

PRINCIPLES OF CLEFT SURGERY

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The ultimate aim in cleft lip and palate management is to facilitate normal development and well-being. In seeking this, surgical repair is aimed at producing normal anatomy in the lip, nose and palate. Essentially, oral and dental health should also be optimised in the management. Key outcomes measured include speech, facial growth, general well-being and dental health. With the exception of rare conditions such as holoprosencephaly, there is no true hypoplasia of the tissues involved on either side of the cleft. There is, however, displacement, deformation and underdevelopment of the muscles and facial skeleton. Emphasis is placed on muscular reconstruction of the lip, nose and face as well as muscles of the soft palate. Normal or near-normal anatomy promotes normal function, thereby encouraging normal growth and development of lip, nose, palate and facial skeleton. An in-depth understanding of the anatomy of the cleft is invaluable if the surgeon is to achieve normal, or near-normal, anatomical reconstruction.

Figure 50.6 Postoperative unilateral cleft lip repair. Figure 50.7 Postoperative bilateral cleft lip repair.

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