



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Helping Hand™

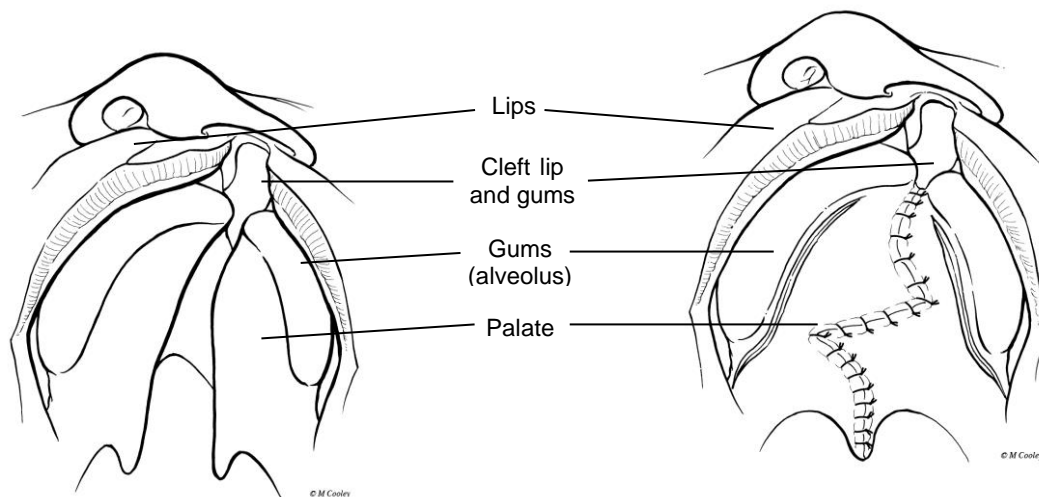
Health Education for Patients and Families

Cleft Palate Repair: Instructions after Surgery

Your child's cleft palate (Picture 1) has been repaired. The opening in the roof of the mouth is now closed (Picture 2). After surgery, there are a few things to know about your child's care at home. Other than these special instructions, your child should be cared for in the same way as any other child their age.

Protecting the Repair

The roof of your child's mouth (the palate) is still healing and should be protected from injury for about 3 weeks after surgery. There may be less feeling in this area for a while after the surgery. This means that your child can injure the roof of their mouth without you or them knowing it.



Picture 1 Cleft palate
(before surgery)

Picture 2 Cleft palate repair
(after surgery)

Put hard objects away or keep them out of your child's reach while the palate is healing. Please discuss with your surgeon the use of a **pacifier** after surgery. Listed below are objects that could hurt your child's mouth.

- Small wooden, metal, or plastic toys
- Toys with small parts
- Toothbrushes
- Knives, forks, and spoons
- Popsicles and their sticks
- Drinking straws
- Suckers and lollipops
- Thermometers

Mouth Care

- To clean your child's teeth and gums, use a gauze pad dipped in plain water or a small amount of alcohol-free mouthwash mixed with water. Wipe the front of the teeth only.
- Don't use a toothbrush in your child's mouth for 3 weeks.
- Have your child drink water after eating to keep their mouth clean.

Drinking and Eating

During this time, it's important to make sure that your child is drinking enough liquids to stay hydrated. You'll know if they're getting enough fluids if they have the same number of wet diapers after surgery as before.

- They should have a wet diaper at least every 8 hours.
- If there are fewer wet diapers, this may be a sign of dehydration, so call the Cleft Lip and Palate Center helpline.
 - Call (614) 722-6299, Monday through Friday, 8 a.m. to 4 p.m.
 - During evenings, weekends and holidays please call (614) 722-2000 and ask for the plastic surgeon on call.

For a short while after surgery, your child may not eat as well as before surgery. See pages 6 and 7 for a list of foods that they can and can't have after surgery.

- Use only a spoon for feeding.
- Don't let them feed themselves.
- Make sure the food isn't too hot.
- Give soft, pureed, or mashed foods for 3 weeks.
- Don't give foods that have chunks, lumps, or pieces, such as seeds, grains, pulp, or skin.
- Don't give hard, crunchy foods such as cereal, cookies, crackers, or chips.

- They may drink from a bottle, open cup, or sippy cup with a soft spout after surgery.
- You may keep feeding them with the same bottle system used before surgery.

Arm Splints

Your child may need to wear arm splints for 3 weeks. Talk to your surgeon about this. These splints keep your child from putting their fingers in their mouth and accidentally damaging the repair. Before they leave the hospital, have a nurse show you how to put the splints on.

Activity or Play

- Your child may play as usual but needs to be watched more carefully during the first few weeks after surgery.
- Don't let other children give your child things to play with or eat without your approval.
- Soft toys are best for your child to play with while the palate is healing.

Pain and Medicines

Your child must take medicines as directed by their doctor or health care provider. They will go home with an antibiotic. It needs to be taken until all of it is gone.

Some pain after palate repair is normal. The surgeon and medical team will work together to get the best pain control possible, but your child may still have some discomfort.

- For pain, your child may be prescribed a medicine called either Oxycodone® or Lortab®.
- Your child may also be given over-the-counter pain medicines such as ibuprofen (Motrin® or Advil®) and acetaminophen (Tylenol®) instead of Oxycodone or Lortab.
- After a few days, your child will only need over-the-counter pain medicine.

Pain Medicines

	Prescription Narcotic Medicine		Over-the-Counter Medicine	
Medicine	Lortab (Hydrocodone/ Acetaminophen)	Oxycodone	Tylenol	Motrin or Advil
How often to take	May give every 6 hours as needed	Give as directed	May give every 6 hours as needed	Give every 6 hours as needed

Things to know about side effects for Oxycodone and Lortab:

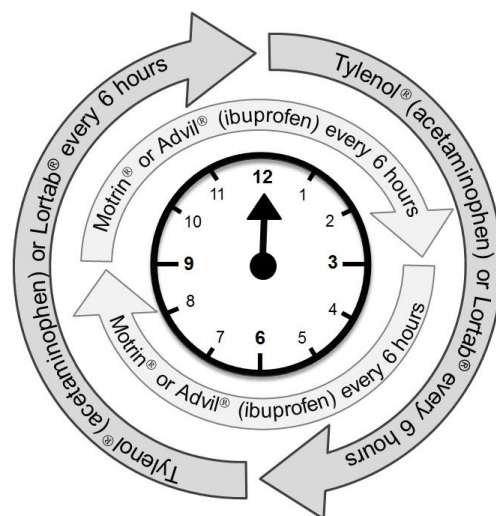
- They can be taken every 6 hours.
- Has a side effect of constipation. If your child becomes constipated this may add to their pain and make it hard to tell why they're uncomfortable.
- Switch from using Oxycodone or Lortab to Tylenol alone as soon as possible.

Things to know about Lortab:

- Contains narcotic hydrocodone and Tylenol.
- **Should not** be taken within 6 hours of any other medicines that contains Tylenol, such as Triaminic® and certain cold and cough medicines.

Things to know about over-the-counter (OTC) pain medicines:

- Either ibuprofen or acetaminophen (Tylenol) can be used.
- You can give 1 dose of one kind of medicine every 6 hours. Do not give 2 kinds of pain medicine at the same time (Picture 3).
- If using both Motrin and Tylenol, you must alternate the dose of each type of medicine. Give one kind of medicine first, then 3 hours later, give the second kind of medicine. For example:
 - At 9 a.m., give 1 dose of Motrin.
 - Then, 3 hours later at 12 p.m. (noon), give 1 dose of Tylenol.
 - At 3 p.m., give 1 dose of Motrin again.
 - At 6 p.m., give 1 dose of Tylenol (Picture 3).
- **Do not give Tylenol within 6 hours of any other medicine that contains Tylenol (Lortab, Triaminic, cough, and cold medicines).**
- Use a pediatric measuring device (available at the pharmacy) to measure the exact dose. **Never measure liquid medicines in kitchen spoons.**



Picture 3 Alternating pain medicine

What to Expect After Surgery

For the first few days after surgery, you may see the following things:

- There may be a small amount of blood in the mucous or spit (saliva) for a few days. The mucous, or saliva, may look pink.
- There may be more clear drainage (mucous) than usual coming from the nose for a few weeks. This is because the opening between the nose and mouth is now closed. Before surgery, mucous drained directly into the mouth.
- Your child may snore and sound congested for a few weeks. This will go away when the swelling goes down and there is less drainage.
- It may be harder for your child to sleep as well as before surgery. Sleep habits should return to normal after a few weeks.

More Tips

- Dress your child in shirts that either button down or can be zipped so you don't need to lift the shirt over the head and face.
- Your child should wear long-sleeved shirts under the arm splints. The sleeves will help the splints to stay in place and prevent skin irritation.

When to Call the Doctor

Call your child's doctor, health care provider, or the Cleft Lip and Palate Center's helpline if your child has:

- Fever over 101° Fahrenheit (F) or 38.3° Celsius (C) when taken rectally, axillary (under the arm) or in the ear.
- Pain that doesn't go away when you give pain medicine.
- Any injury to the incision or any bleeding in the mouth.
- Trouble drinking or eating.
- A dry diaper for 8 hours or more.

If your child has taken too much medicine or the wrong medicine, call the Central Ohio Poison Center at (800) 222-1222, TTY (866) 688-0088. They will tell you what to do.

The Cleft Lip and Palate Center Helpline

Call (614) 722-6299 during regular business hours from 8 a.m. to 4 p.m., Monday to Friday. After hours, on weekends or holidays, call (614) 722-2000. Ask to speak with the plastic surgeon on-call.

Follow-up Appointments

For follow-up appointments at the Cleft Lip and Palate Center, call (614) 722-6537.

☐ 2 weeks _____

☐ 3 weeks _____

Feeding Guidelines After Palate Surgery

Food Groups	Foods Allowed	Foods to Avoid
Meats Other Protein	Pureed meats Pureed or fork-mashed lentils or beans (without skins) Cottage cheese Soft cheeses (American cheese square, feta) Yogurt Eggs (scrambled well) Hummus Fork-mashed tofu	Hard cheeses (Swiss, cheddar) Bacon Nuts or seeds Steak
Breads	Soft white bread without crust (torn into pieces) Soft pancake (torn into pieces)	Hard or crunchy breads Breads with nuts or seeds Waffles
Cereals	Cream of wheat Cream of rice Farina Infant oatmeal Grits	Hard or crunchy cereals “Cold” cereals (Cheerios®, Old-fashioned or instant oatmeal)
Fruits	Fork-mashed, pureed, canned or well-cooked fruit Fork-mashed fresh bananas Smooth applesauce Stage 1 or 2 baby fruits	Hard or crunchy fruit Fruits with seeds or skin (berries, kiwis, grapes)
Vegetables	Fork-mashed, pureed, canned or well-cooked vegetables Stage 1 or 2 baby vegetables	Hard or crunchy vegetables Vegetables with seeds, pulp or skins (tomatoes, green beans, peas, corn)
Potatoes and Starches	Mashed white or sweet potatoes with no lumps, strings, or skins Fork-mashed, well-cooked noodles (pasta, mac & cheese)	Hard or crunchy toppings on potatoes or noodles Sauces with chunks Rice Whole grains such as barley, quinoa, kasha, buckwheat

Desserts	Pudding Jell-O® Ice cream or frozen yogurt without toppings Milkshakes	Any of the listed desserts with pieces of fruit, nuts, seeds or hard toppings Popsicles with sticks
Beverages	Formula or milk Water Juice	Pulp Chunks Lumps
Utensils	Sippy cups with short, soft spouts Bottles with a soft nipple Spoons may only be put at the lips by parent or guardian	Straws Sippy cups with long, hard spouts Spoon or fork put in the mouth
Miscellaneous	Seedless jams	Honey, agave, or syrup Seeded jams Candy

Team Care Post-op

The Cleft Lip and Palate Center at Nationwide Children’s Hospital cares for patients with cleft lip and/or palate and related craniofacial conditions. We believe team care is the best care. Our team includes:

- Nurses
- Dentists
- Geneticists
- Social workers
- Orthodontists
- Audiologists
- Psychologists
- Plastic surgeons
- Feeding specialists
- Nurse practitioners
- Otolaryngologists
- Speech-language pathologists

This team works closely to make a personal care plan for your child that works as they grow. We believe that starting team care early is the best way to support your child’s development.

You can expect your child’s first team visit to start when they’re 15 to 18 months old. Call (614) 722-6537 or send us a message on MyChart® to schedule their first team visit.