

*P*reparing for Surgery

It is not possible, of course, to do all necessary surgery during the first years of your child's life. Nevertheless, even though time is a friend that will help your child, don't hesitate to proceed with surgery when the right time arrives. Treatment, which is somewhat akin to assembling a jigsaw puzzle, involves putting the various pieces of the cleft problem together in proper sequence, at specific periods of time, drawing on the expertise of appropriate specialists. The orthodontist on your child's cleft palate team can explain the facial changes that can be expected to occur over time. Sometimes, for instance, the bony parts around the cleft need to increase in size through natural growth before the cleft space can be closed surgically. Each patient's special case must be evaluated on its own merits, with the help of periodic diagnostic tests, before the appropriate surgical procedure can be decided.

Obviously, going to the hospital for cleft surgery can be trying not only for your child but also for you and your family. To ease your concerns, contact the hospital and surgeon's office in advance to become acquainted with the hospital's requirements and procedures. Every hospital should have an adminis-

trative specialist in its public relations or patients' affairs office who will answer your questions. You will want to know whether parents are allowed to stay overnight in the child's room, the visitation rules for immediate family and others, payment requirements, and where you and your child should go on first arriving at the hospital.

When surgery is decided upon, be sure that the treatment professional handling your child's case spends time with you and your child, going over, candidly, the reasons for the hospital stay and how long the stay will last. Some professionals believe that a child under six years of age should be told of the impending trip to the hospital only one or two days in advance, while older children should be informed one to two weeks in advance. Whatever the timing of the advisory, the reasons for the hospital visit should be clear to your child. If your child asks a question you can't answer, tell him or her that you will try to find the answer. If the hospital permits, arrange for the youngster's favorite toys and bed-clothes to accompany your child.

It is equally important to inform all siblings of the pending absence from home of their brother or sister, and to explain who will take care of them while one or both parents may be absent. Tell them whether they can contact you at the hospital by telephone and, should there be an extended hospital stay, if and when they may visit. Siblings need to feel included.

One cautionary note: an infant with a cleft must be free of upper respiratory infection before surgery.

Some helpful hints to parents preparing their child for surgery have been outlined in an article entitled, "A Parent's Guide to Cleft Palate Surgery,"* by Dana K. Smith, a mother of a child who underwent surgery. What follows is an excerpt.

*From *Parents & Patients Newsletter*, August 1991, vol. XV-3, and published by the Cleft Palate Foundation of Pittsburgh, PA. Pamphlet also available from Dana Smith, 1363 Birchcrest Dr, White Bear Lake, MN 55110.

Questions to the Surgeon

1. What are the presurgery requirements (minimum weight, no pacifier or thumb, off bottle, etc.)?
2. Does the child have to be completely off the bottle, or will a tommy tippy cup be sufficient?
3. What problems could cause the surgery to be postponed (teething, cold, ear infection, flu, etc.)?
4. How long will the surgery take?
5. What anesthesia is used?
6. What is used as a painkiller in recovery in the hospital and at home?
7. How long will my child be in the hospital?
8. What is the diet in the hospital and at home?
9. How long will my child have to wear arm restraints?
10. What will my child be feeling immediately following the surgery—how much pain, grogginess, hungriness, etc.?
11. Can the child's tongue or postsurgery teething tear the stitches?
12. Do the stitches dissolve or are they removed?
13. When and how often will the surgeon check postsurgery progress?
14. How long before the child can return to day care?
15. What are the problems and unexpected results that might be encountered at home? What is the likelihood of each? What is a normal postdischarge course of events?
16. What effect will the surgery have on future ear infections?
17. What are the costs for your services? For the hospital? For the anesthesiologist? Total?

Questions to the Hospital

1. Do you have a pre-admission tour and brochure?
2. Will the child have a private room?
3. May parents spend nights at the hospital and if so, what are the sleeping arrangements?
4. Where do parents shower and eat?
5. Can my child wear pajamas from home?
6. Should parents bring child's blanket, favorite toys or dolls?
7. Will the child sleep in a crib or bed?
8. Are there visiting limitations—time, number of visitors?

Questions to Other Parents

1. How old was your child at the time of surgery?
2. How long was your child hospitalized?
3. Did you stay overnight? Describe the accommodations.
4. How did your child adjust to the arm restraints and pureed food?
5. Did the restraints cause problems with sleeping, car seat, falling down and getting up?
6. Describe your child's diet during/after the hospital stay.
7. What was the hardest thing you experienced?
8. Were any of your worries unfounded?
9. Did any unexpected pleasant things occur?
10. Do you have any specific suggestions?