

# Better, Faster Recovery from Alveolar Bone Graft Surgery

with the Enhanced Recovery after Surgery (ERAS) Program



STRONG  
MEMORIAL HOSPITAL

## Your Child's Surgical Care Team

You will see many different people during your hospital stay. We work together to plan the best steps toward returning your child to wellness as soon as possible.



Clinton S. Morrison, M.D.  
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Surgeon



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**Other team members include:** Residents, Registered Nurses (RNs), Patient Care Technicians (PCTs), Respiratory Therapists, Physical Therapists, and Environmental Services (the people who help us keep our spaces clean)

# Contact us

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## Our Team

At Golisano Children's Hospital, we are proud to offer the region's only center dedicated to the needs and treatment of children born with cleft lip, cleft palate, and other craniofacial anomalies. Our center consists of an interdisciplinary team of professionals, dedicated to offering a full range of services to the patient and family dealing with these types of birth defects. It is our mission to provide optimal care through a team-oriented approach and to stimulate and support research that will improve the quality of life for our patients. We strive to change faces, and, ultimately, to change lives. At Golisano Children's Hospital, we are fortunate to have an experienced, interdisciplinary team that is recognized by the ACPA as well as other medical

organizations. To learn more about our team, please visit:

[golisano.urmc.edu/craniofacial](http://golisano.urmc.edu/craniofacial)



## What is the Enhanced Recovery after Surgery (ERAS) program?

Enhanced Recovery after Surgery is based on scientific evidence about surgical recovery. We use these standards to get your child back to normal as soon as possible after surgery.

How do we do this?

By changing the way we manage your child's care before and after surgery.

And including **you** as a very important part of the team.

This booklet will:

- Help you and your child prepare for surgery.
- Explain how you play an active part in your child's recovery.



Research shows that your child will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and pain control. In combination, these things will help your child feel better faster and go home safer and sooner.

**Please bring this booklet with you on the day of surgery.** Use it as a guide during your child's hospital stay. We may refer to it as your child recovers, and review it with you when you're ready to go home.

Having surgery can be stressful for you and your family. The good news is that you are not alone. We will support you each step of the way, Please ask us if you have questions about your care. We want to be sure to answer all your questions!

Use this space to write down your questions as you go through the booklet. There's more space in the back of the booklet.



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## Words we use in this booklet

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<b>Allograft</b> (A-luh-graft) .....	An allograft is tissue that is transplanted from one person to another. Allografts can come from both living and dead donors. Doctors have used allografts successfully—in all kinds of procedures—for many years.
<b>Alveolar</b> (al-VEE-oh-ler) .....	Relating to the bony ridge that contains the sockets of the upper teeth
<b>Alveolar bone</b> .....	A thin layer of bone under the gums. Alveolar bone forms the sockets around the roots of the upper teeth.
<b>Bone graft</b> .....	A transplant or movement of bone from one place to another
<b>Cleft</b> .....	A gap or split; divided or partially divided into two parts.
<b>Craniofacial</b> (cray-nee-o-FAY-shul) .....	Applying to the head and face
<b>Fistula</b> (FIST-yoo-la).....	Abnormal opening from the mouth to the nasal cavity remaining after surgical closure of the original cleft
<b>Incision</b> (in-SIH-zhun) .....	Surgical cut
<b>Incisors</b> .....	Canine teeth. You have two canines on the top of your mouth (sometimes called “eye teeth”). You have two on the bottom. Canines have a sharp, pointy surface for tearing food. Adult (permanent) canine teeth start coming in usually when you’re between 9 and 11 years old.
<b>IV (intravenous)</b> (in-tra-VEE-nus) .....	“In the vein.” A thin, bendable tube that slides into one of your child’s veins. It can stay there for a while. It can be hooked up to tubing that carries fluid or medicine to your child.
<b>Palate</b> (PAL-it) .....	The roof of the mouth



- Suture** (SOO-chur) ..... A stitch or row of stitches holding together the edges of a wound or surgical incision
- Tissue** (TI-shoo) ..... A group of cells in the body that are alike. Organs, muscles, skin and other body parts are made up of tissue.

## What is an alveolar bone graft?

A bone graft is when bone is taken from elsewhere and placed in an area where there is not enough bone. The alveolar bone graft can also help to close a fistula, if there is one. An alveolar bone graft is an operation done under general anesthetic.

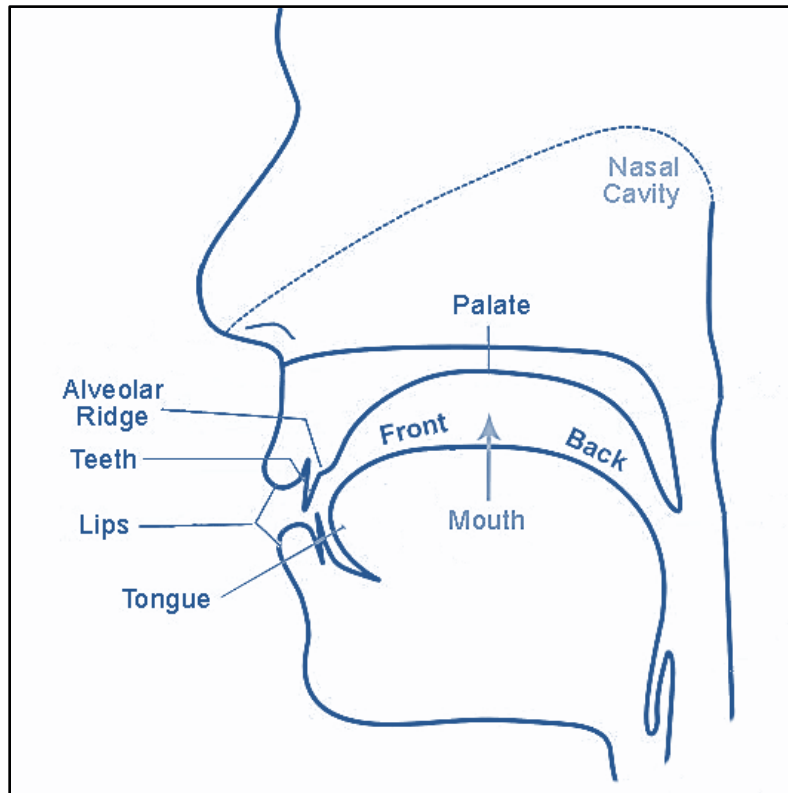
Some children who are born with both a cleft lip and a cleft palate also have a problem with the alveolar bone.

When there is a cleft in the alveolar bone, it means there is a fistula...a hole going from the mouth to the nasal cavity. This cleft in the bone and gums prevents teeth from growing properly. It can prevent the floor of the nasal cavity from developing normally.

Fixing the cleft to allow for proper tooth development is important to a child's health.

Missing teeth can have a negative effect on eating, digestion, facial growth, and appearance. In addition, a child's smile is an important part of their personality. Having missing teeth or teeth that don't line up straight can make a child feel bad about themselves.




The alveolar bone graft provides better support for the base of the nose. And it provides new bone to support the roots of developing teeth. The surgery usually is done when the child's permanent incisors are almost fully formed. This is usually between the ages of 9 and 11 years.



To do the bone graft, we use bone from someone who has died and donated their bone to help others. The doctor places the relocated bone to form a patch that will close the hole in the alveolar bone. Gum tissue inside your child’s mouth then will be closed around the bone. Sutures will hold the wound in place as it heals.

## How do we prepare for surgery?




### 1 day before surgery

	<p>Pack a bag for your child. It should include:</p> <ul style="list-style-type: none"> <li>• Pajamas and slippers</li> <li>• Favorite comfort items, such as a blanket or pillow, stuffed animals, and books.</li> </ul>
	<p>Remember to bring:</p> <ul style="list-style-type: none"> <li>• List of your child’s allergies</li> <li>• List of your child’s medicines</li> <li>• Emergency contact numbers</li> <li>• Insurance card</li> <li>• Any other important billing information</li> </ul>
	<p>The surgical center will call you after 3 p.m.</p> <p>They’ll tell you the time of your surgery. And they’ll tell you what time to be at the hospital.</p>

### On the day of surgery

<p><b>After midnight</b></p>	<p>Stop eating <b>solid foods</b>.</p>
<p>It’s OK to give your child <b>clear liquids</b> up to <b>1 hour</b> before arrival.</p>	


## After surgery

	<p>Your child will be sleepy for several hours.</p> <p>Your child will have an IV in place for giving fluids. Liquid oral pain medicine will be provided if needed.</p> <p>The lip and nose will be swollen. You may see a little bloody drainage around the lips and nose. You may see sutures on the inside of the upper lip.</p>
	<p>On the day of surgery and for 1 - 2 days after: clear liquids only.</p> <p>Examples include water, apple juice, clear jello (no added fruit), popsicles (taken off the stick), or clear broth.</p>
	<p>Do not use straws. The sucking action could cause blood clots (an important part of the healing process) to come loose.</p>

## What happens during my child's recovery at home?

For a week or two after surgery, your child may need extra attention and understanding. Don't worry about "spoiling" your child during this time. It is OK to respond to your child's need for extra holding and comforting.



	<p>It's common and expected for your child's face to be very swollen after surgery. The swelling will slowly improve over time. It's also common for children to have blood-tinged saliva (spit) for a day or two after surgery.</p>
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Your child's alveolar bone graft is repaired with dissolving stitches. Dissolving stitches are made of materials that the body can break down and absorb. They do not require a doctor to remove them. They will go away on their own.

Your child may have a removable dental splint over the repair, as well. The splint should be worn at all times, especially while eating. Your child may remove the splint after eating to rinse and clean it. The splint is usually worn for 6 weeks after surgery.

The repair is fragile for several weeks after surgery.



**For 6 weeks...**

- Your child should not put anything hard or crunchy in their mouth. This could damage the surgical repair.
- Your child should avoid eating crisp, crunchy, or hard foods.



It's important that your child gets enough liquids every day. (We call this "staying hydrated.") You'll know your child is getting enough to drink if they have a moist mouth and urinate (pee) regularly.



Do not use straws. The sucking action could cause blood clots (an important part of the healing process) to come loose.



Children generally will not eat as much as usual for days or even a week or two after surgery. Most children eat more and “catch up” once they are feeling better.

On the day of surgery and for 1-2 days after

Clear liquids only

Examples include water, apple juice, clear jello (no added fruit), popsicles (taken off the stick), or clear broth.

2-3 days after

Thin, runny foods

Examples include yogurt, thin cooked cereals, applesauce, puddings, ice cream, and creamed soups.

4-6 days after and for 6 weeks

Soft foods

This includes soft cooked fruits and vegetables, mashed potatoes, noodles, cereal soaked in milk, finely ground meats, and bananas. Anything that can be easily squished between two fingers should be safe to eat.

For 6 weeks

No hard or crunchy foods

For example, no pizza, chips, hard cereals, hard candy, cookies, or toast.



No tooth brushing for 7 days.

For 7 days after surgery, your child will keep their mouth clean by rinsing after eating.

After 7 days, it's OK to gently brush the teeth with a small, soft-bristled toothbrush. Either the parent should brush or the child should brush with parent supervision.



Use **Peridex™** (Chlorhexidine Gluconate 0.12%) **Oral Rinse** 3 times each day, after each meal. Do this for 7 days after the surgery. This helps keep the mouth clean. And it helps get rid of germs in the mouth.



Your child may have some mild pain at home. If your child is irritable and not eating or drinking well, they may be in pain.

We recommend you give your child pain medication every 3 hours. It is best to alternate acetaminophen (Tylenol) and ibuprofen (Advil/Motrin). An example is provided below, which you can use to keep track of how often your child should get medication.

	Dose	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Tylenol								
Ibuprofen								
Tylenol								
Ibuprofen								
Tylenol								
Ibuprofen								
Tylenol								
Ibuprofen								

If your child's pain is not controlled by these medicines, please call us. We may need to prescribe a stronger medicine.



It's a good idea to schedule a dose of pain medicine around your child's bedtime, especially for the first few days at home. This will help your child sleep better.



Your child can bathe or shower as usual.



Most children are ready to return to school in about 1 week. If you have concerns or questions about when your child can return, call us.



No gym, sports, or active play for 6 weeks after surgery, or until we say something different.



Keep track of your child's bowel movements (poops). They should return to previous bowel habits. If not, they may be constipated.  
Call your child's pediatrician or our office if you think your child is constipated.

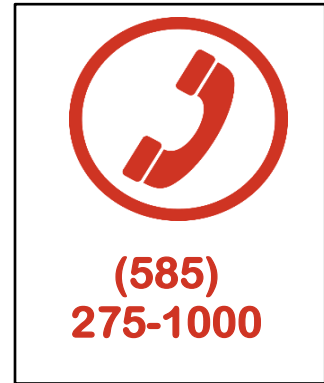


Please make an appointment with us for 2 weeks after surgery, for a follow-up visit.

After this visit, we probably will see you again in about 4 weeks.

## Call us if:

- There's redness, increased swelling, drainage, or bleeding from the incision.
- The row of stitches holding together the edges of the incision comes apart.
- Your child has a fever more than 101.5° F (taken in the armpit).
- Your child has pain that doesn't get better after you've given the pain medicine.
- Your child is not drinking liquids.
- Your child is vomiting.
- Your child has trouble breathing.



## Where can I find more information?

- **Golisano Children’s Hospital Family Resource Library**

[libraries.urmc.edu/gch](http://libraries.urmc.edu/gch)

Monday-Friday, 9 a.m. – 5 p.m.

Golisano Children's Hospital

1st Floor, Room 1-1177

Phone: (585) 275-7710

A librarian can help you:

- Find reliable and helpful health information
- Set up and use MyChart
- Provide a quiet space to read or relax
- Borrow books
- Connect to the Internet using your own device
- Use an iPad or use our PCs

- **Centers for Birth Defects Research and Prevention**

[www.cdc.gov/ncbddd/birthdefects/cleftlip.html](http://www.cdc.gov/ncbddd/birthdefects/cleftlip.html)

Facts about cleft lip and cleft palate, in English and Spanish

- **American Cleft Palate-Craniofacial Association (ACPA) Family Services – Resources for your cleft journey**

[cleftline.org/family-resources](http://cleftline.org/family-resources)

ACPA Family Services provides crucial information for parents and families, including: Educational Materials, Feeding Your Baby, and Community Support.

- **The Cleft Lip & Palate Foundation of Smiles**

[cleftsmile.org](http://cleftsmile.org)

Provides information and support for individuals and families with cleft lip or palate.





