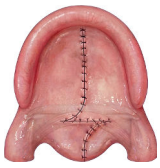
POST-OPERATIVE CARE

Cleft Palate 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.

SOFT DIET	NOTHING IN THE MOUTH	FIRST FOLLOW-UP	ARM RESTRAINTS
About 3 weeks	Until healed ~6 wks	3–4 weeks	If used, 2–3 wks

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 ease within the first day.
- **Swelling and blood-tinged saliva are normal.** You may notice puffiness and a little oozing or pink-tinged drooling for the first day or two. This settles over the next several days.
- **You may see material in the roof of the mouth.** A brown or black dissolvable packing is sometimes placed at the repair. It is not harmful and will dissolve, fall out, or be swallowed on its own — do not try to remove it.
- **Fussiness, sleep changes, and mild earaches are common.** Your child may be tired or irritable and sleep less well for the first week or two. Mild earaches are common after palate surgery.

02 Feeding & diet

- **Feed upright, and stay upright afterward.** Hold your child upright during feedings and for 20–30 minutes afterward to help them swallow comfortably.
- **Liquids first, then soft foods for about 3 weeks.** Give liquids the day of surgery and the next day (formula, milk, yogurt, thin cereal, pudding, ice cream, creamed soup, thin purées). Then move to soft foods that mash easily between two fingers — mashed potatoes, cooked vegetables, finely ground meats, pasta, or bananas.
- **Use a cup, the side of a spoon, or a squeeze feeder.** A short-spout or spoutless cup works well. Keep the spoon at the lips only — never place spoons, forks, straws, or the cup spout past the teeth or against the palate.
- **Offer small amounts of cool liquid every 1–2 hours.** Cool liquids keep the mouth clean and moist and soothe swelling while your child is awake.
- **Rinse the mouth with water after every feeding.** A few sips of water rinse food away from the stitches and the roof of the mouth.
- **Avoid hard, crunchy, sticky, spicy, or red foods.** No chips, toast, crackers, pretzels, or hard candy, which can damage the repair; no sticky foods like cheese or peanut butter; and avoid spicy, citrus, or red-colored foods that can irritate or be mistaken for blood.
- **An adult should do all feeding.** Do not let your child feed themselves, and do not let siblings offer food or objects during recovery.

03 Keeping your child hydrated

- **Fluids matter most.** Your child may eat less at each feeding — that is expected. Feed smaller amounts more often and focus on keeping fluids in.
- **Watch for signs of dehydration.** Call our office if you see crying with no tears, fewer wet diapers than usual, a dry mouth or skin, or unusual sleepiness.
- **Ask about an oral rehydration drink.** If your child is struggling to take enough fluid, ask us whether a drink like Pedialyte is appropriate.

04 Protecting the repair

- **Nothing hard goes in the mouth.** Keep fingers, toys, pacifiers, straws, utensils, and hard objects away from the mouth. The palate is not fully healed for about six weeks.
- **The roof of the mouth may feel numb.** Your child may not feel injury to the healing area, so keep small or hard objects out of reach and supervise closely.
- **Ease crying when you can.** Forceful crying can pull on the stitches — holding, comforting, and feeding help settle your child.
- **If arm restraints ("no-no's" / elbow sleeves) were given,** use them to keep your child from reaching the mouth, usually for about two to three weeks. Not every child needs them — use them only if your surgeon provided them.
- **Give supervised breaks from restraints.** If used, remove them while bathing or holding your child and at least every couple of hours to stretch and check the skin, keeping hands away from the mouth. Watch for stumbles, since sleeves can make your child clumsy.

05 Nasal care & drainage

- **Clear a stuffy nose gently.** Saline nose drops, followed by a soft bulb syringe if needed, help with congestion that can make feeding harder.
- **Liquid may drip from the nose after feeding.** Some fluid passing through the nose while your child eats is normal after palate surgery and may continue for several months as healing and speech develop.

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. Mild earaches are common and usually ease with the same medicine.

07 Activity, rest & follow-up

- **Keep activity gentle.** Quiet play, reading, toys, and stroller walks are fine. Returning to daycare or school is usually about a week after surgery, or when your surgeon advises.
- **Sleep on the back or side, head slightly raised.** Avoid stomach-sleeping; a slightly raised head helps reduce swelling.
- **Your first follow-up is usually 3–4 weeks after surgery.** Please call the office to schedule, and bring your questions to each visit.
- **Palate care is a team effort.** Clear speech is a main goal of the repair; ongoing follow-up may include your surgeon, speech, hearing/ENT, 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)
- Bleeding or foul-smelling drainage from the mouth or nose
- Pain not relieved by the recommended medicine, or an earache so severe your child cannot rest
- Refusing to eat or drink, fewer wet diapers, or signs of dehydration
- A white coating on the palate or tongue that is not milk (possible thrush)

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.