



Cleft Palate Repair

General Information

It is important to protect the surgical site on the palate from injury while it heals. Complete healing of all surface and muscle layers will take about six weeks. The stitches are dissolvable and will fall out over the first three weeks after the surgery. As the stitches fall out, your child will either spit them out or swallow them. For questions you may call your child's surgeon's office at:

- ◆ TCH Plastic Surgery Office at 720-777-6409.
- TCH ENT Office at 720-777-8501.

Feeding

For the first 2- 3 weeks, your child's diet will be restricted to allow the surgical site to heal. The goal is to keep your child from pushing his/her tongue to the roof of the mouth at the surgical site and using it to play with the sutures. Your child's surgeon has ordered the diet below. Please follow the diet as instructed.

• Weeks 1 thru 2: Full liquids and Pourable liquid diet

Full liquids include formula, milk, instant breakfast, strained creamed soups (not tomato), thinned yogurt without fruit pieces, thinned pudding, softened ice cream and sherbet. The diet must be the consistency of a poured liquid. Avoid spicy or acidic foods (orange juice, grapefruit juice) that may irritate the mouth. A pourable liquid diet includes anything you can put in a blender and add enough liquid to make it pour and not have any chunky pieces. Speak to the dietician for more information. Clear liquids are also allowed, including apple and grape juice, tea, sodas, low-salt broth. Jell-o isn't allowed.

For the first week after surgery, rinse your child's mouth with 2 to 3 sips of water if tolerated after eating to wash food particles and residue from the sutures.

• Week 1 and 2 follow the full liquid diet above. On week 3, you may begin feeding your child a soft diet.

A soft diet includes foods that can be eaten without biting or chewing hard. Foods that someone without teeth can gum and swallow are acceptable. Examples include baby food, soft, over-cooked pasta, scrambled eggs, soft cooked vegetables, and ground or finely chopped meats. Do not feed your child sticky foods such as cheese or peanut butter. Stay away from drinks and Jell-o with red coloring that can be mistaken for blood. Don't feed your child spicy foods.

Supervise feeding times. All feedings should be done by an adult. Your child will not be permitted to feed himself/herself during the postoperative recovery period. Please do not allow a sibling or older child to feed your child.

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- Utensils allowed are a Brecht feeder, cup, Sip-n-Squeeze bottle, and the side of a spoon. You may also use a sippy cup without the lid. Nothing should be put in the mouth that goes past/beyond the teeth. Note: The cup or spoon should be held by the adult.
- You may use a soft nipple (*at feeding time only*) if your doctor says it's OK, Note: The bottle should be held by the adult.

Objects which are NOT allowed in your child's mouth include fingers, pacifiers, straws, forks, knives, Popsicle sticks nd toothbrushes. *Nipples may be used only if your doctor says it's OK*.

To prevent dehydration, the minimum amount of fluids your child should take is ______ ounces per day. That is approximately ______ 8-ounce cups a day. Note: This is a target volume of fluids for your child. It will likely take all week to get up to this amount. Please watch your child for signs of dehydration and keep track of the number of wet diapers they make. Encourage fluids every 2 hours while your child is awake.

Arm Restraints

Elbow restraints (splints) are used to keep your child from putting hands or other things into the mouth. The following are considerations for the safe and comfortable use of arm restraints:

- Restraints may be worn over a long-sleeve shirt to decrease skin irritation.
- Restraints should be taken off at least every four hours while your child is awake to exercise the joints and to inspect the skin.
- Remove only one splint at a time so you can supervise and keep your child from putting his hands in his mouth.
- Move your child's unrestrained arm fully; bending the elbow and wrist joints several times to keep those joints from getting stiff.
- Check the skin under the restraints for reddened areas. If red areas develop, massage the spot gently.
- Restraints are to be worn all the time at naptime and nighttime.
- In order to provide the best protection for the surgery site, your child needs to wear the arm restraint at all time as directed for :
- TWO WEEKS
- ♦ THREE WEEKS

Occasionally it may be necessary for your child to have arm casts for 3 weeks. The casts will be removed at the time of the first post operative clinic visit.

Safety

Minimize your child's crying with comfort measures (things like holding your child, singing to her etc.) and pain medication to keep from dislodging the clots along the suture line. You may find it helpful to have your child sleep in car seat placed in the bed for 2 weeks, if tolerated to help with swelling and breathing. Be sure to put the side rails up on the crib. .

Supervise play activities.

- Toys that your child can chew on shouldn't be left with the child in the crib.
- Don't leave your child alone with other children who may put objects in its mouth.

¹³¹²³ E. 16th Avenue, Aurora, Colorado 80045 • 720-777-1234 • Toll-free: 800-624-6553

• Because pain medication and/or elbow restraints may cause your child to have difficulty with balance, extra supervision with crawling, walking, and stair climbing may be needed.

Medications

- 1. Pain Medications: Your child will be sent home with Tylenol, Tylenol with Codeine, or an alternative pain medication prescribed by your doctor.
- 2. Usually Tylenol will be all the medication your child will need for pain relief. After 72 hours, you may give Ibuprofen (Pediaprofen) instead of Tylenol for pain. You may choose to give both Ibuprofen and Tylenol , but you should alternate them, giving one medication or the other every 4 hours. Do not give both medications at the same time. If the medications do not provide pain relief, call your doctor.
- 3. Ear Drops: If your child had tubes placed in his/her ears, the doctor will order ear drops.

▲ Apply _____drops to_____ ear twice a day for a total of ______days.
** If ear tubes are placed, be sure to call the ENT clinic to schedule a surgical follow-up appointment.

4. Antibiotics: Your child's surgeon may prescribe an antibiotic for your child to take in the postoperative period. Please tell your doctor about any allergies you child has. Make sure that your child takes all of the doses of antibiotics. Please call your doctor's office if your child has a rash or is having problems with diarrhea.

Things to Watch For

Notify your child's surgeon or pediatrician if the following happen:

- Fever greater than 101°F (do not take oral temperature).
- Bleeding that soaks a wash cloth in a short time. It is common for there to be some minor bleeding from the mouth for the first 48-72 hours.
- An increasingly foul (bad) smelling discharge from mouth in combination with a fever. Encouraging your child to drink water after all feedings will help rinse the palate. If the odor persists and your child has a fever, call your doctor.
- Breathing problems.
- Poor urine output (less than 3-4 wet diapers in 24 hours).
- If ear drainage continues for greater than 5 days.
- Signs of dehydration: low urine output, significant decreased activity or a baby who is difficult to wake up, dry mucous membranes in the mouth, or inability to make tears.
- Rash
- Vomiting and/or diarrhea

Follow up Appointment with _

_(Doctor's name) on

- ____(date).
- Call the Plastic Surgery Clinic to schedule an appointment at 720-777-6409
- . Call the ENT Surgery Clinic to schedule an appointment at 720-777-8501

Maureen Smith Andrews RN , MSN ; Sondra Valdez, RN, BSN 2012 ©2012 Children's Hospital Colorado, Aurora, CO Approved by the Patient Family Education Committee March 2012

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