

Patient information sheet - Cleft lip

What is a Cleft lip?

Cleft lip is one of the most common congenital facial deformity, where there is a cleft (Gap) in the upper lip. Depending upon the severity, it could be microform, partial or complete. It can also be associated with a cleft in the gum (alveolus) and cleft in the palate.

How is it diagnosed?

It can be diagnosed by high quality 3D and 4D Ultrasound while the baby is still in the womb of the mother. The anomaly scan conducted during early pregnancy usually can detect it. Many times, it can be missed and then discovered only after the delivery of the baby.

How is it treated?

The cleft lip repair surgery is done usually when the baby is between 3-6months old. Your baby needs to be physiologically stable enough to sustain a general anaesthesia.

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 upper lip is reconstructed by adjusting the skin and mucosa and also by repairing the muscle of the lip. Some maneuvers may be carried out to also correct the nasal deformity. The wound will be stitched with sutures.

What happens after surgery?

Your child will have Steristrip tape bandage on the operated area. Your child will have splints on both arms to avoid the child from inadvertently injuring the wound. You will be allowed to feed the baby after 2 hours of the surgery. Our speech pathologist will advise you regarding the techniques of feeding. If the feeding gets normalized, your child will be discharged on the next day or day after. Stitches are usually removed after 1 week. You will be advised to massage the scar for the next 3-6 months to improve the scar outcome.

What complications can I expect?

Infection, bleeding, scar, swelling and pain are common complications that can happen. The pain will be managed by our acute pain service team while in the hospital. 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. We will be happy to reply to any of your questions and concerns.

Email Id: contact@drvvybhavderaje.com

Phone no: +91 9535581616

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.

Email Id: contact@drvybhavderaje.com
Phone no: +91 9535581616