

Cleft Palate Treatment Common Questions

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Why was my child born with cleft lip and/or cleft palate?

The cause of cleft lip and palate is not entirely clear for the majority of affected babies. You did not do anything to cause the condition. Clefts do have some genetic causes, but environmental factors can also increase the chances that a baby will be born with a cleft.

If heredity plays the key role, does that mean that I will have other children (or grandchildren) with clefts?

Not necessarily. Even geneticists, who make predictions, cannot predict with 100 percent accuracy whether or not parents will have a baby with a cleft. However, a geneticist can aid in figuring out what the chances are based on your family history.

What is the cleft and craniofacial team?

The Carilion Clinic cleft and craniofacial team is a multi-disciplinary group of professionals who will evaluate, treat and manage your child's cleft and craniofacial issues. The treatment of cleft lip and cleft palate is so complex that no one specialist can answer all of the questions and handle all of the problems that may arise.

How dangerous is the surgery that my child will have?

All surgeries involve some risk, but these operations have a high success rate and the results make the surgery extremely worthwhile. Your surgeon and anesthesiologists are skilled professionals who will not take unnecessary risks with your child's health or well-being.

What kind of lasting impact will the surgeries and treatment have on my child?

Children born with a cleft abnormality can grow to be normal, happy, successful adults, though they can face some special issues. Children with facial differences can face teasing and social problems at school. As parents, you can help your child understand and deal with these issues with confidence. Our cleft team knows how to help you get through the difficult times.

What is the expected timeline for treatment?

Children with cleft abnormalities are like all other children – they grow, mature, and develop needs at their own pace. The timeline below approximates the typical treatment cycle of a child with the most common cleft condition involving the lip, gum, and palate.

First 10 days – Consult cleft and craniofacial team, begin learning feeding techniques, newborn hearing screen

One to two weeks – When applicable, begin nasoalveolar molding procedure

One month – First team appointment in preparation for cleft repair

Three to four months – Repair cleft lip and nose

Eight to 12 months – Repair palate, check ears during surgery and place ear tubes, if needed

One year – Begin speech assessments and therapy as needed

Two years – Begin regular pediatric dental checkups

Three to 11 years – Correct speech abnormalities

Four to nine years – Consider early orthodontics to adjust the arch dimension prior to bone grafting the gum line

Seven to 10 years – Close alveolar cleft with bone graft

12+ years – Comprehensive orthodontia to align teeth

16 to 18 years – Consider final nasal shaping for nasal breathing problems

16 to 18 years – If needed, surgery to correct alignment of upper or lower jaw (rare)

Note that patients with isolated cleft lip may only need one surgery and little else. A child with isolate cleft palate may also only need one surgery, but they may need feeding, speech, and hearing assessments.

