

Children's Services and Surgical Services

Preparation for cleft lip surgery

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

Children with a cleft lip have a gap in the upper lip and sometimes the gum. This is where the face has not fused completely in the womb. It can be left or right sided or both (bilateral). Your baby's cleft lip surgery involves joining the elements of the lip together.

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 but should not delay surgery. It may be necessary for antibiotics to be prescribed. A doctor will obtain consent for surgery. Your baby will attend medical photography to have some photos taken.

As your baby's mouth will be opened wide during the surgery, moisturising may help keep the skin softer, more supple and will 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.

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 be beneficial to get your child 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 Hospital 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 the Children's ward

A named nurse will be allocated to look after your baby 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 day of surgery. They will confirm that your baby is fit for surgery and explain the care of your child 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 given to children in intensive care and 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 resolved.

Please bring your baby's usual teats, bottles, milk, nappies, and their favourite toy with you for the duration of your stay.

DOSA – Day of Surgery Admission

You may be asked to bring your baby on the day of surgery for admission. If you require accommodation the night before, this can be organised at your pre-admission.

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.

Occasionally, 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 they 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

Whilst in the recovery room you will be able to stay with your baby. When waking up your baby may require some oxygen. Your baby may have a nasal stent in situ which is held in by one stitch to support the nose during healing. This remains in for one week and is removed in clinic.

Your baby may look slightly puffy and/or bruised around the nose and eyes, this is normal swelling. 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.

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.

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 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 baby comfortable. These will be given regularly either by suppository or liquid if your baby has started feeding. 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.

As previously mentioned water will be given after all medications and feeds to cleanse the stitches inside the lip.

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 child to move and for you to moisturise their arms. Continue to keep hard toys and objects away from the lip for three weeks after surgery.

You may notice that your baby's breath smells. This is normally due to the healing process.

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

You will be shown by your nurse how to clean the lip area. Warmed boiled water and sterile gauze will be used. Antibiotic ointment (Polyfax) is then to be applied to the lip three times a day for three weeks. It is important to keep the wound clean. It can become infected if it is dirty.

Stitches

The stitches on the lip 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

It is important to keep the lip area clean and to apply Polyfax ointment, which we will supply, three times a day.

If teeth are present you should start cleaning your baby's teeth using a soft brush and children's toothpaste.

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 medicine.

Nasal stent removal

The nasal stent is held in place by a stitch. The removal of the nasal stent is undertaken in Clinic 7 on a Tuesday morning one week after surgery. The nurse will cut the stitch holding the stent in place. The lip area will be cleaned and Polyfax may be applied. You will then be given another cream, Dermatix, to start applying three weeks after surgery. The cleft nurses will explain this to you when you come to clinic.

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

If you require further information on any aspect of your child's care contact cleft lip and palate team who are available Monday to Friday 08:00-16:00.

Telephone: 01223 596272 or 01223 596092 (24 hour answer machine) or staff on Ward D2 on 01223 217250 at anytime.



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

Authors	Children's Services and Surgical Services
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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