

## **After Your Child's Cleft Palate Repair**

### **Overview**

Congratulations! You have achieved another significant milestone, and your baby's cleft palate is now repaired. With this surgery in the rear-view mirror, I encourage you to continue enjoying your baby as she continues to grow and do new things. I would also like provide some thoughts 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, and palate surgery is no exception. Fortunately, for infants undergoing repair of a cleft palate, this pain is generally treatable with Tylenol and Motrin only. Although some surgeons may prescribe medications containing narcotic pain relievers, it has been my experience that babies may not need such strong pain medications after palate repair and may become nauseated or constipated while taking them. If you feel that Tylenol and Motrin are not adequately controlling your baby's pain, please contact me and we can discuss strategies for improving your baby's pain control. At times, it may be necessary to add narcotic pain relievers, such as Oxycodone, in order to get the pain under control.

### **Incision Care**

Your child's palate was repaired using all absorbable stitches. That means there is nothing to remove. All of the sutures will eventually dissolve and melt away on their own. At this point, all you need to do is just allow the palate to heal. It's that simple. The sutures will generally dissolve and fall out over 3-4 weeks. During that time, you may be able to see the sutures if you look at the roof of the mouth.

### **Feeding Your Child**

Although some surgeons may require babies to change to sippy cups prior to palate repair surgery, I feel strongly that it's better to keep things simple. As a result, I encourage parents of babies undergoing palate surgery to continue feeding their baby the same age-appropriate diet using the same nipple and bottle as was used before surgery. Soft, early stage baby foods are generally OK. You have enough to worry about in adjusting to your new baby without switching nipples or diet.

If you have an older child undergoing a palate procedure, I do ask that you not allow your child to eat hard or crunchy foods or to have popsicles or suckers that involve placing sticks or other hard objects in the mouth. There may be some increased risk of disrupting your child's palate repair if something hard accidentally pierces the repair site. I generally restrict hard foods for 4-6 weeks following surgery.

**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 following palate repair. 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 or Motrin.

**Reasons to Call**

If you become worried about your child 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 rare, sometimes a cleft palate repair can begin to pull apart in the first days following surgery resulting in a hole called a fistula. This occurs in approximately 2% of palate surgeries and generally becomes evident in the first 2 weeks. If a hole opens up, this does not represent an emergency, but I would still like to hear from you.

**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](mailto: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!