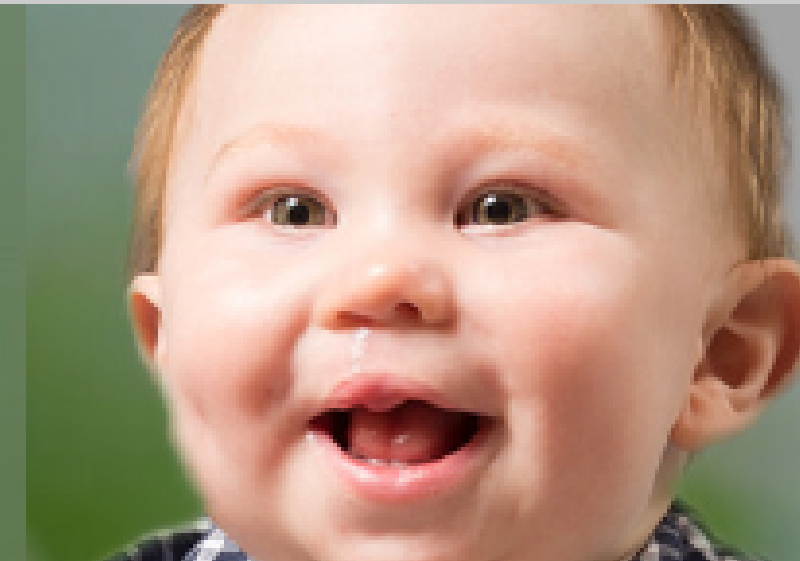


# ALVEOLAR BONE GRAFT (ABG)

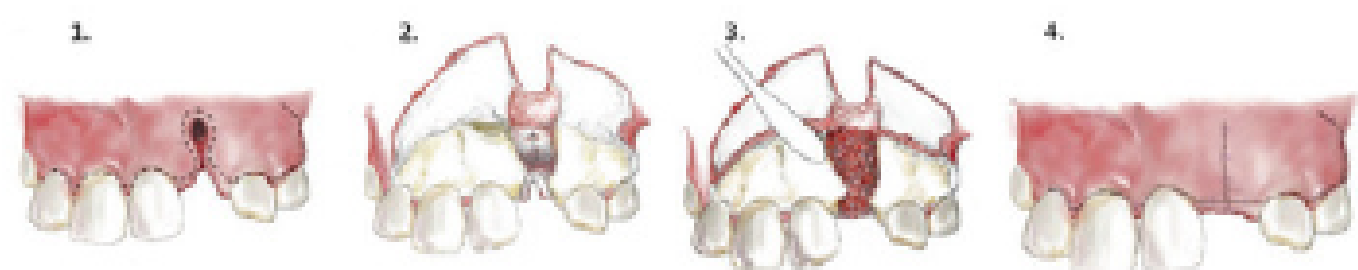
This leaflet explains all about your child's alveolar bone graft operation.

## SPIRES CLEFT CENTRE

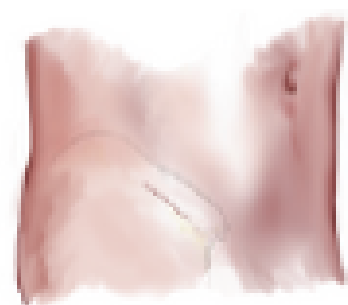


### WHAT IS AN ABG?

An alveolar bone graft (ABG) is a surgical operation to repair a gap (cleft) in the bone of the gum (alveolus). Bone is taken from the hip and placed in the gap in the gum. The gum tissue is carefully stitched over the bone to help it to heal. The below diagram shows the surgical steps to repair the gap in the gum.



The operation is performed with your child asleep under a general anaesthetic. There will be a small scar on the hip. Your child can choose what side, left or right, for the bone to be taken.



### WHY DOES MY CHILD NEED AN ABG?

Some children born with a cleft lip also have a cleft in the gum. An operation to repair the bony gap in the gum is helpful for many reasons. It allows the adult tooth to grow into the mouth, allows teeth to be moved or replaced to improve the appearance of the top front teeth, closes any holes around the gum into the nose (fistula) and provides support to the nose.

### WHEN IS AN ABG USUALLY PERFORMED?

It is usually from the age of 8 years and upwards, depending on how your child's teeth are developing. The surgeon and the orthodontist (specialist dentist) will advise about the best timing for this operation.

### HOW LONG DOES AN ABG USUALLY TAKE?

The operation usually takes around 2 hours, however the time away from your child will likely be longer than this due to your child needing to go to sleep and wake up safely with the anaesthetic team.

### WILL MY CHILD NEED ANY TREATMENT PRIOR TO THE OPERATION?

Your child will be reviewed in an alveolar bone graft planning clinic which will include a dental x-ray of the teeth. The surgeon and orthodontist will advise whether any treatment, such as dental extractions or braces, is required before the operation.

### WHAT ARE THE RISKS?

This is a safe procedure and in most cases it heals very well. As with all surgical operations, there are risks involved.

There is a small risk that some or all of the bone can dissolve away. This may be due to the wound getting infected or breaking open. To reduce this risk, we will provide antibiotics and encourage you to help keep your child's teeth clean by tooth brushing.

After surgery there is a small risk of bleeding. You may notice blood stained mucous or saliva coming from your child's nose or mouth, and this is common in the first few days after the operation but should settle.

The wound on the hip usually heals with a thin flat scar. There is a risk that the hip wound takes longer to heal, the scar can raise and widen and an area of numbness can persist around the upper leg.

In the event of any complications or an unsatisfactory result, the cleft team will assess you/your child and give advice about further management, which may include the offer of further surgery. You can contact the cleft team using the details on the back of this leaflet.

## WHAT DO I NEED TO DO TO PREPARE FOR SURGERY?

Your child will need to be well in themselves to be able to have an alveolar bone graft. Please let the team know if your child has a new illness before the operation so that we can safely reschedule your operation date.

Keeping the teeth clean by regular tooth brushing is very important before the operation to help the body to recover and heal after the operation.

You will need to prepare an overnight bag including clothes, pyjamas, a washbag, a soft toothbrush and one or two favourite toys or books. Please ensure that joggers or leggings/dresses are worn after surgery to minimise the clothes rubbing on the hip wound.

## WHAT HAPPENS ON THE DAY OF THE OPERATION?

You will be given specific instructions about where and when to attend on the day, including the last time eating and drinking is allowed. You will meet with the cleft surgical team (nurses, anaesthetists and surgeon) on the day of the operation and they can answer any questions you have.

## WILL MY CHILD BE COMFORTABLE WHEN THEY WAKE UP?

Yes. Your child's mouth will be numb for a few hours after the operation because of local anaesthetic. This will wear off overnight.

Your child will also have been given pain killers during the operation and these will be topped up regularly afterwards. You will find a chart on the ABG discharge advice sheet to help record medicine doses when at home.

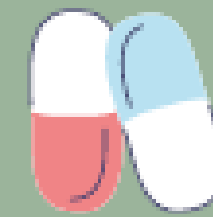
## HOW LONG WILL MY CHILD NEED TO STAY IN HOSPITAL?

Most patients stay in hospital for 1 night after an alveolar bone graft. One parent can stay on the ward overnight with their child.

The cleft team will review your child on the ward the day after the operation and if comfortable and the surgery site is healthy then you will be able to go home.

## HOW DO I LOOK AFTER MY CHILD POST-OPERATION?

The cleft team will provide you with any specialist medication required. Please ensure you have paracetamol and ibuprofen at home as you will need to give these regularly according to the instructions provided for approximately 1 week.



It is important to keep teeth really clean by brushing them twice a day with a soft toothbrush and toothpaste (fluoride strength 1450ppm), as this helps the wounds to heal. The stitches in the mouth will dissolve over the coming weeks. The hip dressing is splash proof (so avoid soaking in a bath for a week) and can be removed 1 week following the operation.



Your child should be able to return to school after 2 weeks. Rigorous exercise, swimming and contact sports should be avoided for 6 weeks.



## WHEN WILL MY CHILD BE SEEN AGAIN BY THE TEAM?

The cleft nurses will make contact by phone call within the first week after the operation. You will receive a clinic appointment to see the surgeon 6 weeks after the operation. At 6 months after the operation, an assessment with the orthodontist will include a dental x-ray to check the healing of the bone in the gum.

If you have any concerns and would like to contact the team before your appointments please use the contact details below.

## WHEN AND WHAT CAN MY CHILD EAT AND DRINK?

Your child will be able to eat and drink straight away after the operation. We recommend a soft/mashed diet (by avoiding hard foods such as toast, crisps and biscuits) for 2 weeks.

It is important to rinse the mouth with water after meals to keep the area clean.

## CONTACTS

### Clinical Nurse Specialists:

Jane Sibley - 07990 528396

Emma Waterworth - 07771 812578

On-call nurse - 07500 127657

### John Radcliffe Hospital

Robins Ward - 01865 231254 / 5

Toms Ward - 01865 234108 / 234109 / 234110

Cleft Office - 01865 226965 / 234339 / 231450