

**b. Do the stitches need to be removed?**

⇒ Yes, they most often do, unless in occasions where the surgeon feels that it is suitable to use stitches that can drop off by themselves.

**c. Will my child be in a lot of pain after the surgery?**

⇒ At the end of surgery, local anaesthetic injections will be given over the cheek that will make the lip and nose numb (painless) for about 6 hours. At the same time, regular pain killer will be given to your child.

**d. Will my child be able to eat or drink after the surgery and how should I feed him/her?**

⇒ The doctor who reviews your child after the surgery will allow your child to drink once he/she is fully conscious and alert. Feed your child using syringe or bottle feed as per normal. Breast feeding may not be comfortable for your child first three days after surgery as it may be painful to open mouth big in order to latch on the breast.

**e. How will our child look after the surgery?**

⇒ The cleft lip would be closed. Immediately post-surgery, expect some swelling on the lip, nose and cheek. Some bruising may occasionally appear on day two. There may also be blood clot in the nostril and on top of the wound. The surgical wound will have a special tape placed across the upper lip from one cheek to the other.

**f. What time do we need to be at the hospital and which ward will my child be admitted?**

⇒ It is advisable to reach the hospital before 10am to allow sufficient time for admission procedure and for necessary investigations to be done prior to review by the anaesthetist and surgical team.

Your child will usually will be admitted in the surgical paediatric ward at the Women & Child Health Complex.

**g. How long will the operation last and do we get to stay with our child while they are having the anaesthetic?**

⇒ Operation normally takes about 2 to 3 hours depending on the complexity of the intubation and surgery. One parent will be allowed to be with the child to the operating theatre and will be asked to leave as soon as your child is under anaesthetic.

**h. How long will my child need to stay in the hospital?**

⇒ Most patients are discharged the next day after surgery providing that the child has had an uneventful surgery, no fever or bleeding and able to feed well.

**i. How long will our child need to take pain relief medication?**

⇒ Regular pain-killer such as “panadol” is recommended for first three days, then pain killer can be taken when necessary.

**j. Will we get to talk to the surgeon before and after the operation?**

⇒ Surgeons work in a team. The team members will be discussing regarding the surgery when you are seen in the clinic also in the ward prior and after the surgery. Ward rounds are usually done twice a day but there will always members of the team available should you have any questions.

**F. Useful contact numbers**

**Oral and Maxillofacial Surgery Clinic 03-79674838**



ADAM

# CHEILOPLASTY

## Cheiloplasty (Cleft lip surgery)

### A. Information on the surgery

Cleft lip surgery is usually performed when the child is about 3 to 6 months of age and is done under general anaesthesia. Occasionally the cleft lip surgery has to be delayed for various reasons, mostly in the best interest of the patient's safety.

This procedure joins the upper lip together, restores muscle function, and provides an almost normal shape to the mouth. The lip and nose are repaired at the same time.

### 1. Surgical procedure

Skin incision is made in a certain design according to the type of cleft and surgeon's preference. The orientation of the lip muscles are corrected and sutured together followed by suturing of the floor of the nose and skin of the lip. A strip of special plaster will be placed across from one cheek to the other, to help relax the wound. Additional local anaesthetic injection will be given to numb the upper lip and both cheek for early post-op pain control. The cleft palate and gum shall be fixed in subsequent surgeries.

### 2. Advantages of the surgery

- i. Restores the continuity of the upper lip
- ii. Restore form and functions of the lips
- iii. Intact lips contribute to the development of the mouth and face
- iv. Helps in social interaction

### 3. Main risks of surgery

(Other than anaesthetic risks which shall be explained by the attending anaesthetist)

- i. Bleeding – which can be easily addressed if there is no underlying abnormalities
- ii. Wound dehiscence – uncommon, but may happen in unusually wide cleft
- iii. Infection – uncommon and usually respond to antibiotics.

### 4. Other options if surgery is declined

Unfortunately none

### B. Before the surgery

1. Pre-admission clinic procedures
- a. Patient with preexisting medical conditions may need assessment from the relevant specialists to ascertain fitness for surgery.

Occasionally patient may require early admission for thorough investigation and assessment.

- b. Pre-Anaesthetic assessment is performed at least 2 weeks prior to the scheduled surgery.
2. Preparing for admission
    - Keep your child healthy
    - Please call the clinic if the child has an active upper respiratory tract infection within 2 weeks prior to the scheduled surgery
  3. Arrival to UMMC - Proceed to the admission counter

### C. Operation

1. Anesthesia: refer anesthesia leaflet
2. Child shall be brought down to the operation complex and either mum or dad will be allowed to accompany child into the operation room.
3. Mum/dad/family members may wait at the waiting area outside the operation complex while the surgery is ongoing.
4. When surgery is over and child has been brought to the recovery bay, either mum or dad will be asked to accompany child.

### D. After the operation

- Your child would feel some discomfort over the surgical wound and in the throat resulting from the breathing tube that was inserted during the surgery.
- To overcome the discomfort, pain-killer will be given as instructed by the doctors.
- No antibiotics required unless specified by the surgeon.
- Refrain from giving drinks (or food) to your child until permitted to do so by the doctors.
- Once the child is allowed to drink, start with sips of clear water via syringe / bottle, progress to milk in gradually increasing amount.

- Bottle feeding or breast feeding can be attempted on the ward
- Child can be discharged from the hospital the day after surgery if well
- Return to clinic for stitch removal after approximately 5 days
- Start gentle massaging over surgical wound following stitch removal

### Home advice

#### i. Wound care:

- Clean wound gently using cotton tip soaked in clean water, then apply a thin layer of antibiotic ointment followed by the surgical adhesive tapes across from one cheek to the other.
  - Minimize direct sun exposure for at least 6 months after the surgery
- ii. Medication: pain killer (paracetamol)
  - iii. Diet – allow oral liquid feeding
  - iv. Complications to watch out for at home
    - Bleeding
    - Signs of infection i.e redness, swelling, pain/discomfort and pus discharge.
  - v. Stitch removal is scheduled at 5 days post op and is usually done in the clinic unless otherwise specified
  - vi. Application of scar reducing ointment and scar massaging with oil are allowed after stitch removal.

### E. Commonly asked questions

#### a. Will a patch of skin from other parts of the body be used to fill up the cleft gap?

⇒ No, the cleft gap will be filled up by sliding the adjacent skin and muscles from each side of the cleft to be stitched up.