



NJ CRANIOSYNOSTOSIS CENTER

A DIVISION OF CIMISURGICAL

Craniosynostosis Repair

Postoperative Patient Instructions

General

For the first week or two after surgery, your child may require additional care and patience. It's important not to worry about "spoiling" them during this period. Feel free to offer extra holding and comfort as needed.

After surgery, your child will be moved to the PICU and may be drowsy for several hours. Sometimes, children need to stay intubated (with the breathing tube still in place) for a while. They will also have an IV to provide fluids and pain medication. Blood levels will be closely monitored, and your child might need additional blood transfusions in the days following the surgery.

Feeding

Your child might take a day or two to return to their normal feeding routine. In the first 48 hours after surgery, their eyes may be swollen and possibly even swollen shut. While feeding is important during this period, it may be a bit challenging for your child and could require additional effort from you. They can resume feeding as usual, whether through breastfeeding or bottle-feeding.

At home, it's important to monitor your child's oral intake and the number of wet diapers. A noticeable decrease in either could indicate dehydration. If you have any concerns, please contact your surgeon's office.

Activity

It may be several weeks before your child returns to their normal routine and sleep patterns.

Although we understand it can be challenging to manage young children, it's important to keep your child away from rough play (such as with older siblings or at daycare) for the next six weeks. Continue to follow standard safety precautions, including using car seats and seat belts in highchairs.

Your child will not need a helmet to protect or shape their head after surgery unless instructed by your surgeon.

Pain

Despite the size of the surgery, post-operative pain is usually minimal. Most children are off narcotic pain medication within a day or two. At home, your child may experience some mild discomfort, which can be managed with acetaminophen (Tylenol) as directed by your child's doctor.

Acetaminophen is available in tablet, caplet, and liquid forms and relieves mild to moderate pain and reduces fever. Be sure that your child takes it exactly as their doctor instructs. Follow the directions on the package and consult with your child's doctor or a pharmacist if you have any questions. Do not give your child more or less than prescribed, and avoid giving it more frequently than directed.

If your child experiences more than mild discomfort, the doctor may prescribe medication to help manage the pain. Administer the pain medicine exactly as prescribed and instructed by your doctor and nurse.

If using pain medicine, try to give a dose around bedtime for the first few days to help your child sleep more comfortably.

Constipation

Monitor your child's bowel habits closely. They should return to their normal pattern; if not, constipation may be the issue.

If you suspect your child is constipated, contact their pediatrician or craniofacial surgeon for advice.

Skin and Wound Care

A dressing will be placed over your child's head to protect it for the first night after surgery; this will be removed the morning after surgery. The scalp incision is closed with absorbable sutures that will dissolve over the next several weeks. It is important to keep the area clean. After 24 hours, wash your child's scalp with a moist washcloth, mild soap, and water. Use the washcloth to gently remove any developing scabs.

After cleaning, leave the incision open to air and apply antibiotic ointment to the suture line for the first week. After that, switch to Aquaphor or plain Vaseline until the sutures dissolve. Apply ointment twice a day to keep the suture line clean and moisturized.

Follow-up

Your first follow-up appointment will be approximately one week after surgery. After this visit, you will likely be seen again in about two to three weeks.

Please call your surgeon's office if:

- You notice redness, increased swelling, drainage, or bleeding from the scalp incision.
- The suture line begins to separate.
- Your child has a fever higher than 101.5°F.
- Your child's pain doesn't improve after taking pain medicine.
- Your child isn't drinking liquids or is vomiting.
- Your child is having trouble breathing.

If you have any questions or concerns, call the office at 201-289-5551 and someone will assist you.