



ALASKA FACIAL PLASTIC SURGERY & ENT
CHRISTINA MAGILL MD

3719 E. Meridian Loop, Suite E, Wasilla, AK 99654 P: 907-671-6017 F: 907-631-0766

Cleft Lip Repair Post-Operative Care

Appearance

After cleft lip surgery there will be sutures (stitches) in your child's lip. The amount of sutures in the incision line will depend on the extent of the initial deformity and the technique used by the surgeon for closure. The area will be pink around the sutures and slightly swollen. To protect the lip from the child rubbing or pulling on the area, the surgeon will order restraints for the child's arms. The arm restraints should typically be worn for up to two weeks after the surgery.

Wound Care

The suture line is very delicate. **DO NOT** touch or handle your child's lip (surgical area). Allow any dried blood or crusty material to fall off on its own. Your surgeon or nursing staff will cleanse the lip at the first visit after surgery. There may be white tape over the lip after surgery called "Steri-strips." This white tape adds extra strength to the wound as it heals. Your surgeon will remove any Steri-strips on your first Post-Operative visit in the clinic.

Tube Care

Your child will have tubes in his or his nose. These tubes are called "nasal stents." It is important to keep these tubes clean and prevent them from becoming clogged. You may clean the tubes by using a Q-tip that has been moistened with water.

Pain

By the time your child is ready to go home from the hospital, he or she should not be experiencing much discomfort. The doctor may suggest pain relief medication if needed. Periods of irritability may be due to the arm restraints or hunger. Tender loving care is recommended. Cuddle and talk to your child often. Offer frequent small feedings if necessary.

You can expect your child to have mild to moderate pain for a few days. Give liquid acetaminophen (Tylenol) as directed on the package. If a stronger medicine is needed, give as prescribed.

Diet

Follow your physician's recommendation for the best type of feeding method for your child. Care should be taken to make sure that the child receives enough liquids. Hold your child in a semi-sitting position and feed him or her slowly. Small frequent feedings may be necessary for the first week.

During the first week after surgery, you will feed your infant *either* with a syringe fitted with a special soft tubing, or a special cleft lip feeder (e.g., a Haberman feeder or Mead Johnson Nurser with a large cross cut opening-such that there is a steady flow of liquid through the opening when the bottle is held upside down). We will give you the feeder that your surgeon decides is best for your child. The goal is to prevent your child from having to suck hard on formula or milk, and thus protect the newly repaired lip. Formula and pumped breast milk can both be given in the feeder.

At your first visit, 7 to 10 days after the surgery, your surgeon will tell you if any changes should be made to the above feeding instructions.

To help healing and decrease tension to the suture line, your child will need to be fed using only the tip of the nipple in his or her mouth. **NO** pacifiers should be used during this time. Should your child have any difficulty with feeding this way, his or her formula should be given using a rubber tipped syringe. We suggest you place the nipple on the unaffected side. If your child has a bilateral cleft repair, the nipple should be placed in the middle of the mouth. Your child should be fed in a sitting position, fed slowly and carefully, allowing time for burping. Feeding this way is necessary for 2-3 weeks. If you are breastfeeding, you may continue to do so at this time.

Activity

Any object your child puts in or around the mouth (including little fingers!) can ruin the repair. Therefore, your child must wear arm restraints (“splints”) for the **first 10 days after** surgery. These must not be removed unless of an emergency or with physician consent. Keep your child on his/her back for one week to avoid having the lip rub on the sheet or carpet. The arm restraints should be removed one at a time twice daily for 15-30 minutes to allow for elbow exercising. This should be done only under careful observation. These restraints are *not* uncomfortable and are for your child’s safety. They will be necessary for 2-3 weeks after surgery.

It is also important to keep your child from rolling over onto his or her side or stomach, as pressure against the surgical area could cause injury. Positioning your child on his or her back in an infant seat or a seat supported on both sides will prevent rolling over.

When to call

Symptoms of infection are bright redness, pus-like drainage, or swelling. Call us if you observe any of these symptoms. If your child starts to run a fever (over 101F) check to make sure that he is getting enough liquids. Dehydration can cause the body temperature to rise. Is he getting a cold? Is anyone else in the home ill? Check these facts and then give us a call. It is important that the child receives enough nourishment. If he won’t eat, try the “tender loving care” approach. If you still can’t get him to take food or liquids, please give us a call. If you call after business hours, our answering service will contact us.

Problems to report to your doctor right away:

- A fever (temperature over 100.F)
- Severe pain not relieved by the pain medicine
- Vomiting and/or diarrhea
- Bleeding from and/or any change in the suture line (area of surgery)
- Any direct injury to the repaired lip
- Drainage from the incision that looks like pus or smells bad

You will be given an appointment to return to the clinic for a post-operative check when your child is discharged. This will usually be about a week after surgery. Bring any questions you may have with you to this appointment. If you are unable to keep the appointment, please be sure to call and reschedule.

If you have questions or concerns following your surgery please call our office at **907-671-6017** (after hours, ask for ENT doctor on call) or call **911** for emergency.