

Plastic and Maxillofacial Surgery

Cleft palate repair: pre-operative information

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The timing of surgery to repair a cleft palate varies from case to case but is usually scheduled for around 9-18 months of age. Your surgeon will talk to you about timing for your child's operation.

You will usually receive a letter from the hospital advising you of a date for surgery a few weeks prior to the operation. Please read the letter carefully as you will be required to call the hospital to confirm the date.

If your child is unwell in the week prior to surgery, please be sure to notify the cleft coordinator or your surgeon.

What to bring:

- Light weight, loose fitting pyjamas.
- A special toy or cuddly blanket that may comfort your child.
- Personal items for yourself if you are staying overnight.
- Any special feeding equipment and formula if applicable. If you are breastfeeding, you should bring along equipment necessary for expressing milk. You can speak to the nursing staff for support with this if needed.
- Maternal and Child Health book and any other relevant health information.
- A supply of nappies (however nappies are available on the ward for use during admission).

What will happen?

Your baby will usually be admitted to hospital on the day of surgery.

Your child will have to fast before surgery. Please make sure you read the admission letter and follow the fasting instructions carefully. Plan some strategies for distracting your child if they become upset (ideas: cuddles, special toys).

During admission you will usually be seen by nursing staff, a plastic surgeon and an anaesthetist. They will make sure your child is fit for surgery and can answer any last minute questions you may have.

After admission your child will be taken to the pre-operative area. You can usually stay with your child until the beginning of the anaesthetic.

The operation usually takes around 2–3 hours. There is a waiting area next to the operating room, or you may want to go to the hospital café or have a walk to help pass the time. You just need to make sure you are able to be contacted easily. When the operation is over you will be called into the recovery room to be with your child as they wake.

What to expect after the operation

- Your child will have an IV (intravenous) line in their hand or foot.
- There may be a probe on their hand or foot to monitor pulse and oxygen saturation.
- Your child may have a tube in their nose to help protect their airway in case of swelling.
- Sometimes there may be a stitch in the tongue (this is usually removed fairly quickly).
- Your child will have splints on their arms.

When your child is stable they will be transferred to the ward. You will usually be in a single room.

Your child may be unsettled after the operation. Pain control is a priority and your nurse will help with this.

Your child will probably be quite hungry and can usually go back to feeding as soon as they want to. You can use the same method of feeding as you did before the operation. Many babies will take less fluid than normal after the operation and it can take quite a while for them to get back to normal feeding. Sometimes they will prefer puréed solids — you can add liquids to these feeds to boost intake.

You are encouraged to stay overnight with your child. The ward has some single fold out beds available for one parent to stay. There are shower facilities for parents. There is also a parent kitchenette/lounge. Unfortunately meals are not supplied for parents, however breakfast cereal is available for parents who stay overnight. Breastfeeding mothers of infants less than 12 months can request to have meals provided during their child's stay — discuss this with the nurse looking after your child.

Dummies

Ask your surgeon about this — some will allow the use of a dummy and others will ask you to avoid using a dummy for up to a month after the operation.

Discharge from hospital

When your child is feeding well and their pain is controlled, you will be able to take them home. The usual length of stay is 2–3 days.

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