



Greenville Ear, Nose & Throat

## Velopharyngeal Insufficiency: What You Need to Know

Here are common questions parents and/or patients have about this surgery. The information below will answer most of these concerns. Rest assured, however, that we will be happy to talk with you or see your child if the issue is not resolved.

### What is velopharyngeal insufficiency?

Velopharyngeal insufficiency (VPI) is the inability to separate the oropharynx from the nasopharynx during speech by the muscles of the palate and pharyngeal walls. The result is that all speech sounds can potentially be defective, leading to nasal speech.

### What causes VPI?

VPI may be associated with cleft palate, cleft palate repair, sub-mucous cleft palate, palate trauma, adenoidectomy and other congenital abnormalities.

### What should happen before surgery?

Do not give aspirin, Pepto Bismol, ibuprofen (such as Advil, Motrin, Pediaprofen) or naproxen (Aleve) for two weeks before. (Also, do not give them for two weeks after surgery.)

You may give acetaminophen (such as Tylenol, Tempra, Panadol) and over-the-counter cold medications and antibiotics.

Please tell your doctor if you have a family history of bleeding tendencies or if your child bruises easily.

### What happens during surgery?

VPI involves pharyngeal flap and/or sphincter pharyngoplasty surgery. The surgery takes place in the hospital and lasts 2.5-3 hours.

The sphincter pharyngoplasty involves building up the sides of the throat and the pharyngeal flap the middle. The choice of procedure is usually made based on the problem seen at the time of the video scope.

Your child will stay in the hospital 2 days and at least 1 night.

### What are risks or alternatives?

Possible risks of this procedure include, but are not limited to, the following:

- Pain
- Delayed healing,
- Dehydration
- Prolonged nausea and vomiting
- Bleeding, which may be severe (and may require a second surgery or blood transfusion)
- Difficulty swallowing
- Change in voice that may require speech therapy or more surgery)
- Scarring that leads to nasal blockage
- Snoring/sleep apnea

Practical alternatives to this procedure include observation with continued speech therapy and/or using a prosthesis (palatal lift or obturator).

### What can I anticipate in the hospital?

Most children have throat pain and swelling. They will stay in the hospital to be observed closely for breathing problems. The swelling is from the build-up of tissue in the throat.

With a pharyngeal flap procedure, children will have nasal stents or trumpets (tubes in the nose) inserted. These tubes hold the ports in the back of the nose open after surgery. They are removed the next day.

A small machine called a pulse oximeter will monitor your child's oxygen level while in bed.

## HOME CARE AFTER SURGERY

### How long does it take to recover?

It takes most children 7-10 days to recover from this surgery. Some feel better in just a few days, while others take up to 14 days to recover.

### What can my child drink after surgery?

The most important part of recovery is to drink lots of fluids. Some children avoid drinking because of pain. Offer and encourage lots of fluids or soft foods such as juice, soft drinks, Popsicles, Jell-O, pudding, yogurt and ice cream. However, avoid milk products (such as pudding, yogurt and ice cream) for the first 24 hours.

When drinking, children sometimes have a small amount of liquid come out of their nose—this usually stops within a few weeks.

Some children have nausea and vomiting from the anesthesia—this occasionally occurs during the first 24 hours after surgery and usually stops on its own. Please call our office if you are worried that your child is not drinking enough or has signs of dehydration (such as peeing less than 2-3 times a day or crying but having no tears).

### **What can my child eat?**

Your child can eat anything after surgery. In fact, the sooner eating and chewing are resumed, the quicker the recovery.

Many children avoid eating, though, because of pain. As long as drinking is good, do not worry about eating. Many children are not interested in eating for up to 1 week. Some lose weight, which is gained back when normal eating resumes.

### **Will my child have a fever?**

A low-grade fever is normal for several days after surgery. Please call our office if the temperature exceeds 102°F.

### **What can my child do?**

Most children rest at home for several days. Activity can increase as the child desires. Generally, children can return to school when they are eating and drinking normally, off pain medication and sleeping through the night—usually 7-10 days.

For your child's safety, please do not leave the Greenville area for 2 weeks after surgery.

### **Will there be breathing problems?**

Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

### **What about bleeding?**

With the exception of small specks of blood from the nose or in the saliva, bright red blood should NOT be seen. If this occurs, call the office right away or go straight to Greenville Health System's Children's Emergency Center (open 24 hours).

### **Will my child be in pain?**

Most children have a fair amount of throat pain after surgery. Many also complain of earaches. That's because the same nerve that goes to the throat also goes to the ears.

Some children have jaw and neck pain, which is from the positioning of the head in the operating room.

Many children have trouble eating, drinking and sleeping because of pain. The severity may fluctuate from mild to very severe and may last up to 14 days.

### **What can control the pain?**

For the first few days, give acetaminophen and ibuprofen. Then, reduce as needed, alternating up to every three hours with the following dosing schedule:

#### *For mild pain:*

Give acetaminophen every 4-6 hours as needed. You can alternate it with ibuprofen every 6 hours as needed.

Another option is to switch off acetaminophen and ibuprofen every 3 hours.

For breakthrough pain (pain not controlled by drugs above): Older children can receive a stronger pain medication, such as hydrocodone. Alternate it with acetaminophen every 4-6 hours as needed. However, do not use hydrocodone/acetaminophen while your child is sleeping.

Another option is to switch off hydrocodone and ibuprofen every 3 hours.

Do not use Lortab to prevent pain or give it to a sleepy child.

### **When is the follow-up visit?**

A visit to your child's surgeon is needed 4 weeks after surgery. Also, an appointment in the VPI Clinic will be scheduled in 6 months for a video scope and to evaluate speech. Some patients may need speech therapy as well.

Please call our office if you have questions about this information: Patewood (864) 454-4368.