearly with the plastic surgeon to determine what's most appropriate in your child's case. Final repairs of the scars left by the initial surgery may not be performed until adolescence, when facial structure is more fully developed. Surgery is designed to aid in normalizing function and cosmetic appearance so that kids will have as few difficulties as possible.

## Directions for Post- Operative Care: Following Cleft Palate Repair

For the first three weeks after your child's surgery, the cleft palate repair is not strong enough to resist damage that could be caused by foreign objects (or fingers!). In order to prevent injury, promote healing, and maintain your child's comfort, it is important that you follow these guidelines for the **first three weeks** after surgery.

### Feeding Instructions



- Feed your child carefully using a cup or the side of a spoon to drop fluids and food into the mouth. **Do not** allow the spoon to touch the roof of the mouth. **Do not** allow your child to chew on anything. **Remember, no bottles or pacifiers!**
- After each feeding, give your child water to drink, to rinse the surgical area and to keep it clean.
- **Do not** give any hot food or hot fluids.
- **Please note: Your surgeon will meet up with you after surgery to talk about feeding plans.** Since each child is different, the plan will be specific to your child. However, the following guidelines may be helpful:

#### 1st Week

Full liquid diet including:

- Milk
- Formula
- Juices
- Well-melted ice cream
- Slightly warm soup

You may dissolve gelatin in any of the liquids, but **do not** feed it in solid form.

## **2nd Week**

Soft diet that consists of foods "that melt in the mouth", such as:

- Ice cream
- Sherbets
- Frozen yogurt
- Puddings
- Custards
- Smooth yogurts
- Soft cereals
- Gelatins
- Pureed baby foods

**Do not** give foods that need to be chewed.

## **3rd Week**

Usual foods that your child would normally eat

## **Activity Guidelines**

Any object your child puts in his/ her mouth (including little fingers) could ruin the repair. So the parents need to be careful to what their child put into the mouth.

## **Relief of Pain**

You can expect your child to have mild to moderate pain for a few days. Give liquid acetaminophen as directed by your surgeon. If a stronger medicine is needed, give as prescribed.

## **Problems to Report to Your Doctor Right Away:**

- A fever (temperature over 38°C)

- Severe pain not relieved by the recommended pain medicines
- Vomiting and/or diarrhea
- Bleeding from and/or a change in the suture line (area of surgery)
- Any direct injury to the repaired palate
- Drainage from the suture line that looks like pus or smells bad.

