

Patient information sheet – Speech surgery

Why is speech surgery done in Cleft patients?

Babies with cleft lip and palate usually have multiple speech problems. Babies with Cleft lip and alveolus can have articulation defects. Babies with Cleft palate can have a nasal twang (Hyper resonant speech) due to the abnormal muscles of the palate. All these require continuous speech therapy and occasionally surgery to correct the speech.

When is it usually done?

It is usually done after the age of 5-6 years, when speech therapy has not yielded the desired result. Your surgeon and the speech pathologist will make the decision regarding the need and timing of surgery after a detailed discussion with you.

Any tests or preparation required?

Your child might have to undergo Speech assessment periodically and a nasal endoscopy and fluoroscopy depending upon the progress. In nasal endoscopy, a tube will be passed through the nose to visualize the back of the throat and palate and assess the cause for speech discrepancy. Along with it, real time X-ray is also conducted to see the movements of the speech apparatus. If there are specific issues to be addressed, your child will then undergo the surgery.

What does the surgery involve?

Your child will be seen by our pediatric anaesthetist before surgery and then admitted on the day of surgery. The surgery is conducted under general anaesthesia and takes about 60-90 minutes. Tissues in the throat and palate are readjusted to either alter the shape and size of the opening of the back of throat depending upon the defect in the speech. The palate could also be lengthened in the same procedure. Palatal fistula repair also could be conducted. All the wounds are closed with absorbable stitches.

What happens after surgery?

You might notice some mild oozing of blood from the mouth of your child which is normal. You will be advised to give regular mouthwashes to keep the mouth clean. Patient will be discharged after 1-2 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. Once the wound is healed, speech assessment will be done again after 6 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. The extent of improvement in speech is very hard to predict and in some circumstances, there is a possibility that the improvement could be very minimal.

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

Kindly write to us at contact@drvybhavderaje.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.