

Cleft Lip and Nose Revision in the Older Child

Lip Care

It is normal to see some draining of blood and serous (yellow) fluid from the incision site after surgery. The drainage is greatest in the first 24 hours after surgery. You will be instructed in the care of your child's wound prior to discharge. (Choose one):

□ If your child does not have a dressing on the lip:

- 1. Using water and a mild soap, wash the bloody drainage from the edges of the lip and cheeks to remove the bulk of the drainage. A soft cloth can be used to remove the drainage.
- 2. If there is a lot of crusted drainage at the incision line, use ½ strength peroxide (mix equal parts of water and peroxide) and gently clean along the incision line. DO NOT scrub across the suture line.
- 3. Apply topical antibiotic ointment to the visible suture lines on the skin to keep the wound moist. You may apply the ointment using a Q-tip or your finger.

NOTE: Do not use peroxide or ointment if the lip has dermabond.

☐ If the surgical site has dermabond: keep the incision site dry and intact. You may clean around the area with soap and water to remove crusted drainage and pat dry. Do not apply ointment.

Nose Care

There will be stitches placed in or around the nose at the time of surgery. A splint may be placed over the nose to keep it in the proper shape. This is called a Denver Splint. The splint needs to be left in place at all times. If the splint loosens, you may apply additional tape to hold the splint in place. Band-Aid tape or another skin tape may be used.

Your child may also have nasal packing inside the nose that is to remain in place until removed by the surgeon or someone in the surgeons' office. You can use a humidifier in your child's room to make breathing easier and to help keep the nasal packing from drying out. During this time, your child will be prescribed an oral antibiotic to be taken while the packing is in place.

Your child may have a nostril retainer called a Koken Splint placed in his/her nostrils during surgery. This clear splint is stitched to the base of the nose and should be left alone until the first clinic visit. You may apply additional skin tape as needed to secure the "wings" of the splint. You may be told to put 1-2 drops of normal saline solution into the opening of the splint 3-4 times a day to keep the splint open and free of nasal drainage.

Nasal drainage can be expected for 3-4 days after the surgery. It can be blood tinged or discolored. Initially a small gauze pad will be placed under the nose to absorb drainage. The drip pad can be changed as needed. If needed, your child can sniff secretions, but should avoid anything that will cause increased pressure in the nose as the repair is healing. DO NOT blow the nose.

To keep swelling down and make your child more comfortable, use pillows to prop your child up to a sitting position in bed. Ice bags or cool wash cloths may also be placed to the face as tolerated for comfort. You'll be able to give your child Tylenol for the pain. It will work best if it is given at regular intervals. Since Aspirin and Ibuprofen (Motrin/Advil) may cause increased bleeding, ask your surgeon when it's OK to use them again.

Diet

The initial postoperative diet will be clear liquids: apple juice, Popsicle's, Jell-O, broth. Once your child can tolerate the clear liquids, the diet will be changed. You'll be told by your doctor when you can change the diet.

Medications

Your child will be placed on pain medication as needed. He/She may also be given an oral antibiotic if a Koken splint and/or packing remain in place. Please call if you notice a rash or increasing red areas on the skin near the splint.

When to call the doctor:

- Fever greater than 101°F that is not relieved with Tylenol.
- Bleeding that soaks a washcloth completely within 1 hour.
- Double vision or blurred vision.
- Inability to keep clear liquids down due to nausea or vomiting. Your child should be going to the bathroom 3-4 times a day.
- Rash.
- Swelling or redness at the incision site. Swelling and some redness are normal for the first week postoperatively, but it should decrease over the week.

For questions or concerns call:
Call the Plastic Surgery Office at 720-777-6409
Call the ENT Office at 720-777-8501.
Other

