



## CLEFT PALATE REPAIR

### PREPARATION

Most cleft palates are repaired between 9-12 months. This is done before speech develops to avoid speech habits that will be difficult to understand. Make an appointment to see Dr. Teichgraeber when your baby is about 7 ½ months old. He will advise you when he thinks your child will be ready for this surgery.

We recommend weaning your child to a cup before this surgery because bottle feeding is prohibited for two weeks after the palate repair.

Prior to scheduling surgery, you should have a Pediatric Otolaryngology or ENT (Ear, Nose and Throat doctor) examine your child if there have been any ear infections. Ear infections are common with cleft palates and frequent infections can cause hearing loss. If the ENT doctor recommends tubes be placed to help keep the ears open, it may be possible to do both procedures at once. The Texas Cleft and Craniofacial Team has Otolaryngologists on the Team who work closely with Dr. Teichgraeber.

There are several different ways to repair a cleft palate. Tissue in the palate will be detached and rearranged to close the cleft. The muscles of the soft palate are also repositioned to aid speech. Dr. Teichgraeber will determine which method will work best for your child during surgery.

Cleft Palate repair is a longer procedure than repair of the lip and requires a 2 to 3 day hospital stay. This is because of swelling which could block your child's airway and to assure your child gets enough fluids until he or she begins drinking after surgery.

### POST OP INSTRUCTIONS

1. Most children have a tongue stitch during palate surgery to prevent any breathing problem afterwards. This stitch will be removed the next morning.
2. Restraints called "No No's" will be placed on your child's arms to prevent bending the arm close enough to touch the tender area of the mouth with fingers or toys. These restraints can be removed under CLOSE supervision for bathing and exercise. The restraints should be kept on for one week (or two if your child puts things in his mouth).
3. Your child may be fussy and sore but pain medication will be given if needed. After the prescription pain medication is finished or no longer necessary, pain can be managed with children's Tylenol or children's Motrin/Advil.
4. We encourage you to wean your child to a sippy cup before surgery. However, if the child is still taking a nipple, you will need to use a rubber catheter and a syringe to deliver liquids between the jaw and cheek (avoiding the palate). Do NOT put anything into the mouth to cause injury for 14 days after surgery. Do not use utensils or straws. Your child can have the same liquids as before surgery. The foods should be soft and almost fluid. You may need to add water or run the food through a blender to make it easy to eat. Jello cubes are a good source of fluid.
5. The palate takes about three weeks to heal. A scab (eschar) inside the mouth will appear white. The stitches will take 3-4 weeks to completely disappear. Swelling may last longer.
6. The baby's palate will be somewhat stiff after surgery. It can take three to six months until it is moving adequately.
7. Be sure to call to make an appointment to see the doctor as written in your discharge instructions. This is usually 7-10 days after discharge. Call as soon as possible to make a post op appointment.
8. If there are any medical problems, please call the doctor's office at any time (832)325-7234. If you have any other questions contact the Coordinator at 713-500-7302.