

Dental Medicine

Missing teeth are a common finding for cleft palate patients. Pediatric dentists, orthodontists, oral and maxillofacial surgeons and periodontists will work together to coordinate patients' reconstructive, prosthetic and aesthetic needs. Basic oral hygiene during the early years is important to the stability of the teeth and jaws. Orthodontics may be important in helping guide tooth position and facial development. Once growth is complete, replacement of missing teeth can be accomplished, using implants and other restorative techniques.

Audiology

Some children with clefts also have hearing deficits. An audiologist can determine the presence and extent of such deficits and work with the otolaryngologist to determine the appropriate management. Many patients with cleft palate will require myringotomy ("ear tubes") due to accumulation of fluid in the middle ear associated with weakness of the palatal muscle.

OTHER CONDITIONS TREATED

In addition to cleft lip and cleft palate, many other craniofacial conditions are among those treated by specialists at the Program. These include microtia (small, underdeveloped ears), velopharyngeal insufficiency and micrognathia (small jaw).



LOCATION

Offices of the physicians and other clinical specialists that are part of the Cleft and Craniofacial team are located at or adjacent to the main campus of New York Methodist Hospital, 506 Sixth Street in Park Slope, Brooklyn.

APPOINTMENTS

To make an appointment with the **Cleft and Craniofacial Program**, call the Institute for Advanced Otolaryngology at 844.368.3627.



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NEW YORK METHODIST HOSPITAL

Cleft and Craniofacial PROGRAM



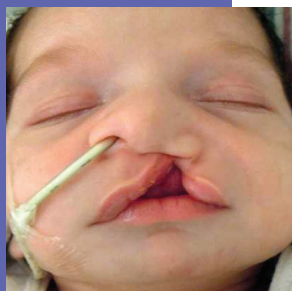
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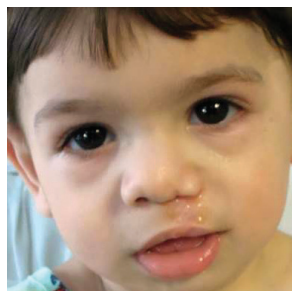
The **Cleft and Craniofacial Program** at New York Methodist Hospital is one of the major sections of the Hospital's Institute for Advanced Otolaryngology. The Program provides services to patients with cleft lip, cleft palate and a range of other craniofacial anomalies. Physicians who are affiliated with the Program are drawn from the areas of facial plastic surgery, pediatric otolaryngology, speech language pathology, dental medicine, genetics, audiology, pediatrics and neonatology. Care is coordinated among the clinical team members with close communication with parents and primary care providers.

A cleft lip is defined as a gap in the upper lip that is present when the child is born. In some children the entire upper lip and gum are cleft. In others, part of the height of the lip is intact and the cleft does not extend to the nose. The cleft may involve one or both sides of the lip. A cleft palate is a condition that occurs when there is a gap in the roof of the mouth. This is often seen in conjunction with a cleft lip, but it may also occur alone in a child whose lip is normal.

Cleft lip and cleft palate are among the most common birth anomalies seen in infants. Orofacial clefts can affect the ability of infants to feed and speak properly as well as future dental development and breathing through the nose. The rehabilitation of patients requires the services of multiple clinical specialists, staged surgical procedures and long-term follow-up. The Program's physician specialists will devise a comprehensive, individualized plan of treatment for each child. Subsequently, they will meet on a regular basis to organize the specific follow-up services involved in the plan. All recommendations made by the cleft team will be discussed with the child's parents.



BEFORE



AFTER: at 11 months, following lip and palate reconstruction

SERVICES PROVIDED

Pediatrics

Many children who come to the Program are referred by or are already under the care of pediatricians. The Program's specialists will maintain ongoing communication with a child's regular pediatrician to ensure appropriate coordination of care. In cases where a child is not already under the care of a pediatrician, the Program will provide a referral to a pediatrician affiliated with New York Methodist Hospital.

Genetics

In many cases a direct cause for cleft lip or cleft palate is never found. However, in some cases, the cleft is part of a syndrome that may result from a genetic anomaly. The Program may refer parents to a geneticist or genetic counselor if a genetic cause for the cleft is suspected.

Neonatology

If an infant has a cleft lip, it may be detected during a prenatal ultrasound evaluation. The obstetrician may refer the family to the cleft team prior to delivery so they can meet the surgical team and begin to prepare for treatment. Following the birth, the infant will be evaluated by the cleft team in the neonatal intensive care unit and follow-up shortly after discharge will be arranged with the surgeon who will repair the child's cleft.

Pediatric Otolaryngology

Many children with cleft palate have middle ear problems that require ear tubes or more complex ear surgery. Some children with cleft palate may have problems with breathing and swallowing. Pediatric otolaryngologists can address these issues at any point when needed in the child's care.

Speech-Language Pathology

Speech-language pathologists play an important role in the child's care from birth onward. A speech-language pathologist will evaluate a baby's oromotor reflexes and will be involved in developing a feeding program based on the child's swallowing reflexes and anatomy. As the child matures, the speech-language pathologist will evaluate the child's speech production and language development and recommend speech therapy if it is warranted.

Facial Plastic Surgery

The repair of a cleft lip is generally performed when the child is three months old though additional procedures before and after this time may be necessary, depending on the nature of the cleft. Cleft palate surgery is performed when the child is older; between nine and 15 months of age. Older children may have types of clefts that do not become apparent until school age and these patients can also be evaluated and can undergo surgical repair. Additional procedures may be needed later in the child's life to improve the appearance of the child's face and/or to improve nasal breathing, hearing and speech.