

Patient information sheet - Cleft palate

What is a Cleft palate?

Cleft palate is one of the most common congenital facial deformity, where there is a cleft (Gap) in the palate, inside the mouth. Depending upon the severity, it could be complete, incomplete and submucous. It can also be associated with a cleft in the gum (alveolus) and cleft lip. This can affect the swallowing mechanism in the child and also the speech because the muscles that are responsible for these functions are also abnormal. In some children, it can also cause dysfunction in the Eustachian tube and filling up of water in the middle ear leading to hearing disturbances.

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 palate repair surgery is done usually when the baby is between 9-12 months old, just before the development of speech. 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 palate is reconstructed by adjusting mucosa and also by repairing the muscle of the palate. In the same sitting, the ENT surgeons usually insert ventilation tubes to improve the middle ear effusion. The wound will be stitched with sutures. There will be some areas in the side of the palate which will have wounds because of the mobilization of tissue from there to close the defect in midline.

What happens after surgery?

Your child might have some absorbable packs kept inside the mouth. You might also notice some mild oozing of blood from the mouth which is normal. 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 with only clear liquids. Soft diet will be allowed from the next day onwards. Our speech pathologist will advise you regarding the techniques of feeding. If the feeding gets normalized, your child will be discharged in 2-3 days. 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.

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. 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. Problems in speech can still

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persist despite surgery and your child might need speech therapy during the growing years of the childhood and very rarely speech surgery as well.

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.

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.