



ACPA

American Cleft Palate
Craniofacial Association



**Preparing for Cleft Lip
and Palate Surgery**

acpacares.org

2026 Edition

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Your Cleft Care Team

Children born with a cleft lip and/or a cleft palate need special medical care and support services during the first year of life. Some will also need care and services in childhood, adolescence, and adulthood. A cleft care team is a group of professionals who specialize in treating cleft lip and/or palate and may include:

- A surgeon (such as a plastic surgeon, an oral and maxillofacial surgeon, a craniofacial surgeon, or a neurosurgeon)
- A speech-language pathologist, who assesses speech and feeding problems
- A pediatric dentist, who works with children, or another dental specialist
- An orthodontist, who straightens the teeth and aligns the jaws
- A geneticist, who has training in human genes and screens patients for syndromes (see the Glossary of the ACPA publication “Your Baby’s First Year”), including craniofacial syndromes, and helps parents and adult patients understand the chances of having more babies with these conditions
- A nurse, who helps with feeding education and monitors the child’s health
- A psychologist or other mental health professional who supports your child’s and your family’s emotional needs
- An audiologist, who assesses hearing
- An otolaryngologist, also called a head and neck surgeon or an ear, nose, and throat (ENT) specialist
- A pediatrician, a physician who specializes in monitoring your child’s overall health and development
- Other specialists

These professionals coordinate the operations your child may need, as well as treatment of related issues, including speech, eating, hearing, breathing, orthodontics, and social and emotional functioning.

Scan here or visit our website
to see how the American Cleft
Palate Craniofacial Association
can help you find an ACPA
Approved Team in your area.



SURGICAL TREATMENTS

Most children born with clefts undergo one or two surgical procedures during their first year:

- Cleft lip surgery, an operation to close the lip, usually takes place in the first few months of life.
- Cleft palate surgery, an operation to close a hole in the palate, commonly occurs just before a baby turns 1 year old.

The timing of these procedures will depend on the diagnosis and other factors. Both procedures are major milestones in a child’s treatment and in a family’s life. It is important to feel as informed and supported as possible during this time. Read on for additional information about each procedure.

PRESURGICAL ORTHOPEDICS

Some cleft care teams recommend **presurgical orthopedics**. This nonsurgical treatment takes place before cleft lip surgery to reduce the size of the cleft and/or begin reshaping the nose. Several forms of presurgical orthopedics may be part of your child's treatment:

- A **nasoalveolar molding (NAM) device** molds the tissue around the cleft to reduce the size of the opening. With a NAM device, a custom-made plate is placed in the child's mouth and held in place with tapes that attach to the child's cheeks. NAM treatment requires daily home care and regular adjustments (usually weekly) by the dentist or orthodontist on the team.
- A **Latham device** is a custom-made plate that is placed in the mouth surgically, rather than taped, and is tightened in the medical office and at home.
- **Face-taping** involves placing adhesive tapes on the face to move the tissue of a cleft lip and/or nose.

Cleft Lip Surgery

Cleft lip surgery repairs the gap in the upper lip by repositioning the muscle, skin, and mucosa around the mouth. This operation usually takes place when a child is 10 weeks old or older, depending on their needs and any other medical conditions that may affect the safe timing of surgery. Most often, the lip is fixed in a single operation. Sometimes, a surgeon performs this procedure in more than one operation, depending on the surgeon's personal experience, the surgery center's typical treatment protocols, and/or the severity of the cleft. Usually, cleft lip surgery is done along with a primary rhinoplasty, the surgical reshaping of the nose.

WHAT DOES THE SURGEON DO DURING THIS PROCEDURE?

During lip surgery, the surgeon removes tissue along the cleft edges and rearranges the skin, muscle, and mucosa to close the opening. There is no need to take tissue from other parts of the body for this procedure. The operation involves not only restoring proper lip dimensions and appearance but also reconnecting the upper-lip muscle to allow the child to move the lip normally, which is important for eating and speech.



Figure 1: Example of incisions for lip surgery

After surgery, the surgeon may place small tubes called nasal stents into the child's nostrils to support the nose. The stents may be held in place with surgical stitches or tape. Your cleft care team will teach you how to properly clean and use stents if your child needs them. They will be removed later, sometimes weeks or months after the procedure. These tubes help maintain the nose's shape after the procedure.

WHAT ARE THE RISKS?

The surgeon on the cleft care team and the hospital anesthesiologist should discuss the risks of surgery with you before the procedure. An anesthesiologist is a doctor who makes sure your child is asleep and pain-free during the operation. Anesthesia is usually well tolerated, but it can throw off sleeping cycles and make the child cranky when they awaken after surgery. Generally, surgical risks

include infection or wound healing problems, pain, swelling, and unpredictable scar tissue formation. More specifically, your child's face may change, which could lead to the need for revision surgery in the future. It is okay to ask about these risks so you can get all your questions answered before surgery.

WILL MY CHILD'S LIP OR NOSE NEED MORE SURGERY?

As a child grows, the lip or nose may change. Your care team may offer revision procedures, ideally coordinated with other surgeries the child might need, and these are usually optional. Remember that every operation can stress the child, so it is important to weigh the pros and cons of revisions. Usually, final procedures to adjust how your child's face looks are delayed until the end of facial growth, typically in the late teen years.

Cleft Palate Surgery

The purpose of cleft palate surgery, also called palatoplasty, is to close the opening in the roof of the mouth. This procedure usually takes place when the child is between 6 and 18 months of age.

WHAT DOES THE SURGEON DO DURING THIS PROCEDURE?

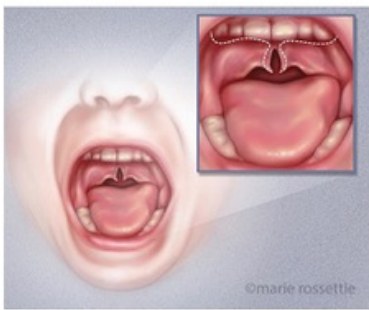


Figure 2: Example of incisions for palate repair

For cleft palate surgery, the surgeon removes the tissue edges, makes incisions, and rearranges the remaining oral, nasal, and palatal muscles around the palate to close the opening. As with lip surgery, there is usually no need to use tissue from other parts of the body. There are various techniques used to accomplish this goal, depending on the size of the cleft and the training of the surgeon. The surgery is often coordinated with placement of ear tubes by an ENT surgeon, depending on the results from your child's hearing tests and exam.

WHAT ARE THE RISKS?

The biggest risk of palatoplasty is breakdown of the wound, leaving a fistula, which is a persistent hole from the mouth to the nose. The risk of a fistula should be below 2%, but has been reported to be up to 20%.¹ Be sure to ask about this risk, because it can vary.

Long-term risks include speech changes that could require therapy or more surgery. This risk is between 5% and 30%.² Other risks after cleft palate surgery include the possibility of infection, bleeding, snoring, and poor feeding. These risks should decrease over the first few days. Careful monitoring in a hospital setting is important to be sure that your child stays hydrated and healthy.

WILL MY CHILD'S PALATE NEED MORE SURGERY?

As children with a cleft palate grow, they may need additional surgery to improve the function of the palate, especially near the back of the mouth, which is an important area for speech production. The surgeon and speech-language pathologist on the cleft care team may recommend procedures to deal with speech concerns, depending on the needs of the child.

Preparing for Surgery

HOW DOES AN OPERATION GET SCHEDULED?

In most cases, scheduling surgery requires input from your family. During your early meetings with the cleft care team, the surgeon may give you a general idea of when surgery should take place. Talk with the surgeon about your family's schedule and your support needs.

WHAT HAPPENS IN THE WEEKS AND DAYS BEFORE AN OPERATION?

Care team members will evaluate your child to be sure they are healthy and strong for surgery. Your pediatrician or surgeon may do this, but sometimes evaluations happen at the hospital during a preoperative visit. Protocols vary, so these questions are great to ask your cleft care team or team coordinator. They will also tell you whether any blood tests or other testing is required. Your surgeon will ask you to review and sign an informed consent form, a document saying that you understand the risks, benefits, and options for surgery. This is a good time to ask any last-minute questions.

WHAT SHOULD I BRING TO THE HOSPITAL?

- Health insurance cards
- Identification (driver's license or passport)
- Notebook, file, or electronic device for taking notes
- Comfort items for your child (such as a blanket or special toy)
- Comfort items for yourself (such as a blanket and snacks)
- Sleepers with a central opening (like those with snaps) that can easily be pulled on and off a child without disrupting any intravenous (IV) tube that was left in their arm after surgery for continued care

What Questions Should I Ask the Team Before Surgery?

QUESTIONS FOR THE SURGEON

- What surgical procedure will you perform? Will there be more than one procedure?
- What are the goals and benefits of this procedure?
- What are the risks and possible complications of this procedure?
- How old does my child need to be for this operation?
- Is this operation necessary at this time? Is it better to wait until they are done growing?
- Is there a weight requirement for surgery?
- Will my child need additional surgery?
- Is any treatment needed before surgery? Why? What is involved?
- How long will my child be under anesthesia? How will my child look and behave after surgery, as the anesthesia wears off?
- How long will my child stay in the hospital?
- How will my child's pain and discomfort be managed in the hospital? And what do I need to do to manage this at home?

- Will I need to have prescription medications or other medicines on hand for my child after surgery? How will I get the prescription medications? How often and at what times of day or night should I give the medications to my child?
- Are there any liquid or food restrictions before or after surgery?
- What medical items will I need to have to care for my child after surgery? (A surgeon may suggest hospital gauze, sterile water, creams, or other items.)
- Should I expect any changes in my child's sleep patterns after surgery?
- What should I watch for after my child comes home from the hospital?
- My child regularly attends childcare. How long should they stay at home before resuming a regular care schedule?
- Who can I call for medical advice (24-hour support) if I have a question?

QUESTIONS FOR THE TEAM COORDINATOR

- Will I need to make any payments to the hospital on the day of surgery or before surgery? What will the amounts be?
- At the hospital, where do I check in? Where do I park my car?
- May I stay overnight with my child in the hospital?
- Will I need to have special bottles, nipples, or food to feed my child at the hospital?
- How do I feed my baby after surgery?
- For mothers who pump breast milk: Is there a breast pump for me to use at the hospital? (Some hospitals have breast pumps available for loan; others require you to provide your own.)

What to Expect in Relation to Surgery

HOSPITAL CHECK-IN

The day of surgery usually starts with check-in at the hospital, a process that involves signing forms and receiving identification bracelets. This is a safety measure and administrative requirement to ensure that your paperwork is up to date.

BEFORE SURGERY

Parents usually stay with their child in a preoperative area until it is time for the child to go into the operating room. You may be asked to dress your child in a hospital gown. You will meet the anesthesia team, who will sometimes give your child medicine by mouth that will make them feel sleepy. Other times, they will simply use distraction techniques to keep your child happy until it is time to give them the anesthesia medicine.

IN THE OPERATING ROOM

Your child will be given general anesthesia that causes loss of consciousness during the procedure. Usually, a baby goes to sleep by breathing a gas. Then, an IV needle is inserted. An IV is a thin plastic tube inserted into the arm. The baby receives anesthesia through that tube, in addition to fluids, nutrients, and other medicines. A baby will also have a breathing tube during surgery to make sure they are breathing well. During the procedure, parents usually stay in a waiting room in the hospital.

WHEN SURGERY IS COMPLETE

The surgeon will meet with caregivers to explain how the operation went and to answer any questions. Then, staff members may direct you to the recovery room where your child is waking up from the anesthesia.

IN THE RECOVERY ROOM

A child usually spends a few hours in the recovery room, where a nurse will take their vital signs regularly, give pain medications, give any other home medications, and assist in feeding.

TRANSITION TO A STANDARD HOSPITAL ROOM

Your child will be moved to a regular hospital room to rest and recover for the remainder of the hospital visit. In most cases, caregivers may sleep overnight in this room with the child. If you have any concerns, be sure to speak with the nurses, staff members, and members of your cleft care team to confirm that everything is okay.

- Your child will still have an IV inserted. They may also be wearing arm splints, which are stiff bands that prevent a baby from bending their arms and touching the IV and the delicate surgical area.
- Your child will have stitches in the lip and nasal area. There will be some swelling and bruising near the lip and nose.
- There may be some bloody drainage through your child's nose and/or mouth. In both situations, the drainage usually appears pink and stops after several hours. If your child's surgery included the placement of ear tubes (also called myringotomy tubes or PE tubes, for pressure equalization tubes) in the eardrum, you may notice some drainage from the ears. The hospital nurses or staff members may give your child ear drops. The surgeon will give you instructions on home care for the tubes. In some cases, it is important to avoid getting water in the affected ear.

HOSPITAL DISCHARGE

Hospital staff members will make sure that your child is breathing and eating well before discharging them. Your child's surgeon or another cleft care team member should also provide you with written discharge instructions. These papers will list all the prescription and nonprescription medicines your child will need to have at home, including those to manage pain. The instructions will also describe how to care for your child at home after surgery. There may be special instructions for feeding. You may also be advised to watch for signs of infection. These instructions should also list a phone number to use in case of questions or an emergency (anytime, day or night).

AT-HOME RECOVERY

After surgery, your child may be fussy or irritable for a few days and may require medication for pain. Sometimes, a child may come home wearing arm splints, the stiff bands that prevent a child from bending their elbows and touching the surgical area. The cleft care team may also instruct you to give your child a soft-food diet for some time after surgery. It is important to bring your child to follow-up appointments as requested and to follow all the discharge instructions from the team.

- For a few days after cleft lip surgery, the surgical site will be a little swollen and bruised. Surgical stitches will be noticeable at first, but they will dissolve or be removed by the surgeon at a later date. You may be given instructions on how to clean and care for your child's nasal stents, if they have been placed.

- During the first few weeks after lip surgery, the scar on the lip may become redder, harder to the touch, and more raised off the skin than before. These are all positive signs of healing. Your child's surgeon will examine the scar at postoperative visits. The surgeon may give you instructions about scar care, including using sunscreen and massage. The lip scar usually keeps its reddish color for several months. Though scars may fade, they will never completely disappear.

Visit the [ACPA Resource Center](#) to learn more about surgical scars.



Surgery Costs

Costs can vary between states and cleft care teams, and they may also vary according to your insurance plan and coverage. It is important to ask about costs before surgery, including fees for the hospital, anesthesiologist, surgeon, and any extra services. Most of the time, your insurance plan will pay for services related to a cleft lip and/or cleft palate, and many states have laws in place to protect you from insurance denials. But sometimes things don't work out as planned, and insurance does not cover treatment. In addition, there may be copayments or deductibles that are your responsibility. Parents should communicate with their care team coordinator and hospital billing department to ensure expenses and coverage are understood.

For further details regarding financial information and medical insurance, visit the [ACPA Resource Center](#).



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FOR MORE INFORMATION

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