

Cleft Lip and Palate

Clefts of the lip and/or the palate occur in approximately one out of 750 births. The etiology is multi-factorial with environmental, socioeconomic and genetic factors all playing a role. The vast majority of cases are isolated and not part of a more extensive syndrome of congenital deformities. It is generally recommended that parents of children with a cleft deformity undergo genetic counseling to help them understand the risk of similar problems in future children and grandchildren.

Cleft lip results in a dramatic cosmetic deformity that is often very frightening for parents. Cleft palate results in significant long-term functional problems. The most critical functional issue is the effect on speech that occurs because of the inability to close the palate and separate the oral and nasal cavities. Fortunately, both the cosmetic and functional problems related to cleft lip and palate can be dramatically improved with properly timed surgery, orthodontics, and speech therapy.

Initial Care and Referral

A baby with a cleft lip and/or palate should undergo a thorough exam to rule out any associated abnormalities.

Feeding: In general, babies with only cleft lip are able to nurse without difficulty. Babies with a cleft palate may not be able to create enough suction to get adequate nutrition from breast feeding alone and need supplemental bottle feeding. Special bottles and nipples are available for feeding children with cleft lip and/or palate (see links below). The pediatrician or family physician should carefully follow children to ensure adequate weight gain.

Plastic Surgery Referral: Parents generally need reassurance and information about the problem their child is facing and how to care for them. Referral to a plastic surgeon is generally appropriate as soon as the diagnosis is made. This allows the surgeon to determine the extent of the deformity and to educate the parents about the proposed treatment plan. In some cases a cleft deformity can be diagnosed in utero and parents can benefit from meeting with a plastic surgeon before birth. It is important to reassure parents by informing them what will happen and when and what to expect regarding the long-term outlook for their child.



Cleft Lip & Palate Treatment Schedule

Upon Diagnosis-3 Months	Plastic Surgery Consultation
3 Months	Surgical Repair of Cleft Lip
10-12 Months	Surgical Repair of Cleft Palate
3-5 Years	Potential Revisions of Lip, Nose or Palate
7-10 Years	Alveolar Bone Grafting and Orthodontic Work
Late Teens	Final Cosmetic Revisions, if needed

Ear Infections: Children with clefts have a high incidence of chronic middle-ear infections. Cleft patients need to be followed closely for this and frequently need myringotomy tubes.

LINKS:

Nipples & Bottles:

www.medelabreastfeedingus.com
(see SpecialNeeds Feeder) and
www.enfamil.com

General Information & Support:

www.cleft.org
www.kidshealth.org
www.emedicine.medscape.com


Northland Plastic Surgery

(218) 724-7363 or (800) 964-6891

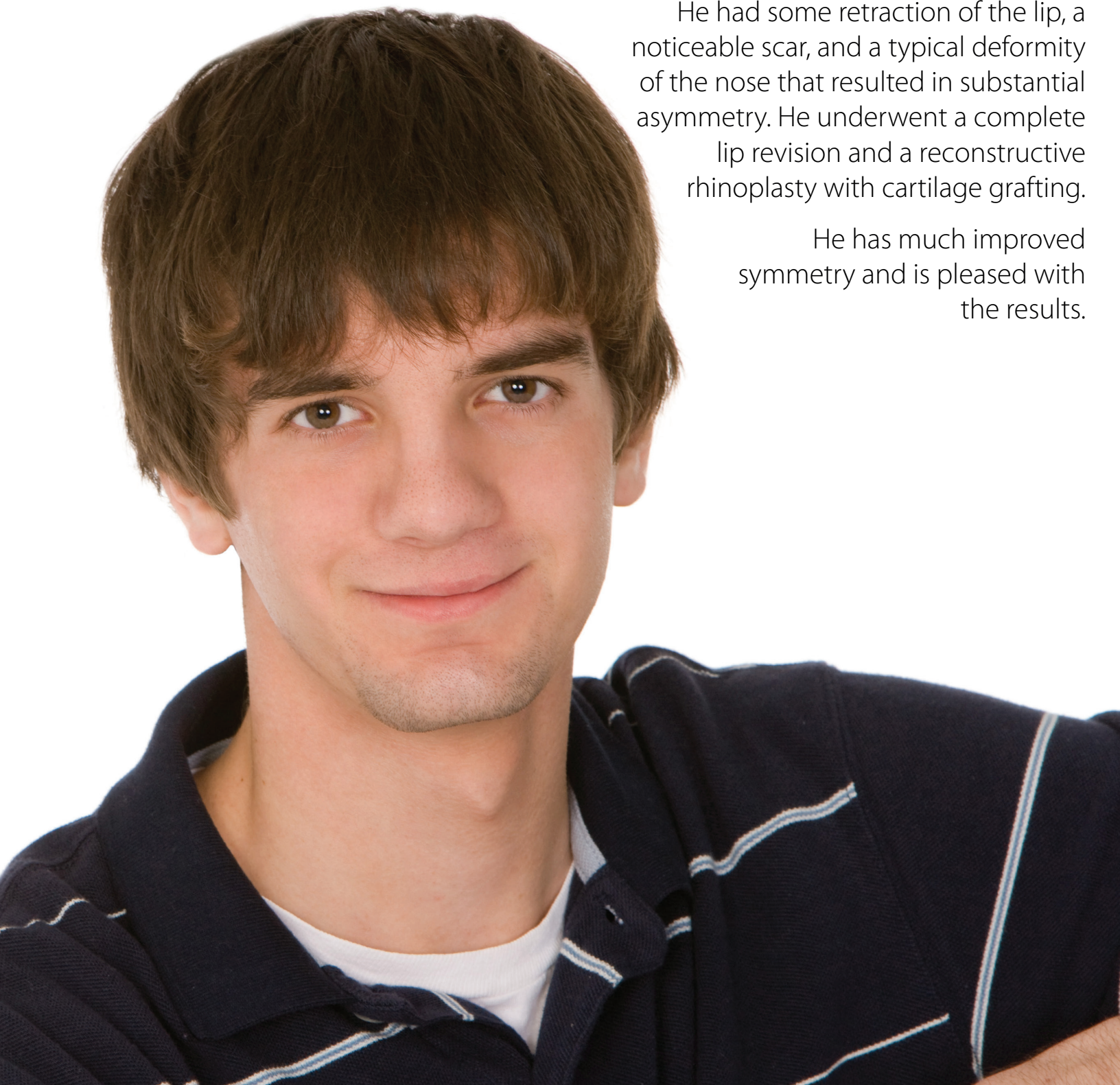
northlandplasticsurgery.com or info@northlandplasticsurgery.com

JORDAN'S *Story*

Jordan was born with a cleft lip and palate. These were repaired when he was a child, but as a teenager, he was left with a residual deformity that bothered him.

He had some retraction of the lip, a noticeable scar, and a typical deformity of the nose that resulted in substantial asymmetry. He underwent a complete lip revision and a reconstructive rhinoplasty with cartilage grafting.

He has much improved symmetry and is pleased with the results.



"The results are fantastic! We took Jordan out of town for a previous surgery that had disappointing results. I wish we had taken him to Dr. Baertsch much earlier in the treatment process. His work will make a difference in our son's life."

~Jordan's Mother, Elizabeth