

## Patient information sheet – Alveolar bone grafting

### Why is alveolar bone grafting done?

Babies with cleft lip and palate usually have a defect in the upper jaw bone (Maxilla). It is also the area which would hold the canine tooth in the future. To fill this defect in the bone and to give support to the erupting canine, alveolar bone grafting is done.

### When is it usually done?

It is usually done between the age of 7 to 11 years. More importantly, it is done when the canine tooth starts erupting. If it is done too early, the bone graft resorbs before the canine tooth enters the area. If it is done too late, the canine tooth will have no support and will fall off. The decision regarding the timing of the surgery is usually done by your surgeon and orthodontist after monitoring the growth of the jaw. There will also be some amount of orthodontics (Braces) before and after the surgery.

### Any tests required?

Your child might have to undergo a Cone beam CT scan to measure the extent of the defect.

### What does the surgery involve?

Your baby will be seen by our paediatric anaesthetist before surgery and then admitted on the day of surgery. The surgery is conducted under general anaesthesia and takes about 60-90 minutes. The gap in the bone is filled with cancellous and cortical bone borrowed from the hip (Iliac crest). The wound is closed with absorbable stitches. There might be a tube placed in the hip to drain the blood (Drain), which will be taken out after a couple of days. Your child will be discharged usually after 2 days.

### What happens after surgery?

You might also notice some mild oozing of blood from the mouth which is normal. Your child will be on soft diet for 3 weeks. You will be advised to give your child regular mouthwashes to keep the mouth clean. There will be a follow up appointment after 1 week to check the wound. All the stitches are absorbable and you might notice them either getting absorbed or falling off in the subsequent weeks. Once the wound is healed, your child will continue with some more orthodontics to create a nice arch of the upper jaw.

### What complications can I expect?

Infection, bleeding, swelling and pain are common complications that can happen. The pain will be managed by our acute pain service team while in the hospital. You might notice that the hip pain is usually more than the pain in the upper jaw. Usually only a simple pain killer is required once your child is discharged. In very rare circumstances, the wound can give away (wound dehiscence) and the procedure might have to be repeated at a later date.

### I have a few more questions. What do I do?

Kindly write to us at [contact@drvvybhavderaje.com](mailto:contact@drvvybhavderaje.com). We will be happy to reply to any of your questions and concerns.

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Disclaimer: This information sheet is for you to get a general idea about the condition and surgery. This is in no way a substitute for a formal consultation with your doctor.

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