



Family Education Sheet



Tongue-Lip Adhesion Post-Operative and Home Instructions for Parents

Your infant had his/her tongue released and attached to the lip. The purpose of this procedure is to bring the tongue forward to open and protect the airway.

Wound Healing

- The most critical time for wound healing is in the first week; this is the time when the incision can disrupt. Your infant will be carefully monitored in the hospital during this time, and will likely be in the intensive care unit for at least several days.
- Complete healing of the wound generally occurs 4-6 weeks post-operatively.

Oral Hygiene

- In the first few days after the operation, your infant's nurse will clean the suture line with ¼ strength hydrogen peroxide and Q-tips®. Bacitracin® will be applied for the first 2 days. Antibiotics will be given to prevent infection.
- Cool moist compresses will be used during the first 24 hours after the operation to decrease the expected swelling.
- Starting the third day after the operation, use a cotton swab dipped in bottled or boiled water to clean the mouth at least 4 times a day. Wipe across the sutured area, over the tongue and on the sides of the cheeks. You may need to pull the lower jaw down lightly, by placing your finger on the baby's chin and gently pulling downward.
- The incision area should never be crusted. Apply any petroleum-based emollient (A & D®, Aquaphor®, Vaseline®) to the lips and any irritated areas around the mouth.
- Use a blue bulb syringe to suction secretions from the sides of the mouth, if needed.

Positioning

- The infant should be positioned to prevent tension on the adhesion.
- Position your infant on his/her belly with a roll under the chest, or position the infant side to side.
- Avoid putting your baby flat on his/her back.
- While holding your infant, be sure to support the head.
- The most comfortable positions may be the baby on his/her belly on your lap or over your shoulder.

Tube Feeding

- Your infant will be fed via a nasogastric or gastrostomy tube for several weeks.
- Before discharge, you will learn how to give your baby his/her feedings.

Oral Feeding

- On **day 7** after surgery, use a small syringe with formula or breast milk to introduce small amounts on the tongue during the tube feeding. Continue this for 2 weeks. You will learn feeding techniques from the nurse.
- On **day 21** after surgery, begin oral feeds with the Haberman feeder. Slowly introduce the nipple until the baby can suckle-swallow. This may be immediate, or may take a while. Limit the feeds to twenty minutes to prevent your infant from getting too tired. The amount not taken by mouth should be given by the tube. As the amount of oral feeding increases, the need for tube feeding decreases.
- Solid foods (cereal, baby food) may be introduced as per your pediatrician, or usually at about 4 to 6 months. Cup feeding is introduced at about 6 months.

Nutrition

- Sometimes it may be necessary to increase the amount of calories in the formula or breast milk, depending on the infant's weight and height gains.
- Weekly weight checks should be done for the first 6 weeks after the operation.
- It may be necessary to record daily intake as well.

Gastric Distress

- Retention of "gas" may be common.
- This can be relieved by burping the infant, or the use of Mylicon[®] drops. Follow the directions on the package of the Mylicon[®] carefully. Ask your pharmacist or doctor to explain any part that you don't understand. Do not take any more or less of it than it states on the label.
- An anti-reflux medication may be needed if the infant has gastric distress or frequent "spit-ups"; your pediatrician can prescribe this if needed.

Newborn Care

- Your infant will continue to need regular pediatrician visits. The pediatrician should care for your newborn regarding immunizations, growth and development, nutrition, and illnesses.
- Your pediatrician can refer you to an Early Intervention Program if needed.

Social

- Interaction with your infant is very important. Frequent massage, touching, and holding is recommended.
- Most of all enjoy your infant!!

Discharge Planning

- The care described above will continue at home, and you will be instructed in all aspects of care.
- Infants will need a monitor to evaluate their oxygen saturation. A visiting nurse will be arranged to assist you with breathing and wound assessment, feedings, etc.

Adhesion Takedown

- Usually there will be "catch up" growth of the mandible occurring in the first year of life.

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- The mandible may be small or completely normal in size, when compared to age-matched peers.
- Your child will be followed closely until it is time to “takedown” the tongue-lip adhesion. Generally, this is done at the same time the cleft palate (if present) is repaired.
- You will be instructed in post-operative care around the time of the operation.

A [Spanish](#) version of this is available from your provider

Send comments or questions to: Familyed@childrens.harvard.edu
