



Cleft Palate Repair Post-Operative Instructions

Diet:

- Infants may resume breast milk, formula, and/or spoon-fed purees as taking previously with the bottle, unless directed by your surgeon.
- You may also feed your child via spoon, cup, or syringe, or sippy cups during this period. It is best to avoid regular "sippy cups" with a hard spout or no-spill valve.
- If your child is older and has been taking small finger foods, it is okay to resume this diet, however all foods should be very soft and cut into small pieces. Examples of soft solids include: scrambled eggs, overcooked pasta, oatmeal, etc. Avoid hard candy or crunchy foods like cookies and dry cereal as well as breads, soft cheese, and peanut butter, as these may disrupt the repair. Avoid foods that may stick to the roof of the mouth.
- Nutrition and hydration are important aspects to healing. Frequent, smaller feedings may also be necessary. Make sure your child is staying hydrated, even if not eating solids (e.g., producing wet diapers, or urinating well). Take your time, and be patient.

Pain Control:

- Mild pain is expected with this procedure. By the time your child is ready to leave the hospital, his/her pain should be fairly well controlled.
- You should use liquid Tylenol or ibuprofen (Motrin) for pain relief as needed. The prescription oxycodone should only be used for more severe pain or fussiness, and generally only in the first week after surgery. Each pain medication may be given every 6 hours as needed, however the times may be staggered. For example, Tylenol may be given at 12:00 and 6:00, and ibuprofen at 3:00 in between.

Activity & Restrictions:

- For infants, you should use the velcro elbow restraints called "No-Nos" supplied to you by our staff AT ALL TIME to keep fingers and toys out of the mouth. You will need to use these for 1-3 weeks, as specifically directed by your surgeon.
- If your child uses a pacifier, he/she should avoid use for the next 3 weeks.

Wound Care:

- All sutures in the mouth are dissolvable, and they will fall out in 3-4 weeks. You may notice the ends or "tails" of the stitches in the roof of the mouth.
- It is very common for there to be a small amount of bleeding from the mouth or nose after any oral surgery; this is not concerning.
- The mouth is generally resistant to infection. However, to decrease infection risk, please follow every feeding with a small amount of water.
- If your child also has a cleft lip that was repaired, please hold off on massaging of the lip for 3 weeks after the palate surgery. Your surgeon will tell you when it's okay to resume massage, generally 3 weeks after surgery.

Call Your Doctor:

- If you have any of the following signs and symptoms, please call your doctor:
 - Temperature greater than 101 degrees Fahrenheit
 - Redness, warmth, swelling, or rapidly changing shape of the surgical area.
 - Pus and/or drainage from the incision.
 - Severe pain not relieved by pain medications.
 - Severe persistent nausea and vomiting.
 - Dehydration or poor oral intake.

If you have any questions or concerns during regular business hours between 8:00 am and 5:00 pm, please call **443-997-9466** to reach the Plastic & Reconstructive Surgery Office or contact Kim Seifert, RN, cleft clinic nurse coordinator at kseifert@jhmi.edu. If you have questions or concerns after regular business hours, please call **410-955-5000** and ask for the Plastic Surgery resident on call to be paged. The resident can always get in touch with your surgeon.

For any life-threatening symptoms such as shortness of breath, difficulty breathing, dizziness or fainting, or mental status changes, call 9-1-1 or go to your nearest Emergency Department immediately.