

Children's Services and Surgical Services

Preparation for cleft palate surgery

This information is intended to help prepare you and your baby for the operation.

The palate is the partition between the nose and the mouth; when you open the mouth you see it as the roof of the mouth. The function of the palate is to help with eating, drinking and speech. A cleft of the palate occurs when the elements forming the roof of the mouth fail to completely fuse together leaving a gap. Cleft palate repair involves, in essence, joining up the elements of the palate or roof of the mouth, with the aim of achieving normal feeding and speech.

Pre- Admission

You will be given an appointment date for your baby's operation and an opportunity to attend the pre-admission clinic about a week before the operation. At this clinic you will be given a tour of both the ward and the recovery room. A nurse will ask questions about your baby as well as obtain a nose, throat, groin and umbilicus swab. This will identify if there are any germs in your baby but this should not delay surgery. It may be necessary for antibiotics to be prescribed. A doctor will ask you for your consent for surgery. Your baby will attend medical photography to have some photos taken. Your baby may also attend an audiology appointment on this day for a hearing test.

As your baby's mouth will be opened wide during the surgery, moisturising may help keep the skin softer, more supple and reduce soreness and cracking. Two weeks before the operation, start applying moisturising cream to the corners of the mouth twice a day. A bland, non-medicated moisturiser such as Vaseline may be used. Please bring this with you when your baby is admitted for surgery.

Since after the operation your baby will be given cooled, boiled water after all medications and feeds to cleanse the stitch line inside the mouth. It would therefore be beneficial to get your baby 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 dislikes water as it is not necessary for it to be swallowed. This will continue for three weeks after the operation.

D2 Ward has a fridge, freezer and microwave which you can use for yourself and your baby during your stay.

The cleft team at Addenbrookes have produced a website to help prepare you and your baby for surgery. It shows the stories of two children.

www.cuh.org.uk/cleft

On admission to Ward D2

Please bring your baby's usual teats, bottles, milk, nappies, and their favourite toy with you for the duration of your stay. You do not need to bring a steriliser.

A named nurse will be allocated to look after your child and will ask you about your baby's routine at home, and also discuss with you what will happen before and after surgery. Nose, throat, groin and umbilicus swabs will also be taken on admission.

The ward doctor will also come to see your baby and will also explain about the operation.

During the night your baby 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. This tells us your baby's heart rate and how much oxygen is present in the blood. You will still be able to pick up your baby and have a cuddle.

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

One parent can stay overnight on a pull down bed next to your baby and all linen is provided. The Sick Children's Trust provides a home from home at Addenbrookes hospital called Acorn House. A second parent or siblings could stay here. Priorities of these rooms are for families of children in intensive care and of the oncology ward, therefore we cannot guarantee a room.

Family and friends are allowed to visit the ward at anytime, preferably during the day. Visitors who are unwell are advised to not visit the ward until their symptoms have disappeared.

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 feeds before going to theatre.

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

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

As a rough guideline your baby 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 which works within the hospital building. When your baby 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

When the operation is over your baby will go to the recovery room. Whilst waking up your baby may require some oxygen.

Your baby may look slightly puffy and swollen around the nose and eyes, this is normal. It should reduce in a few days.

There will also be a drip in place, either in the foot or hand. This will remain in until your baby is taking feeds as normal.

A naso-gastric tube will have been inserted to enable medicines to be given regularly to keep your baby comfortable. The medicines paracetamol, ibuprofen and codeine will continue until your baby has fully recovered. Your baby will be prescribed some medicines and you will need to have paracetamol and ibuprofen at home. You will be advised how much to give your baby before you leave the hospital.

A naso-pharyngeal airway may have been inserted. This is a tube which goes into the nose through a nostril and is stitched in. It is like a little trumpet which allows 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 regularly passing a small tube down the centre. Your baby should not be able to feel this. Nebulisers or humidified oxygen to moisten the air may also be used.

It is normal for babies who have undergone this type of surgery to experience 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 baby has had grommets inserted in the ear there may be slight bleeding or discharge from the ear.

Dummies are not allowed for three weeks after the operation as they will prevent the lip healing.

On return to the ward your baby will continue to be monitored as on the previous night. Sometimes this monitoring can be better achieved in the children's intensive care unit.

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 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.

After the operation your baby'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 baby a soft and sloppy diet for three weeks post surgery. Your baby 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.

Your baby may need arm splints or mittens on to prevent sucking of fingers and touching the wound. These splints are optional and your named nurse can discuss this with you. If used they will need to be taken off twice a day to allow your baby to move and for you to moisturise their arms.

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

Cleaning your baby's teeth should start from now, using a soft toothbrush gently with children's toothpaste. Caution should be taken when cleaning the top teeth so as not to damage the repaired palate. It is normal for their breath to smell and this should disappear with good oral hygiene.

Stitches

The stitches inside the mouth (on the palate) will dissolve themselves in about approximately three weeks and therefore do not need to be removed. They can take up to six weeks to fully dissolve.

Discharge

Your baby will not be discharged from the ward until you, your nurse and the surgeon are happy that your baby is doing well. Your baby will need to be taking adequate amounts of milk (although they will only get back to their normal feeding pattern a week or so after surgery) and minimal pain relief.

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 are not allowed to go swimming for six weeks.

You will receive written instructions before you leave the ward which your nurse will discuss with you.

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 anytime 01223 217250.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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