



EAST IDAHO EAR NOSE & THROAT

www.eastidahoent.com ph. 208-522-6335 f. 208-522-0550 rgee@eastidahoent.com

Cleft Palate Repair: Instructions after Surgery

General Information

It is important to protect the surgical repair site on the palate from injury while it heals. The majority of healing for all surface and muscle layers will take approximately six weeks. The sutures are dissolvable and will fall out over the course of a few weeks. As the sutures fall out, your child will either spit them out or swallow them. Please contact my office for questions that may arise: (208)522-6335.

Feeding

For approximately 2-3 weeks, your child's diet will be restricted to allow the surgical site to heal. The goal is to minimize your child from thrusting his/her tongue to the roof of the mouth at the surgical repair site thus disrupting the sutures. Please follow the diet as outlined below.

- **Week 1-2** Full liquids include formula, milk, instant breakfast, strained creamed soups (not tomato), thinned yogurt, thinned pudding, softened ice cream and sherbet. Avoid spicy or acidic foods (ie: orange juice, grapefruit juice) that may irritate the mouth. Clear liquids are also allowed, including apple and grape juice, low-salt broth, and water. Flavored gelatins are also allowed.

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

- **Week 3** 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, soft cooked vegetables, and ground or finely chopped meats. Do not feed your child sticky foods such as cheese or peanut butter. Avoid foods with red coloring that can be mistaken for blood. Again, avoid feeding your child spicy foods.

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

Utensils allowed are a Brecht feeder, Sip-n-Squeeze bottle, cup, 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. The cup or spoon should be held by an adult at all times. If your child requires a bottle for feeding, a soft nipple maybe used. 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, popsicles sticks, toothbrushes, etc.

To prevent dehydration, encourage fluid intake every 2 hours while your child is awake. Please monitor your child for signs of dehydration and monitor the number of wet diapers he/she makes. Your child should intake a minimum of _____ ounces per day. That is approximately _____ 8-ounces cups a day. It will take a few days to reach this target volume.

Arm Restraints

Elbow restraints (splints) are used to prevent your child from putting hands or objects 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 removed 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 adequately supervise and prevent your child's hand from going into the mouth.
- Move your child's unrestrained arm fully; bending the elbow and wrist joints several times to prevent stiffness in those joints.
- Inspect the skin under the restraints for reddened areas. If red areas develop, massage the spot gently.
- Restraints are to be worn continuously at naptime and nighttime.
- In order to provide the best protection for the surgery site, your child needs to wear the restraints at all times as directed for THREE WEEKS.

Safety

Minimize your child's crying with comfort measures and pain medication to avoid dislodging the clots along the suture line. You may find it helpful to have your child sleep in the 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 mouth are not to be left with the child alone in the crib/play area.
- Avoid leaving your child alone with other children who may put objects in the mouth.
- 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.

Medication

Pain medication: Your child will be sent home with Ibuprofen, and Tylenol or Tylenol with Codeine for pain. Usually Tylenol will be all the medication your child will need for comfort. If the medications do not provide pain relief, call your doctor.

Ear drops: If your child has tubes placed in his/her ears, the doctor will order the ear drops. Apply 5 drops to both ears twice daily for a total of 5 days.

Antibiotics: Your child will be placed on an antibiotic to take in the postoperative period. Complete the course as prescribed. Please notify my office if your child develops a rash or is having problems with diarrhea.

Things to Watch For

Notify my office or your child's pediatrician if the following happens:

- Fever greater than 101°F (do not take oral temperature).
- Bleeding that soaks a washcloth in a short time. It is common for there to be some minor bleeding from the mouth for the first 48-72 hours.
- Foul smelling discharge from the mouth in combination with a fever. The dried blood in the mouth has an odor. 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 my office.

- 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, significantly decreased activity, difficulty waking up, dry mucous membrane in the mouth, unable to produce tears, or sunken soft spot on the scalp.
- Rash.
- Vomiting and/or diarrhea.

If your child has a medical emergency, go directly to the nearest emergency medical facility, or call 911.

Follow Up Appointment

Your child's follow up visit is scheduled on _____ at _____ at East Idaho Ear
Nose Throat.

Please call (208)522-6335 should you need to change this.