

After Your Child's Cleft Lip Repair

Overview

Congratulations! You have achieved a significant milestone, and your baby's cleft lip is now repaired. With this surgery behind you, I encourage you to take some time to simply enjoy your new baby. You have earned it. I would also like provide some help on a few questions that always seem to come up in the post-operative period. Hopefully, by addressing these things now, I can spare you some worry and allow you to focus on the exciting times that lie ahead for you and your child.

Pain Management

There is no way to avoid it. Surgery sometimes hurts. Fortunately, for infants undergoing repair of a cleft lip, this pain is generally treatable with Tylenol only. Although some surgeons may prescribe medications containing narcotic pain relievers, it has been my experience that babies generally don't need such strong pain medications and may become nauseated or constipated while taking them. If you feel that Tylenol is not adequately controlling your baby's pain, please contact me and we can discuss strategies for improving your baby's pain control. At times, depending on your baby's age, the simple addition of children's Motrin provides the added help in getting the pain under control.

Incision Care

Your baby's lip was repaired using all dissolving stitches. That means there is nothing to remove. All of the sutures will eventually dissolve and melt away on their own. In addition, I generally apply a layer of skin adhesive called Dermabond over the skin of the lip to protect and strengthen the repair. This minimizes the number of stitches in the skin, and as a result, minimizes your baby's scar. Another added benefit of the Dermabond layer is that there is no need to put creams or ointments on the incision. Just allow the lip to heal. It's that simple. The Dermabond will fall off on its own in 1-2 weeks. If some crusting develops within the nostril near the repair site, you can clean this gently with peroxide and a Q-tip. Lastly, it is OK to bathe your baby normally 24 hours after surgery.

Feeding Your Baby

Although some surgeons may change the way you need to feed your baby after a lip repair, I feel strongly that it's better to keep things simple. As a result, I encourage parents to continue feeding their baby the same diet using the same nipple and bottle as before the lip repair. You have enough to worry about in adjusting to your new baby without switching nipples or diet.

Arm Restraints

Some surgeons who care for infants with clefts insist on using arm restraints to prevent babies from placing their hands in their mouths. This practice is based on the worry that placing anything in the mouth may increase the risk of problems with lip healing. This practice is not

well-supported with research, and I feel it adds unnecessary stress for you and your family. I will not place your baby in arm restraints. Rather than placing the restraints, I see it as my job to do my best to make your baby's lip repair "baby-proof."

Fever

Low grade fever in the first few days following surgery is to be expected. In this early time period, fever almost never represents infection. Feel free to treat low grade fevers as you normally would, usually with Tylenol.

Reasons to Call

If you become worried about your baby or feel that something is not right, please call. It is important to me that you feel you can get answers and reassurance when you are worried. Although it is extremely rare, sometimes a cleft lip repair can begin to pull apart in the first days following surgery. If you feel that the incision is separating, please call. Also, please let us know if your baby experiences increased swelling, redness, drainage or worsening pain as these may be signs of an infection. Fortunately, infections following cleft lip repair are rare and generally don't become apparent until 5-7 days after surgery.

Follow-up

I will plan to see your baby for routine post-surgery follow-up approximately 2 weeks after surgery. This appointment generally will already have been made for you at your last clinic visit. If you are not sure when your child's appointment will be, please call.

How to Contact Us

When you leave the hospital, I will give you my mobile phone number so that you can reach me after hours. I have found that most patients do not call unless they have real concerns, and if you have a concern, I want to hear from you.

For non-urgent questions, you may email me at earl.gage@mercy.net. It may take up to 2 days for me to respond personally by email.

During the daytime hours, you may also call our craniofacial nurse practitioner, DeAnn Wilson, PNP-C, for routine questions or concerns. You may call her directly during normal business hours at 314-251-1858. You may also call our office main line at 314-251-4772.

Thank you for allowing me the privilege of caring for your baby!