HealthCare
KENTUCKY CHILDREN'S HOSPITAL

CLEFT LIP AND PALATE TIMELINE

BEFORE SURGERY

Birth:	3-6 months: Lip repair	9-15 months: Palate repair	3-7 years Speech development	7-12 years Gum line	12-18 years Jaw, lip, and nose
• Make sure your child is gaining weight. • Get comfortable with feeding with a cleft.	• Keep your child healthy, and make sure they are gaining weight. • Keep the nasoalveolar molding on, if directed by the doctor. Nasoalveolar molding is a dental appliance to help align the gumlines in wide clefts.	• Keep your child healthy. • Suction will break the palate repair apart. Before surgery, start to wean your child off of pacifiers and bottles. Begin using a sippy cup, travel cup or any cup that doesn't require suction. • Stage 2 (or applesauce consistency) diet with a spoon is fine. • Kids will begin to suck on their fingers, which can be hard to control. Do what you can, but this shouldn't cause an issue with the palate repair. • The "non-suction" limits are usually only needed for two to three weeks. After that, there are no such limits.	• There are no planned surgeries during this time. • The current focus is on the child's speech. A child will sometimes develop air coming through the nose during speech. This "hypernasal" speech may require surgery. Your child will be checked by speech therapists specializing in cleft care before this surgery.	• During this time, a child's adult teeth start to come in. If the cleft goes into the gumline, then we will need to graft some bone in there while the adult tooth is erupting. If we don't do this, the tooth will fall out and there will be a gap.	• Much of a child's facial skeleton develops during this time. We will follow along as a team with an orthodontist.

HealthCare
KENTUCKY CHILDREN'S HOSPITAL

CLEFT LIP AND PALATE TIMELINE

AFTER SURGERY

Birth	3-6 months: Lip repair	9-15 months: Palate repair	3-7 years Speech development	7-12 years Gum line	12-18 years Jaw, lip, and nose
There are no planned surgeries during this time.	• There may be an overnight stay after surgery. • Regular feeding from a bottle is fine. • The doctor may order arm restraints after surgery. • There may be oozing from the incision on the lip and inside the nose. This usually stops the day after surgery. Your child may get some scabbing inside the nose. All of this is normal. You can start gentle cleaning this area with warm water and cotton swabs three to five days after surgery, if you and your child are comfortable. • Pain is controlled with Tylenol. Oxycodone elixir may be used for uncontrolled pain.	• There will be an overnight stay after the palate repair in the Progressive Care Unit. It is a step down unit from the ICU and we'll be monitoring your child's breathing, oxygenation, and discomfort levels. Although the palate repair can be harder on the child than the lip repair, he or she is older and can "handle" the surgery better. The majority of families are able to go home the following day. • There will be oozing from the mouth and the nose, which usually stops several hours post operatively but can continue through the night. It may seem like a lot of blood however many times it is a mix of saliva and blood which continues to come out with the drool. • NO suction. We begin feeding from a syringe, however drinking from a travel cup or regular cup is encouraged. Stage 2 (apple sauce consistency) diet is encouraged as well. • The doctor may use arm restraints after surgery. • Pain is controlled with Tylenol and magic mouthwash. Oxycodone elixir will be used for uncontrolled pain.	• There are no planned surgeries during this time. • An issue that can come up is lip and nose revisions. Your child will enter school and have a whole new set of friends and classmates. During this time, we can address any peer issues. • If speech surgery is needed, it is similar to the palate surgery. It requires an overnight stay and soft diet. • If needed, lip and nose revisions are outpatient surgeries.	• The bone graft will come from the child's hip with a minimally invasive surgery. Most children need to stay overnight. Some can go home the same day depending on how much the hip donor site is bothering them. • The child will need to decrease activity until the hip feels comfortable enough for athletic activity. A soft diet will be needed for the next two weeks.	• Jaw surgery may be needed depending on how your child's face is developing. Surgery may need to be done on the top jaw, bottom jaw or both jaws. • Lip revisions and nasal revisions are common at this stage. Kids become more aware of their own looks and have their own preferences on what they want. These plastic and reconstructive surgeries are often covered by insurance. • Nasal surgeries for nasal obstruction are common at this age as well.