

## POST-OPERATIVE INSTRUCTIONS: CLEFT

### CLEFT LIP TAPING

We have recommended cleft lip taping for your child prior to their first surgery, which will more than likely be a lip adhesion prior to the definitive lip repair.

Lip taping goals are to hold the tissue together so that it is not unrestricted with growth and to ultimately decrease tension on the final lip surgery scar.

#### Overview

1. Optimal daily wear time of 12 hours or longer. One tape strip per day is adequate when placed correctly with enough tension.
2. Tape should be placed on clean, dry skin—best to apply tape after a feeding. The tape will last longer the cleaner and dryer it stays.
3. Please refer to diagrams for tape placement in each pack (some helpful hints below):
  - Unilateral:** Note the circular end should be on the cleft side with the more oval edge downward.
  - Bilateral:** The center part sticks to the middle segment and the more oval edges of the tape should point downward.
4. The tape should be taut when first put on; slight creasing of the cheeks or bunching of the lip tissue is normal. The tape will stretch during the day, and this is why it's important that is taut when placed.
5. Removing tape: Peel parallel to child's skin (essentially peeling the tape back over top of itself). DO NOT RIP OFF LIKE A BANDAGE.
6. Skin irritation is common with lip taping. If it continues to get worse, a break may be indicated. For mild skin irritation we recommend Aquaphor® Baby Healing Ointment. This may be used when tape is not on or prior to placing tape as a skin protectant (skin should be clean and dry; Aquaphor should be allowed time to absorb, and the skin should be blotted with a tissue prior to tape application).

#### Fees & Insurance

<b>Unilateral</b>	<b>\$27 per pack of 7</b>
<b>Bilateral</b>	<b>\$35 per pack of 7</b>

\*Medicaid does not cover lip taping

\*We will help you to file these materials to your insurance for the purpose of reimbursement, though we do not have much success with its acceptance. This means that you will be responsible for the upfront cost and ultimately anything insurance will not cover. Please contact Nikki McCullough for any insurance questions.

**Please feel free to contact us with any questions or concerns: (704) 716-9840**



## POST-OPERATIVE INSTRUCTIONS: CLEFT (CONT.)

### LIP MASSAGE

Two weeks after your child's cleft lip repair we will have you begin lip massage; this will continue for 4 months after surgery. We will supply you with your first bottle of scar gel free of charge.

If you were able to begin some lip massage prior to surgery, it may be to your benefit. You can always start with your child's lower lip to get them used to what you are doing and pretty quickly move to the upper lip.

For the first 1-2 weeks you will apply very light pressure and continue to increase from there until the point of slight skin blanching. You want to massage the scar from the nose down to the lip in a downward motion, using your thumb on the outside and your pointer finger on the inside of the lip.

Essentially you are putting pressure on the lip between your fingers.

Please wash your hands before you begin. Lip massage should be at least two times a day for 10 minutes at a time. It may take a few weeks for your child to get accustomed to it, but it's important that you stick with it!

Remember to put SPF (sunscreen) on your child's lip daily up until 1 year out from surgery.

You can expect the scar to go through phases after surgery:

- Initial post-op: 48 hours of swelling that will decrease over 10 days
- Inflammatory: 6 weeks to 1 year: red and raised
- Final healing: Scar takes on its final appearance around the year mark, but it may still change over time with growth

**Please feel free to contact Mikki with any questions or concerns  
(704) 716-9840 or [mweaver@mycenters.com](mailto:mweaver@mycenters.com)**



## POST-OPERATIVE INSTRUCTIONS: CLEFT (CONT.)

### FEEDING YOUR BABY WITH A CLEFT PALATE

Babies with cleft palate commonly have feeding difficulties. Because the roof of the mouth is not formed completely, babies with cleft abnormalities often have trouble creating enough suction to pull milk from a standard bottle or the breast.

With proper teaching, support, and patience, most babies with cleft palate go on to do very well with feeding. In some cases, extra support from a feeding team may be recommended.

#### **Breastfeeding your baby with a cleft palate**

In the presence of a cleft palate, breastfeeding in the traditional manner is often not recommended, but there are alternative methods for providing breast milk to your baby. Pumping breast milk and using specialty bottles are supported as a way of feeding a baby with a cleft palate. A local lactation consultant may be of great benefit to you and your baby as you attempt to establish good feeding behaviors.

#### **Bottle-feeding your baby with a cleft palate**

Finding the right bottle for your baby can be a challenge whether a cleft of the palate is present or not. A variety of bottles exist for this very reason. Work with your delivering hospital for specialty bottle recommendations at the time of delivery. If a change is needed once we see your baby, we will guide you in that change.

Some examples of specialty bottles include:

- Enfamil® Cleft/Lip Palate Nurser by Mead-Johnson
- Medela SpecialNeeds® Feeder (formerly Haberman SpecialNeeds® Feeder)
- Pigeon Baby Bottle
- NUK® nipple: This nipple can be placed on regular bottles or on bottles with disposable bags. The nipple may need to be modified to support proper feeding in the patient with a cleft palate.
- Fast flow silicone nipples with modification
- Dr. Brown's® Specialty Feeding System: This system includes an Infant Paced Feeding Valve which is inserted into Dr. Brown's standard silicone nipple to create a compression nipple. This system works well for babies with feeding difficulties like cleft lip/palate, tongue tie, lip tie, oro-neuromotor dysfunctions, congenital heart disease, or craniofacial anomalies.