

**Stacey Folk, MD**  
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## **PRE & POST-OPERATIVE INSTRUCTIONS FOR CLEFT PALATE SURGERY**

### **THE WEEKS BEFORE SURGERY**

- Please read through all of this paperwork several times before and after surgery. Any time you come up with a new question, we ask that you check this paperwork again. Chances are the answer is here.
- Instead of shocking your little one with too many changes at the time of surgery, try easing them into some of the things we will require. Wean that pacifier before surgery, because they will not be able to use it for three weeks post-op. Try sleeping in the car seat a few times, because this is the best position to protect the lip the week after surgery.
- Avoid ibuprofen or medications that could thin the blood two weeks prior to surgery.
- If the patient has an upper respiratory infection at the time of surgery, we will need to reschedule. It's nearly impossible to avoid those colds, but try to use good judgment on exposures when surgery is coming up.
- You may need some supplies at home. Tylenol drops, antibiotic ointment (any type), and possibly some reliable family members lined up for a few hours of valuable respite care the first week.

### **THE DAY BEFORE SURGERY**

- Make sure you understand where the surgery is going to be performed and what time you are supposed to arrive.
- If you are coming in from out of town and staying locally the night before surgery, call the office with the phone number so we know how to reach you in case the surgery time changes.
- Your child needs to be N.P.O. (nothing by mouth) before surgery, or it will be cancelled by anesthesia. Solid foods or thick liquids need to stop 8 hours prior to surgery. Formula can be given up to 6 hours prior to surgery. Breast milk can be given up to 4 hours prior to surgery. Water or clear liquids (such as apple juice, pedialyte, or water) can be given up to 2 hours prior to surgery. The reason for this is to prevent aspiration, or sucking stomach contents into the lung, which can be very dangerous.

### **THE DAY OF SURGERY**

- Bring all of the paperwork you were given. The hospital will need your Consent form and History and Physical, so don't forget these.
- Bring any special nipples and formula that your child uses.
- Bring in the car seat; they will need it in the hospital room.
- Make sure you are comfortable as well. Wear clothes that you can sleep in and bring something to read.

**PLACE OF SURGERY**

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**DATE AND TIME**

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**ARRIVAL TIME 2 hours before surgery time**

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**NO SOLIDS, FULL LIQUIDS 8 HRS PRIOR**

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**NO FORMULA 6 HRS PRIOR**

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**NO BREAST MILK 4 HRS PRIOR**

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**NO CLEAR LIQUIDS 2 HRS (WATER, GATORADE, PEDILYTE)**

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**FOLLOW-UP APPOINTMENT**

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## **CLEFT PALATE REPAIR PRE-OPERATIVE INSTRUCTIONS**

### **DESCRIPTION OF THE CLEFT PALATE**

The simplest definition of a cleft palate is a “hole in the roof of the mouth”. Of course, a cleft palate is far more complex and there are many different types. Clefts are a problem because there is no separation between the oral and nasal cavities and the muscles of the soft palate are running in the wrong direction. Our goals at surgery are to close the hole and also to fix the muscles in the soft palate so that airflow during speech can be controlled. The alveolus, or gum, is not repaired at this stage and for patients with a bilateral cleft, both sides of the front of the palate will likely still be open until the time of the bone graft.

### **YOUR CHILD’S CLEFT IS BEST DESCRIBED AS:**

### **DESCRIPTION OF THE CLEFT PALATE REPAIR**

The cleft palate is usually repaired at 9 months to one year of age. There is no convincing data as to the most ideal time for the palate to be repaired. The earlier repairs probably have better speech outcomes, while delaying surgery may allow for more growth prior to surgery.

The surgery itself is scheduled for 2 ½ hours and is performed under general anesthesia. During surgery, tissue from the roof of the mouth is lifted from the bone and moved to the center to cover the cleft. The muscles in the soft palate are also brought together in the center. All of the sutures used will dissolve except for one stitch that is placed in the tongue at the very end of the surgery. This is placed for safety and is completely painless to remove.

After surgery it is fine to use a nipple, cup, or syringe feeds (brecht feeder). If a spoon is used, it cannot go in past the teeth so you must be very careful. Most patients can be discharged the day following surgery, but they stay until they are drinking well.

### **YOUR CHILD IS SCHEDULED FOR THE FOLLOWING SURGERY:**

## **CLEFT PALATE SURGERY POST-OPERATIVE INSTRUCTIONS**

### **ACTIVITIES**

For the first week following surgery it may be best to keep the head of the bed elevated. Positioning the face down can also help clear the airway if there are problems with noisy breathing immediately after surgery.

### **ARM SPLINTS**

The arm splints are mandatory for the first three weeks. These are not as bad as they look. The splints should be snug enough that they prevent bending at the elbow but because of the shape of an infant's arm they may slide off. Pinning them to clothing at the shoulder may be helpful or you can also try placing them under a long sleeved shirt. These need to be worn whenever the child is not being held, and be sure to perform range of motion at the elbow when the splints are off. Don't throw these away, we may be able to use them again if your child is going to have a second surgery this year.

The arm splints are far more important following palate surgery than after lip surgery. Just one finger, toy, or spoon in the mouth can completely ruin the surgery. After three weeks things are pretty strong, but you should be careful with anything that could be dangerous in the mouth for one month. You may to order arm splints from [www.honeycuffs.com](http://www.honeycuffs.com) or [www.snugglewraps.com](http://www.snugglewraps.com) so you will have a backup after surgery.

### **DIET**

You can immediately start using your pre-op nipple after surgery. Haberman nipples, Mead-Johnson feeders, or whatever you like. Sometimes it helps to make the hole in the nipple slightly bigger since it may hurt to suck. Breast feeding right away is also fine.

We usually try clear liquids first, then to formula once your child has had a few sips. A liquid diet is mandatory the first week, then the second week you can increase the consistency to pureed foods. Keep all hard objects including spoons, straws, fingers, toys, and pacifiers out of the mouth for three weeks after surgery.

The goal is to have your baby drinking as much as they did before surgery, but chances are that won't happen for the first few days. There should be three or four wet diapers per day, and the following is a rough guide of their fluid requirements:

<u>For babies weighing</u>	<u>They need about</u>
3 kgs. or 6.6 lbs.	10 ounces per 24 hours
4 kgs. or 8.8 lbs.	13 ounces per 24 hours
5 kgs. or 11 lbs.	17 ounces per 24 hours
6 kgs. or 13.2 lbs.	20 ounces per 24 hours
7 kgs. or 15.4 lbs.	23 ounces per 24 hours
8 kgs. or 17.6 lbs.	26 ounces per 24 hours
9 kgs. or 19.8 lbs.	30 ounces per 24 hours
10 kgs. or 22 lbs.	33 ounces per 24 hours
12 kgs. or 27.5 lbs.	36 ounces per 24 hours
14 kgs. or 30 lbs.	39 ounces per 24 hours
16 kgs. or 35 lbs.	42 ounces per 24 hours
18 kgs. or 40 lbs.	45 ounces per 24 hours
20 kgs. or 44 lbs.	48 ounces per 24 hours