

RATE OF SURGICAL COMPLICATIONS AFTER PRIMARY PALATOPLASTY WITH INTRAVELAR VELOPLASTY IN PATIENTS WITH CLEFT PALATE

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OBJECTIVE: The purpose of this study was to investigate the rate of complications after palatoplasty with intravelar veloplasty. **METHODS:** Prospective study carried out in 75 patients with cleft lip and palate, of both genders, submitted to primary palatoplasty with intravelar veloplasty between 12 and 18 months of age by a single plastic surgeon. The surgical procedure involved intravelar veloplasty using complete muscle dissection from the nasal mucosa, little dissection from the oral mucosa and muscle repositioning. Intraoperative complications such as excessive bleeding and laceration of the nasal mucosa were reported. The patients were followed in the early 24 hours and were also submitted to a clinical assessment by the same surgeon 18 months after the surgery, on average, to investigate bleeding, vomiting, cough, tearfulness, fever, surgical or non surgical infection and the presence of palatal fistulae or dehiscence. **RESULTS:** Regarding intraoperative complications, 1 patient presented excessive bleeding and 2 laceration of the nasal mucosa. In the early 24 hours the following complications were observed: bleeding (1), vomiting (4), cough (5), tearfulness (2) and fever (3) were observed. Postoperatively (18 months after surgery, on average), 12 patients presented fistulae, 3 presented hard palate dehiscence and 1 patient presented soft palate dehiscence, and the following complications were reported by the parents: bleeding (2), non surgical infection (2), cough (5) and tearfulness (1). **CONCLUSIONS:** These results showed that primary palatoplasty with intravelar veloplasty using complete muscle dissection from the nasal mucosa and little dissection from the oral mucosa presented low rate of surgical complications.