

Cleft lip and palate

In Australia approximately 1 in 700 children are born with a cleft lip and/or palate. There is usually no obvious cause and no family history of cleft anomalies. Most of these children have no other associated syndromes or birth anomalies.

A **cleft lip** is a birth anomaly that usually affects the upper lip. When a child's face forms in the womb, three separate tissue components (right, middle and left segments) must come together precisely to join to form the upper lip. If this process doesn't happen correctly, a space or split (the 'cleft') is left between the lip segments, with associated distortion of the nose and gum. Approximately half of these children will also have a cleft palate. Although the severity of lip and nose anomalies may vary from child to child, fortunately all are treatable with surgery. These procedures are usually associated with very good functional and cosmetic results.

A **cleft palate** is a birth anomaly involving the hard and/or soft palate (the roof of the mouth) to varying degrees. When a child's palate forms in the womb, two separate tissue components (the right and left halves) must come together precisely to fuse in the midline. If this process doesn't happen correctly, a space or split (the 'cleft') is left in the midline of the palate. The lip and palate are normally fully formed by around the end of the first trimester of pregnancy (12 weeks gestation). Once again the severity of the cleft palate varies from child to child.

A child with a cleft palate will not develop normal speech and may experience hearing difficulties due to associated fluid accumulation in the middle ear. Newborn babies may also experience difficulties with feeding. Difficulties with establishing feeding can be overcome by learning some simple techniques from our speech pathologists. All of the above functional issues are correctable with surgery, with very good results.

Due to the complexity of their condition, children with cleft lip and/or palate require coordinated multi-disciplinary care and should be managed by a specialist cleft lip and palate team at a dedicated children's hospital. The team includes plastic surgeons, Ear Nose and Throat (ENT) surgeons, paediatricians, speech pathologists, genetic specialists, dentists, orthodontists and oral surgeons. Dr Boorer is a member of the cleft lip and palate teams at both Sydney Children's and John Hunter Children's Hospitals. If your child is born with a cleft lip and/or palate, you and your child will attend the cleft clinic shortly after birth.

The procedure to correct a cleft lip is usually performed when the child is approximately 3 months old. The procedure to correct a cleft palate is usually performed between 9 and 12 months of age. Some children may require additional speech pathology, specialist dental and orthodontic treatment, and additional surgical procedures at different times during their childhood and adolescence. This care will all be coordinated through the cleft clinic.