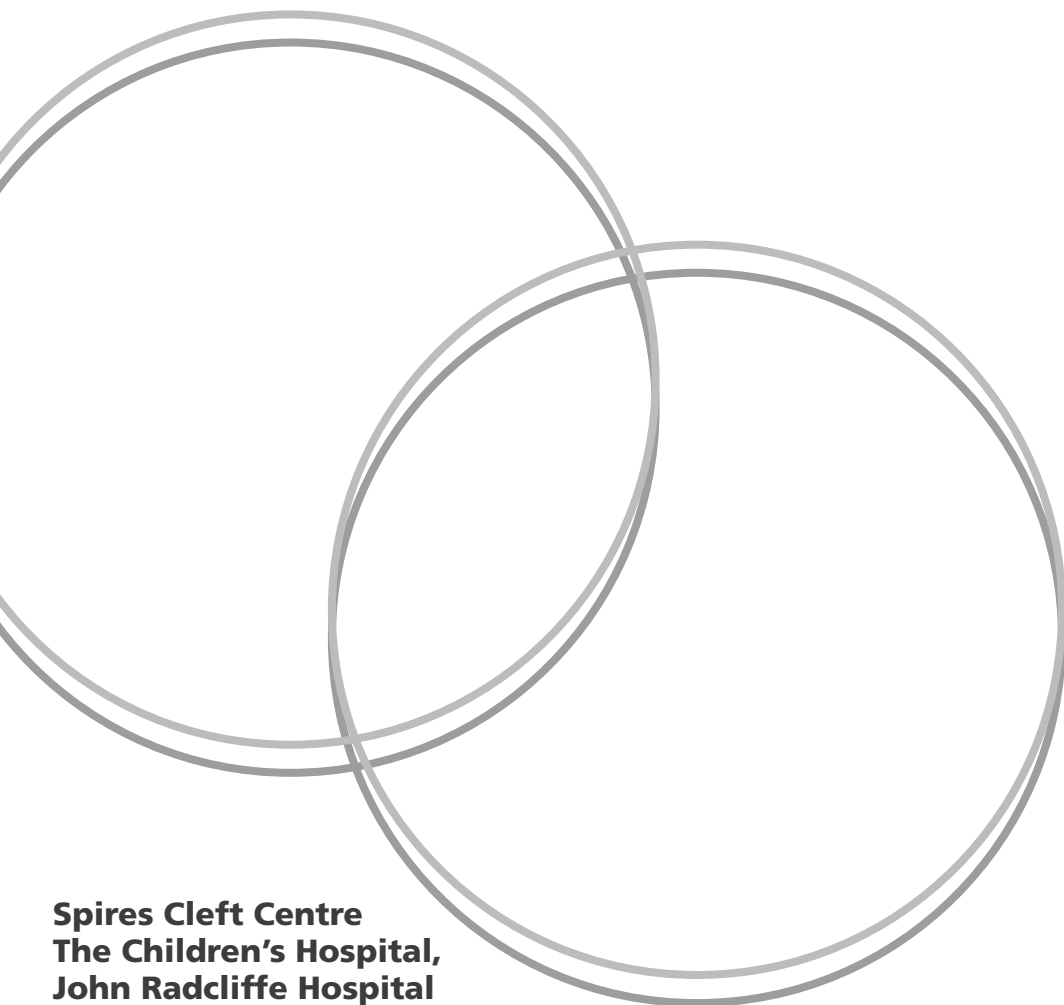




Oxford University Hospitals
NHS Foundation Trust

Buccinator Flap Operation

**Information for patients
and carers**



**Spires Cleft Centre
The Children's Hospital,
John Radcliffe Hospital**

This leaflet has been written to explain the buccinator flap operation and what to expect when your child comes to the Spires Cleft Centre for the operation.

What is a buccinator flap operation?

Some children born with a cleft palate develop a nasal tone of voice, because their soft palate is too short or does not work well enough. This means that air and sound can escape through their nose when they are speaking. Sometimes food and drink can also leak into their nose.

A buccinator flap operation aims to lengthen the soft palate, so that less air (and food and drink) can get into the nose. This operation is carried out by a specialist surgeon and involves moving some of the lining of the inside of the cheek, to stretch or push the palate further back. This should make speech sound less nasal, by redirecting the air and sound through the mouth.

Children with nasal speech not caused by a cleft palate can also benefit from the buccinator flap operation.

What does the operation involve?

The operation involves having a general anaesthetic, which means your child will be asleep for all of the operation.

The surgeon will begin by separating the soft palate from the hard palate and then pushing the soft palate back. Flaps of tissue will then be taken from the inside of the cheeks (buccal mucosa), including part of the underlying cheek muscle (the buccinator muscle, hence the name of the operation). These are placed into the gap between the soft and hard palates and secured with dissolvable stitches. There may be one or two flaps, depending on how much the palate needs to be lengthened.

There are no cuts made on the outside of the cheeks or face. The flap remains attached to the inside of the cheek, so that the blood supply is maintained.

Sometimes the base of the flap (called the pedicle) passes between the upper and lower back teeth (especially in older children), which means it could be damaged when chewing and biting. To prevent this, we may use a 'bite block', which stops the jaws closing completely. Some bite blocks can be removed for washing after meals, but others are temporarily fixed to the back teeth.

The operation usually takes about two to three hours and most children stay in hospital for two nights afterwards. One parent or carer will be able to stay with them overnight.

When the flap has developed a good blood supply, usually four weeks after the operation, the pedicle may then be cut in a second operation and the bite block removed. This operation is shorter and usually carried out as a day case, which means your child should be able to go home on the same day.

Are there any risks?

There is a small risk of infection, but your child will be given an antibiotic during the operation to help prevent this.

Every anaesthetic carries a risk of complications, but this is very small.

If your child's mouth swells a lot after the operation they may have difficulty breathing for a while. However, this complication is rare. If it does happen, the doctors will put a tube in your child's nostril to help them to breathe more easily while the swelling goes down.

What happens after the operation?

At first your child may have some bleeding from their mouth or nose, but this usually stops quickly. The corners of your child's mouth may be sore, as their mouth is held open wide during the operation. This will improve within a few days.

Your child's cheek will be swollen after the operation for about 10 days. The bite block also takes some getting used to, particularly for the first few days. They are likely to be uncomfortable during this time, but we will give them regular pain relief to help with this.

When can my child have something to eat and drink?

Your child can have some fluid to drink as soon as they are awake after the anaesthetic. They may not feel like eating or drinking much, as their mouth will feel sore. We will give them pain medicines regularly, to ease any pain when swallowing.

If your child is reluctant to drink, we may need to give them extra fluid through a small tube into a vein in their hand or arm (a drip).

It is important to give your child water after eating and drinking, to help keep the wound clean. They will also need to continue to brush their teeth.

Looking after the operation site

The dissolvable stitches inside your child's cheek will gradually disappear. Whilst they are still there, you should rinse your child's mouth with cooled, boiled water after eating, drinking or taking medicine.

Medicated mouthwash (such as Corsodyl) should also be used four times a day for the first two weeks after the operation, to help prevent an infection. It is important that they continue to brush their teeth, using a soft, child's toothbrush.

Speech and Language Therapy

The Speech and Language Therapy department will send your child an appointment six months after the operation, to see how they are progressing with their speech. The therapist may want to see your child before this time, if it is felt that further speech therapy would be beneficial; you will have been told about this when the operation was planned.

How to contact us

For further information, please contact one of the Specialist Speech and Language Therapists with the Cleft Team, at the John Radcliffe Children's Hospital:

Telephone: **01865 231 519** or **01865 234 842**

Please also visit the Spires Cleft Centre website:

www.spirescentre.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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