

## **Primary cleft palate repair (palatoplasty) in children**

### **小兒科顎裂手術**

#### **What is cleft palate?**

Cleft palate is a congenital birth defect that occurs when baby's palate does not form properly during pregnancy. The cause may be related to genetic and environmental factors. There is a spectrum of cleft palate deformity, ranging from submucous cleft palate, soft cleft palate to both hard and soft cleft palate. Sometimes, cleft palate can be associated with cleft lip deformity or as part of a syndrome.

#### **Treatment**

The primary repair of the cleft palate aims to appropriately align the muscles in the palate to facilitate normal speech while allowing optimal maxillofacial, skeletal and speech development.

#### **Preoperative preparation**

1. Fasting according to anaesthetist's instructions
2. Elbow splint may be considered

#### **Operative procedure**

1. The operation is performed under general anaesthesia
2. Myringotomy and grommet insertion maybe performed in the same operation in a selected group of patients
3. Palatoplasty is performed together with functional repair of the muscles.

#### **Postoperative care (Early)**

1. The patient can resume oral diet few hours after the operation or the day after, if appropriate
2. Physical restrains (such as elbow splint) may be used to prevent the patient from interfering with the oral wound
3. Analgesics is given for pain relief
4. Antibiotics is usually prescribed either orally or intravenously
5. The wound is rinsed with clean water after feeding
6. The patient can usually be discharged when full oral feeding is achieved

### **Postoperative care (Late)**

Speech assessment is often required to assess the speech outcome in patients after palatoplasty. Speech therapy may also be required to optimize the speech outcome. Other forms of speech assessments including endoscopic and fluoroscopic evaluations may also be required, especially when further surgical revision is considered.

### **Risks/Complications**

#### Intraoperative

1. Anaesthetic complications (rare)
2. Bleeding (usually insignificant)

#### Early post-operative

1. Wound bleeding
2. Wound infection / dehiscence (rare)
3. Desaturation secondary to soft tissue swelling (rare)

#### Late post-operative

1. Palatal fistula
2. Palatal dehiscence
3. Speech : small percentage of patients may have velo-pharyngeal insufficiency, articulation problem
4. Skeletal: maxillary hypoplasia

Revision palatoplasty or other forms of surgical procedures may be required for a selected group of patients to improve speech outcome.

### **Follow up**

Patient can usually be discharged from hospital few days after operation and be followed up in out-patient.

### **Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.