

SUMMARY

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Cleft care has been the subject of significant reorganisation in recent years. Coordinated care is provided in most countries by MDTs. Specific training pathways exist in many countries for cleft surgery. Better collection and collation of outcome data will drive evidence-based improvements in care and service development. Summary box 50.6 - Summary of care for patients with cleft lip and/or palate

Cleft surgery in infants is time sensitive. Aesthetic and functional outcomes are important and are measured. Surgery involves restoration of muscle position to as close to normal as possible. Planned surgery includes bone grafting in children with alveolar involvement. Revision/secondary surgery optimises aesthetic and functional outcomes.

(b) Figure 50.11 (a) Profile of a class III skeletal relationship and maxillary hypoplasia and mandibular prognathism. (b) Lateral skull radiograph. (c) Profile following bimaxillary osteotomy. (d) Postoperative radiograph following bimaxillary osteotomy demonstrating internal fixation.

(e) Schematic representation of bimaxillary osteotomy with maxillary advancement and mandibular retrusion (courtesy of William P Smith). (d) (e)

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Revision #1

Created 2025-12-31 15:19:10 UTC by Omar Ayman

Updated 2025-12-31 15:19:10 UTC by Omar Ayman