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Post-Op Instructions After Alveolar Bone Grafting

Bone grafting in the cleft area of the upper jaw (maxilla) is now a standard, and is a reliable treatment for patients with facial clefts. Bone grafting is an operation which involves taking bone from the hip and placing it in the area of the cleft. The procedure is used to accomplish the following 6 goals:

1. To provide support for teeth next to the cleft and to allow the eruption of the permanent teeth.
2. To provide support for the lip and nose and to improve symmetry.
3. To provide a bone foundation to support the nose and lip muscles.
4. To improve the stability of the front part of the roof of the mouth (pre-maxilla), if a bilateral cleft is present.
5. To establish a functional nasal airway on the cleft side.
6. To close any fistulas (holes) connecting the mouth and nose, and prevent fluid from entering the nose.

Bone grafting is a useful procedure and is most successful in patients under 10 years of age, and as early as 5-6 years of age, as the front teeth are erupting. The overall eruption of teeth varies from child to child but is usually completed between the ages of 10-12. If the bone graft is placed after the permanent teeth have erupted, it will be too late to achieve goal number 1 above, although it may be useful for the remaining 5 goals.

Older patients may benefit from a bone graft but have less chance of total success. If the patient is a smoker, has a systemic disease (such as diabetes), or has poor oral hygiene, the risk that the graft may fail greatly increases.

Once the bone graft has been placed, there are three options that may be considered to replace any missing teeth in the area of the graft:

1. Moving adjacent teeth into the bone graft
2. Prosthetic replacement (dental bridge)
3. Dental implants

The best option will be decided by the dental specialists on the cleft lip and palate team.

Care of your Child After Surgery

PAIN MANAGEMENT:

Your child will be given pain medication as needed. The surgical and nursing staff will be sensitive to your concerns about your child's pain. Most children do complain of pain at the donor site (hip). Most of the time, Ibuprofen (advil) and Acetaminophen (Tylenol) are all that are needed.

APPEARANCE:

Your child's face will be swollen particularly around the lips, cheeks, and eyes. A dressing will be placed on the donor site (hip). This dressing will be removed one week after the operation. The stitches in the mouth will dissolve and fall out on their own as the incision heals.

MOUTH CARE / HYGIENE:

After the surgery, your child should not rinse for 24 hours. After 24 hours, your child may rinse with 0.9% normal saline. To keep the gums clean, your child will need to rinse with normal saline after every meal or after taking anything by mouth. An antibacterial mouth rinse will also be prescribed and should be used twice a day for two weeks.

After the surgery, keep your child's lips clean and free of blood, and brush your child's teeth gently. Brushing can restart on the day of discharge from the hospital and should be done with a soft toothbrush. For the first week, brushing should be done with water only. Regular toothpaste can be used after this. Put ice on your child's face for the first two days to help with swelling/discoloration. Use a humidifier in the room where your child sleeps and apply Vaseline on your child's lips.

HIP CARE:

Do not remove the dressing or stitches from the hip. This will be done by your surgeon 1-2 weeks after surgery. Your child may shower, but no bathing or swimming until your surgeon gives you the go-ahead.

DIET:

When your child returns to his room from the surgery he or she will have an intravenous line (I.V.) in place for fluids and antibiotics. When your child is drinking well, the intravenous line will be removed. It is important for your child to eat and drink in order to assist in recovery. Start liquids and a soft diet. Avoid hard foods such as chips, crackers, or toast, for example. The soft diet should be continued for 4 weeks after the surgery (liquid diet for the first week).

HOSPITAL STAY:

You can expect your child to stay in the hospital for 1-3 days. After your child has recovered from the operation and you feel able to take over his or her care, your child will be discharged to go home. Before your child goes home, the surgical team must review care instructions.

ACTIVITY:

Your child may not play any rough sports (such as football and hockey), that involve body contact for one month after surgery. Check with your surgeon about the child's return to school.

MUSIC:

No horns or instruments that require blowing for one month.

WHAT TO WATCH FOR:

- Bleeding or foul odor coming from mouth
- High temperature (fever)
- Not eating or drinking

Contact Dr. Martyna/Dr. Wong if you have any concerns.

For non-urgent matters, please call the office: 778-484-7275

For urgent matters, you may reach Dr. Martyna/Dr. Wong on their cell phone (there is an option on the answering machine to get straight to their cell phone).