

Cleft Lip Repair

A cleft lip is formed when the tissues from the sides of the face and nose fail to fuse, usually occurring during early stages of pregnancy. The split can appear as a small gap or an indentation in the upper lip (partial or incomplete cleft) or it continues into the nose (complete cleft). Cleft lips are commonly associated with a cleft palate



Unrepaired Cleft Lip



Repaired Cleft Lip

The operation will take between 60 - 90 minutes. Your child will spend some time in recovery following surgery until he / she is awake and then will be returned to the ward. Your child will stay in hospital for 2-3 nights depending on how your child recovers

What to expect after the surgery

> **Eating and drinking:**

Infants

- Your child may breast feed / bottle feed once recovered from the anaesthetic or as advised by your surgeon
- Sometimes infants have difficulty breastfeeding after surgery, there are lactation consultants available for review if you need support
- A squeeze bottle is to be used for EBM / formula feeding. A squeeze bottle pushes the milk into your infants mouth reducing the amount of sucking during feeding (this will help the wound heal)
- When your infant is feeding avoid placing anything near the suture line as much as possible

Older children: your child may drink once recovered from the anaesthetic

- Your child may start to eat a soft diet / solids 24 hours following the operation
- > *Dummies, metal spoons, plastic straws* and *toys* are not to be used unless advised otherwise by your surgeon. When eating solids a smooth edged plastic or rubber coated spoon can be used
- > **Appearance:** there will be stitches in your child's lip and nose which may or may not be covered by a dressing. The area around the stitches will be pink and slightly swollen. The stitches will be removed under a light anaesthetic after 5 to 7 days. Sometimes your surgeon will use dissolvable stitches (no anaesthetic will be required)
- > **Mouth care:** following eating and drinking your child's mouth / lips will need to be rinsed with water to keep the wound clean. For infants this can be done with an oral syringe. For older children, encourage your child to have sips of water after eating and drinking. The sutures inside your child's mouth will dissolve over time
- > **Arm splints (infants only):** your child will need to wear arm splints to prevent them from putting anything near the lip as it heals



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- > **Pain management:** your child may return to the ward with an analgesic infusion. An analgesic infusion gives pain relieving medicine all the time through a plastic tube in a vein (also called an intravenous drip or I.V.)
- > Refer to *Analgesic Infusion Consumer Health Information Sheet* for more information. Your child will also be given regular paracetamol

Discharge Information

Wound care

- > Rinse your child's mouth with water following eating and drinking
- > Keep the dressing clean and dry
- > After the wound has healed, gentle massage with moisturiser will help to improve the appearance of the scar. It is important to protect the scar from exposure to the sun for at least 1 year after surgery.

Nasal stents

- > Your child may need to wear the nasal stents for 3 – 4 months following surgery or as per your surgeon
- > The stent will need to be removed as required for cleaning and secured with hypafix™, the nurses will show you how to do this

Stent Care

1. Cut out the hypafix™ with clean scissors
2. Use olive oil/adhesive remover wipe to soften the adhesive of the hypafix™
3. Gently remove the hypafix over the stents, ensure there is no trauma to the wound (do not remove the lip dressing)
4. Clean the stents with warm running water and cotton tipped applicator. Clean your child's nostrils as required with a clean cloth
5. Once cleaned, the stent should be secured in the nose with the hypafix™



Arm Splints

- > Arm splints are to be worn for 3 weeks
- > You should make sure you allow your child time without the arm splints several times a day, but please supervise them closely to make sure they don't put anything in their mouth

Who do I contact for help?

Contact the Craniofacial Unit, your local GP or your private surgeon if your child has any of the following problems:

- > Increasing pain or pain not relieved by medication
- > Persistent fever
- > General unwellness
- > Wound discharge or crusting and redness of the suture line
- > Persistent feeding less than usual amounts

Follow up appointments

You will be given an appointment time for 1 week following surgery in the Craniofacial Unit

Contacts

If you have any concerns after your child's discharge please telephone the Craniofacial Unit on (08) 8161 7000 and ask to speak to a member of the Craniofacial team