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Cleft lip and palate

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Cleft lip and palate

▶ **Cleft**—An elongated opening or slit in an organ.

▶ A cleft lip and/or palate is a birth defect (congenital) of the upper part of the mouth.

▶ Cleft lip occurs when the lip elements fail to come together during fetal development, thus creating an opening in the upper lip between the mouth and nose.

▶ A cleft lip creates an opening in the upper lip between the mouth and nose

▶ **Or** When the tissues that form the upper lip fail to join up in the middle of the face, a gap occurs in the lip.

Definition of Cleft lip and palate

- ▶ Usually, a single gap occurs below one or other nostril (unilateral cleft lip).
- ▶ Sometimes there are two gaps in the upper lip, each below a nostril (bilateral Cleft lip).
- ▶ and a cleft palate occurs when the roof of the mouth has not joined completely.

Definition of Cleft lip and palate

- ▶ Cleft palate occurs when the right and left segments of the palate fail to join properly

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Infant with a unilateral cleft lip and palate

Causes:

- ▶ During the fifth through ninth weeks of pregnancy genetic and environmental factors are most likely to affect lip and palate development.
- ▶ Certain drugs:
- ▶ These include: Anti-convulsive drugs; Benzodiazepines such as diazepam (valium),
- ▶ Or the use of high-dose oral corticosteroids during early pregnancy.
- ▶ Loss of folic acid.

What are the complications associated with cleft lip and cleft palate

► **feeding difficulties**

Feeding difficulties occur more with cleft palate abnormalities. The infant may be unable to suck properly because the roof of the mouth is not formed completely.

A special teat and bottle should be used to allow milk to be delivered to the back of the throat where it can be swallowed.

► Sometimes, special dental plates can be used to seal the roof of the mouth to help the baby suckle milk better.

► **ear infections and hearing loss**

Ear infections are often due to a dysfunction of the tube that connects the middle ear and the throat. Recurrent infections can then lead to hearing loss.

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What are the complications associated with cleft lip and cleft palate

- ▶ **speech and language delay**

Due to the opening of the roof of the mouth and the lip, muscle function may be decreased, which can lead to a delay in speech or abnormal speech. Referral to a speech therapist should be discussed with your child's physician.

- ▶ **dental problems**

As a result of the abnormalities, teeth may not erupt normally and orthodontic treatment is usually required.

Treatment for cleft lip and cleft palate:

- ▶ Specific treatment will be determined by :
- ▶ your child's age, overall health, and medical history
- ▶ specific qualities of your child's abnormality
- ▶ your child's tolerance for specific medications, procedures, or therapies
- ▶ involvement of other body parts or systems
- ▶ your opinion or preference

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Surgery

- ▶ For most infants with cleft lip alone, the abnormality can be repaired within the first several months of life (usually when the baby is 10 to 12 pounds). Or is usually performed three months after the baby is born.
- ▶ Surgery to close the gap in the palate is usually done at about six to 18 months old, but before the age of 2. This is a more complicated surgery and is done when the baby is bigger and better able to tolerate the surgery.
- ▶ Both operations are done with the baby asleep under general anesthetics and involve a hospital stay of three to five days.

After the surgery for cleft lip

- ▶ child may be irritable ,medications given to help with this.
- ▶ child may also have to wear padded restraints on his elbows to prevent him from rubbing the stitches and surgery site.
- ▶ Stitches will either dissolve on their own or will be removed in approximately five to seven days
- ▶ Specific instructions will be given to you regarding how to feed your child after the surgery. The scar will gradually fade, but it will never completely disappear.
- ▶ child will have an intravenous catheter (IV) to provide fluids
- ▶ child will feel mild pain, which can be relieved with a non-aspirin pain medication
- ▶ It is normal to have swelling, bruising, and blood around these stitches.

After the surgery for cleft palate

- ▶ This surgery is usually more involved and can cause more discomfort and pain for the child and it can be relieved by a non-aspirin pain medication. A prescription medication may also be given for use at home.
- ▶ The stitches will dissolve after several days and they do not have to be taken out by the physician.
- ▶ There may be some bloody drainage coming from the nose and mouth that will lessen over the first day.
- ▶ There will be some swelling at the surgery site, which will diminish substantially in a week.
- ▶ Many infants show signs of nasal congestion after surgery
- ▶ child may be in the hospital for one to three days, depending on his conditions.

Other treatments and therapies

- ▶ Speech and language therapy may be used to monitor and develop speech. Orthodontic treatment (braces, for example) may be used to ensure that the permanent teeth come through straight and in the right place.
- ▶ ***Surgical repair of the palate should be performed generally prior to or by one year of age*** (the time at which the child generally is beginning to speak)

3. Emotional support

- ▶ Support is essential both for new parents coming to terms with their child's special needs,
- ▶ Support for the children themselves who may have to deal with teasing at school and the difficulty of being different.
- ▶ It can help to discuss the problems with people who have had similar experiences or by having access to psychological support available from specialist cleft teams.

. Prevention

- ▶ With so little known about the cause of cleft lip and palate, even less is known about prevention. The most sensible approach is simply to do everything possible to ensure a healthy pregnancy, avoiding known dangers such as alcohol, smoking and drugs.
- ▶ It is thought that certain types of drugs may increase the risk of cleft lip and palate. These include: Anti-convulsive drugs; Benzodiazepines such as diazepam (valium);
- ▶ Evidence suggests that the risk of cleft lip and palate is associated with the use of high-dose oral corticosteroids during early pregnancy.

Specialist care

- ▶ Ideally, children with cleft lip and palate are treated by a specialist "cleft team" that includes plastic, maxillofacial and ENT surgeons as well as speech and language therapists, dentists, orthodontists, psychologists and specialist nurses.
- ▶ Care and support of the child and the family should last from birth until the child stops growing at about age 18 and got oriented to the problem or adapted with problem and its management.