

Cleft Palate Repair: Care After Surgery

How will surgery affect my child and family?

For a couple of weeks after surgery, your child's sleeping and eating routines may be different. Your child will likely need extra attention and understanding. Don't worry about "spoiling" your child. It is OK to give your child extra attention and comforting during this time.

What can I expect after surgery?

After the operation, your child will be sleepy for several hours. He will have an IV for fluids and pain medicine. Young children may be wearing arm restraints, long, stiff, cloth sleeves that help keep his hands away from his mouth. You may notice a small amount of bloody drainage from the mouth and nose. Some babies may have a stitch in the tongue that is taped to the cheek. This is so the slippery tongue can be easily grasped and pulled forward if the baby has any trouble breathing after surgery. It is easily removed by the day after surgery.

How will my child eat?

After your child awakes, you can give her clear liquids or breast milk. If she tolerates this, you can then move on to formula or milk and soft foods. Most children will eat fairly well after surgery. Some children will do best with their usual bottle or cup, while others may need to be fed with a syringe or squeeze bottle for a period of time. Some do better with soft solid foods than they do with liquids. The key is to remain calm and patient as your child gradually returns to his

usual routines. Most children are drinking well enough to go home after one night in the hospital, but some will need to stay longer.

What kind of care will be needed at home?

Arm restraints: Depending on the type of palate surgery your child had, you may need to keep arm restraints on your child for up to 2 weeks. Your child's surgeon will tell you how they want you to use the restraints. If the surgeon says to use the restraints 24 hours a day, you can remove them briefly several times a day for bathing and to exercise your child's arms. Watch your child closely any time the restraints are off to be sure his hands are not close to his mouth. When your child is asleep, keep the arm restraints on, but remove the strap connecting them in the back.

Pain relief: Surgery on the palate can be painful. Pain medicines, soothing techniques and distraction will help your child be more comfortable. If your baby used a pacifier before surgery, ask if she may use one after surgery. You will be given some pain medicine to give your child at home. For the first several days after surgery, it is best to give pain medicine on a regular schedule, instead of waiting to see if your child is in pain. Many prescription pain medicines cause constipation. To help with this, see that your child gets plenty of liquids. Pear and prune juices may be especially helpful. If your

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child becomes very uncomfortable from constipation, you may give an infant or children's glycerin suppository. These can be bought over-the-counter at any pharmacy. When your child's pain lessens, you can stop the prescription medicine or switch to regular acetaminophen (Tylenol) or ibuprofen (Motrin).

How do I care for the surgical area in the mouth?

No specific care is needed for the palate other than to protect it from harm until it heals. Palate stitches will dissolve and do not need to be removed. It is OK if your child swallows the stitches. You may see some dressing material hanging from the roof of the mouth as well. This may also be safely swallowed or spit out if it comes loose. You may notice yellowish or gray patches on the palate as it heals. Your child may have "bad breath." This is normal and will go away once the palate is healed. You may notice a small hole in the palate. This may close by itself in a few weeks. The surgeon will check the palate at the clinic visit you have after surgery.

What about feeding once we are home?

Always supervise your child during feeding for at least two weeks after surgery.

Feeding methods: Your baby can use the same bottle and nipple he normally uses. Older children may use a cup with or without a lid, as long as the spout is short. Avoid sports bottles, forks and straws.

Your child may not eat as much as usual for a few days or even a week or two after surgery. Most children will eat more and "catch up" once they are feeling better. It is important, though, that your child gets enough liquid every day. Any liquid that your child likes is fine. Signs your child is getting enough to drink include having a moist mouth, tears in the eyes when crying, and urinating regularly.

Children up to one year of age need about 1½ ounces of liquid for each pound of body weight per day. For example, a child who weighs 20 pounds should have about 30 ounces of liquid in a day. Remember, solid foods contain liquid, too. So, this total includes all the liquids the child drinks and the liquid that she gets from solid foods. The water content of some solid foods is listed below:

- ½ cup of apple sauce = 3.5 oz water
- ½ cup cottage cheese = 3 oz water
- ½ cup mashed potatoes = 3.5 oz water
- ½ cup mashed squash = 4 oz water
- ½ cup cooked noodles = 3 ounces of water
- ½ cup cooked chicken = 3 oz water
- ½ cup yogurt = 3 oz water
- ½ cup rice = 3 oz water
- ½ cup cream of wheat = 3 oz water
- ½ cup Jell-O = 4 oz water

For example, if your 20-lb child drinks only 16 ounces of milk, formula, juice or water in a 24-hour period but eats ½ c of applesauce, ½ c of hot cereal, ½ cup yogurt and ½ c of noodles with ¼ cup of chicken, he will have had 30 ounces of fluid.

Diet suggestions: The diet for the two weeks after surgery should be soft. Age-appropriate foods include baby food, cooked fruits and vegetables, yogurt, baby cereals, noodles, rice, cottage cheese, finely chopped meats or fish and mashed beans. Do not give your child any crisp or hard foods, such as chips, cookies, crackers or toast.

You can offer smoothies made from yogurt or ice cream and fruit, or milkshakes. You can add "instant breakfast" powder to increase calories. Feel free to call us if you need ideas to help your child eat better.

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What about tooth brushing?

Offer your child a small amount of water to rinse his mouth after eating or drinking. Continue to gently and cautiously brush your child's teeth as usual.

What about play after surgery?

For about two weeks after cleft palate surgery, it is important that young children play with cloth or soft plastic toys only. Hard objects placed in the mouth may damage the surgical site.

When should I make an appointment for my child to return to the clinic?

You will need two follow-up appointments after this surgery, one at 2 to 4 weeks and one about 4 to 6 months after surgery. Call our clinic appointment line if you are not yet scheduled for these appointments.

When should I call the Craniofacial Center?

Call us if your child has any of these signs:

- A temperature higher than 100.5°F or 38°C
- Seems to not be getting enough to drink. This might include the following signs: a dry mouth, no tears, isn't urinating regularly or has urine that is very dark-colored
- Has an injury to the palate
- Cannot be calmed or soothed, or is complaining of pain that the medicine isn't helping

How do I reach someone in the Craniofacial Center?

If you are calling Monday through Friday between 8 a.m. and 4:30 p.m., please call the Craniofacial nurses at (206) 987-2208, option 4 or toll-free (866) 987-2000, ext 2208, option 4.

Evenings and weekends, please call the Children's Hospital paging operator at (206) 987-2000, tell them the name of your surgeon, and ask for the person on call.

- Craniofacial Clinic Appointments: (206) 987-2208, option 1
- Craniofacial Nurses: (206) 987-2208, option 4
- Craniofacial Social Workers: (206) 987-2167

TO LEARN MORE

- Craniofacial Center (206) 987-2208
- Your Child's Health-Care Provider

Children's will make this information available in alternate formats upon request. Please call the Family Resource Center at (206) 987-2201.

This handout has been reviewed by clinical staff at Children's Hospital. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's health-care provider.