

CLEFT SURGERY INSTRUCTIONS

PEDIATRIC PRE-ADMISSION INSTRUCTIONS

Eating and Drinking

Instructions for eating and drinking the night before surgery:

- No food after midnight
- May have infant formula or non-human milk up to six (6) hours before arrival time
- May have breast milk up to four (4) hours before arrival time
- May have clear liquids (up to 8 ounces of Pedialyte) up to two (2) hours before arrival time
- It is helpful to bring some of the formula/breast milk and the bottle that you normally feed your child to the hospital to use once they are ready to drink after surgery.

POSTOPERATIVE CARE FOR CLEFT LIP: FOR POSTOPERATIVE DAY 0-2 I

- If your child is receiving lip taping or wearing a nasoalveolar molding (NAM) appliance, please wear this until surgery.
- After surgery, your surgeon will speak to you, and you will be able to see your baby in the postoperative recovery area.
- Once your child is awake, they will be permitted to drink, so it is helpful to bring some of the formula/ breast milk and the bottle you normally use.
- Anticipate that your child will spend the night in the hospital to monitor feeding and pain control.
- Your child will have an oxygen monitor and an intravenous line (IV) on their hand/foot that should stay in place until discharge.

Incision Care

- The incisions will be closed with dissolvable sutures. In some instances, your surgeon may include some sutures that require removal in clinic about one week postoperatively.
- Keep the upper lip incision clean with saline or soapy water and pat dry. This works best by saturating a Q-tip or washcloth and gently wiping away any old mucous or milk/formula. Clean the area twice a day or after feeding.
- If your surgeon placed a dressing over the incision, then you can leave the dressing alone – do not wash, nor apply creams or ointments on that part of the incision, until the dressing is removed.
- If surgical dermal glue was used at the time of surgery, there will be a firm bluish film that is meant to adhere to the skin until it naturally peels free. You may gently clean over this glue and the skin around the glue twice a day.
- A week after surgery, the glue may peel off on its own. If it has not, then you may start applying Aquaphor to the glue and skin twice a day until it peels off.

- In some cases, your child may go home with plastic tubes called stents inside one or both sides of the nose. If so, these will be removed along with the sutures at the first clinic visit. Saline spray should be squirted into the tube(s) to keep any debris from collecting and making it difficult to breathe.
- In some cases, there may be a little pad sutured to the outside of the nose. This will be removed in clinic when other sutures are removed.

Additional Instructions

- Gently squirt a few drops of saline through the nostrils 2-3 times a day.
- Feed your child as you have been doing previously with the same bottle. If feeding is not going well, please reach out to your child's speech-language pathologist (SLP) at 443-849-2087.
- No thumb sucking, pacifiers, or any object the child will want to suck on that could put pressure on the lip for **at least 1 week**. The only time something is allowed in the mouth is during feeding. Please wait for your surgeon's guidance during the postoperative appointment before resuming the use of pacifiers.

Relief of Pain

- You may use liquid acetaminophen (Tylenol) as directed on the package for postoperative pain or fussiness.
- If your baby's pain is not controlled with this, we can provide small doses of stronger medicine that should be used sparingly and as instructed.

Problems to Report to Your Surgeon's Office

- A fever (greater than 100.4 degrees F)
- Bright red bleeding from the incisions
- Decreased appetite or intake of fluids that prevents your child from having wet diapers
- Direct injury to repaired lip
- Vomiting and/or diarrhea

POSTOPERATIVE CARE FOR CLEFT LIP: FOR POSTOPERATIVE DAY 21- 3 MONTHS

Three (3) weeks after surgery, all sutures on the red lip are dissolved and the glue is peeled off the upper lip. The lip is typically healed and should continue to improve in appearance.

This is a good time to start an anti-scar regimen:

- Apply sunblock to your child's face if they are going outside
- Massage the lip scar using gentle pressure with your finger in small circular motions along the incision for three (3) minutes, three (3) times a day.
- Apply an anti-scar cream (we prefer silicone based topicals such as ScarAway, Scar Fade, or New Gel). Most of these anti-scar gels can be ordered online.

- If you notice increased redness or thickening of the scar line, you should notify your surgeon. Unusual or poor scar healing can be improved if we intervene early.

Problems to Report to Your Surgeon's Office

- A fever (greater than 100.4 degrees F)
- Bright red bleeding from the incisions
- Decreased appetite or intake of fluids that prevents your child from having wet diapers
- Direct injury to repaired lip
- Vomiting and/or diarrhea

POSTOPERATIVE CARE FOR CLEFT PALATE: FOR POSTOPERATIVE DAY 0-21

- After surgery, your surgeon will speak to you, and you will be able to see your baby in the postoperative recovery area.
- Once your child is awake, they will be permitted to drink, so it is helpful to bring some of the formula/ breast milk and the bottle or (open) cup you normally use. Cups that require suction should not be used.
- Your child will spend the night in the hospital for 1-3 days depending on how well feeding and pain control is going.
- Your child will have an oxygen monitor and an intravenous line (IV) on their hand/foot that should stay in place until discharge.

Incision Care

- All sutures are absorbable and will dissolve on their own.
- There are incisions that will be on the roof of the mouth and in the nose. Please place a few gentle squirts of saline through the nostrils 2-3 times a day. Do not place suction tubing in the nose if possible because there are stitches on the floor of the nose.
- It is not unusual to see white areas/bone on the inside of the gumline where tissue was borrowed to close the central cleft area. Food can collect here, but that does not cause any problems.
- After each feeding, give your child a sip of Pedialyte or water to drink to rinse the incisions and clean the area.

Feeding and Diet Instructions

- No thumb sucking, pacifiers, or any objects that the child will want to suck on that could put pressure on the roof of the mouth for **2-4 weeks**. **Your surgeon will notify you at your postoperative appointment when it is appropriate to use them again.**
- Your child will be on an all-liquid diet for the first two (2) weeks post-surgery. Liquids must be drinkable from an open cup or the same bottle previously used. For example, if you have been using Dr. Browns specialty bottle, please continue to use the valve. Avoid any crunchy, sharp, sticky foods, popsicles, utensils, toys, and pacifiers that could poke the palate.

- At your postoperative appointment, your surgeon will notify you when to advance to the soft diet. Continue to avoid all crunchy, sharp, or sticky foods. Your child will be on a soft foods diet for about a week. After three (3) weeks, you may resume your child's normal diet. The Cleft Team's dietitian will counsel you about this prior to surgery.

If feeding is not going well, please call your speech-language pathologist (SLP) at 443-849-2087.

Please call the dietitian at 410-598-7090 if you have questions about diet.

Pain Relief

- You may use liquid acetaminophen (Tylenol) or ibuprofen as directed on the package for pain relief. If a stronger medication was prescribed, please use as directed on label.
- If your baby's pain is not controlled with this, we can provide small doses of stronger medicine that should be used sparingly and as instructed.

Problems to Report to Your Surgeon's Office

- Fever (temperature greater than 100.4 degrees F)
- Vomiting and/or diarrhea
- Decreased appetite or decreased fluid intake
- Bleeding near sutures or drainage near the incisions
- Any direct injury to the repaired palate

POSTOPERATIVE CARE FOR CLEFT PALATE: FOR POSTOPERATIVE DAY 21- 3 MONTHS

- Three (3) weeks after surgery, all sutures should have dissolved and the palate should be healed.
- After three (3) weeks, you may stop any food restrictions.
- You may allow pacifiers two to four (2-4) weeks after surgery. Please discuss with your surgeon at your postoperative visit with them.

Problems to Report to Your Surgeon's Office

- Fever (temperature greater than 100.4 degrees F)
- Vomiting and/or diarrhea
- Decreased appetite or decreased fluid intake
- Bleeding near sutures or drainage near the incisions
- Any direct injury to the repaired palate