A Parent's Guide to Cleft Lip and Palate

The Weill Cornell Pediatric Cleft and Craniofacial Team

Recognized and approved by the American Cleft Palate-Craniofacial Association
The Weill Cornell Pediatric Cleft and Craniofacial Team takes a multi-disciplinary approach to treating craniofacial disorders. Co-directed by Dr. Vikash Modi of Pediatric Otolaryngology and Dr. Caitlin Hoffman of Pediatric Neurological Surgery, the team is dedicated to ensuring a successful outcome for every child and family. This includes a thorough evaluation of the case, selecting the best option, and utilizing the most advanced technology. The team understands that the trust developed before surgery is equally important after surgery in order to support the child through a positive recovery.

The team's goal is to provide coordination and facilitation of care for your family's comfort and convenience. When a family comes to the Cleft and Craniofacial Team, they will see all the specialists they need to see - whether it's two or ten-in-one place, in one session. After the visit, our experts meet to create a personalized treatment plan to meet each patient's needs, from the moment of initial consultation through treatment and beyond.

How to reach us:
The Weill Cornell Cleft and Craniofacial Team
428 East 72nd Street, Suite 100
New York, NY 10021
Phone: 646-962-4321
Fax: 212-746-8124
https://ent.weill.cornell.edu/patients/clinical-specialties/services/craniofacial-program
Team Members

Vikash Modi, MD  Team Director, Pediatric Otolaryngology
Caitlin Hoffman, MD  Team Director, Pediatric Neurosurgery
Michelle Buontempo, PNP  Team Coordinator
Carly Zupnick, FNP  Team Coordinator
Lilian Cohen, MD  Genetics
Anthony Sclafani, MD  Facial Plastic Surgery
Thomas Imahiyerobo, MD  Plastic Surgery
Haviva Veler, MD  Pediatric Sleep Medicine
Jeremy Dixon, DDS  Pediatric Dentistry
Robert Berg, DMD  Prosthodontics
Jay Neugarten, DDS, MD  Oral and Maxillofacial Surgery
Jorge Matos, DDS  Orthodontics
Yvonne Knapp, MS, CCC-SLP  Speech and Language Pathology
Linzey Smith, MA, CCC-SLP  Speech and Language Pathology
Michelle Kantor, MS  Feeding Specialist
Blakely Durham, CCLS  Child Life Therapy
Jessica Spat-Lemus, PhD  Neuropsychology
Elizabeth Poole-DiSalvo, MD  Developmental Pediatrics
# Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleft and Craniofacial Team</td>
<td>646-962-4321</td>
</tr>
<tr>
<td>Audiology</td>
<td>646-962-2231</td>
</tr>
<tr>
<td>Billing Questions</td>
<td>855-880-0343</td>
</tr>
<tr>
<td>Child Life Services</td>
<td>212-746-3516</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>866-252-0101</td>
</tr>
<tr>
<td>Pediatric Otolaryngology</td>
<td>646-962-2224</td>
</tr>
<tr>
<td>Pediatric Neurosurgery</td>
<td>212-746-2363</td>
</tr>
<tr>
<td>Genetics</td>
<td>646-962-2205</td>
</tr>
<tr>
<td>Facial Plastic Surgery</td>
<td>646-962-2285</td>
</tr>
<tr>
<td>Medical Records</td>
<td>212-746-0530</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>212-308-9200</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>212-758-0040</td>
</tr>
<tr>
<td>Pediatric Sleep Medicine</td>
<td>646-962-3410</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>212-477-7712</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>212-879-9292</td>
</tr>
<tr>
<td>Radiology</td>
<td>212-746-6000</td>
</tr>
<tr>
<td>Social Work</td>
<td>212-746-3042</td>
</tr>
<tr>
<td>Speech and Language Pathology</td>
<td>646-962-2231</td>
</tr>
<tr>
<td>Feeding Therapy</td>
<td>212-746-0258</td>
</tr>
<tr>
<td>Pediatric Neuropsychology</td>
<td>646-962-0118</td>
</tr>
<tr>
<td>Developmental Pediatrics</td>
<td>646-962-4303</td>
</tr>
</tbody>
</table>
## Timeline

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Events Description</th>
</tr>
</thead>
</table>
| **Before birth**   | Meet your Cleft and Craniofacial Team  
Genetic counseling offered                                         |
| **0-1 month**      | Visit from Team Coordinator within 48 hours of birth  
Feeding evaluation before discharge from the hospital  
Newborn hearing test  
Cleft and Craniofacial Team evaluation within 4 weeks of birth  
Genetic counseling offered                                         |
| **1-4 months**     | Monitor feeding and growth  
Monitor ears  
Assess the need for nasoalveolar molding (NAM)  
Repair cleft lip and nasal deformity around 3 months of age  
Possible insertion of ear tubes                                         |
| **5-8 months**     | Monitor cleft lip healing  
Monitor ears                                         |
| **9-12 months**    | Feeding evaluation  
Cleft palate repair  
Insertion of ear tubes                                         |
| **13-24 months**   | First dental evaluation  
Speech and language assessment                                         |
| **4-5 years**      | Consider lip/nose revision  
Speech and language assessment                                         |
| **6-11 years**     | Orthodontic evaluation  
Assess the need for an alveolar bone graft  
Monitor school and psychosocial needs                                         |
| **12-21 years**    | Consider genetic counseling for the child  
Consider nose revision  
Orthodontic evaluation  
Monitor school and psychosocial needs                                         |
Who is part of my child's treatment team?
A baby with a cleft lip and/or palate usually requires special care from a team of cleft specialists. The treatment team will support your family through childhood, adolescence and beyond.

- a *surgeon* (such as a plastic surgeon, oral maxillofacial surgeon or otolaryngologist)
- a *speech pathologist* who assesses speech problems
- a *feeding specialist* who assesses feeding problems
- a *pediatric dentist* who cares for teeth
- a *pediatric orthodontist* who prevents or corrects misaligned teeth and jaws
- a *prosthodontist* who specializes in nasoalveolar molding (NAM) devices and dental restoration
- a *social worker, psychologist, and child life specialist* who supports your child's emotional needs
- a *team coordinator* who is your point of contact and helps with education
- a *geneticist* who screens patients for genetic syndromes
- an *audiologist* who assesses hearing
- other specialists as needed

What is a cleft lip and palate?
A cleft lip and palate or cleft palate alone are very common birth defects. A cleft is an opening in the lip or the roof of the mouth (palate).

What causes cleft lip and palate?
Babies' lips and palates develop during the first three months of pregnancy. Normally, the left and right sides of the lip and palate come together and fuse to form a normal upper lip and palate. Clefts are a result of incomplete development of the lip and palate while the baby is developing before birth.

We don't know why cleft lip and palate occur, but we know that it is usually not because you did something wrong. It was not your fault. Sometimes clefts occur in combination with other problems, known as a syndrome. Most children with clefts do not have a syndrome or any other genetic problems. An isolated cleft palate is associated with a syndrome in about 50% of patients, and cleft lip, with or without a cleft palate, in about 15% of patients.
How common are clefts?
Clefts are one of the most common problems found in newborn babies. In the U.S., 1 in 600 babies are born with a cleft. Clefts are twice as common in boys as in girls.

What are the types of clefts?
A cleft can be of the lip, the palate or both. Our team treats the following types of clefts:

Cleft palate
A cleft palate is an opening in the roof of the mouth in which the two sides of the palate do not fuse together during pregnancy. Sometimes the front and back parts of the palate are open, but for other babies only part of the palate is open.

Submucous cleft palate
A submucous cleft palate occurs when the opening in the roof of the mouth is underneath the tissue (mucosa) of the palate. It is often associated with a split or "bifid" uvula, and a notch in the palate bone can be felt and a clear line in the middle of the palate can be seen. About 50% of children with a submucous cleft palate do not need surgery. The other half of children need surgery to fix the muscles to achieve normal speech.

Cleft lip
A cleft lip occurs when the tissue that makes up the lip does not fuse during pregnancy, which results in an opening in the upper lip. A cleft lip can be a small slit or it can go through the lip and into the upper gum and nose. A cleft lip can be unilateral, involving only one side of the lip, or bilateral, involving both sides of the lip.

How and when is my child's cleft repaired?
Cleft lips are usually repaired when your child is about three months old, as long as your baby is healthy, feeding and growing well. Cleft palates are usually repaired when your child is 9-12 months old. Sometimes a procedure is not 100% successful the first time, so your child may need a revision surgery to improve the appearance of the lip or nose or if there are speech problems. The Cleft and Craniofacial Team will monitor your child closely to assess for any problems that require follow up.
How can I feed my child?
Babies with cleft lips alone can usually breastfeed or bottle feed normally. Babies with cleft palates require the use of special bottles and nipples, and have difficulty with breastfeeding. Our feeding specialist provides all the guidance you will need to feed your baby.

Will this affect my child's hearing?
Children with cleft palates have an increased risk of ear infections and fluid buildup behind the eardrum. This is caused by dysfunction of the palatal muscles, which affects the Eustachian tubes (small tubes that connect the middle ears to the back of the nose). It is important that we test your child's hearing regularly as they age. Many children with cleft palates require ear tubes to help ventilate the middle ear to prevent fluid from accumulating and prevent hearing loss. Some children will need multiple sets of tubes through childhood.

Will this affect my child's speech development?
A child with only a cleft lip typically does not have speech problems as long as their hearing is okay. Approximately 25% of children with a cleft palate develop speech problems once their palate is repaired. Some children require speech therapy while other may require further surgery to fix the problem. The Craniofacial Team will monitor your child frequently to assess their speech development.

Will my child require special dental care?
Children with clefts should have routine dental care like any other child. They may have special dental problems, like missing teeth, extra teeth or incorrectly shaped teeth.

What is a nasoalveolar molding (NAM) device?
NAM is a non-surgical way to slowly mold the gums, lip and nostril with a plastic plate before cleft lip and palate surgery. Not all children will be candidates for NAM because it depends on the size of the cleft. Molding reduces the size of the cleft palate and/or lip so that the tissue is in a better position prior to surgery. Surgery is done after the molding is complete, when your child is around 3 to 6 months old. Molding may decrease the number of surgeries and revisions your child needs.
What To Expect After Surgery

Cleft lip repair
The cleft lip repair is usually performed when your child is around 3 months old. It is okay to continue regular feeding from the bottle or breast. Your child will wear arm restraints after surgery. Arm restraints are splints worn on the arm which prevent your child from bending their elbows and touching their lip. You will see the surgeon two weeks after surgery.

Cleft palate repair
The cleft palate repair is usually performed when your child is around 9-12 months old. Your child will spend 1-2 days in the hospital after surgery. Your child will use a sippy cup and eat soft solids for two weeks after surgery so that the palate can heal. Your child will also wear arm restraints during the healing process. Arm restraints are splints worn on the arm which prevent your child from bending their elbows and touching their lip. You will see the surgeon two weeks after surgery.

Lip and nose revision
Lip and nose revisions may be necessary as your child grows for functional or cosmetic reasons. Revisions usually take place when your child is between 3 to 18 years old. You will see the surgeon two weeks after surgery.

Velopharyngeal insufficiency (VPI) surgery
The Cleft and Craniofacial Team, in conjunction with the VPI Center, will periodically assess your child's speech development. Sometimes speech can be affected after cleft palate surgery. If surgery is needed to treat a speech problem, it is performed when your child is between 3 to 5 years old. You will see the surgeon two weeks after surgery. Your child may resume speech therapy two weeks after surgery.

Alveolar bone graft
An alveolar bone graft surgically closes the gum line and is needed for children with a cleft of the alveolus. It is performed when your child is between 6 to 10 years old. Your child will eat soft solids and should limit physical activity for two weeks after surgery.

Jaw surgery
Jaw (orthognathic) surgery may be needed to align your child's teeth and improve their facial profile. It may be performed when your child is between 12 to 18 years old.
NewYork-Presbyterian/Weill Cornell Komansky Children's Hospital Services

The NewYork-Presbyterian/Weill Cornell Komansky Children's Hospital is a state-of-the-art dedicated children's hospital. Our mission is to improve the health of infants, children and adolescents through high-quality and comprehensive programs in patient care, medical education, scientific research and child and family advocacy.

Our hospital has specialized units dedicated to the care of children including a Newborn Intensive Care Unit, Pediatric Intensive Care Unit and Pediatric Surgery Unit. All surgeries are performed by pediatric surgeons under the care of pediatric anesthesiologists. Child Life Specialists are available during our team evaluations, inpatient wards and surgical units. Child Life Specialists provide age-appropriate educational materials so that our young patients can see, feel, hear and touch things with which they will come in contact during a procedure, test or their hospital stay. The goal of Child Life Services is to normalize the hospital environment for children and their families, as well as provide emotional support.

We perform specialized diagnostic tests including nasopharyngoscopy, speech videofluoroscopy, nasometry, and complex airway evaluations. Assessment of sleep problems is available through the Weill Cornell Pediatric Sleep Center.