

# The cleft multidisciplinary team and primary management

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The cleft team Modern cleft services rely on well-coordinated patient pathways. The pathways and protocols may vary from country to country but the aims of treatment are consistent. Care is with cleft lip and/or palate has appropriate access to the correct clinician and care at the optimal time. In the UK, most children with a cleft involving the lip are diagnosed antenatally. Scanning protocols now include an 'anomaly scan' at around 20 weeks. Isolated cleft palate cannot be diagnosed antenatally using routine scanning techniques. Some researchers have suggested that Doppler studies may help in diagnosing isolated cleft palate. When an antenatal diagnosis is confirmed, referral to a cleft team is appropriate. Clinical nurse specialist involvement would commence from this point onwards. The cleft MDT therefore has a range of clinical expertise and specialisms within it. These are:

- /uni25CF Cleft coordinator/administrator. This is vital to ensure that patients and families have clinical episodes organised as per the protocol of the service. Responsive administrative support is vital for patients, families and clinicians.
- /uni25CF Clinical nurse specialist (CNS). The role of the CNS is central to the safe and effective delivery of cleft care. These clinicians will, in most cases, be the first clinical contact with the team. The CNS will assess the child and provide initial support to the family. Assessment of feeding, airway and general well-being is carried out. The role of the CNS is vital in ensuring that each child is optimally prepared for surgery.
- /uni25CF Paediatrician. Most children who have a cleft will be otherwise well. In some cases there may be associated or coexisting medical problems, e.g. cardiac or respiratory. These will require appropriate specialist input and perhaps coordination of care by a paediatrician.
- /uni25CF Speech and language therapist (SLT). The input of an SLT is vital where palatal involvement exists in the cleft type. Assessment and therapy are provided where required. Outcome measurements and diagnosis of palatal dysfunction are key elements of the SLT's role in cleft care.
- /uni25CF Ear-nose-throat (ENT)/audiology. Regular hearing tests and effective intervention for hearing loss are vital in ensuring speech development. This is a key part of early cleft care.
- /uni25CF Paediatric dentist. Traditionally dental/oral health has been poor for this patient group. A greater emphasis on disease prevention has resulted in much improved dental outcomes. A key part of early health care would involve a paediatric dentist.
- /uni25CF Orthodontist. The role of the orthodontist varies in different services. Some services will have early orthodontic intervention to mould the anterior cleft presurgically. This is not undertaken in many countries, e.g. the UK. The orthodontist, therefore, becomes a key figure at around 7 years of age as the child enters the early 'mixed dentition' phase. Assessment and preparation for alveolar bone grafting (ABG) as well as definitive orthodontic alignment are undertaken where required. The orthodontist

is a key member of the team delivering orthognathic (jaw align ment) sur gery at the point of skeletal maturity if required. Christian Johann Doppler , 1803–1853, Professor of Experimental Physics, Vienna, Austria, enunciated the 'Doppler principle' in 1842. throughout the clinical pathway , providing support to pa - tients, families and team members. Key outcomes in rela - tion to quality of life are assessed by these clinicians. /uni25CF Cleft surgeon . The cleft surgeon's role is to provide as - sessment and intervention to patients. The main aim of cleft surgery is to correct the underlying anatomical abnor - malities that can lead to issues with appearance and func - tion. Optimal clinical outcomes can be achieved for most - patients with limited surgical intervention. One to three opera tive interventions (depending on the type of cleft) in childhood are all that would be planned as part of a cleft pathway/pr otocol. Outcomes of surgery/cleft care are au - dited annually in most countries.

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