

### Feeding after supraglottoplasty (SGP)

SGP is a common procedure done by your Ear Nose and Throat (ENT) surgeon to treat laryngomalacia. The procedure helps improve your child's breathing, feeding, and sleeping.

#### What can I expect after SGP?

As there will be a degree of swelling at the surgical site after surgery, your child may present with:

- pain
- poor sleep
- noisy breathing
- feeding fluctuations.

Typical feeding presentation after surgery includes:

- · difficulty protecting airway due to changed anatomy
- poor suck-swallow-breath coordination
- a temporary reduction of sensation around the voice box (larynx) due to the presence of swelling and soreness of some degree.



For these reasons, your ENT surgeon may refer you to a Speech Pathologist (SP) to support your child's feeding during the recovery period.

Safe swallow strategies that may be recommended by your SP include:

- external pacing,
- bottle/teat change
- different feeding positions
- thickened milk/fluids.



As reflux is commonly associated with laryngomalacia, your ENT surgeon may also prescribe anti-reflux medication after surgery to keep your child comfortable during the recovery period.

Anti-reflux medication is beneficial because it:

- reduces the acidity of regurgitated content
- prevents further irritation/inflammation to the surgical site
- reduces irritability with feeding.

# How does thickened expressed breast milk and/or infant formula help?

Your SP may recommend thickened fluids for at least 6 weeks after surgery to ensure safe swallow. This reduces aspiration risk and protects your child's airway during feeding through the acute phase post-SGP.

Thickened fluids will assist with your child's feeding after surgery by:

- Slowing down the flow rate of milk to accommodate the changes in your child's throat size. Slow milk flow allows additional time for your child to synchronise their suck-swallow-breathing coordination and ensure sufficient airway closure when swallowing.
- 2. Facilitating a timelier swallow response. The enhanced sensory properties of the bolus from thickening the liquids elevate your child's awareness of the bolus. This increased awareness is essential to facilitate airway protection in conjunction with respiration due to the reduced sensation around the larynx after surgery.
- 3. Contributing to reflux management together with anti-reflux medication that may be prescribed by your doctor. The thickened fluids may help in reducing the volume of refluxed/regurgitated content as it enables the feed to be retained in your child's stomach for longer.

# How do I thicken the milk (i.e. infant formula and expressed breast milk)?

Your SP will discuss with you and provide instructions on how to thicken milk to the appropriate consistency. Your SP may follow up with you again in approximately one week after surgery.

Typically, your SP will guide you through a thickener wean after 6-8 weeks post-surgery (in the absence of any signs suggesting aspiration risks and/or swallowing difficulties).

#### Can I continue to breastfeeding?

As thickening breast milk during breastfeeding is not possible, your SP will collaborate with you and your ENT surgeon to provide personalised strategies to support breastfeeding and minimise aspiration risks.

Typical strategies include positional changes, use of a nipple shield, and expressing let down prior to offering.

Optimised positional changes include:



Infant prone positioning has impacts on milk flow rate, infant sucking patterns, and swallowing-breathing coordination, which ultimately reduce pre-swallow aspiration risks and likely improve dynamic airway obstruction.

Maternal reclined position can facilitate more rhythmical swallowing coordination due to the reduced milk flow rate.

Please contact your SP and/or surgeon if your child is showing more than one of the below aspiration signs during or immediately after feeds:	
LOOK FOR:	<ul> <li>nasal flaring</li> <li>changes in colouring (going dusky / or pale)</li> <li>watery eyes</li> <li>difficulty breathing</li> <li>drink (or food) remaining in mouth</li> <li>arching, writhing, wriggling as if uncomfortable or in pain.</li> </ul>
LISTEN FOR:	<ul> <li>wet or gurgled breathing</li> <li>wet or gurgled voice quality</li> <li>coughing or choking sounds</li> <li>crying and distress.</li> </ul>
FEEL FOR:	<ul> <li>hot to touch (sudden increase in temperature not associated with an illness)</li> <li>coughing or struggling to breath normally.</li> </ul>



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