



Cleft Lip Repair: Home Care Instructions

General Information

It is very important to protect the incision while it is healing. The incision site has sutures (stitches) on the inside and outside of the lip. The outside of the lip might have a skin glue called dermabond instead of visible stitches. The following information will help you to care for your child after cleft lip surgery. Complete healing through all the skin and muscle layers will take approximately six weeks. For questions regarding the surgical site you may call your surgeon's office:

- Plastic Surgery Office at 720-777-6409
- ENT Office at 720-777-8501
- Other: _____

Feeding

You may resume feeding your child using the same bottle and nipple device that was used prior to surgery as soon as your child is interested in eating. Sometimes your surgeon will recommend a special bottle or syringe feeding device to be used for ease of feeding in the immediate postoperative period such as the Brecht feeder, sip and squeeze bottle, or Haberman.

The method of feeding your child is:

(Haberman, breast feeding, Brecht feeder)

Positioning:

Hold your baby in an upright position and feed slowly to prevent choking. Burp frequently, holding the baby in a sitting position on your lap rather than over your shoulder. To prevent dehydration, the target volume (amount) of liquids your baby should be taking daily is approximately _____ ounces a day. This is _____ 8 ounce bottles. Increase the volume if your child starts to show signs of dehydration and call your physician.

Incision Care – Your physician has ordered the following wound care for your child (choose one)

- To prevent infection and remove excess drainage from the external lip/nose area, the lip and nose incisions should be cleansed twice a day using ½ strength hydrogen peroxide. Antibiotic ointment should be applied as 2-3 times a day and as needed to keep the site moist. Once the sutures are removed you may discontinue the cleanings and ointment.
 1. Equipment needed: half-strength peroxide (equal amounts of hydrogen peroxide and water mixed together), cotton-tipped swabs and antibiotic ointment
 2. Organize the equipment within reach. Use one hand to do the cleaning and the other hand to hold your child's head firmly. Moisten the cotton-tipped swabs with the hydrogen peroxide/water mixture. Gently roll the swab over the incision line

starting at the top of the incision line near the nose. Do not rub the incision line as it may loosen the sutures. The goal is to gently remove the excess drainage. Clean the entire length of the external suture line. Do NOT insert the swab into the nose or mouth. After cleaning, apply the antibiotic ointment along the external suture line with a clean cotton-tipped swab. Remember that you should NOT put anything inside your child's nose, including a bulb syringe.

- Apply antibiotic ointment to the pin part of the lip 3 times a day.
- Apply antibiotic ointment to the stitches twice a day and as needed to keep the site moist
- Keep the steri-strips dry and intact to the lip. If the steri-strips come off before 5 days please call your doctor's office.
- Dermabond has been applied to your child's lip. Dermabond is liquid skin glue that holds the wound edges together. The film will usually remain in place for 5-10 days, and then naturally peel off. Do not wash the Dermabond or put any ointment on the Dermabond or the Dermabond may loosen before the wound is healed.

Arm Restraints

Elbow restraints (splints) are used to prevent your child from rubbing the newly repaired lip/nose with hands or toys. Listed below are guidelines for the safe use of arm restraints;

- The restraints may be worn over a long-sleeve shirt to decrease skin irritation.
- Restraints should be removed at least every four hours while your child is awake to exercise the elbows and wrist and to inspect the skin.
- You may remove only one splint at a time if your child is very active, so you can supervise adequately and prevent your child's hand from going to the face and injuring the repair.
- Move your child's unrestrained arm fully, bending the elbow and wrist joints several times to prevent stiffness in those joints.
- Inspect the skin under the restraints for redness. If red areas develop, massage the spot gently with lotion. Also, remove the splints more frequently to decrease skin irritation. Padding the splints with a thin, cotton cloth (like a cloth diaper or burp rag) will also help.
- Restraints are to be worn continuously at nighttime and nap time.
- Your child can stop wearing the restraints after:
 - TWO WEEKS**
 - THREE WEEKS**

Safety

The incision site is strong enough to tolerate tension to the site when your baby cries but it is optimal to minimize crying as much as possible by giving pain medications as instructed and providing comfort measures. When in bed, position your baby on the back or side, using rolled blankets for support. Your baby should NOT be placed on his/her tummy with face down towards the mattress. Safe places for your baby are a sturdy infant seat or the arms of an adult.

Medications

1. Pain Medications: Your child will be sent home with Tylenol, Tylenol with Codeine, or a stronger narcotic as prescribed by your physician for pain. Usually Tylenol will be all the



medication your child will need for comfort. After 72 hours, you may give Ibuprofen (Pediaprofen) instead of Tylenol for comfort. If the medications do not provide pain relief, call you doctor.

2. Ear Drops: If your child had tubes place in his/her ears, the doctor will order ear drops. Apply _____ drops to _____ ear _____ a day for a total of _____ days

** If ear tubes are placed, be sure to call the ENT clinic to schedule a surgical follow-up appointment.

Notify the Surgeon or Pediatrician if:

- Your child has bright red bleeding from the incision line that soaks an entire wash cloth within an hour.
- You see signs of infection: swelling in combination with redness that is spreading well beyond the incision site and fever greater than 101 °F, drainage from the incision line. Note: The redness and swelling of the lip that is present after surgery should gradually decrease.
- Your child does not drink enough fluids to make at least 3-4 wet diapers a day.
- If ear drainage continues for greater than 5 days.
- You child has signs of dehydration: low urine output, lethargy or significant decrease in activity, dry lips and mucous membranes, or inability to produce tears.

Follow-Up Appointment

With _____ (Doctor's name) on
_____ (date)

Plastic Surgery Clinic. Call 720-777-6409 to schedule the appointment

ENT Clinic. Call 720-777-8501 to schedule the appointment.

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Approved by the Patient Education Committee

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