# CLEFT PALATE REPAIR / PHARYNGOPLASTY

## PRACTICE GUIDELINE ©

## DOCUMENT SUMMARY/KEY POINTS

- Repair of cleft palate/pharyngoplasty patients are managed as a day of surgery (DOS) elective admission.
- Patients will not be discharged until discharge criteria have been met.

## CHANGE SUMMARY

- Document due for mandatory review.
- Replaces SCH clinical pathway
- Changes made: Addition or Between the Flags criteria and SPOC charts

## READ ACKNOWLEDGEMENT

- Clinical nurses in C1SW, PACU and others caring for Cleft Palate Repair should read and acknowledge this document.





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| **Approved by:** | SCHN Policy, Procedure and Guideline Committee | |
| **Date Effective:** | 1st December 2019 | **Review Period**: 3 years |
| **Team Leader:** | CNC | **Area/Dept**: Cleft and Craniofacial |

# Introduction

Patients presenting for repair of cleft palate and/or pharyngoplasty are booked elective patients with the referral source either the Outpatients Department or surgeon's private rooms. See: Admissions: Clerical Procedures – SCH.

## Inclusion criteria

- Patients considered appropriate for day of surgery admission.
- Patients for PRIMARY repair of Cleft Palate
- Patients having initial Pharyngoplasty surgery

## Exclusion criteria

- Patients considered inappropriate for either day of surgery admission or overnight admission (more than 24 hours) based on pre-admission assessment. This may include patients with severe obstructive sleep apnoea, neurological or respiratory conditions that may require CICU post-operatively.

# Expected Outcomes

- Pain is managed appropriately with oral analgesia. Opioid infusions are NOT routinely required.
- There will be no unplanned admissions to CICU.

# Post Operative Care

## Observations

- Heart rate, respirations and oxygen saturation to be recorded HOURLY overnight, and are to be BTF on the age appropriate SPOC chart. Heart rate and respirations may be stretched to 4$^{th}$ HOURLY in the morning following a review by plastics team.
- Temperature recorded 4th HOURLY (if outside normal parameters, record more frequently)
- Continuous saturation monitoring must occur on the first night of surgery. The day after surgery, saturation monitoring should occur whilst patient is asleep.
- Observe wound site for bleeding. Contact plastics team if fresh or new bleeding present.

  **DO NOT suction patient's mouth with a yankeur suction. If suction is required a flexible Y-suction catheter is to be used. Place the tip of the y-suction to the sides of the mouth. Do not suction further than one centimetre for babies/toddlers. For older children may go up to 2 centimetres. Do not suction in towards the palate as this may cause trauma or rupture stitches. Please take extreme care.**

## Fluids and Nutrition

- Oral fluids via a cup or the patient's usual bottle and softened cleft palate teat may commence the day of surgery unless otherwise stated by the plastics team.
- A soft diet is commenced the day after surgery. **No** hard foods such as biscuits and chips are allowed for 3 weeks.
- Parent/carer only to control the spoon. Not the child. A soft silicone coated spoon is advised to parents on discharge.
- **No** Dummies or hard objects in the mouth for 3 weeks. Dummies may only be allowed if authorised and documented by the admitting consultant.
- Titrate IV fluids to oral intake for at least **4 hours** post op. Cease IV fluids once oral fluids are tolerated, cap IV cannula. Ensure cannula is flushed 4-6 hourly once capped.
- Maintain a fluid balance chart
- Encourage oral hygiene with water after meals.

## Medications

- Administer oral analgesia regularly and as needed. (i.e. Regular Paracetamol +/- Oxycodone +/- Nurofen)
- Nurofen may only be commenced the day after surgery.
- If applicable, ensure discharge medications script is sent to pharmacy on admission.

## Wound Management

- For the first 3 weeks it is important to have:
  - NO fingers or dummies in mouth.

    Parent/carer is to watch for this strictly and guide fingers away. SCH does **not** advocate for arm splints to be worn at this can further distress the child.
  - Fluid and soft diet only (no hard foods like biscuits, crusts and potato chips)
  - If feeding with a spoon, do not allow to the spoon to touch the roof of the mouth. Only the carer is to control the spoon, not the child.
  - If feeding with a bottle, use a soft worn-in teat.
  - After each feed, give patient water to drink to wash the surgical site.
- The sutures will be visible for the first 3-6 weeks – they will all progressively dissolve.
- If fresh bleeding occurs, please call Plastics Registrar immediately for review.

## Discharge Criteria

**The Patient is only ready for discharge once they have met ALL of the following criteria:**

- Observations are between the flags on the age appropriate SPOC charts.
- Tolerating oral fluids/ feeds well.
- Received regular pain relief (pain score less than or equal to 3/10 on an SCH approved paediatric pain scale eg. FLACC).
- No fresh bleeding observed.
- Follow-up appointment for cleft lip and palate clinic given to parents/carers.
- Post op discharge information sheet provided - including appropriate analgesia use and precautions, fluid and diet intake and mouth care.
- Discharge medications provided if ordered (may be collected from pharmacy).
- Medical discharge summary (can be mailed out by clerical staff once completed by Plastics team).
- Nursing discharge summary including analgesia doses and times.
- Parents have been given CNC and Hospital switchboard contact details for Registrar in case of any issues post discharge.

## Related documents

- Between the Flags (BTF): Clinical Emergency Response System (CERS)
- Admissions: Clerical Procedures – SCH

## References

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