

What is cleft palate repair?

Your child had surgery to repair their cleft palate. The surgery repairs the cleft (separation) and joins the palate (roof of the mouth) muscles and tissues together again. It also provides enough length in the palate so your child can eat and learn to speak properly.

You will need to take special steps to help the palate incision heal. Every child's surgery is different. Talk with your child's doctor about specific care for your child. Some guidelines to follow are listed below.

How should I feed my child?

- Keep your child's head upright during feedings and for 20 to 30 minutes after feedings. This is to help them swallow.
 - Only liquids and purees (stage 1 to 2 baby food) are allowed after cleft palate repair.
 - You may feed your child by:
 - Breastfeeding.
 - Bottle-feeding. Do not use a Haberman nipple.
 - Cup. Only use short spout or spoutless cups.
 - Rubber-tipped syringe. Place a rubber-tipped spoon sideways at your child's mouth. Tip the food into your child's mouth. Push the fluids in slowly and away from the roof of the mouth.
 - Side of a spoon. Keep the spoon on your child's lips. Do not place any forks, spoons or knives in your child's mouth.
- After feedings, rinse your child's mouth with water. This is to help keep food from getting into the sutures (stitches) and to wash bits of food from the roof of the mouth.
- Your child may eat less at each feeding. They may need to be fed more often.
- Eating well is important, but it is even more important for your child to stay well hydrated.
 - Call the doctor if your child shows signs of dehydration, such as:
 - Crying with no tears.
 - Less wet diapers than normal.
 - Dry skin.
 - Lethargy (is very tired and may hardly respond to you).
 - Talk with the doctor to see if it is OK to give Pedialyte to your child.
- For 1 month after surgery, do NOT let your child have any pacifiers, straws or any other objects that can be placed in the mouth.

How should I care for the wound?

- Avoid putting anything in your child's mouth that may injure the incision (suture line).
- You may see some material in the roof of your child's mouth. This is most likely the dissolvable material used during surgery to fill in the gaps on each side of the palate.
 - This material, which may look brown or black, is not harmful.
 - It may dissolve on its own, fall out of the mouth or get swallowed.
- Sometimes, the doctor takes fat from the cheeks and attaches it into the palate repair. You may see this toward the back of the mouth. This will go away on its own.
- Follow the doctor's directions to help manage your child's pain.
- It is OK to give your child acetaminophen (Tylenol or less costly store brand). Follow the directions on the box carefully, or ask your child's doctor how much medicine to give.
 - Do not give acetaminophen to babies younger than 3 months of age without a doctor's order.
 - Do not give your child more than 5 doses of acetaminophen in 24 hours.
 - If your child has any type of liver problem, talk with the doctor before giving acetaminophen.
- It is OK to give your child ibuprofen (Motrin, Advil or less costly store brand). Follow the directions on the box carefully, or ask your child's doctor how much medicine to give.
 - Do not give ibuprofen to babies younger than 6 months of age without a doctor's order.
- The doctor may order a medicine called gabapentin. Follow the doctor's directions for giving it to your child.
- If possible, try to keep your child from crying forcefully as it may pull on the sutures (stitches). Hold, comfort and feed your child to help lessen crying.

What else do I need to know?

- Use your child's elbow immobilizers (also called welcome sleeves) for 2 to 3 weeks or as advised by the doctor. This is to help keep your child from putting things in their mouth.
 - You may remove the elbow immobilizers while you are bathing or holding your child.
 - Remove them at least every 2 hours during the day. This is to check for skin problems.
 - Massage and exercise your child's elbows at these times.
 - Do not let your child's hand or other objects near their mouth.
- Elbow immobilizers may make your child clumsy, so watch for falls. Make sure their shoelaces are tied and pants cuffs are turned up. Avoid toys that could cause your child to fall, such as tricycles or rocking horses.
- Your child may be more comfortable if they **do not** sleep on their stomach. Place them on their side or back, and keep the head of the bed raised when possible. This is to help decrease swelling.
- Take your child to their follow-up visit as advised. Most often, it will be 3 to 4 weeks after surgery. Call the clinic to make the appointment.
- Babies may use a teething ring, but pacifiers are **not** allowed.

When should I call the doctor?

Call the doctor if your child:

- Has increased drainage or bleeding from the mouth.
- Has a fever (temperature of 100.4°F or higher) with other symptoms like decreased appetite and increased fussiness or discomfort.
- Will not eat or drink.
- Has pain that does not get better from the medicine that the doctor prescribed. Mild earaches are common after surgery. Call the doctor if the pain is so bad that your child cannot play, sleep or be comforted.
- Has a white coating on the palate or tongue that is not formula or milk. This may be thrush.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.