



Secondary Palatal Surgery Discharge Advice for Parents and Carers

Going Home

Now that your child is going home after their operation, you may find this information leaflet helpful. Your child's surgery was performed either to improve speech or to close a hole (fistula) that may have developed in the palate. It may take several months before the success of the operation can be evaluated.

If you have any urgent concerns when you go home, please contact the Plastic Surgery Registrar on duty for the Cleft Team by contacting your hospital switchboard. For routine questions regarding your child's operation please contact your named Cleft Clinical Nurse Specialist through the hospitals' switch boards, CHI Temple Street 01 8784200 CHI Crumlin 01 4096100

Food

Your child should eat "pureed" food, yoghurt consistency, for 2 weeks after surgery and soft food on week 3. Continue with a well-balanced diet, avoiding sugary foods which may cause tooth decay. A drink of water or milk should be given following food.

Pain Relief/Antibiotics

Pain relief such as ibuprofen (Nurofen) or paracetamol (Calpol) are suitable to use when you go home. Antibiotics are not routinely prescribed on discharge home after this type of operation. However, some children may require antibiotics. If your child requires antibiotics, it is important that the full course is taken.



Mouth Hygiene

Your child has a wound in their palate. Depending on the type of surgery performed, they may also have a wound on the inside of one or both cheeks, or at the very back of the throat. The stitches will dissolve in approximately 3 to 4 weeks and are not harmful if swallowed. If there are wounds inside their cheeks, it may be uncomfortable for your child to open their mouth wide for several days. This should improve with time. Please seek immediate medical advice, and inform the Cleft Team, if you notice fresh blood in your child's mouth following discharge home.



During this time, it is very important for your child to keep their mouth clean to stop build-up of food debris. A glass of water after each meal and brushing their teeth correctly twice a day is important. A downward brushing motion is best.

Antibiotics are not a Substitute for Good Oral Hygiene

If you are worried that your child's wound has "come apart", please contact a member of the Plastic Surgery Team within normal working hours 8am-4pm weekdays. As long as your child is well, it is not an emergency and is usually managed by waiting to see how it settles. Small areas of wounds can break down but usually heal on their own. If your child becomes unwell at home with a high temperature, reluctance to eat/drink, please see medical advice from your GP or local hospital, and inform the Cleft Team.

Sleep

Ideally your child should sleep on their side or propped up on a pillow to reduce the swelling at the back of the throat. It will also stop the build-up of saliva in their mouth. Some children may snore for some weeks after surgery.

Activities

Most children get back to their normal routine very soon after their operation and should be allowed to play, attend crèche/school and go outdoors as usual a week or two following surgery.

Your child should not suck their fingers or thumb or place objects/toys into their mouth for 3 weeks after surgery. This will allow your child's wound to repair and heal.



Follow up appointments

Your child's operation is one of a number of operations that may be needed to help their speech or feeding. It is important they continue to be reviewed by the cleft team. This will allow the team to check for any problems that may develop, and to plan further operations.

Please ensure that your child attends all their appointments. You should organise an appointment with your child's community speech and language therapist for 4 weeks after their operation. The Cleft Team will review speech at a hospital based clinic 3 months after their surgery.

The quality of your child's speech may vary after surgery due to swelling in their mouth. Your child's speech may sound as if they have a cold or it may sound better for the first few days and then become more nasal in the following weeks. When the swelling has reduced the speech and language therapist can evaluate your child's speech. If your child has other problems such as making correct speech sounds, you may not notice any change until they have had speech and language therapy in your local clinic.

If you are unable to attend your child's appointment please contact your cleft team secretary or administrator/co-ordinator through the hospital switchboards.

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Important to Remember

Next Cleft Clinic Appointment _____

Next Speech and Language Therapy Appointment _____

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