Surgical techniques

Surgical techniques

Much debate and variation exist across the world in the timing and techniques employed in cleft repair. All have the common aims stated above. Restoration of form and function can be achieved using many of these protocols, but the following protocol is that which is used in the UK and was popularised in Norway . /uni25CF Cleft lip/nose and anterior palate repair is performed between 3 and 6 months of age (Figures 50.6 and 50.7 /uni25CF The anterior palate closure is achieved by using a single-layer mucosal flap from the vomer. The lip is closed using a variety of described techniques but most surgeons believe that the muscle repair is more important than the skin incision, hence the variation. Bartolomeu Eustachio (Eustachius) , 1513–1574, Professor of Anatomy , appointed physician to the Pope in 1547. /uni25CF Definitive cleft palate repair is carried out between 6 and 12 months. There is conflicting evidence within the pub - lished literature relating to optimal timing of palate repair. The principle applied in the UK is that of closure during the early stages of speech development. /uni25CF The most common surgical approach in cleft palate repair is the intravelar veloplasty (IVVP), in which incisions along the cleft edge provide access to the soft palate muscle. The levator muscles are dissected free (Figure 50.8) and su - tured together in the midline to recreate a muscular sling. Summary box 50.5 Primary surgery for cleft lip and/or palate /uni25CF /uni25CF /uni25CF -

Figure 50.8 Dissection of the levator muscles. Treatment staged from anterior (lip) to posterior (soft palate) in the UK Multiple eponymous skin incisions for lip repair but muscle reconstruction is key Management of the levator sling is key in cleft palate repair

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