



## Instructions for Post-Surgery Care of Cleft Lip

### **I. The Best Position**

After surgery, the lateral position of a patient is most ideal.



### **II. Keep Airway Patent**

Cleft patients choke more often because of the greater amount of sputum in their lungs and they usually have difficulties with swallowing. In a baby patient, the caretaker must know how to hold and tap the baby's back.

**Frequency:** It is suggested to tap the baby's back every 2 hours, especially when the baby comes back from the recovery room and after feeding.

**How:**

Palm down with a bowl shape and gently tap the lower back of the baby, firmly but not hard enough to cause discomfort.



### III. Feeding

For a baby patient, it is fine to have breast or bottle-feeding before surgery. With bottle-feeding, it might be helpful to enlarge the nipple hole (with a large cross-cut opening) a bit. Accordingly, there will be a steady flow of liquid through the opening as the bottle is held upside down. Hold the baby in a semi-sitting position and feed slowly. Small frequent feedings may be necessary for the first week. The caretaker should make sure the baby has enough milk. The temperature of the milk should be the same as before surgery.



### IV. Wound Care

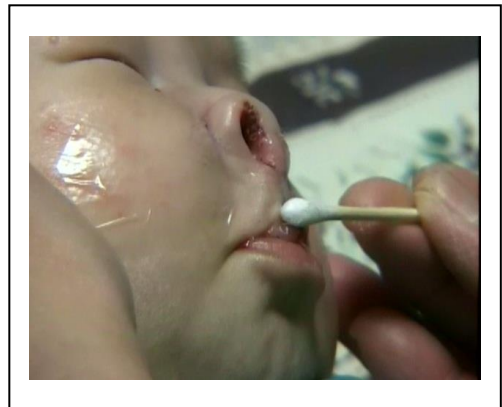
It is important to keep the stitches clean at all times to prevent crust formation and infection. It is suggested that the wound should be cleaned each time after feeding. Before doing this, the caretaker should wash hands to prevent contamination. The caretaker should clean the stitches, nostril, and lip area inside and out **gently** with sterile normal saline solution and a cotton swab. Crusts and scabbing should be **gently** removed to ensure the wound can heal adequately.



The caretaker should dry the wound and nostril with a cotton swab before applying antibiotic ointment. In case the wound shows signs of infection, such as redness and swelling, the caretaker should change the wet dressing with normal saline approximately every 4 hours.



If the stitches come off, the caretaker should **gently** cleanse the area. Petroleum jelly (Vaseline) may be applied to the area to prevent hard scabs and keep it well hydrated.



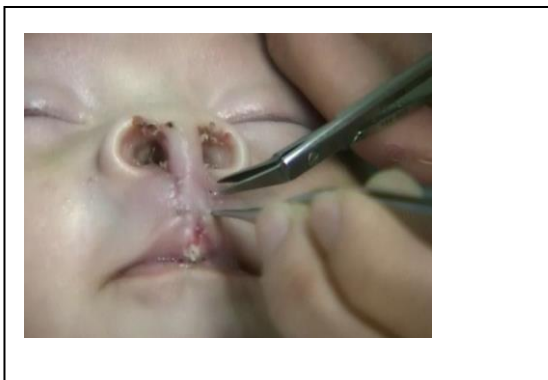
## V. No restriction for arm activity

Appliances like safety pins or silk socks for immobilizing the elbow or preventing movement of the hand to the lip are common, but these devices have no longer been used at Chang Gung Memorial Hospital in Taiwan. Their data shows that there is no increased rate in infection or lip dehiscence when they are not used.



## VI. Stitch Removal

In most cases, dissolving stitches are used and there is no need to have any stitches removed after surgery. Sometimes the doctor may use stitches that need to be taken out 5 to 7 days after surgery. The caretaker may ask the doctor if he or she is not sure the patient's stitches have to take out or not.



## VII. Scar Care and Massage

There are 2 types of bandages we suggest. During the day, it is fine to have a tape bandage only; during the night it should have an extra silicon tape to cover the scar.



During the healing processes, the lip may start to pull up a bit as scar tissue gradually forms. Because of that, it is suggested to apply scar massage 4 weeks after lip repair which helps to break up scar tissues and soften a firm scar. It will eventually help with the appearance of scars and fine lines. The caretaker can rub the patient's upper lip in a downward motion from nose to lip. Also, the caretaker can grasp the upper lip between the thumb and index finger then lightly squeeze the scar in a circular motion. The massage can be done 4- 5 times a day and 3-5 minutes each time. The massage treatment should be routinely done for half a year after lip surgery.

## VIII. Nasal Stent

The main purpose of the nasal stent is to keep the nasal cartilages in their new position. The nasal stent should be worn 24 hours for the first 6-8 months after cleft lip repair, and only be taken out twice or three times a day for the sake of stent cleansing.



### **VIX. Modification of the Nasal Stent**

The silicon nasal stent needs to be modified over time. We gradually increase the height of the stent by adding silicon sheetings on the domes of the stent every month.



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