

Cleft Palate Repair

Post-Operative Instructions

What can I expect after surgery?

Your child will spend a brief period of time in the recovery room and then will go to a hospital room usually on the 8th or 12th floor of Mott hospital where they will continue their recovery.

After surgery your child will have a small tube in his/her nose to protect the airway from any swelling. Red drainage from the nose and mouth is very common after surgery. The tube will be removed prior to leaving the hospital, usually on the 1st day after surgery. He/she will have a pulse oximeter on their finger to measure the blood oxygen levels. Your child is usually released from the hospital 1-2 days after surgery.

How do I take care of my incision?

- After cleft palate surgery, there will be sutures on the roof of your child's mouth and these will dissolve spontaneously in about 3-4 weeks (these sutures will not have to be removed).
- You may not be able to see the sutures from outside the mouth.

Are there diet restrictions after surgery?

- Follow your physician's recommendation for the best type of feeding method for your child. A sippy cup without a valve is usually recommended.
- About 2 weeks before the surgery your child should be transitioned from a bottle to a sippy cup without a valve to help them adjust prior to their operation.

- If the transition to the sippy cup is not successful then the Mead Johnson Nurser with a large cross cut opening (such that there is a steady flow of liquid coming through the opening when the cup is held upside down) can be an alternative feeding method. This is to avoid changes in pressure, such as when a child is using a bottle, as this may cause the palate to break down
- Every effort should be made to transition to the sippy cup so as to promote optimal healing. Small frequent feeding may be necessary for the first week.
- Follow each feeding with water to help clean the inside of the mouth.
- A liquid diet (no ice cream or popsicles) is preferred for 2 weeks, and if all is well after that period your child can be advanced to a soft diet for 4 weeks.
- Foods to consider are apple sauce, cottage cheese (pureed), and gelatin, and baby food, yogurt without fruit, mashed potatoes and gravy.
- At 6 weeks he/she can start a regular diet.
- Your child should not be fed with utensils such as a fork. A small rubber coated spoon deliver food just to the lips is ok but should not be inserted into the mouth.

How do I manage pain after surgery?

- Fussiness after surgery is common and your child will be given a pain reliever to help with any discomfort.
- The surgeon may recommend a mild pain reliever such as liquid children's acetaminophen or acetaminophen with codeine for discomfort.
- The pain reliever should only be taken when you need it.

What follow-up care will I receive?

- Your child will be given an appointment to return to the clinic for a post-operative check before you are discharged from the hospital. This will usually be about two weeks after surgery.

- Bring any questions you have to this appointment. If you are unable to keep the appointment, please be sure to call and reschedule.

When should I call my doctor?

- If you notice increased swelling or bruising.
- If you notice severe or increased pain not relieved by medication.
- If you notice any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If your child has an oral temperature over 100.5 degrees. Check to make sure they are getting enough liquids. Dehydration can cause the body temperature to rise.

Who should I call if I have questions?

- (734) 936-5950, Monday - Friday, 8 a.m. - 4:30 p.m.
- After hours and on weekends, call Hospital Paging at (734) 936-6267 and ask for the Oral & Maxillofacial Surgeon on call.

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