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## Cleft lip and palate repair

Cleft lip and cleft palate repair is surgery to fix birth defects of the upper lip and palate (roof of the mouth).

### Description

A cleft lip is a birth defect:

- A cleft lip may be just a small notch in the lip. It may also be a complete split in the lip that goes all the way to the base of the nose.
- A cleft palate can be on one or both sides of the roof of the mouth. It may go the full length of the palate.
- Your child may have one or both of these conditions at birth.

Most times, cleft lip repair is done when the child is 3 to 6 months old.

For cleft lip surgery, your child will have general anesthesia (asleep and not feeling pain). The surgeon will trim the tissues and sew the lip together. The stitches will be very small so that the scar is as small as possible. Most of the stitches will be absorbed into the tissue as the scar heals, so they will not have to be removed later.

Most times, cleft palate repair is done when the child is older, between 9 months and 1 year old. This allows the palate to change as the baby grows. Doing the repair when the child is this age will help prevent further speech problems as the child develops.

In cleft palate repair, your child will have general anesthesia (asleep and not feeling pain). Tissue from the roof of the mouth may be moved over to cover the soft palate. Sometimes a child will need more than one surgery to close the palate.

During these procedures, the surgeon may also need to repair the tip of your child's nose. This surgery is called rhinoplasty.

### Why the Procedure is Performed

This type of surgery is done to correct a physical defect caused by a cleft lip or cleft palate. It is important to correct these conditions as they can cause problems with nursing, feeding, or speech.

### Risks

Risks from any surgery include:

- Breathing problems
- Reactions to the medicines
- Bleeding
- Infection
- Need for further surgery

Problems these surgeries may cause are:

- The bones in the middle of the face may not grow correctly.
- The connection between the mouth and nose may not be normal.

## Before the Procedure

You will meet with a speech therapist or feeding therapist soon after your child is born. The therapist will help you find the best way to feed your child before the surgery. Your child must gain weight and be healthy before surgery.

Your child's health care provider may:

- Test your child's blood (do a complete blood count and "type and cross" to check your child's blood type)
- Take a complete medical history of your child
- Do a complete physical exam of your child

Always tell your child's provider:

- What medicines you are giving your child. Include drugs, herbs, and vitamins you bought without a prescription.

During the days before the surgery:

- About 10 days before the surgery, you will be asked to stop giving your child aspirin, ibuprofen (Advil, Motrin), warfarin (Coumadin), and any other drugs that make it hard for your child's blood to clot.
- Ask which drugs the child should still take on the day of the surgery.

On the day of the surgery:

Most times, your child will not be able to drink or eat anything for several hours before the surgery.

- Give your child a small sip of water with any drugs your doctor told you to give your child.
- You will be told when to arrive for the surgery.
- The provider will make sure your child is healthy before the surgery. If your child is ill, surgery may be delayed.

## After the Procedure

Your child will probably be in the hospital for 5 to 7 days right after surgery. Complete recovery can take up to 4 weeks.

The surgery wound must be kept very clean as it heals. It must not be stretched or have any pressure put on it for 3 to 4 weeks. Your child's nurse should show you how to take care of the wound. You will need to clean it with soap and water or a special cleaning liquid, and keep it moist with ointment.

Until the wound heals, your child will be on a liquid diet. Your child will probably have to wear arm cuffs or splints to prevent picking at the wound. It is important for your child not to put hands or toys in their mouth.

## Outlook (Prognosis)

Most babies heal without problems. How your child will look after healing often depends on how serious the defect was. Your child might need another surgery to fix the scar from the surgery wound.

A child who had a cleft palate repair may need to see a dentist or orthodontist. The teeth may need correcting as they come in.

Hearing problems are common in children with cleft lip or cleft palate. Your child should have a hearing test early on, and it should be repeated over time.

Your child may still have problems with speech after the surgery. This is caused by muscle problems in the palate. Speech therapy will help your child.

## Alternative Names

Orofacial cleft; Craniofacial birth defect repair; Cheiloplasty; Cleft rhinoplasty; Palatoplasty; Tip rhinoplasty

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