

Buccal Flap

Why do I need an operation?

Information for patients, parents and carers

Trent Regional Cleft Lip & Palate Service

This document can be provided in different languages and formats. For more information please contact:

Specialist Speech and Language Therapists
Trent Regional Cleft Lip & Palate Service
Tel: 0115 969 1169 ext 79730

This leaflet is aimed at those about to have palate surgery and aims to tell you why palate surgery is needed, what kind of operation you / your child is having and what to expect after the surgery.

Why am I having a palate operation?

The way you talk tells us that your palate is not working properly.

This can be heard in one or more of the following ways:

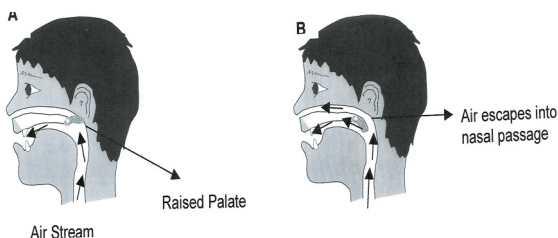
- Hypernasality, i.e. nasal sounding speech.
- Nasal emission - the sound of air coming from your nose as you speak.
- Nasal turbulence - the sound of air squeezing in to the back of your nose as you speak.
- Nasal production of some sounds, e.g. “b” becomes “m”, or “d” becomes “n”.

You might also experience food coming down your nose sometimes, particularly things like chocolate or yoghurt.

These problems are caused by one or more of the following reasons:

- Your palate is too short
- The muscles in your palate are not in the right place
- Your palate is not stretching enough or moving far enough

Figure A below shows how the palate shuts off the nose for making sounds in the mouth, such as “p”, “b”, “t”, “f”, “s”. Figure B shows air escaping into the nose when the soft palate does not shut off the nose.



What is Buccal Flap surgery?

Buccal flap palatal lengthening is an operation on the palate to make the soft palate longer and to reposition the muscles to the back of the palate.

If the patient has got their second molar teeth (from approximately 12 years old) our orthodontists will glue a bite block onto the back teeth to keep top and bottom teeth slightly apart.

When asleep, a cut is made across the palate at the join of the hard and soft palate. The soft palate which contains the muscle bundles is pushed back. Then Y-shaped pieces of the lining of the cheeks (not the skin) are lifted up, but kept attached at the back. The two flaps are folded through the gap behind the teeth.

The flaps are overlapped to fill the gap between hard and soft palate, making the soft palate longer. The cuts are closed with dissolving stiches but there may be a small area at the back of the cheek which is not closed. This is allowed to heal over the next week.

All patients who had a bite block on their teeth and any who are bothered by the fold at the back of the cheek, will have a second smaller operation four weeks later. The fold of the flap is removed and the cuts closed with dissolving stitches.

Possible complications

There is a low risk of complications such as bleeding following the surgery or infection, which could result in a hole developing in the palate, known as a fistula.

There is a risk of side effects such as snoring, sleep apnoea (interrupted night time breathing) and hyponasality (sounding bunged up). Make sure you tell the doctor at your follow up appointment if you experience any of these.

What will my speech be like after the operation?

We hope that the operation will:

- Make your speech sound less nasal.
- Reduce or get rid of the sound of air coming down your nose as you speak (nasal emission).
- Reduce or get rid of the sound of air squeezing in to the back of your nose as you speak (nasal turbulence).
- Mean that you can make sounds such as “b”, “d” which you were unable to do before the surgery.
- Stop food and drink coming down your nose.

If you have difficulties making sounds in the right place in your mouth these will not be helped by surgery. Speech and Language Therapy will help with this.

Will my speech have changed immediately after the operation?

There is likely to be swelling immediately after the operation which might make speech sound less nasal. This may not last when the swelling has gone down.

On the other hand, speech may not sound different immediately after the operation but may improve gradually. This can take up to a year.

In a few cases, the operation does not change your speech as we had expected. If this happens we would then need to repeat palate investigations to see if another operation would help.

What will happen in hospital?

- Children stay on ward D34 and adults on C25
- Parents can stay with their children
- The operation lasts 2 - 3 hours, under a general anaesthetic



How long will I be in hospital?

Most patients stay in hospital for two to four nights.

For general information about the hospital please visit the hospital website: www.nuh.nhs.uk

How will I feel after the operation?

When you come round after the operation you will be on a drip for pain relief and on one to make sure you are getting enough fluid.

Swallowing will be difficult, particularly for the first 24 hours after the operation. You may need to sit up after the operation to make breathing easier.

You will see a dietician after your operation, who will give you some supplements to make sure you are getting adequate nutrition whilst eating is difficult.

What about when we go home?

- You may feel like you have a lump in the back of your throat, this should settle after a couple of days.
- All stitches used in the operation are dissolvable.
- A soft / pureed diet is needed for two weeks.
- Hard or sharp food such as crisps, biscuits, toast, chips, pizza and use of drinking straws should be avoided for two weeks as these could damage the operation site or cause pain.
- Rinse with plain water after food and milk drinks for four weeks. Good oral hygiene is very important. This will help to keep the mouth and operation site clean.
- Continue to brush teeth as normal. (Younger children will need help with this).
- It may be beneficial to have bio-yoghurt (the ones with 'friendly bacteria') twice a day. This will help the wound to heal by keeping it healthy.
- Take / give regular pain relief such as paracetamol or ibuprofen as directed.
- Make sure that the full course of antibiotics is taken if prescribed.
- One to two weeks off school will be needed.
- Swimming, trampolining and contact sports should be avoided for four weeks after the operation.

What if I have questions or concerns when I get home?

You can call the ward with any questions or concerns:

Ward D34

0115 924 9924 ext 89034

Ward C25

0115 924 9924 ext 89025

What next?

For children

One of the cleft nurses will visit you at home within two weeks of your operation.

For children and adults

The cleft surgeon will see you approximately three months after your operation.

You will have a speech assessment six months after your operation to assess how much your speech has changed.

You will have speech and language therapy appointments soon after your surgery if you have articulation difficulties, i.e. if you make sounds in the wrong place in your mouth.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204

From abroad: +44 115 924 9924 ext 85412 or 82301

Deaf and hard of hearing: text 07812 270003

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk



You can also scan the QR code to leave patient, family or carer feedback. After scanning the QR code please go to 'How can I leave my feedback' and select the service that you have accessed and then follow the on screen prompts.

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 86623.

The Trust endeavours to ensure that the information given here is accurate and impartial.