

## ► Cleft lip and Palate

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### **What is a cleft lip and/or palate?**

Cleft lip and/or cleft palate is an anomaly caused by a failure in facial development occurring very early in an embryo's life. It can be surgically treated shortly after birth with highly successful results. Incidence of cleft is between 1 in 600 and 1 in 800 births. A cleft lip is a separation of the two sides of the lip. The separation often involves the bones of the upper jaw and/or upper gum. A cleft palate is an opening in the roof of the mouth where the two sides of the palate do not fuse, or join together, as the unborn baby is developing.

Cleft lip and cleft palate can occur on one side (unilateral cleft lip and/or palate) or on both sides (bilateral cleft lip and/or palate). Since the lip and the palate develop separately, it is possible for the child to have a cleft lip or a cleft palate or both.

The majority of clefts appear to be due to a combination of hereditary and environmental factors. There is an increased risk of having a child with a cleft lip and palate if the condition already exists in the family.

### **Surgery**

Surgery on a cleft lip is usually performed within the first six months after birth in order to close the gap in the lip. Cleft palate can also be surgically corrected and this is usually performed between nine and eighteen months of age. Combinations of surgical methods and repeated surgical procedures are often necessary as the child grows. If the jaw is also cleft, it is usually corrected by filling the gap with bone tissue. This bone tissue can be acquired from the patients' own chin, ribs or hip. There is no preferred age for jaw correction and this is usually decided on an individual basis.

### **Effect of clefts on communication and/or feeding**

A cleft may cause problems with feeding, hearing, ear disease and speech. Some of the primary and permanent teeth may also be affected. When the lip is cleft, the person may face social difficulties. This generally depends on the severity of the abnormality. Advice on feeding is usually sought very early and Speech-Language Pathologists work together with family to help the child develop proper feeding patterns, as early as possible. This is also often dependent on the surgery which the child has undergone. Advice on speech and language development is given and the child is followed up according to need. The most common speech difficulties encountered in cleft lip and/or palate are articulation difficulties and difficulties with resonance and nasality.

### **Multi-disciplinary approach**

A child born with a cleft will frequently require several different types of services – surgery, dental/orthodontic care and speech therapy, all of which need to be provided in a coordinated manner over a period of years. This combined care is provided by a multi-disciplinary cleft palate/craniofacial team comprising professionals from a variety of health care disciplines who work together for the child's total rehabilitation.

In Malta, a multi-disciplinary team has been set up. It consists of a plastic surgeon, an orthodontic surgeon, an oral surgeon, a dental surgeon and a speech-language therapist. About four cleft lip and palate clinic sessions are held annually in order to monitor and provide services to individuals with cleft lip and/or palate. Team members can be contacted at the Speech-Language Department and the Dental Department at St. Luke's Hospital.

### **Useful Links**

- ❖ Cleft lip and palate association – (<http://www.clapa.com/>)
- ❖ American cleft palate craniofacial association – (<http://www.acpa-cpf.org/>)
- ❖ World craniofacial foundation – (<http://www.worldcf.org/index.cfm>)
- ❖ Cleft advocate- non profit support organisation for all craniofacial conditions, on-line and in-person family support, insurance and advocacy assistance, annual conference for the entire family – (<http://www.cleftadvocate.org/>)