Children’s Services and Surgical Services

Preparation for cleft palate 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 tests and consent. 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 as well as obtain some swabs and a doctor will obtain consent for surgery. Your child will attend medical photography to have some photos taken for their medical records before being offered a tour of Ward D2. Your baby may also attend an audiology appointment on this day for a hearing test.

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.
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Patient Information

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 that 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, books etc. they may have.

On the day of the operation

You will be able to give feeds until 02:00 for milk, 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. It could also make your baby sleepy.

You will be able to accompany your child to theatre and parents will be allowed to stay in the anaesthetic room until he/she is asleep. Your anaesthetist and nurse will discuss this with you.

As a rough guideline your child will be away from the ward for about 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 phone 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 let the nursing staff know where you are going.

After the operation

Whilst waking up in the recovery room your child may require some oxygen. Your child may look slightly puffy and swollen around the nose and eyes. This is normal and should reduce in a few days.

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.
A naso-gastric (NG) tube may have been inserted down one nostril to enable medicines to be given regularly to keep your child comfortable.

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. A naso- pharyngeal airway (NPA) may have been inserted. This is a tube that goes into a nostril and is stitched in. It is like a little trumpet allowing breathing to take place more easily while the swelling of surgery settles. It will usually need to be in for 48 hours or a little longer. The tube will need to be kept clear by the nurse regularly passing a small suction tube down the centre. Your child should not be able to feel this. Nebulisers or humidified oxygen to moisten the air may also be used.

On return to the ward your child will continue to be monitored. Your child’s oxygen levels will be checked using an oximeter placed on a finger or toe. It measures the oxygen in your child’s blood and helps doctors and nurses to assess your child’s breathing. Sometimes this monitoring can be better achieved in the children’s intensive care unit.

It is normal for children who have undergone this type of surgery to experience some slight bleeding from their nose or mouth as this part of the body is so 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.

If your child has had grommets inserted in the ear there may be some slight bleeding or discharge from the ear.

For babies: Sometimes babies find their normal teats uncomfortable and milk may then be given from a spoon or cup for a short period. After the palate repair if already weaned, your baby may find taking solids easier than milk. You can mix their milk into their solids. 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. It is advised to avoid the use of a dummy for three weeks after the operation as they can prevent the palate from healing well.

After the operation your child’s palate and back of the throat will be tender and liable to damage by hard or spiky foods. For this reason it is advised that you feed your child a soft diet for three weeks post surgery. Your child should be given water after all medications and foods to cleanse the stitch line inside the mouth. This should continue for three weeks after the operation.

Continue to prevent hard toys and objects from damaging the palate for three weeks after surgery.

Cleaning your child’s teeth should start on the day following surgery, gently using a soft toothbrush with children’s toothpaste.
Caution should be taken when cleaning the back teeth so as not to damage the repaired palate. It is normal for their breath to smell a little and this should resolve with good oral hygiene.

**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 fluid (usually around 50% of their normal daily intake and their pain will need to be well managed on the medication they will be going home on). They may only get back to their normal feeding pattern a week or so after surgery.

**At home**

**Following discharge**
By the time of discharge you will be familiar with the specific care of your baby. 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 newly repaired palate. Feeding may take some time to get back to normal. A soft diet should be offered for three weeks post-operatively. 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 2 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 inside the mouth (on the palate) will dissolve by themselves in approximately three weeks and therefore do not need to be removed. They can take up to six weeks to fully dissolve.

**Wound care**
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. Dummies are not advised for three weeks after the operation as they may prevent the palate healing nicely.
Keep hard toys and objects out of reach to prevent damaging the palate for three weeks after surgery.

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.

Wounds within the mouth will often develop a white coating. This is a normal part of healing and is nothing of concern.

There is a chance of a small hole appearing in the stitch line of the palate repair. If you are concerned that you have seen a hole please contact your clinical nurse specialist who will be able to provide ongoing advice.

**Grommets information**

You must keep your child’s ears dry for six weeks after the grommet insertion. When bathing and washing your child’s hair please put some Vaseline on some cotton wool and put into their ear. They cannot go swimming for six weeks.

**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.

Your child can return to nursery or school after about two weeks but this varies from child to child.

**Outpatients follow-up**

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.

The cleft speech and language therapy team will contact you to arrange an appointment around six to eight weeks after your child’s surgery. This will give you an opportunity to ask any questions you may have regarding speech.

A follow up appointment with the surgeon and the rest of the cleft team will usually take place around 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.

If you require further information on any aspect of your child’s care contact cleft lip and palate team who are available Monday-Friday 08:00-16:00. Telephone: 01223 596272 or 01223 596092 (24 hour answer machine) or staff on ward D2 at any time 01223 217250.
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

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