Children’s Services and Surgical Services

Preparation for cleft lip surgery

This information is intended to help prepare you and your child for their operation.

Pre-operative advice

Pre-admission clinic

You will be required to attend a pre-admission clinic appointment a few weeks before your child’s operation. The aim of pre-admission is to perform medical and nursing checks to ensure your child is fit for surgery and also to complete important pre-operative checks and obtain your consent for the operation. It is also a good opportunity for you to ask any questions you may have in order to make you and your child feel as prepared as possible for the upcoming operation. At this clinic a nurse will ask some questions about your child and a doctor will obtain consent for surgery. Your child will attend medical photography to have some photos taken for your child’s medical records before being offered a tour of Ward D2.

As your child’s mouth will need to be opened wide during the surgery, moisturising may help keep the skin softer, more supple and will reduce soreness and cracking. Two weeks or more before the operation, start applying Vaseline to the corners of the mouth twice a day. Please bring this Vaseline in with you and continue to use throughout your stay.

After the operation your child will need to be given cooled, boiled water after all medications and feeds to cleanse the stitch line inside the mouth. For babies, it would be beneficial to get them used to the taste of water by giving a small amount (around two to four teaspoons) either by spoon or bottle after feeds. Do not worry if your baby/child dislikes water as it is not necessary for it to be swallowed. This will continue for three weeks after the operation.

On admission to the Children’s Ward

A named nurse will be allocated to look after your child and will ask you about your child’s routine at home, and also discuss with you what will happen before and after surgery.

One parent can stay overnight on a pull down bed next to your child and all linen is provided. There is alternative accommodation available onsite called Elsworth House. This can be provided to a second parent/carer and if required an accompanied brother or sister also.
Please discuss this with the nurse at your pre-admission clinic appointment as children under the age of 12 may not be able to visit the patient on the ward. Otherwise, family and friends are welcome to visit the ward at any time during the day. Visitors who are unwell are advised to not visit the ward until their symptoms have fully resolved.

The ward has a fridge, freezer and microwave which you can use for yourself and your child during your stay.

For babies, please bring their usual teats, bottles, milk, nappies, and their favourite toy with you for the duration of your stay. For children, please bring any favourite toys, etc they may have.

On the day of the operation

You will be able to give feeds until 02:00 for milk/foods, 04:00 for breast milk and 06:00 for clear fluids, such as water. After seeing the anaesthetist, he/she will specify any additional water before going to theatre.

The anaesthetist will introduce him/herself to you on the day of surgery. They will confirm that your child is fit for surgery and explain the care of your child for the rest of the day.

Occasionally, a pre-medication may be given one hour before your child goes to theatre. This medicine dries up the inside of the mouth and your child may appear a little flushed looking. It could also make your child sleepy.

You will be able to accompany your child to theatre and both parents will be allowed to stay in the anaesthetic room until they are asleep. Your anaesthetist and nurse will discuss this with you.

As a rough guide your child could be away from the ward for around three to six hours. This can be a difficult time for parents. Sometimes it helps to have something planned to keep you occupied such as going for a walk, a planned telephone call, a cup of tea or coffee - whatever is right for you. The recovery staff will be able to give you a bleep that works within the hospital building. When your child is awake you will be bleeped and then both parents are allowed to go to the recovery room. You may take a feed with you. If you leave the hospital during the surgery we ask that you provide up to date contact information and let the nursing staff know where you are going.

After the operation

Whilst waking up your child may require some oxygen. If a baby, there may be a nasal stent in situ which is held in by one stitch to support the nose during healing.

Your child may look slightly puffy and/or bruised around the nose and eyes. This is normal swelling and should reduce in a few days. Surgical glue is used over the new wound which offers some protection. It has a blue colouring meaning it may bear resemblance to a bruise.
There will also be a drip in place, either in the foot or hand, which will be secured with a bandage. Your child may receive fluids through this drip until the following morning. This will remain in until your child is taking an adequate amount of fluid.

It is normal for children who have undergone this type of surgery to experience slight bleeding from their nose or mouth as this part of the body is very well supplied with blood vessels. Their voice may sound hoarse for a couple of days because of the tube that kept their airway open in surgery.

On return to the ward your child will be monitored while asleep on a machine called a pulse oximeter. It will be attached to the big toe or thumb with a plaster. It measures the oxygen in your baby’s blood, and helps doctors and nurses to assess your baby’s breathing. You will still be able to pick up your baby or have a cuddle with your child.

Your child will be given regular Paracetamol, Ibuprofen and Oramorph by mouth for following their operation. You may also find that your child is receiving Morphine via a pump that can be controlled by your ward nurse.

Sometimes babies find their normal feeding teats uncomfortable and milk may then be given from a spoon or cup for a short period until the lip heals in a day or two. Breast fed babies will be able to go back on the breast straight away. Ward C3 has a feeding room with breast pumps or the cleft team can loan you a portable breast pump to use whilst you are on the ward.

After the operation medicines will be given to keep your child comfortable. These will be given regularly either by mouth or by the drip.

**Discharge from hospital**

Your child will not be discharged from the ward until you, your nurse and the surgeon are happy that your child is doing well. Your child will need to be taking adequate amounts of milk, food and water and their pain will need to be well managed on the medication they will be going home on. Every child is different and your child will get back to their own routine in their own time.

**At home**

**Following discharge**

By the time of discharge you will be familiar with the specific care of your child. We hope the following information will be a helpful reminder.

**Feeding**

By the time of discharge we will expect your baby to be drinking from the bottle or breast. Your child may need a little time to get used to their new lip. Feeding may take some time to get back to normal.

After all medications and feeds your child should be given around two to four teaspoons of cooled, boiled water to cleanse the stitch line inside the mouth. This should continue
for three weeks after the operation. If you have any concerns about your child’s feeding feel free to contact your cleft clinical nurse specialist.

**Pain**
You will need to have Paracetamol and Ibuprofen (in an age-appropriate suspension) at home. Paracetamol relieves pain. Ibuprofen relieves pain and reduces swelling. The doses for these will be indicated by your ward nurse prior to going home. It is normal to be giving regular pain relief for at least two weeks. If your child is back to normal routine and feeding well by the second week you may want to slowly reduce the frequency they are given or remove one of the medications. If you are concerned that the pain medicines are not effective please contact the cleft team or your GP.

**Stitches**
The stitches on the lip will dissolve themselves in time and therefore do not need to be removed. There also may be knots inside the nose from the nose correction. They can take several weeks to fully dissolve.

**Lip care**
Before you leave hospital, your nurse will show you how to clean the lip area. Cooled boiled water and sterile gauze should be used. Gently dab the moistened gauze onto the lip area. Gently remove all the old blood. It is important to keep the wound clean. It can become infected if it is dirty. It is advisable to do this after you have given your child some pain medication.

Infection is rare; however it pays to know the signs. These include a red, hot, sore wound, raised temperature and loss of appetite. If your child has these signs contact your GP directly.

If teeth are present you should start cleaning your child’s teeth using a soft brush and children’s toothpaste. This can also help prevent infection.

Often the scar shortens and pulls upwards a few weeks after repair. This phase will pass and the lip will lengthen again as the scar matures. The scar may also feel lumpy.

Direct sunlight can irritate a new scar. You must keep the scar protected from the sun until it is fully healed. Put on a high factor sun protection and make sure your child wears a hat.

**Other information**
Your child may be a bit irritable for a few days following their surgery. They will settle down into their normal routine shortly.

Dummies are not advised for three weeks after the operation as they may prevent the lip healing nicely.

For three weeks after surgery, keep hard toys and objects out of reach to prevent damaging the lip.
Your child can return to nursery or school after about two weeks but this varies from child to child.

**Nasal stent removal**

Some babies may have a nasal stent in their nose as mentioned above. This stent is held in place by a stitch. The removal of the nasal stent is undertaken in Clinic 7 on a Tuesday morning around one to two weeks after surgery. It is a quick and painless procedure where the nurse will cut the stitch holding the stent in place.

After removal of the stent, some photographs will need to be taken to complete the before and after surgery record.

You will be provided with a tube of Dermatix silicone gel which you can begin applying to the wound site three weeks after surgery. Dermatix is a silicone-based gel used to reduce the appearance of scars. When you attend for stent removal the Cleft Clinical Nurse Specialist will show you how to apply the Dermatix.

**Directions for using Dermatix silicone gel:**

- Wash your hands.
- Apply a very small amount of Dermatix to the lip area four times a day, the Dermatix will appear as a shiny sheen on application and will have a dull matt appearance when dry.
- You should continue to use Dermatix until the tube provided is empty. This will usually last for three to six months after the surgery, dependant level of use.

If a nasal stent has not been used, your Clinical Nurse Specialist will arrange to visit you at home 7-10 days after your child’s surgery to check that the wound is healing well.

**Outpatients follow-up**

This is usually three to six months after your child’s operation. An appointment will be sent to you in the post. If this does not happen please contact the Cleft co-ordinator on 01223 596092.

**Advice or support**

If you require further information on any aspect of your child’s care contact the Cleft lip and palate team who are available Monday-Friday 08:00-16:00. Telephone: 01223 596272 (24hour answer machine), ward D2 on 01223 217250 or visit [http://www.cuh.org.uk/cleftneteast-regional-cleft-service](http://www.cuh.org.uk/cleftneteast-regional-cleft-service)
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors: Children’s Services and Surgical Services
Pharmacist: Nigel Gooding
Department: Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number: 01223 596272
Publish/Review date: November 2017/November 2020
File name: Preparation_for_cleft_lip_surgery.doc
Version number/Ref: 1/PIN2436/Document ref 13275