

In the anaesthetic room the anaesthetist will meet you again and they will put an oxygen mask over your baby's mouth, which will put your baby to sleep. You may hold your baby in your arms as this happens to comfort them. When your baby is asleep a nurse will show you out of the room and where to come back to, when the surgery is over. When your baby is ready to go back to the ward, a nurse will come and collect you both.

After Surgery

When can my baby feed again?

Your baby will be able to feed as soon as they are awake from the anaesthetic. It may be difficult as their mouth will be numb. Usual diet of milk and, if weaned, pureed food can be taken. If your baby is finding it hard to drink, extra fluid may need to be given through the drip which will then be taken out once your baby is feeding well again.

Post surgery pain relief

The nurse will give regular pain relief to your baby. This can be paracetamol, ibuprofen, and possibly morphine. If required.



Wound care

There may be some bleeding from your baby's mouth but this should stop soon after the surgery. Dissolvable stitches will be in place. In order to keep the wound clean, it is important to give your baby sterile water after each feed. There may be a scar on their lip after surgery. Daily massage of the lip in the weeks after surgery can help the scar to soften and fade. To make sure your baby does not put their hands in their mouth while their wound is healing, you can put mittens on your baby's hands.

Antibiotics

A prescription for antibiotics will be given to you for your baby when leaving the hospital. This will prevent infection in the wound. It is important for your baby to take all of the antibiotics at their set times as advised by the doctor.

Follow-up

You will be given an appointment to see the surgeon for a check-up before leaving the hospital or it will be sent in the post.

CUH Children's Wards:



Ladybird Ward

(021) 492 2209/ (021) 492 2210



Seahorse Ward

(Day Unit, open until 5pm) - (021) 492 2187



Puffin (Children's Ward)

(021) 492 2212

Paediatric Assessment Unit

(021) 492 2187

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BSc Children's & General Nursing Interns 2016
Date Issued: November 2016

The information in this leaflet is correct at time of development
Acknowledgements
Plastic Surgery, CUH
Speech & Language Therapy, CUH

Cleft Lip and Palate



Information for parents on the treatment and care of a baby with a cleft lip and/or palate.



What is a cleft lip and palate?

A cleft lip and cleft palate are defects of the face and mouth that happen in the early weeks of pregnancy. A cleft is a physical gap in the lip, the roof of the mouth, or both. The treatment plan connected with the cleft lip and/or palate may vary depending on its severity.

What causes a cleft lip and/or palate?

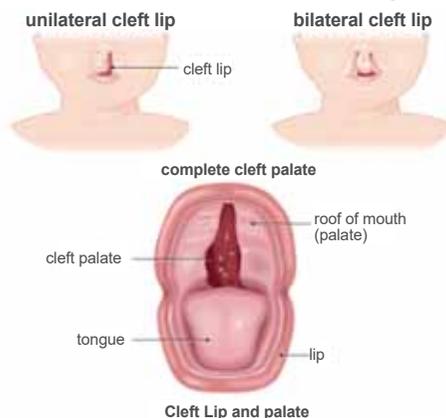
Cleft lip and palate affects about 1 in 700 babies born in Ireland every year. It is the fourth most common birth defect that happens during pregnancy (Cleft Lip and Palate Association of Ireland).

During the 5th to 12th weeks of pregnancy, the baby's face and palate (roof of mouth) forms. They form in two halves and then join together into one. If the two halves do not join together, the baby is born with a cleft. The risk of having a baby with a cleft rises if another family member was born with a cleft. The causes of cleft lip and/or palate are not yet fully understood although much research is being undertaken.

How is it treated?

Your baby will need to have repair surgery to close the gap. Usually a cleft lip is repaired at 3-6 months and a cleft palate is repaired at 6-12 months of age. The surgeon will close the gap in your baby's palate/lip to make sure the muscles in the palate are in the correct position for speech. More surgery may be needed depending on the type of cleft your baby has. As your child grows they may need dental treatment or further surgery to make sure their mouth and teeth continue to develop.

Your child's care will be monitored by a multidisciplinary team, including the Consultant Plastic Surgeon, Speech and Language Therapist, Ear, Nose and Throat Surgeon, Paediatric Dentist, Orthodontist and Oral Maxillofacial Surgeon.



Preparing for Surgery

In the weeks before the surgery, keep your baby away from anyone who is sick or has a cold to make sure your baby is well enough for surgery. You will need to bring your baby to the ward the day before surgery to be admitted.

On the day:

- A member of the surgeon's team will carry out a medical check on your baby which is similar to a GP check-up. This will make sure your baby is healthy before the surgery. It is important for you to tell them about any medical issues and any allergies your baby may have
- Blood tests may be done and photos and dental impressions may be taken
- The doctor will explain the surgery in more detail to you. You will then need to sign a consent form which gives your permission for the surgery to be done
- The anaesthetist (who will put your baby to sleep) will carry out a health check and explain the anaesthetic

What to bring to the hospital

- Comfy outfits for you and your baby
- Comforting items for your baby, e.g. blanket, teddy
- Your baby's special teats and bottles for feeding
- Admission letter
- Your baby's regular medications
- Nappies and baby wipes

Day of Surgery

Your baby's surgery will be done under General Anaesthetic. This means your baby will be given sleeping gas and special medication through a drip in their arm to put them to sleep. Local anaesthetic will be put directly into the baby's lip and mouth to keep their mouth numb after surgery (this will wear off after a few hours). After the surgery a nurse will care for your baby in the recovery room.



On the day of surgery you will be allowed to go with your baby to the theatre reception area. Both parents may attend, however, only one parent may go with your baby into the anaesthetic room. In the reception area a nurse will meet you and they will run through the same questions asked by the nurse on the ward. The nurse will also take a phone number to ring you when your baby is out of surgery (please ensure you have your mobile phone with you while you wait).