

Children's Services and Surgical Services

Preparation for pharyngoplasty surgery

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

Pharyngoplasty is a surgical operation which aims to improve the potential for normal speech.

Pre- Admission

You will be given an appointment date for your child'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 child as well as obtain a nose, throat and groin swab. This will identify if there are any germs but this should not delay surgery. It may be necessary for antibiotics to be prescribed. A doctor will obtain consent for surgery. Your child may also be seen by a paediatrician. Your child will attend medical photography to have some photos taken. Your child may also attend an audiology appointment on this day for a hearing test.

As your child's mouth will be opened wide during the surgery, moisturising may help keep the skin softer, 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 child is admitted for surgery.

Please bring your child's favourite toy with you for the duration of your stay.

After the operation your child will be given water after all medications and food. This will cleanse the stitch line inside the mouth. It would therefore be beneficial to get your child used to the taste of water by giving a small amount (around two to four teaspoons) either by cup or spoon after food. Do not worry if your child 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 child during your stay.

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

www.cuh.org.uk/cleft

Feeding your child after the operation

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 and sloppy diet for three weeks post surgery. For example, foods such as scrambled eggs, mashed potato, custard and jelly. A leaflet of acceptable foods will be given to you on discharge. It is advisable to prepare your child about the change in their diet following surgery.

On admission to Ward D2

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.

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

During the night your child 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 child's heart rate and how much oxygen is present in the blood. You will still be able to have a cuddle.

The anaesthetist will introduce him/herself to you the morning of the operation. They will confirm that your child 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 child 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 to 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 resolved.

On the day of the operation

You will be able to give food until 02:00, breast milk until 04:00 and clear fluids such as water up until 06:00. 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 child goes to theatre. This medicine dries up the inside of the mouth and your child may appear a little flushed looking. It could also make your child sleepy.

You will be able to accompany your child 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 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 which 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. 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 child will be taken back to the Recovery room and monitored. Whilst waking up your child may require some oxygen.

Your child 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 child is eating and drinking nearly as normal.

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 child should not be able to feel this. Nebulisers or humidified oxygen to moisten the air may also be used.

It is normal for children who have undergone this type of surgery to experience slight bleeding from their nose or mouth as these parts of the body are 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 slight bleeding or discharge from the ear.

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

Once awake, your child may have a drink and soft foods. Be careful using forks and straws as these could damage the stitch line in your child's mouth. The nurses will be able to advise you on suitable soft and sloppy foods. You will need to continue this for three weeks after surgery. It is important to give some water after all food, drink and medicines. This cleanses the stitch line inside the mouth.

After the operation medicines will be given to keep your child comfortable. These will be given regularly either by suppository or liquid if your child has started eating or drinking. The medicines paracetamol, ibuprofen and codeine will continue until your child 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.

It is important to maintain oral hygiene after surgery. Use a mild mouthwash if your child is able to and a small headed toothbrush to clean your child's teeth taking care not to disrupt the stitch line in the mouth. You may want to assist your child doing this. It is normal for their breath to smell and this should disappear with good oral hygiene.

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

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

Stitches

In order for the surgeons to carry out a pharyngoplasty it may be necessary to re-open the palate at the back which will be put back together after the procedure. There will be dissolvable stitches inside the mouth (on the palate and at the back of the throat) which will start to dissolve about two weeks post surgery but can take up until six weeks to fully dissolve. Your child may swallow these stitches or spit them out; either way it is harmless for your child.

Discharge

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 food and drink (although they will only get back to their normal pattern of eating about 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.

Your child can return to nursery or school after about two weeks but this varies from child to child. You may want to keep your child at home as it may be difficult to organise a soft and sloppy diet at school or nursery.

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 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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