



## POST-OPERATIVE PALATOPLASTY RESPIRATORY COMPLICATIONS: PROSPECTIVE ANALYSIS

## CONEGLIAM PCP\*\*\*, Trettene AS\*\*\*, Trindade IEK

Laboratory of Physiology, Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo (HRAC/USP).

**OBJECTIVE:** To identify respiratory complications, focusing the suggestive symptoms of obstructive sleep apnea (OSA), at preoperative, immediate and late postoperative, in children submitted to palatoplasty. METHOD: A total of 56 children, both genders, ages ranging from 6 to 15 months, randomized into 2 groups: Group (GI) and Control Group (G2). GI comprised children submitted to palatoplasty, and G2 children submitted to cheiloplasty. For data collection it was employed the instrument of MacLean et. al (2009), in order to calculate the (OSA) index. The results were calculated by the following equation: OSA= 1.42D + 1.41A + 0.71R − 3.83 - in which: D, evaluates the breathing capacity; A, evaluates presence of apnea; and R, evaluates the presence of snoring, and the score: < que -1 = Absence of OSA; ranging from -1 and 3.5 = probable OSA and >3,5 = presence of OSA. The children were analyzed at preoperative, immediate and late postoperative. For the statistical analysis, the ANOVA Test was employed, with significance 5% (p≤0,05). **RESULTS:** For the steps evaluated, GI and G2 presented scores <1,0 - indicating absence of OSA, but in GI, it was observed higher incidence of snoring and noisy breathing at immediate postoperative, in relation to preoperative (p=0,00) and late postoperative. **CONCLUSION:** The results suggest that palatoplasty favors the occurrence of acute respiratory alterations.