

Alveolar Bone Graft

for children born with cleft lip and palate



Cleft Palate Program

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What is an alveolar bone graft?

It is surgery to repair a cleft in a gum. A small piece of bone is taken, usually from the hip bone, and placed (grafted) into the cleft.

The grafted bone fills the space in the gum (alveolar ridge) caused by the cleft. The new bone lets the orthodontist move the adult teeth into this space and provides support to the nose.

The bone graft will be done when your child has lost all his baby teeth and the permanent teeth are coming in. The decision about timing is best made by your orthodontist with the Cleft Palate Team.

Who does this surgery?

A Craniofacial reconstructive/plastic surgeon or an Oral surgeon is qualified to do this procedure. You can discuss these options with the cleft palate team at your clinic visit.

Care after surgery

Pain Management:

In the first few days after the surgery, your child's mouth and hip will hurt. Your surgeon will suggest medication to control pain. The soreness in the mouth usually goes away in a few days. The hip can remain bruised and sore for up to two weeks. During this time, make sure your child gets lots of rest, limits activity and uses the pain medication as suggested.

Diet following surgery:

For 14 days your child should eat a soft diet. Avoid any hard, crusty food such as hard crackers, toast crusts, potato or taco chips, etc.

Mouth Care:

Do not brush the teeth of the upper jaw for 14 days. Brush the lower teeth as usual. Keep the mouth clean with mouth rinses. Your surgeon will tell you how to rinse the mouth before you go home.

Call your doctor if:

- your child develops a fever;
- there is excessive bleeding from the gums or hip area;
- your child has pain that you can't control with pain medication or comforting.

Follow-Up

Your surgeon will tell you when you should come for a follow-up appointment.

If you have any questions or concerns, please contact:

Cleft Palate Program Secretary 604-875-3146

Nurse Clinician
604-875-2345 local 7057.

Plastic Surgeon or Oral Surgeon:

Name: _____

Contact number _____