

What You Need to Know About Cranial Vault Distraction

Information for Parents and Carers



Children's Health Ireland
at Temple Street

National Paediatric Craniofacial Centre
Temple Street Children's University Hospital
Temple Street
Dublin 1



Main Hospital Number 01 878 4200

Craniofacial Office 01 878 4883
craniofacial@cuh.ie

Craniofacial Nurse Specialist
craniofacialCNS@cuh.ie
01 878 4200 bleep 771

On The Ward After Surgery

Your child will be collected from the Recovery Room by their nurse, parents cannot enter this area. We recommend that you wait at your child's bedside. Most children return to St. Gabriel's Ward, please see ward information booklet included in your pack. Occasionally, following craniofacial surgery, children may need to go to the Paediatric Intensive Care Unit (PICU) for a night. If your child is transferred to PICU a member of staff will bring you to see your child.

The Consultant Craniofacial Surgeon will speak to you after your child's surgery. Your child will have a head bandage in place. Which will need to be worn day and night.

Your child will be connected to a monitor and have a number of observations such as temperature, blood pressure and heart rate readings carried out frequently by their nurse when they return to their bed / cot.

A number of intravenous cannulas which we call "Freddie", will be attached to your child for fluids, antibiotics and pain relief medication.

Morphine, Paracetamol (Calpol) and Ibuprofen (Neurofen) is the usual pain relief children receive following surgery.



Eating and Drinking After Surgery

Children can drink and eat as usual once they are awake and asking. It is not unusual that following anaesthetic, children can feel nauseous (sick) and may vomit. If this is a problem

for your child they will be given anti-nausea (anti-sickness) medication, they may require fluids through “Freddie” to keep them hydrated.

Swelling



Your child’s face and head will become swollen, their eyes will close completely in the days following surgery. This is normal and usually starts within 12-24 hours following surgery and disappears within 48-72 hours. It usually starts with one eye or both eyes becoming swollen and closing slightly. As the swelling progresses both eyes close completely for some time before

beginning to re-open.

During this time it is important that your child sits up in their cot/bed or in your arms. During sleep they must be upright, lying on their back, as much as possible. The nurse caring for your child will give you extra pillows to help them stay upright. By keeping your child upright this will help gravity reduce the swelling to help your child’s eyes open as quickly as possible.



The Craniofacial Nurse Specialist will visit on the days following your child’s surgery to talk about their progress and ongoing care. The Craniofacial team will visit daily to see how your child is recovering and make plans for your child to be discharged from hospital.

Most children remain in hospital for between 4-7 days following their surgery

Before Going Home

Your child's first hair wash is usually performed on the ward just before they go home with regular baby shampoo, once their eyes are fully opened.

The Craniofacial Nurse Specialist will discuss all the following important discharge advice with you before you leave. Your child will need regular skull x-rays and outpatient's reviews during the distraction process to monitor the amount of change in their skull shape. These are usually carried out once a week. You will be given the dates of these appointments by a member of the craniofacial team.

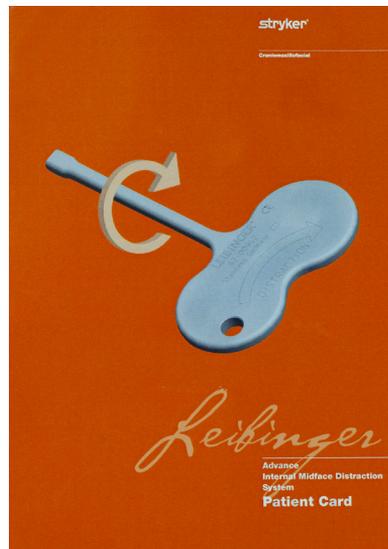
Head Bandage and Activating Arms

After your child's craniofacial surgery they must wear a head bandage which must stay in place day and night until you come back to the Outpatient's Clinic. When you are going home please ask your child's nurse to give you another head bandage (smaller size) in case the swelling goes down and the head bandage becomes too loose on your child's head. Antibiotic ointment (Polysporin) must be applied to the activating arms each time they are turned. The arms are then covered by regular gauze squares. The craniofacial team will instruct you on how to apply the head bandage and gauze squares.

Turning the Activating Arms

Please ensure you wash your hands before you touch activating arms. Turn the key clockwise in the direction of the arrow until the key turns one full circle (360 degrees). Carry out the number of turns you were instructed and record in

your child's patient record diary. The craniofacial team will explain how to carry this out. The craniofacial team will tell you how long the activating arms will be needed. Your child will require a day admission for the removal of the distractor plates when their widened skull is stable.



Ready for Home

Your child will be discharged home once they have recovered; this includes the following:

- Both your child's eyes must be open so they can see.
- The wound must be clean and dry with no openings in the skin.
- Your child must be drinking well and regaining their appetite.
- Your child should be comfortable and pain free.
- You can turn the activating arms and carry out changing the head dressing.

Hair Washing and Care of Your Child's Wound at Home

Always wash and dry your hands before touching your child's wound. Keep your child's nails clean and short and if they are old enough to understand explain to them how important it is not to rub or pick at their wound.

Hair Washing - Your child's nurse will help you wash your child's hair and wound so you will be confident doing this at home.

Wash your child's hair (including the wound) with a gentle shampoo every 2nd day, as shown by the nurse.

Wound Care - You will be given a prescription for the ointment that needs to be applied to your child's wound and activating arms.

Remember to always wash and dry your hands before touching your child's wound or activating arms. You need to apply ointment twice a day, at the same time as turning activating arms. While putting on the ointment gently massage the wound with an increase in pressure over the coming weeks. This helps in wound healing and will keep the scabs that form soft and easily removed. Scabs will usually form about 21 days after surgery and it is very important to continue washing regularly to encourage both the stitches and scabs to fall away. The scabs can become dry and crusty. If this happens, put some Vaseline on the scabs two or three times a day and continue washing.



If the scabs become bigger, become smelly or ooze, contact the Craniofacial Nurse Specialist.

Remember to always wash and dry your hands before touching your child's wound

Stitches

Your child's stitches are absorbable which means they will dissolve and do not need to be removed. Sometimes, it is necessary to use stitches that do not dissolve but will need to be removed. If this is the case, the Craniofacial/Plastic Surgery team will tell you when they need to be removed. This can usually be done by your GP or at your local hospital or health centre. The stitches will have closed all the layers of skin on your child's wound at approximately 10 days after surgery. They will then start dissolving and slowly fall away from the wound.

If you have any concerns about your child's wound while at home, contact the Craniofacial Nurse Specialist or a member of the Craniofacial/Plastic surgery team who will advise you.



Swelling

Your child's eyes should not become swollen or closed again after you go home, they can return to how they usually sleep. However, their eyes may look a little "puffy" when they first wake in the morning for a few days.

Your child's head will usually remain swollen for up to 2 – 3 weeks following surgery and will gradually become less noticeable.

Falls and Bumps

If your child has a fall or a bump following their surgery do not panic. If it is a minor fall/bump, comfort them, distract them with their favourite toy/food, give them some pain relief and watch them, as you would have done before their surgery.

If it is more serious, it is always advisable to have your child checked by your GP or at your local hospital. It is not necessary to bring them to Children's Health Ireland Temple Street to be seen. The biggest risk of injury following surgery would be if something pierced your child's skin.

If your child's activating arms feel loose or dislodged, please contact a member of the craniofacial team.

A member of the Craniofacial/Plastic Surgery team may be contacted on the main hospital telephone number (01 878 4200) by your GP or local hospital or health center at any time for advice.

Pain Relief

It is advised to continue giving your child over the counter pain relief medication for up to one week after surgery and then wean (reduce) the amount you give them each day. As a wound can be tender, it is advised to give some pain relief before washing their wound for the first week at home. Your child's nurse will give you information on how often you can give Paracetamol & Ibuprofen at home.



Eating and Drinking

It is important that your child must be drinking enough fluids to keep hydrated. Some children may have a reduced appetite following surgery; it may take them a week or two to fully regain it. Small amounts of nutritious food regularly are advised.

Sleeping

Your child's sleeping pattern may be upset for a number of weeks following surgery. This is normal as your child was not in their usual routine while in hospital and also had an anaesthetic. Your child should gradually return to the same sleeping pattern when they go home.

Activities

Keep your child out of school and crèche until the distraction process is completed. During this time, they should reduce activities that could result in a fall or bang to the head such as cycling, skateboarding, swimming and contact sports. If your child has siblings who are old enough to understand, explain to them about the importance of gentle playtime.



If your child is outside in hot sunny weather or even on cloudy days, they should wear a hat/bandana or stay in the shade to protect their wound, as sun cream is not advised until the wound is fully healed.

Flying

It is advised not to take your child on a flight until the distraction process is completed. Essential travel before this should be discussed with the team.

Vaccinations

Your child may continue with their vaccination schedule after until the distraction process is completed.

Important point to remember

If your child is unwell in the days or weeks following surgery, it is always advised to bring them to their GP for a check-up. Most of the time, it is not related to their Craniofacial Surgery. They may simply be teething, have a tummy upset or an ear infection. Your GP can contact us at any time for advice.

Discharge Information

The Craniofacial Nurse Specialist will visit you and your child on the ward and will answer any questions you may have before you leave. Please ensure that you have the carried out the following with you before discharge

Don't forget	
Head wash once eyes are open	
Have applied ointment	
Discussed wound care with the nurse and turned activating arms	
Have a copy of the discharge summary (for GP)	
Been given pain relief advice	
Head bandage	
Polysporin Prescription	
Distraction Key	
Distraction Diary	

Please remember this booklet is only a guide. If you are concerned about your child, please do not delay in seeking medical attention.

Contact Details

If you have any questions when you go home please contact
St. Gabriel's Ward directly
01 878 4680 or 01 878 4681

Craniofacial Nurse Specialist
email:craniofacialCNS@cuh.ie
01 878 4200 Bleep 711 or 01 892 1782.

Craniofacial Co-Ordinator
email:craniofacialco-ordinator@cuh.ie
01 878 4200 or 01 878 4441 or 087 625 6857

A member of the Craniofacial/Plastics Team directly through
the Hospital Switchboard 01 878 4200

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