

CONSENT FOR CLEFT LIP SURGERY

There are risks associated with all surgeries including medication reactions, allergic reactions, pneumonia, and anesthetic complications. These risks can be serious and possibly fatal. The risks that are specifically related to cleft lip surgery include:

- **Bleeding:** Generally this is a very small amount, and transfusion is never even considered a risk. It is not unusual to see small amounts of fresh blood in the spit or on the dressings for the first one or two days following surgery.
- **Infection:** Lots of bacteria live in the mouth and nose, so antibiotics are given through the I.V. at the time of surgery. The antibiotics will usually be stopped at the time of discharge unless nasal packing or a nasal splint is placed at the time of surgery. It is important that you complete the course of antibiotics as directed.
- **Dehiscence:** This is the medical term for the incision splitting open. This can happen because of too much tension on the closure (i.e. the stitches pull through), infection, or from trauma or bumping the lip. Sometimes small areas of the wound will split, and there may be no long term problems.
- **Poor Appearing Scar:** We do everything possible to help the scar look nice at the time of surgery, but a lot can happen after we leave the operating room. Some people are prone to keloid or hypertrophic scars, and others heal with fine lines. For the first three months after surgery the scar will usually become more firm, raised and red. This is a normal process. At about 6 months the scar will start to soften, and at one year the color should turn from pink to white. We strongly encourage you to start massaging the scar with a scar cream like Mederma at about two weeks after surgery, and also to be extremely good about putting sunscreen on the scar *every day* for a year.
- **Asymmetry:** Although it is our goal at the time of the cleft lip repair, no repaired lip will be perfectly symmetric or even from one side the other. (Remember that after a cleft lip adhesion the goal is to get tissue across the gap, not to make it even). The asymmetry may be due to a tight scar, slight mismatch when performing the repair, or lack of bone in the cleft space, or a number of other reasons. We try very hard to get the sides as even as possible at every surgery following the cleft lip adhesion.
- **Stunting of Facial Growth:** Any surgery performed on a growing child has the potential to create scar tissue that limits the potential growth in that area. This is especially true with cleft lip and palate surgery, and may result in a profile where the middle third of the face does not project as much as the lower jaw creating an “underbite.” Braces may be all that is necessary to correct this, but some children may require orthognathic (jaw) surgery once they reach adolescence. Really the only way to prevent this is to not perform surgery, or to delay surgery until growth is complete.
- **Need for Further Surgery:** We can never guarantee that this will be your child’s only lip surgery, and most have a revision prior to entering school.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your child’s safety, and strive for the best result in every case. We hope that you will also do your part by following your post-operative instructions, using good judgment, and letting us know if there are any problems.

Please ask any further questions regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with cleft lip surgery, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

Parent or Legal Guardian

Date

Witness

Date