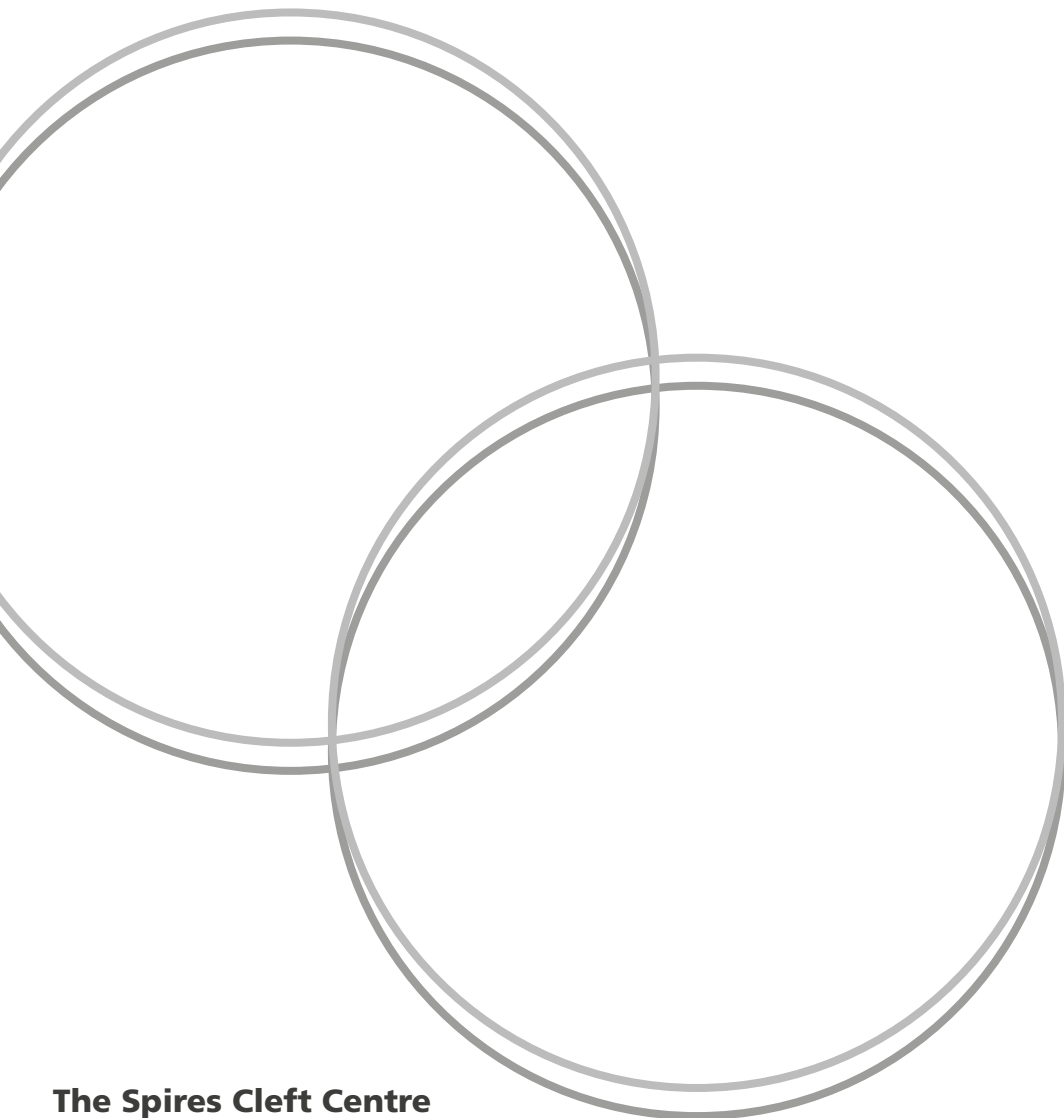




Oxford University Hospitals
NHS Foundation Trust

Alveolar Bone Graft

Information for parents



The Spires Cleft Centre

We will also give you a copy of the information leaflet about ABG that we have written for your child. Please read both leaflets carefully.

What is an Alveolar Bone Graft (ABG)?

Alveolar is just another word for gum.

Bone is what will go into your child's gum.

Graft is the name used when something is taken from one bit of the body and put into another. A piece of bone from your child's hip will be put into their gum.

What is an ABG?

The alveolus is the upper part of the jaw. In children who have a cleft lip and palate they may also have a cleft in the jaw and may also have a hole called a fistula between the nose and mouth.

Alveolar Bone Grafting (ABG) is the removal of bone from the hip and placing this into the cleft defect of the upper jaw.

What is the aim of having an ABG?

The bone graft aims to correct the cleft and close the fistula if there is one. This helps to support the nose and produce new bone for the developing teeth to grow into. This in turn allows teeth in the area to come through in a more normal position.

When is an ABG typically done?

From the age of around 8 years your child will be invited to a combined clinic to meet with the Team, including the Orthodontist and Oral Surgeon. At this appointment the Oral Surgeon and the Orthodontist will check the position of the teeth and monitor how they are coming through. This will help them to decide if the cleft site would benefit from a bone graft. Your child's assessment will include a series of X-rays to check the position of the teeth. In some cases a short period of orthodontic treatment, including removable or fixed braces, may be needed before the operation.

Where will my child have their operation?

Your child will have their operation in Oxford at the Children's Hospital. Your child will stay on Robin's Ward. One parent or carer may sleep next to your child on the ward.

What are the benefits of having an ABG?

- Close the oro-nasal fistula (the hole between the nose and the mouth).
- To join separate segments of upper jaw together.
Allow dental development (eruption of upper canine teeth).
- Allow possible jaw surgery if upper jaw fails to grow properly.
- Form a basis for replacement of missing teeth.

What are the risks of having an ABG?

- Bleeding from the surgical sites.
- Infection, with possible loss of some of the bone graft.
- Wound breakdown – there is a slight risk that the bone graft may not take. In this case the ABG would need to be repeated.

Your child's doctors will discuss these risks with you in more detail. If you have any questions at all, please do not hesitate to ask.

How long will my child be in hospital?

Your child will normally stay in hospital for the night of the operation day. If your child has had a bilateral alveolar bone graft they will stay for two nights.

What aftercare is required?

Your child's mouth will be a bit sore and swollen after the operation – this is normal. We will give them pain relieving medications during and after the operation – they will need to continue with this at home for two to three days.

We will also give your child a short course of steroids while they are in hospital after their surgery to help reduce the swelling. Your child will need to stay on a soft diet for four weeks to avoid any damage to the graft site whilst it heals. (We will give you a separate leaflet about suitable foods.)

To prevent infection your child will be given a course of antibiotics which they will start in hospital – you will need to complete the course at home.

It is very important that your child's mouth is kept very clean after the operation. You will be given antiseptic mouthwash to take home. If they find the taste of the mouthwash too strong then you can dilute the mouthwash with 50% water. A diluted mouthwash is better than no mouthwash.

Care of the donor site

On your child's return to the ward they will have a dressing on the donor site (hip) which will be removed before discharge. Steristrips will be left on – these will fall off within a week or should be removed after 7 days. Allow your child to shower not bath and pat the wound dry.

The hip is often more uncomfortable than the mouth but this is not something to be worried about. Your child should be encouraged to gently start to move about after the operation.

Can my child brush their teeth?

Your child should brush all their teeth very carefully using a very soft toothbrush and adult toothpaste to clean the teeth on each side of the stitches. The mouthwash your child was given in hospital should be used two to four times a day to help keep the mouth clean. The stitches in your child's mouth will slowly dissolve over the next few weeks.

What about school and sports?

Your child can go back to school 2 weeks after the operation. Your child should not do any physical or contact sports such as rugby, football or gymnastics for about 6 weeks.

Will my child need to come back to the hospital?

A nurse specialist will contact you at home to check everything is ok. You will need to bring your child back to the hospital 2 weeks after their operation so we can check that your child's gum and hip have healed up.

If we have any questions or worries what should we do?

You can telephone the **Cleft Team** on: 01865 231 450

You can telephone **Robin's Ward** on: 01865 231 254/5

You can talk to any member of the team in clinic. You can also talk to your family doctor.

Further information

You can also find information about this operation on the internet. Here is a website you can try:

www.clapa.com

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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