POST-OPERATIVE CARE

Cleft Lip Repair

Home care instructions for your child after surgery

Please note: These instructions are specific to patients of Northeast Facial and Oral Surgery Specialists, LLC. Every patient's post-operative care is unique. You may be given specific instructions by your surgeon that differ from what appears on this sheet. If so, follow your surgeon's instructions. This document should be used as a guide only and does not replace the medical advice of your treating provider.

ARM RESTRAINTS	FIRST FOLLOW-UP	FEEDING	INCISION HEALS
If used, ~2 weeks	About 1 week	Resume right away	About 4 weeks

01 What to expect after surgery

- **As anesthesia wears off,** your child may be fussy, confused, or sleepy, and may feel nauseated or vomit. These reactions are normal and pass within the first day.
- **Swelling and bruising** around the lips, mouth, and eyes are expected. Swelling often looks worse the day after surgery, then improves steadily over the next one to two weeks.
- **A small amount of oozing or dried blood** at the repair is normal. You may see stitches on the skin; most are dissolvable and do not need to be removed at home.
- **Your child may seem tired or irritable** for a few days. Extra rest, cuddling, and quiet time help them recover comfortably.

02 Caring for the incision

- **Keep the repair clean and dry.** If Steri-Strips or surgical glue (Dermabond) were placed, leave them in place — do not pick, wash, or scrub them off. They will loosen or be replaced at your follow-up visit.
- **Gently clean crusting only.** If dried blood or crusting collects at the lip or nostril, dab gently with a cotton swab dampened with plain water. Do not rub the suture line.
- **Do not apply ointments.** Avoid Vaseline, Neosporin, or other petroleum or antibiotic ointments over surgical glue — they break the glue down. Use only what your surgeon recommends.
- **Bathing is fine.** You may bathe your child; the lip can get wet, but do not wash or soak the incision. Pat the area dry.
- **Expect a firm pink scar at first.** The incision usually heals over about four weeks. The scar may feel hard and tight early on, then softens and fades over the months that follow.

03 Feeding & diet

- **Resume feeding right away.** Breastfeeding or bottle-feeding may usually begin the evening of surgery. Continue the same bottle, nipple, or feeder your child used before surgery.
- **Avoid pressure on the repair.** Keep the nipple, spoon, or cup from pressing on the stitches. A soft-tip spoon or an easy-pour cup with a short spout works well.
- **Avoid pacifiers.** Do not use a pacifier while the lip heals — it places direct pressure on the repair.
- **Keep your child hydrated.** Offer small amounts of fluid often. A good sign of hydration is the same number of wet diapers as before surgery.

04 Protecting the repair (activity & arm restraints)

- **If arm restraints ("no-no's") were given,** these soft sleeves keep your child from bending the elbows and reaching the lip or nose. Not every child needs them — use them only if your surgeon provided them, for about two weeks while the repair heals.
- **Give supervised breaks.** If restraints are used, remove them several times a day so your child can stretch — take off one arm at a time, and keep your child in view so hands stay away from the mouth. Use them whenever your child is unsupervised or sleeping.
- **Keep hands and objects away from the mouth.** No fingers, toys, or hard objects near the repair while it heals.
- **Sleep on the back.** Place your child on their back to sleep so the lip is not rubbed against bedding.
- **Ease back into activity.** Let your child return to normal play gradually. Your surgeon will tell you when daycare or school is appropriate.

05 Nasal care

- **Nasal stents may be in place.** Your child may have soft nasal stents or conformers to help shape the nostrils. Do not remove them — your surgeon will remove or adjust them at a follow-up visit.
- **Keep the nose clear.** For stuffiness or crusting, use saline nose drops or spray, then gently clear with a bulb syringe if needed. If stents are in place, irrigate the openings gently with saline as directed to keep them open.

06 Pain management

- **Use acetaminophen (Tylenol) or ibuprofen** as directed by your surgeon for comfort and fever. These over-the-counter medicines are usually all that is needed. Follow the dosing on the label or from your provider exactly — do not give more, or more often, than directed.
- **Time a dose around bedtime** for the first few nights to help your child rest.

07 Follow-up care

- **Your first post-operative visit is usually about one week after surgery,** with additional checks over the following weeks as the repair heals.
- **Bring your questions to each visit.** If you cannot keep an appointment, please call our office to reschedule.
- **Cleft care is a team effort.** Ongoing follow-up may include your surgeon, speech, hearing, and dental specialists as your child grows.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101°F (38.3°C)
- Increasing redness, swelling, bleeding, foul-smelling drainage, or separation of the suture line at the lip or nose
- Pain not relieved by the recommended medicine
- Refusing to drink, fewer wet diapers, or repeated vomiting
- No bowel movement for a couple of days, or any other new concern

Call our office at **973-360-1100**.

+ Call 911 for an emergency

Call 911 or go to the nearest emergency room immediately if your child has any of the following:

- Trouble breathing, gasping, or noisy or labored breathing
- Stops breathing, or lips or face turn blue or very pale
- Choking, or is unable to swallow
- Heavy bleeding that will not stop
- Unresponsive, difficult to wake, or unusually limp
- A seizure
- Swelling of the face, tongue, or throat, hives, or trouble breathing after a medicine (allergic reaction)
- Signs of severe dehydration — no wet diapers, no tears, sunken eyes, or extreme drowsiness
- A high fever with a stiff neck, severe drowsiness, or a rash that does not fade when pressed

Do not wait to call the office in a life-threatening emergency.