



PRIOR TO ADMISSION

Your child will be seen at the Mercy Center for Craniofacial and Children's Reconstructive Surgery for a pre-op visit prior to surgery. At this visit, you will be given instructions on preoperative requirements. You will need to make sure that the Center has current insurance, billing and contact information for your child.

Coming to the hospital

The Pediatric Units provide diapers, formula and baby food. You are welcome to bring a few items to make your baby feel more comfortable and secure—such as a favorite toy, stuffed animal or blanket.

Please bring one or two one-piece cotton outfits (“onesies”) for your baby to wear. These are easiest to use when securing the arm restraints.

You may stay in your baby's room after surgery. We will show you how to care for your baby at home. There is room for one parent to sleep next to your baby's crib in the hospital. Please check with the nurses on the unit to see if additional space is available.

The Pediatric Unit and the Pediatric Intensive Care Unit (PICU) are located on the third floor at Mercy Medical Center. **You are welcome and encouraged to tour these areas when you come for your pre-surgical visit. For more information, contact the Child Life Specialist at (515) 643-4524.** Each unit has specific visiting hours and guidelines. Please check with the nursing staff on your unit.

DAY OF ADMISSION

The Pre-Surgery department will contact you the day before your baby's surgery. They will tell you the time of the surgery and what time you need to arrive.

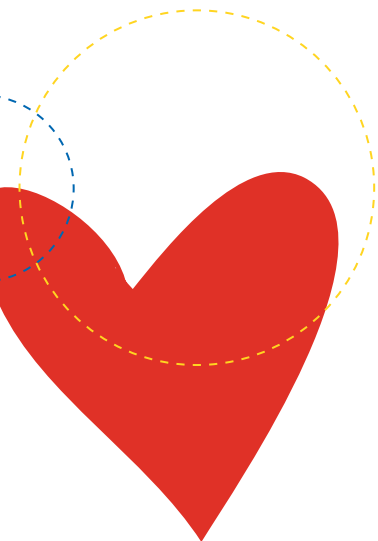
The Admitting Desk is located in the Main Lobby at Mercy. When checking in, let them know that your baby is scheduled for surgery that day. After you are admitted, you and your baby will be taken to the pre-surgery area where the nurses and anesthesiologist who will be taking care of your baby will meet with you.

Surgery time varies with each case depending on the size of the cleft and the amount of repair that is required. Surgery time for a unilateral cleft lip repair takes about two-to-four hours. Surgery time for a bilateral cleft lip repair usually takes about three-to-five hours.

During surgery, you may wait in the Surgical Family Waiting Room on the first floor by the chapel. After surgery, Dr. Maurice will speak with you. Your child will go to the recovery room, and then will be transferred to the PICU or Pediatric Unit. You will be reunited at this point.

AFTER SURGERY

Your baby may be awake, sleepy, or asleep when he or she is transferred from the recovery room to the pediatric unit. Your child will have a few tubes and wires attached to him or her. These may include a pulse oximeter (a monitor that helps measure the oxygen level in your



child's blood), cardiac monitor (monitor that records the heart's rhythm and rate) and an I.V. (a plastic tube that goes into your child's veins so he or she can receive food, fluid, and medicines that can't be taken by mouth). Your child may have some discomfort after surgery. We can give him or her pain medicine through the IV or by mouth. We may also give your child other medicine, such as antibiotics to prevent infection.

Care during recovery

There will be an obvious suture line where the repair was performed. The area may appear swollen; this usually decreases within three-to-five days. There may be small tapes ("steri-strips") over the suture area. You may notice some blood-tinged drainage from the surgical site. Do not be alarmed; this is normal for a day or so. Your child may be fussy or irritable for a while after surgery; this may last about three-to-five days.

To help prevent falls, be sure to keep the side rails of your child's crib up. Your child will be placed in arm immobilizers to help prevent him or her from touching his or her mouth and disrupting the repair. The restraints must be loosened a few times each day to check for skin irritation. Loosen only one at a time, and do not let your child's hands near his or her mouth. Exercise your child's arms when restraints are off so that they don't become stiff. Otherwise, your baby should have the restraints on at all times. Your baby must wear the restraints for two weeks following surgery. Arm immobilizers can make your child clumsy, so if your child is walking, watch for falls.

Following cleft lip repair, try to keep your baby from rolling onto his or her stomach for two weeks following surgery to avoid irritation of the incision.

AFTER YOU GO HOME

If steri-strips/tapes were placed over the incision, leave these in place until they fall off by themselves. If no steri-strips were placed, apply Bacitracin ointment to the incision twice-a-day (if your doctor or nurse asks you to do so).

If non-dissolvable sutures are used, your child will be taken back to the operating room for suture removal in approximately one week. If dissolvable sutures are used, your child will return to the Center in approximately one week for a check-up. The second visit should be in about two weeks. There will be a scar on your child's lip that will become less noticeable over time. Sun exposure should be minimized for 12 months to reduce darkening of the scar.

Feeding after surgery

After cleft lip and palate surgery, your child's feeding schedule may need to be changed for a day or two. The best way to feed your child after surgery is one that minimizes sucking. Often, your child can resume feeding with the same nipple and bottle used prior to surgery. In some cases, you may need to use a syringe, "Soft-Sipp Bottle," or other method for a while. We will explain any feeding changes to you and teach you what you need to know to feed your baby. Your child should be held upright for feedings. Feeding may go slowly at first, but will return to normal in time. If your child is eating solids, use the side of the spoon, not the tip, when feeding to avoid damage to the repair.

Do not use pacifiers or straws for three weeks following surgery as they may damage the repair.




Pain Management

Immediately after surgery your child will receive pain medication through the IV. When your child is tolerating fluids, he or she will be given pain medications by mouth (usually either Tylenol with codeine or regular Tylenol). You may be sent home with a prescription for pain medications for your child. It may be helpful to give pain medication 30 minutes before feedings to ease pain with eating. Ibuprofen (e.g. Advil, Motrin) should not be used for one week after surgery as it may cause bleeding.

Suture Care

If steri-strips were placed, leave these in place until they fall off by themselves. If no steri-strips were placed, apply Bacitracin ointment to the incision twice-a-day (if your doctor or nurse asks you to do so). The incision line may be cleaned gently with soap and water and a soft wash-cloth. Avoid rubbing the incision and pat it dry when finished. Continue using the arm restraints for two weeks following surgery.

WHEN TO CONTACT THE CRANIOFACIAL TEAM

- Bleeding from the incision
 - Signs of infection (increased redness, warmth or swelling of the incision or pus-like drainage)
 - Temperature over 102°F when taken rectally
 - Refusal to take fluids or persistent vomiting
 - Rupture of the suture line
- 
- 