



After Your Child's Tongue Reduction Surgery

Intensive Care Unit

Your child will spend 1 night here to be monitored more closely. There have not been any complications involving bleeding or breathing problems related to the tongue swelling.

Fever

You can expect your child to run a fever for the first few days following surgery until they begin to increase their activity. For an older child, they need to be asked to take deeper breaths every 1-2 hours to help expand their lungs. For an infant or toddler, the only way they will take deeper breaths is when they cry, so we need to let them cry for very brief intervals every 1-2 hours when you are changing their position or diaper. The fever is not related to an infection, only from sleeping a lot and not taking deep enough breaths.

Pain Management

Your child will have oral hydrocodone with Tylenol and IV Morphine ordered according to their body weight. The hydrocodone and Tylenol will be given automatically at 4 hour intervals for the first 24 hours with Morphine given for break through pain for the first night only. Plain Tylenol will be given every 4 hours starting the day after surgery. The hydrocodone with Tylenol can be given instead of the plain Tylenol should your child need something stronger at that time. You can help the nurses by letting them know if your child is more uncomfortable/fussy. In addition to the pain medicine, younger children will respond well to being held more, as much of their distress comes from the strangeness of their environment and how their tongue feels, rather than only pain. Older children will respond to quiet, distractive activities: movies, T.V., videogames, board games, books. All children go home needing only plain Tylenol.

Bleeding

You can expect to see moderate amounts of bleeding from the mouth when your child comes out of surgery that usually stops by early evening. The taste of blood is the biggest source of discomfort; once the oozing stops, their comfort level increases significantly. During this time, their breathing is noisier than usual, having a moist, gurgling sound. You may notice *occasional*, light bleeding off and on until all the stitches are gone, usually associated with a clot dislodging while eating, when they put their fingers or toys to their mouth and as stitches come out. This is not a concern unless the bleeding does not stop within an hour and the drainage is thick, dark red.

Oral Care

You can expect an odor to their mouth for 3-6 weeks due to the bloody drainage, keeping their mouth open and the presence of the stitches. This smell will decrease significantly when they begin drinking. There is no special care needed for the stitches. They can rinse their mouth after they eat with plain water or water mixed with a mild mouthwash, or simply give the infants and

toddlers a drink of water after they eat, but this is not necessary. They may resume brushing their teeth 2 weeks after surgery.

Drooling

Your child will drool very large amounts of saliva, unable to swallow while in an upright position for up to 4 weeks. You will need to have towels or bibs nearby to absorb this saliva and keep their clothes dry. Starting the day after surgery, they need to lie on their backs several times a day so the saliva can flow to the back of their mouth by gravity making it easier to swallow. This keeps their throat moist and more comfortable without having to manipulate the saliva to the back of their mouth. For infants, hold them in a cradle position lying back. For older children have them lie on their backs while watching a movie. This helps get them ready for drinking. **They will not drink until they are willing to swallow some of their saliva.**

Nutrition

At the end of surgery, your child will have a small feeding tube inserted in their nose down to their stomach that will be used to give them liquid pain medicine and some nutritional supplement. The tube usually comes out the next day when we switch to plain Tylenol. Small children will need to wear arm splints until they are awake and we can see they leave the tube alone. There are no restrictions about hands, pacifiers, or toys being near the mouth; *they will not do anything to harm their tongue.*

Offer drinks from an open cup, sippy cup (without a valve), bottle, or squeeze bottle. Soft foods like pudding, yogurt, ice cream, slushys, scrambled eggs, baby foods, applesauce, jello, potatoes, etc., are usually tolerated better at first. Foods with sharp edges (chips, hard crust pizza, hard bread, etc) should be avoided for 2 weeks as they might cause more oral discomfort. Offer drinks about 30 minutes after pain medicine. It's important to remember that children are usually more *afraid* to swallow than actually have pain, so we have to help them overcome this fear by encouraging them to talk about it. While it's true that you will not be able to leave the hospital until they are taking in an adequate amount of fluids, patience will be required in large doses because you will not be able to *make* your child eat or drink, trying to do so will only result in undue negative attention and subsequent power struggles.

Nutrition at Home

Sometimes it takes children up to a month before returning to their normal diet and eating patterns. This is largely dependant upon individual personality, temperament and willingness to try new things. Appetite and fluid intake can be reduced for the first week or two; should this be your experience, I recommend you keep a log of how much they drink/eat, how often they urinate and what the urine color is. The body has a great capacity to conserve fluids when fluid volume is decreased. You would first notice urine output decreasing to 2-3 times per day. You want to make sure it remains light to medium yellow in color; should it become dark yellow, orange or the color of tea, please call. I urge you to call me any time you are concerned with their intake or output and I will help direct what, if any, course of action you need to take.

Speech

Most children will begin talking within a few days after surgery, but will be minimal at first. By the end of the second week they will be talking more normally, but it may take up to 4-6 weeks

for the tongue swelling to be decreased enough to allow their speech to be more clear. Return of normal speech and eating varies greatly and will need patience to wait for the tongue to return to normal function.

Stitches

Two different kinds of dissolvable stitches are used. The thinner stitch will begin to fall out as early as one week. The heavier gauge stitch will start to fall out in 2-3 weeks and may remain in the tongue for up to 5-6 weeks. This is dependant on the foods they eat; if they are able to eat foods with more texture the stitches come out faster. If the child is an infant or is not orally fed, the stitches will take the longer time to come out. You can snip off any stitches that hang out of their mouth. Starting a week after surgery, you can give them a regular wash cloth to chew on which can help the process.

Tongue Appearance

The tongue will get very swollen starting immediately after surgery. Generally, the swelling will make the tongue look very thick with the under side having the greatest amount of swelling. Occasionally, it will cause the tongue to stick back out of the mouth temporarily. The swelling will peak within 2-3 days before it begins to go down. It will be coated with a thick white layer that is basically a "wet scab." This begins to come off within 4-5 days and may take 2 weeks for all of it to be gone. As the stitches begin to loosen, you will notice a bumpy appearance along the edges that will reshape with time. You will see changes in the tongue almost on a daily basis for the first 3-8 weeks, but it will take up to 12 months for it to totally reshape. Occasionally, small bumps appear that parents describe as blisters; these are mucoceles resulting from blocked mucous glands. You can expect them to resolve on their own, nothing needs to be done.

Infant and Toddler Behavior

Babies and toddlers often take 3-4 weeks to return to their pre-surgery behaviors. Their need to be held a lot is usually not as noticeable until you return home and are trying to get back to your normal routines. Being away from home, having their routines completely changed, the swelling of their tongue, having to learn to eat differently and their sleep disrupted in the hospital all leads this age group to need the security of their parents' arms to cope with the many changes. You can expect their sleep to be disrupted through the night, nap times to be shorter, and to be fussier than usual. I would recommend trying to offer them a variety of activities: walks in the stroller, music, watching older siblings, different toys, going to different rooms of the house, different people to offer him comfort if possible, etc. Use distraction as much as possible to assure them that everything else is normal. You may use Benadryl (Diphenhydramine) for a few nights to help them get back into their normal sleep cycles.

Returning to School or Daycare

Most children will be ready to return to school or daycare 1-2 weeks after surgery, but may tire more quickly during sports or gym class. They can participate in these activities with the understanding they may need to rest more. This is usually dependent upon each individual: how well they can eat and drink to keep their energy up, if they are still drooling or not, how their speech sounds and each individual. I find the best approach for their return is to speak to the class and explain in simple terms, that he/ she had to have an operation to help their tongue fit into their mouth and may talk a little differently for a while, but will return to normal soon.

Answer their questions simply, directly, and with confidence; kids usually are very compassionate if they have had an explanation for what happened rather than allowing their imaginations to create an unreal situation.

Follow-Up

Since most of our patients travel a great distance for this surgery, follow-up is usually done in your home town. We recommend to be followed by a pediatric dentist to monitor and document the child's changing occlusion every 6 months; some general dentists will tell you it's not necessary until they are 3 years old but this is our recommendation. They should also be followed by a pediatric speech pathologist to monitor for any speech concerns every 6 months until early elementary school age. We request a copy of their reports be sent so we may monitor the changes.

You are invited to contact me with any questions or concerns. I can look at pictures sent by e-mail to determine if anything need be done. My care does not stop when you leave the hospital; I am available during the months/ years following surgery and can be reached by my office phone: 314-251-1858; cell phone: 314-657-7172; or E-mail: deann.wilson@mercy.net