

## CONSENT FOR CLEFT PALATE REPAIR

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 palate surgery include:

- **Bleeding:** There is a potential for significant bleeding at the time of cleft palate repair. Precautions that we take include using medicine that makes the blood vessels in the palate clamp down. It is also important to avoid blood thinners (such as ibuprofen) the week before surgery. Although the need for a blood transfusion is exceedingly rare, you can donate blood a few weeks prior to surgery if you meet the criteria as an appropriate donor.
- **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 due to fingers or some other object placed in the mouth.
- **Fistula:** This is the most common complication following cleft palate repair, occurring from 5-60% of the time. A fistula is a residual hole in the roof of the mouth, and it can cause symptoms if it allows fluid or air to pass through it. Remember that the very front of the palate near the gum is not closed at the time of the palate repair. This is closed at the time of the bone graft, at about age 8-12.
- **Velopharyngeal Insufficiency:** This is a speech problem that occurs when air leaks around the back of the soft palate during speech. This can be due to a short palate, immobile palate, or deep pharynx. The first line of treatment is always speech therapy, but for those patients who do not improve, an additional surgery (called secondary palatal management) may be necessary.
- **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 palate surgery, as a fistula repair or surgery to improve speech may be necessary.

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 judgement, 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 palate 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