

MANAGEMENT

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In considering the management of this vast range of heterogeneous congenital abnormalities it is very difficult to generalise about management protocols. The vast majority of management is delivered by multidisciplinary teams (MDTs) within specialist centres. Edward Treacher Collins, 1862–1932, ophthalmic surgeon, Royal London Ophthalmic Hospital and Charing Cross Hospital, London, UK, described this syndrome in 1900. There have been a few reported cases of prenatal surgery when a diagnosis was made or suspected prenatally. However, these procedures remain at present experimental; in general, the options open are for termination or best supportive care in preparation for the birth. This can often provide the parents with a period of time to adjust to the impending birth of a child with additional demands and needs. The opportunity to meet parents, adults and children who have experienced the same condition is often very valuable. Termination and its therapeutic uses is obviously a contentious and very personal issue. However, some parents may request this for very treatable conditions (e.g. isolated cleft lip); in these circumstances, the local ethics board must be involved and ultimately on occasions the advice of the courts must also be sought.

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