



Pharyngoplasty: information for families

Pharyngoplasty is an operation to change the shape and function of the soft palate and the area around it called the pharynx. This information sheet explains about the pharyngoplasty operation and what to expect when your child comes to the North Thames Cleft Service for the operation.

Some children whose cleft involves the palate develop a 'nasal' tone to their voice, because the soft palate is too short and air escapes through their nose when speaking. A pharyngoplasty aims to reduce the space behind the palate so less air escapes during speech. Other children with nasal speech, not caused by a cleft palate, can also benefit from the pharyngoplasty operation.

Is there anything I should do before the operation?

Where possible, we advise you to keep your child away from children or adults who have colds, 'flu' or other infections in the weeks running up to the operation. This will reduce the chance that your child's operation will have to be postponed because they are not well.

What happens before the operation?

You will need to bring your baby for a pre-admission appointment in the month leading up to the operation. The purpose of this appointment is to discuss the planned surgery and answer any questions. Your child will need to have a medical check-up and maybe a blood test. Some photos may be taken for medical records. Please bring your 'red book' with you to this appointment.

A doctor may also come to see you to explain the operation in more detail, discuss any worries you

may have and ask you to give your permission for the operation by signing a consent form. If your child has any medical problems, such as allergies, please tell us. If your child is taking any medicines, please bring these with you.

Another doctor (an anaesthetist) will visit you on the day of surgery to explain about the general anaesthetic.

What does the operation involve?

The operation is carried out by one of the specialist surgeons in the team. It involves shaping the tissue at the back of the throat to make it easier to block off air escaping through the nose. No tissue or material is taken from elsewhere. The surgeon uses an operating microscope to allow the small structures to be accurately shaped.

The operation usually takes from one to two hours, but expect your child to be away from the ward for two to three hours.

What anaesthetic is used?

Your child is given a general anaesthetic by an anaesthetist who specialises in giving anaesthetics to babies and children. One parent or carer may be able to go with your child to the anaesthetic room and stay until they are asleep. This usually involves your child breathing some anaesthetic gas.

Later, a tube is passed into the airway (trachea) to safeguard breathing. A cannula (thin, plastic tube) is put in a vein and usually left in place for a short time after the operation. Fluids are given through this tube during the operation and afterwards.

Are there any risks?

There is a small risk of infection following this or any operation, but your child will be given an antibiotic during the operation. Every anaesthetic carries a risk of complications, but this is very small.

Your child's mouth will be sore after the operations, but the nurses will give your child pain relief medicine. If your child's mouth swells a lot after the operation, they may have difficulty breathing for a while. This complication is rare. If this happens, the doctors will put a tube in your child's nostril to make breathing easier while the swelling goes down.

It is likely that your child will snore to some extent immediately after the operation. Breathing through the nose will be reduced but some children overcome this by breathing through their mouth. This usually improves over a few weeks and rarely continues.

When can I see my child after the operation?

Your child will go to the recovery room after the operation and one parent or carer will be able to go there with a nurse as your child is waking up. During the operation, local anaesthetic is put in the wound and the anaesthetist gives intravenous pain relief to reduce post-operative discomfort. Nonetheless, your child may be distressed and hungry. We expect there to be a little blood around the face from the nose or mouth, but this is entirely normal and nothing to be concerned about.

When will my child have something to eat and drink?

We are happy for your child to have something to eat and drink as soon as they are awake after the anaesthetic. The first few times may be difficult, partly because the lip is numb from the operation. We advise a soft diet for the first two weeks after the operation.

What happens afterwards?

At first there may be some bleeding from the mouth or nose but this usually stops quickly. Only very rarely will any further measures be necessary to stop the bleeding.

The corners of your child's mouth may become sore after the operation but this will improve within a few days.

When your child has returned to the ward, fluid and puree food may be offered as soon as they are awake. If your child is reluctant to drink it may be necessary to give extra fluid through the drip. The drip will be removed once they are drinking well again. It is important to give your child some sterile water after eating and drinking to keep the wound clean.

Your child will have a sore mouth after the operation and so may not feel like eating or drinking much. Various medicines can be given at regular intervals to help ease the pain and make feeding more comfortable.

When you get home

Feeding

By the time your child goes home, they should be getting back to a normal pattern of food and drink. We recommend a sloppy diet for two weeks after the operation. This could include cereal with warm milk, custard, tinned spaghetti, mashed potato, yoghurts and fruit. Please see our information sheet *Food suggestions following cleft*

surgery for further foods to try. Your child should not have hard foods such as crisps, apples, toast, chips, bread or boiled sweets for the first two weeks or so. It is also important to make sure that your child is drinking enough.

Please encourage your child to rinse their mouth well with water after all food, drink and liquid medicines. This helps cleanse the palate and stops food collecting around the operation site, which could lead to infection or wound breakdown.

Your child's swallow may feel different after the operation so please reassure them that it will improve and take time to adjust.

Medicines

You can give pain relief medicines, such as paracetamol syrup or ibuprofen syrup, at home following the dosage instructions on the bottle.

We advise that you give regular pain relief medicine for at least two weeks after the operation, making sure that you give your child a dose about 30 minutes before feeding.

Further information and support

If you have any questions, please telephone us on the numbers below.

At GOSH

- Panther Ward – 020 7829 8825
- Clinical Nurse Specialist – 020 7813 8439
- Dental department – 020 7829 8614

Infection

Infection after a pharyngoplasty operation is rare, but signs of infection include:

- Sore throat
- Discomfort
- Redness of the throat and mouth
- Irritability
- Raised temperature
- Loss of appetite

If your child develops any of these signs, please call the ward, as a course of antibiotics may be needed.

Rest and recuperation

Try to keep your child away from people with coughs and colds for the first few weeks after the operation. You may want to keep your child away from school for about two weeks.

Follow up

The Speech and Language Therapy department will send you a routine follow up appointment for around six months after the operation. Sometimes, the therapist will want to see your child three months after the operation but we will have explained this when the operation was planned.

At St Andrew's Centre, Broomfield Hospital

- Phoenix Ward – 01245 513 256 or 01245 513 258
- Clinical Nurse Specialist – 01245 516 029
- Dental department – 01245 516 012



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