

Decreasing Burden of Care for Patients with Cleft Lip and Palate

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Disclosure/Financial Support: None of the authors has a financial interest in any of the products, devices, or drugs mentioned in this manuscript.

PURPOSE: In most treatment protocols, patients with unilateral complete cleft lip and palate (UCCLP) will have a minimum of 3 operations prior to adolescence- lip repair, palate repair, and alveolar bone grafting. Every additional surgery and orthopedic intervention (such as NAM) increases the burden of care. The purpose of this study is to examine the outcome of number of secondary surgeries of patients with UCCLP treated by a single surgeon using a standard protocol without presurgical orthopedics.

METHODS: In an IRB approved study, all patients with UCCLP treated from infancy to at least age 6 in the period of 1996-2010 by a single surgeon were identified. 48 consecutive patients were identified and retrospective chart review was done. All patients had lip repair with primary nasal repair at about 10 weeks of age. No presurgical orthopedics lip adhesion, or soft tissue taping was done. Patients underwent palate repair at 9-12 months of age, and alveolar bone grafting at an average of 8 years. Surgical revisions were offered when medically indicated. The incidence of secondary surgeries was determined and compared to published Americleft data using the Pearson Chi Squared test.

RESULTS: 22 of 48 patients underwent a secondary procedure, including lip revision (16), PPF(1), Fistulorrhaphy(7) and secondary rhinoplasty (5). Of the patients undergoing lip revision, 12 of 16 had the procedure done at the time of another surgical procedure, most commonly a minor revision during the palate repair or the Alveolar bone graft (8/12). Of the patients undergoing secondary rhinoplasty, 2 of the 5 had the surgery done while undergoing an additional operation. Overall, 83% of patients had only 3 surgical sessions (lip repair, palate repair, and alveolar bone graft) prior to adolescence. Results compared favorably with centers reported by Sitzman in the Americleft study of burden of care, with significantly lower incidences of lip revision compared to sites A and D, and lower incidences of secondary rhinoplasty compared to sites A, D, and E.^{1,2}

CONCLUSIONS: A protocol without using naso-alveolar molding can result in 83% of patients requiring only 3 operative sessions with good acceptance of appearance by the family. Burden of care can be minimized for these patients. All protocols for cleft care should be considered for their burden of care.

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