AUSTRALIAN CRANIOFACIAL UNIT
CLEFT LIP & PALATE PROTOCOL

Management of Cleft Lip & Palate

A cleft lip and palate affects the lip, nose, gum and roof of the mouth, back of the mouth and indirectly the ears. The Australian Craniofacial Unit considers the multi-disciplinary approach is necessary to treat cleft lip and palate. This treatment extends from birth until the completion of management at full development i.e. early adulthood.

CONSULTATIONS

Newborn

An initial appointment with the surgeon and the speech pathologist will be made as soon after birth as possible. The speech pathologist will continue to monitor feeding progress.

First 3 months after birth

The following appointments will be made as part of the multi-disciplinary management protocol:

- Surgeon - for consultation regarding management
- Speech Pathologist - who will review feeding and have initial discussions regarding speech management.
- ENT Surgeon - will check on ears.
- Craniofacial Registrar - will take all relevant medical history details.
- Dentist - will discuss dental development and care.
- Photography - taken before and after surgery
- Genetics - for help with understanding the cause when a baby has problems in addition to the cleft, and to provide information about the possibility of recurrence in a future pregnancy.
IN THE FIRST YEAR (0-12 months)

REPAIR OF THE CLEFT LIP - at 3 months of age

Admission to hospital will be on the day of surgery. The baby will need to be fasted (have nothing to eat or drink) for 4 – 6 hours before surgery (for more information refer to the Nursing protocol).

If deemed necessary, examination of the ears under the anaesthetic by the ENT Surgeon will be conducted and possibly grommets inserted.

Plastic nasal splints may be inserted at time of surgery. They are used to help retain the shape of the nostrils, and may remain in place for three months. It is important to ensure that the splints are cleaned daily.

Following surgery, breast or bottle feeding can be resumed as soon as baby demands.

Dummies are not permitted until suture removal.

Stitches are removed under a light anaesthetic 7 days following surgery.

Review by the Craniofacial surgeon and ENT surgeon (if grommets were inserted) will be at 6 weeks following surgery.

REPAIR OF CLEFT LIP & UNILATERAL ANTERIOR PALATE - at 3 months of age

The anterior palate repair involves the roof of the mouth at the front and takes longer to heal than the lip.

Admission to hospital will be on the day of surgery. The baby will need to be fasted (have nothing to eat or drink) for 4 – 6 hours before surgery (for more information refer to the Nursing protocol).

Plastic nasal splints may be inserted at time of surgery. They are used to help retain the shape of the nostrils, and may remain in place for three months. It is important to ensure that the splints are cleaned daily.

The baby can resume clear fluids via a bottle after 12 hours, and milk via breast or bottle after 24 hours.

Arm splints are to be worn until suture removal to prevent the baby putting fingers or other items into the mouth which could damage the wound or
introduce infection. These can be removed every 4 hours while the baby is being nursed, keeping the hands away from the mouth.

Dummies are not permitted until suture removal.

Stitches inside the mouth are dissoluble and do not need to be removed. The stitches in the lip are removed under a light anaesthetic 7 days following surgery.

Review by the Craniofacial surgeon and ENT surgeon (if grommets were inserted) will be at 6 weeks following surgery.

**REPAIR OF THE CLEFT PALATE – at 6 months of age**

Admission to hospital will be on the day of surgery. The baby will need to be fasted (nothing to eat or drink) for 4 – 6 hours before surgery (for more information refer to the Nursing protocol).

The baby can resume clear fluids via a bottle after 12 hours, and milk via breast or bottle after 24 hours.

Arm splints are not required and dummies may be used.

Stitches inside the mouth are dissoluble and do not need to be removed.

Review by the Craniofacial surgeon and ENT surgeon (if grommets were inserted) will be at 6 weeks following surgery.

- Audiology – hearing check following repair.
- ENT assessment 6 months following surgery if grommets were inserted at the time of the repair. Otherwise, review at age 1 year.
- Orthodontic consultation to outline the management program.
- Speech review at age 1 year to check on speech and language development.
- Review by surgeon.
- Photography yearly.
IN THE 2nd – 5th YEARS

- ENT review yearly.
- Audiology reviews as indicated.
- Dental review yearly.
- Speech assessment at age 18 months, 2.5 years, 3.5 years, 4.5 years. Regular checks will ensure that intervention appropriate to the age is implemented.
- Nasendoscopy from the 5th year onwards may be recommended.
- X-rays – Cephalometry at age 4.5 years. This is necessary to plot the growth of the facial skeleton.
- Review by surgeon yearly, and if required, soft tissue revision (e.g. lip, nose).
- Introduction to Orthodontics
- Photography yearly.
- Attendance at Cleft Lip & Palate Clinic at 18 months and 4.5 years.

IN THE 6th – 12th YEARS

- ENT review yearly.
- Dental review yearly.
- Orthodontic assessment yearly.
- Speech assessment at age 8 years and 12 years.
- Nasendoscopy if recommended.
- X-rays – Cephs yearly from age 6 years.
- Review by surgeon yearly.
- Photography yearly.
- Attendance at Cleft Lip & Palate Clinic at age 8 years and 12 years.

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<th>IN THE 13th – 18th YEARS</th>
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<td>- Dental review yearly.</td>
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<td>- Orthodontic assessment and growth assessment to plot the necessity for maxillary and/or mandibular surgery.</td>
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<td>- Speech reviews as indicated.</td>
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<td>- Surgery as planned.</td>
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<td>- Final assessment and discharge at completion of surgery.</td>
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