

Should you decide to go ahead with surgery, your surgeon will talk to you about smoking and drinking alcohol. This is because they can affect how well you heal after surgery.

It is strongly recommended that you do not smoke or drink in the time before or after your surgery. Please let us know if you need support around this.

This transition leaflet is part of a series aimed at young people and is produced by the North West Cleft Lip and Palate Network.



This leaflet only gives general information. You must always discuss your treatment with the appropriate member of staff. Do not rely on this leaflet alone for information about your treatment. This information can be made available in other languages and formats if requested.

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## Cleft Department



## Speech Surgery

### Why do people have this surgery?

Some people we see may have problems with their speech. Surgery can sometimes improve 'nasal sounding' speech (hypernasality). This happens when air escapes around the back of their palate and passes through the nose.

### Who should I talk to if I want to know more about this?

You should let a member of the Cleft Team know if you would like to talk more about the sound of your speech. A speech and language therapist may then assess your speech. They may recommend a special speech x-ray (videofluoroscopy). This allows your surgeon to look at how your palate and throat move when you speak. You might also need a tiny camera to go up through your nose (nasendoscopy). This helps us to see if air is escaping up through your nose when you speak.

The team use a special spray on your nose so that you don't feel too much discomfort when they do this. If you would like to know anything more about videofluoroscopy or nasendoscopy please ask for a leaflet.

The decision to have surgery is entirely yours. You may be offered an appointment with our clinical psychologist to help you decide if surgery is the right option for you and to get any support you may need. You can come back to see the Cleft Team at any age, even as an adult. We don't want you to feel rushed to make a decision.

### What happens in surgery?

Surgery is done under general anaesthetic (you would be asleep during the operation). The operation to the palate would hopefully make it longer and move the muscles inside your palate backwards. When this works it allows the palate to touch the back of the throat during speech. This then prevents the air from leaking around it. Some people need an operation to the back of the throat. This operation is called a pharyngoplasty. There are different types of pharyngoplasty but they all hope to improve nasal-sounding speech. The aim is to reduce the amount of air escape in to the nose.

### What about after the surgery?

Most people stay in hospital overnight following this operation. You may have some discomfort but the team at the hospital will help with pain relief. You would have dissolving stitches in your palate and you need to eat a soft diet for about three weeks. Please see our leaflet "What can I eat on a soft food diet" for further information on what types of food you can eat. You would see both your surgeon and the speech and language therapist again in six to eight weeks after your operation. It may take up to six months to tell how successful the operation has been.

### Is there anything else I should know?

If you are 16 or older, you will have your surgery at an adult hospital. Please see our information leaflet on the adult hospital for further information about what to expect from your visit. If you have any questions or concerns, please ask a member of the team and we will do our best to help.