

Let's Talk About...

Mouth Surgeries

This handout describes care for two mouth surgeries: frenuloplasty (FREN-you-low-PLAS-tee) and pharyngoplasty (FAR-IN-go-PLAS-tee).

Some children are born with a short frenulum (FREN-you-lum). The frenulum is the thin tissue that connects the tongue to the bottom of the mouth. It can be hard to talk with a short frenulum. To repair this, the surgeon makes a small cut on the frenulum to free up the tongue. This surgery is called frenuloplasty (FREN-you-low-plas-tee).

Another common problem is a cleft palate, where both the upper lip and upper part of the mouth (soft palate) are split. The surgeon fixes the cleft so less air escapes through the nose. This surgery will help improve speech, too. This surgery is called pharyngoplasty (far-ING-goh-plas-tee).

Diet

When can my child eat?

After your child wakes up from surgery, he can drink clear liquids that are easily digested. Clear liquids include Pedialyte®, water, apple juice, Gatorade®, Popsicle®, and plain Jell-O®. Most babies can take a bottle or resume breastfeeding. Your child should drink only clear liquids for the first 24 hours. If he drinks these liquids well, you can give him some solid foods, if your child's surgeon tells you to do this. Start with foods like cooked cereal, applesauce, and pasta. Avoid sticky or thick foods that may stick to the stitches or be difficult to swallow. Avoid fatty or greasy foods like hamburgers and pizza for a few days. Do not give your child hard or sharp foods like crackers and chips for the next few weeks. Your surgeon may give different instructions. If so, follow your surgeon's instructions.

What can I do if my child vomits or feels like vomiting?

Sedation from the procedure, car movement, and pain medicine can all cause nausea and vomiting. You can help your child by having him lie quietly and decrease his movement. Wait till your child feels less sick before you offer him something to drink. You may not be able to prevent vomiting. If your child vomits, wait until his stomach has settled down (about 30 minutes after vomiting). Then have him take small sips of clear liquid or ice chips every 5 to 10 minutes. If your child is less than two years old, give him water, apple juice, or Pedialyte. If he is older, try a Popsicle, Gatorade®, Jell-O, decaffeinated Coke®, or 7-UP®. Help your child drink every 15 to 30 minutes, but do not force him to drink. If the nausea returns, wait another 30 minutes and try again. Once your child has stopped feeling sick, begin feeding him solid foods. If he continues to vomit or cannot keep fluids down, call your doctor or take your child to the emergency room.

How will I know if my child is drinking enough?

After the procedure, your child will have low body fluids. Some signs of not having enough to drink include dark yellow urine, a dry mouth (no spit), chapped lips, and the soft spot on your baby's head sinks inwards. If you notice any of these, give your child more to drink. He should urinate (pee) normally within 24 hours after the procedure. A baby should have 6 to 8 wet diapers in 24-hours. An older child should urinate every 6 to 8 hours. Have your child drink a small amount of fluid every 15–30 minutes while he is awake. This is important and will prevent dehydration.

Pain

How can I tell if my child is in pain?

No surgery is pain free, but it is important for your child to be comfortable so he can heal. If he is older, you can talk to him about his pain and assess his needs. If your child is younger or developmentally delayed, he may moan, whimper, make a face of pain, cry, be irritable, be inactive, not eat, or not sleep. In all cases, you should comfort your child and listen to his concerns.

How can I help with my child's pain?

Tylenol® and ibuprofen are effective ways to treat pain. Some other pain medicines have Tylenol in them, so be sure not to give Tylenol if your child is getting another medicine with Tylenol. Check with your nurse to be sure. It is important to give your child some food with the pain medicine, or he may vomit or feel nauseous. Other ways you can help make your child more comfortable is to have him change his position every few hours. Providing “comfort measures” such as a favorite blanket or movie can also help.

Wound Care

How should I care for the surgery site?

The sutures will absorb naturally so they will not need to be removed. It is a good idea to rinse your child's mouth with water after each feeding or meal. Keeping the mouth clean prevents infection that would interfere with healing. It is important to keep all hard objects such as eating utensils, toys, fingers, and drinking straws out of your child's mouth. Dental hygiene is important and should be started right away after surgery. Dental hygiene is usually done with a soft washcloth or pink “spongies.”

How much drainage is normal?

It is normal to have some drainage from the mouth and nose that is tinged with blood. This should stop in the 24 hours after surgery.

Are there other things I should do for my child?

Frenuloplasty: Do not place your child on his tummy. This will put pressure on the jaw and interfere with healing.

Pharyngoplasty: After the surgery, there will be a smaller hole for the air to pass between the nose and the throat. Swelling in the back of the throat may cause your child to snore and sound “stuffed up.” The stuffiness will get better in 3–5 days, but the snoring will most likely be permanent. To help your child breathe easier and prevent blockage by the tongue, have your child lie on his side or tummy.

Bathing/Showering

When can my child take a bath or shower?

Your child may bathe or shower the day after surgery.

Activity

How active can my child be?

Surgery may affect your child's coordination. He may feel dizzy or drowsy for the next day or two. To keep your child safe, it is important to follow these guidelines:

- Do not let a toddler or young child walk without help.
- Keep side rails up on cribs.
- Keep your child from activities such as climbing up a ladder, going down a slide, playing on jungle gym equipment, riding a bicycle, riding a scooter, snowboarding, or rollerblading.
- Discourage your child from screaming or yelling as this irritates healing in the throat.
- Discourage teens and young adults from driving a car or operating anything that requires quick decisions.
- Do not send your child back to school right away. Ask your doctor for advice on when your child should return to school.

Behavior

What is normal behavior after surgery?

It is normal to see behavior changes after surgery. If behavior changes last longer than 3–4 weeks, call your doctor. Some examples of changes include regression (bed wetting or acting out), changes in sleep and eating patterns, or nightmares. Be patient with your child. This will help reduce these changes.

Calling the Doctor

When should I call the doctor?

Call your child's doctor if you see any of the following:

- Temperature over 101 °F.
- Drainage from the wound increases.
- Increased swelling.
- Excessive or uncontrolled vomiting or nausea.
- Numbness of fingers or toes.
- Signs of dehydration (dry mouth, less than 6–8 wet diapers per day).
- Excessive diarrhea or constipation.
- Excessive pain.
- Chest pain, shortness of breath, or unable to wake child: Go to the Emergency Department or Call 911!

How do I call the doctor?

During regular office hours (Mon-Fri, 8:30 a.m. to 4:30 p.m.), call your child's surgeon and speak to the nurse. If the office is closed, call the operator at Primary Children's Hospital, 801.662.1000, and ask for the resident who is on-call for your child's surgeon. You can reach the resident at any time.

Is it important to have a follow-up appointment?

It is very important that you follow up with your child's doctor after surgery. It is a good idea to keep a list of questions to take to the appointment.

Is there a web site that might answer some of my questions?

For further questions, access our Internet site at: www.primarychildrens.com, then click on the Kids Health link. (A Primary Children's partnered online health resource for families.)



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