

# Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

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## VELOPHARYNGEAL INSUFFICIENCY (VPI) SURGERY

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

### WHAT IS VPI?

Velopharyngeal insufficiency is the inability to separate the mouth from the nose during speech. This results in excessive sound/air coming through the nose when speaking. All speech sounds are affected by VPI, some more than others.

### CAUSES OF VPI

VPI is commonly present when a child has a history of cleft palate, submucous cleft palate or trauma to the soft palate. It is also present in a variety of birth defects and/or genetic syndromes and can rarely occur following adenoidectomy.

### THE SURGERY

The surgery generally takes 1 ½-2 ½ hours. Children are admitted to the hospital for 1-2 days following surgery due to the post-op swelling and pain control.

### PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) may be given as well as over the counter cold medications and antibiotics.
- Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

### POST-OPERATIVE INSTRUCTIONS

#### 1. In-Hospital Care:

- Because of the pain, most children find it difficult to eat and drink after surgery. The IV that is placed during surgery will remain in place until your child is able to tolerate at least a liquid diet
- Pain medication is available and will be given as needed
- One parent can sleep in the room with their child while they are in the hospital

#### 2. At Home Care:

- **Fever:** A low grade fever is normal for several days after surgery and should be treated with Tylenol. Please call the office for a fever >102F.
- **Pain:** Most children experience pain in the throat and neck after surgery. Medicate your child every 4 hours (for up to 5 doses in a 24 hour period) with Tylenol. Using a vaporizer/humidifier and warm compresses to the back of the neck will also help in pain relief. Your child may be given a narcotic (hydrocodone) for severe pain.

- **Breathing:** Snoring and mouth breathing are normal following surgery due to swelling. As the swelling subsides, the snoring will improve some, but due to the flap taking up space behind the nose, snoring will continue
- **Diet:** It is very important to drink plenty of fluids after recovery. Offer fluids frequently. Water, juice, milk, yogurt, pudding, popsicles, soft drinks, jello, etc. all count as fluids. Your child is getting enough to drink if they have tears when they cry and are urinating at least 2-3 times per day. Your doctor will discuss any diet restrictions at the time of surgery.
- **Activity:** Activity can be resumed without restriction as soon as children feel up to it. Most children are home for 7-10 days following surgery and can return to school when they are eating a regular diet, sleeping all night and no longer require pain medication.

**3. Speech Therapy:** Speech therapy will be needed following surgery to obtain the maximum benefit from the flap. This should start as soon as your child has recovered completely. Most children are ready in about 3 months.

#### **WHEN TO CALL OUR OFFICE**

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Has bleeding from the nose or down the throat
- Persistent vomiting or inability to drink fluids
- Has discomfort that is unrelieved by the pain reliever

#### **FOLLOW-UP**

A post-op office visit will be needed 3 weeks after surgery and a follow-up visit to the speech pathologist will be needed 3 months after surgery. Please call the office to schedule these appointments 1-2 days after your child is discharged from the hospital.