

Better, Faster Recovery from Speech 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.



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Team Director and
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PNP, CLC
Nurse Practitioner



Elizabeth Huette, MS,
RN
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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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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 prepare for your child's 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!

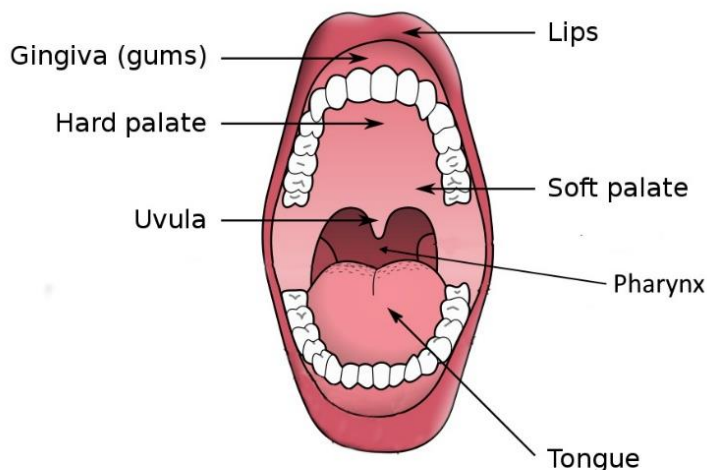
Use this space to write down your questions as you go through the booklet. There's more space in the back of the booklet.



Words we use in this booklet

Cleft	A gap or split; divided or partially divided into two parts.
Consonant	Every letter sound except a, e, i, o, u.
Esophagus (eh·SOPH·a·guss)	A muscular tube connecting the throat (pharynx) with the stomach
Incision (in-SIH-zhun)	Surgical cut
IV (intravenous) (in-tra-VEE-nuss).....	“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.
Larynx (LAIR-ingks).....	Voice box. A part of your body between your pharynx and your trachea. It's made of cartilage and muscle that allow you to make sounds. The larynx contains your vocal cords.
Palate (PAL-it)	The roof of the mouth
Speech-language pathologist (SLP)	A professional especially trained to evaluate and treat many types of communication and swallowing problems. This includes speech (how we say sounds and put sounds together) and language (how well we use words).
Suture (SOO-chur)	A stitch or row of stitches holding together the edges of a wound or surgical incision
Velopharyngeal Insufficiency (VPI) (vee-lo-fare-IN-gee-uhl in-suh-FIH-shun-see)	When parts of the throat and roof of the mouth don't work right during speech. “Velo” refers to the velum, or soft palate. It is the part of the roof of the mouth that moves when you say “ah.” “Pharyngeal” refers to the throat (pharynx).

Mouth (Oral Cavity)



During normal speech, the soft palate raises and closes against the back wall of the throat (pharynx). This closes off the nose from the mouth for speech.

To produce consonants (letters such as p, w, and x), the soft palate must close against the back of the throat. When the muscle closes tightly against the back of the throat, air cannot come out the nose.

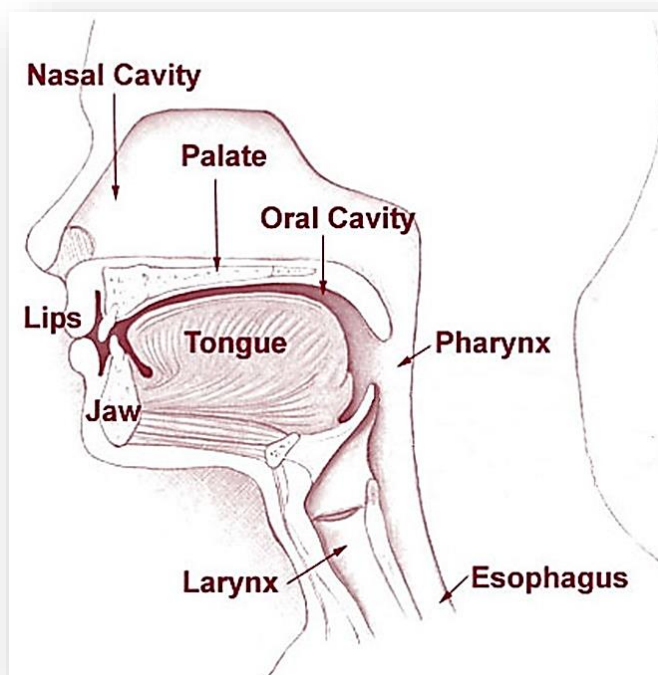
If the soft palate is not long enough to firmly close against the back of the throat during speech, sound and air can leak into the nose through the gap. This can cause speech that is very difficult to understand. This condition is called velopharyngeal insufficiency (VPI).

Why does my child need speech surgery?

The most common cause of VPI is a cleft palate. About 2 out of 10 children who have a repaired cleft palate will have VPI. Your child has developed speech problems after their palate was repaired.

To correct VPI for normal speech, the opening between the nose and mouth must be closed.

At your regular follow-up appointments, the speech-language pathologist (SLP) has been carefully following and listening to your child's speech. The SLP has been working closely with Dr. Morrison. They think surgery is needed to improve your child's speech.



How is VPI treated?

Surgery usually is needed to improve VPI. After VPI surgery, the soft palate can touch the back of the throat to close off the nose during speech.

Surgical procedures are performed inside the mouth under general anesthesia.

General anesthesia is a combination of medicines that put your child in a sleep-like state. Under general anesthesia, your child doesn't feel pain because they're completely unconscious. General anesthesia usually uses a combination of intravenous medicines and inhaled gasses.

Most times, your child will need to stay in the hospital overnight.

The most common types of surgery for VPI are:

Furlow palatoplasty

(FUR-lo PAL-it-oh-plass-tee)..... Brings the muscles of the palate into a more normal position. This lengthens the palate.

Sphincter pharyngoplasty



(SFINK-tur fair-ING-oh-plass-tee)..... This procedure moves tissue from the side of the throat to create a "speed bump" at the back of the throat. With this change, the soft palate can touch the back of the throat when your child talks.

Pharyngeal flap

(fair-IN-jee-uhl flap) The pharyngeal flap is done by taking a flap of tissue from the back of the throat (pharyngeal wall) and attaching it to the soft palate (velum). This flap forms a "bridge" to close the gap between the back of the throat and the soft palate. Two openings are left on each side of the flap. The openings allow the child to breathe normally through the nose.

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">• Pajamas and slippers• Favorite comfort items, such as a blanket or pillow, stuffed animals, and books.
	<p>Remember to bring:</p> <ul style="list-style-type: none">• List of your child's allergies• List of your child's medicines• Emergency contact numbers• Insurance card• Any other important billing information

On the day of surgery

After midnight	Stop eating solid foods .
It's OK to give your child clear liquids up to 1 hour before arrival.	

After surgery

	<p>Your child will be sleepy for several hours. Your child will have an IV in place for fluids. Liquid oral pain medicine will be provided if needed.</p>
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Your child can have clear liquids when they wake up.

What happens during my child's recovery at home?

It's common for children to have blood-tinged saliva (spit) for a day or two after surgery. If your child has any vomiting after the surgery, this too may have blood in it. This is normal.



Your child's palate is repaired with dissolving stitches.

Dissolvable stitches are made of materials that the body can break down and absorb. They do not require a doctor to remove them. They will disappear on their own.

The repair is fragile for several weeks after surgery.

To heal well, your child should avoid eating hard or crunchy foods for 6 weeks.



You may offer your child a small amount of water after eating or drinking to wash out the mouth and keep things clean. Otherwise, no wound care is needed.



Your child can bathe as normal.



Children generally do 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	<p>Clear liquids only</p> <p>Examples include water, apple juice, clear jello (no added fruit), popsicles (taken off the stick), or clear broth.</p>
2-3 days after	<p>Thin, runny foods</p> <p>Examples include yogurt, thin cooked cereals, applesauce, puddings, ice cream, and creamed soups.</p>
10-14 days after and for 6 weeks	<p>Soft foods</p> <p>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.</p>
For 6 weeks	<p>No hard or crunchy foods</p> <p>For example, no pizza, chips, hard cereals, hard candy, cookies, or toast.</p>



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.



Even though it will be hard to keep your child completely still after surgery, encourage quiet activities like board games, watching TV, etc. rather than active playing for 2 weeks. Your child should plan to be out of school for 1-2 weeks, depending on the specific instructions from your surgeon. Most are able to return to PE classes/sports/dance/swimming 4 weeks after surgery.



Your child may have some mild discomfort 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.

	<p>Keep track of your child's poops (bowel movements). They should return to previous bowel habits. If not, they may be constipated. (That's when they have few or no bowel movements, or they find it hard to pass a bowel movement.)</p> <p>Call your child's pediatrician or our office if you think your child is constipated.</p>
	<p>Your child may snore. This is normal. Snoring should start to go away as swelling in the throat goes away.</p>
	<p>You may notice an improvement in speech during the first week.</p> <p>However, the surgery does not change the way your child has already learned to talk. So, a speech language pathologist (SLP) will see you about 4-6 months after surgery to re-evaluate your child's speech. Your child may benefit from more speech therapy.</p>
	<p>Please make an appointment with your surgical team for 2 weeks after surgery, for a follow-up visit if it is not already scheduled.</p> <p>After this visit, we probably will see you again in about 3 months.</p>

Call us if:

- There's redness, 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.



**(585)
275-1000**

Where can I find more information?

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

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**

cdc.gov/ncbddd/birthdefects/cbdrp

Collaborates on large studies to understand the causes of and risks for birth defects, including cleft palate.

National Birth Defects Prevention Study

cdc.gov/ncbddd/birthdefects/nbdps.html

Birth Defects Study To Evaluate Pregnancy exposureS (BD-STEPS)

cdc.gov/ncbddd/birthdefects/bd-steps.html

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

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

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

