

Duke Surgery

Duke Cleft and Craniofacial Program



Welcome to the Duke Cleft and Craniofacial Program

Duke Cleft and Craniofacial Program 2011–2012

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Pediatric Neurosurgery

Pediatric Ophthalmology

- 5 Highlights
- 6-7 Pediatric Plastic Surgery
- 7 Oral and Maxillofacial Surgery
- 8 From Birth to Graduation
- 9 Craniofacial Orthodontics
- 9 Pediatric Dentistry
- 10 Otolaryngology
- 11 Audiology
- 11 Speech Language Pathology
- 12 Special Needs Get Special Care
- 13 Social Work
- 13 Medical Genetics
- 14 Timeline
- 15 Moving Forward
- 15 FAQ

GENERAL INFORMATION

We welcome family inquiries and physician referrals, and are happy to provide consultations to community-based physicians about children in their care.

Call us at the Duke Cleft Line.

For more information, visit dukehealth.org or contact us at:

Duke Cleft and Craniofacial Team

Ann Mabie, MSPA, CCC-A, Team Coordinator

DUMC 3974

Durham, NC 27710

Duke Cleft Line 919-684-3815

FAX 919-681-2670

On the cover:

Margaret Moore with Jeffrey Marcus, MD, during her annual visit with the Duke Cleft and Craniofacial team.

Dear Friends:

Cleft and craniofacial anomalies are among the most common congenital conditions in the United States. Of course, the birth of a child with a cleft or craniofacial abnormality can be a time of anxiety and uncertainty for families, but a synergistic team approach in the early stages can help answer important questions and provide reassurance to parents of newborns, to those with a potential ultrasound diagnosis, or to adoptive parents of a child with a cleft or craniofacial condition.

The Duke Cleft and Craniofacial Program includes a multidisciplinary team of specialists dedicated to the evaluation and treatment of children with these conditions, which can range from mild to complex. The most common problems we see are cleft lip and palate and craniosynostosis. The enclosed parent education brochure is intended to provide information about the Duke Cleft and Craniofacial Program.

Over the past several years, our team has grown. New treatment programs offer the latest advances in the field, including nasoalveolar molding for children with cleft lip and palate. We have been fortunate to add care coordinators and specialists, including Pedro Santiago, DMD, one of the very few craniofacial orthodontists in the United States and one of the doctors who helped develop the molding procedure.

It is our objective to provide an environment of personal attention and collaboration with experts while maintaining the highest level of clinical care and innovative treatments. Expedited access to our team, as well as communication with our referring primary care physicians and specialists, are our priorities.

Please contact the Duke Cleft and Craniofacial team by calling our **Duke Cleft Line at 919-684-3815** if you would like to refer a child with a known or suspected condition. Our coordinator can arrange the appropriate consultations.

This brochure will introduce you and your cleft patients to our team and the care and services we offer at Duke. If we can provide you with additional information or assistance, please let us know.

Sincerely,



Jeffrey Marcus, MD
Director, Duke Cleft and Craniofacial Program
Chief of Pediatric Plastic Surgery and
Craniofacial Surgery



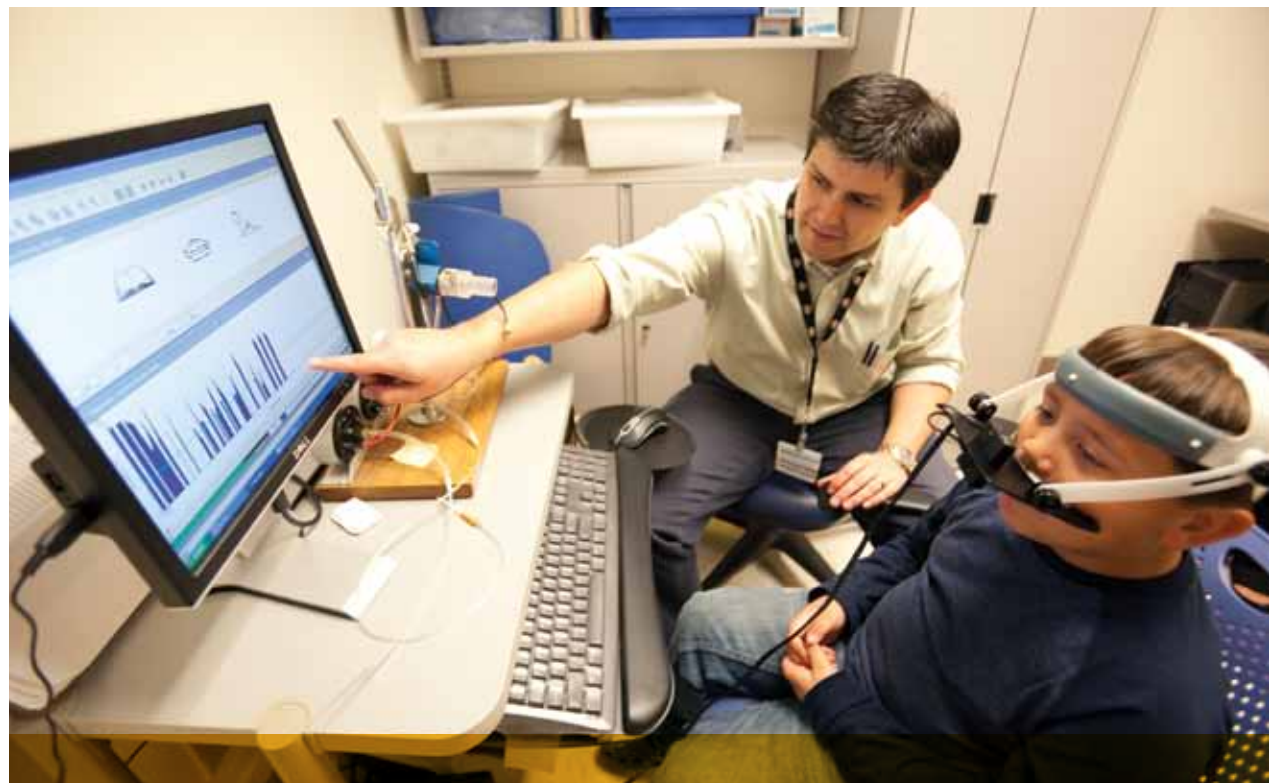
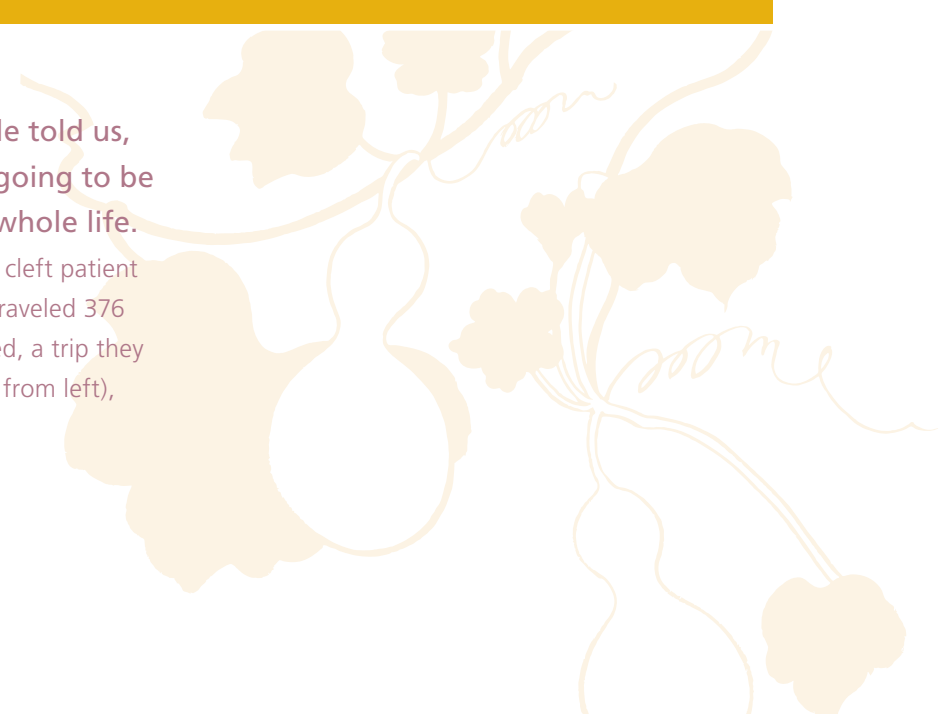
John Stone IV—who is called IV (pronounced 'eye-vee')—comes to the Duke Cleft and Craniofacial team for his annual visit. IV was born with a wide bilateral cleft. During his visit, the entire team will evaluate his progress from all angles.



Results to Last a Lifetime

The Duke Cleft and Craniofacial Program offers exceptional care in a timely manner for patients with cleft lip and/or palate. Our program's multidisciplinary, team approach provides patients with coordinated care from before birth through young adulthood.

“When we were first considering Duke, some people told us, ‘Oh, but it’s so far from home [in Hickory, NC]. It’s going to be such a hassle.’ But IV is going to have this face his whole life. It’s worth it.” — Chelene Stone, mother of John Stone IV, a cleft patient who was diagnosed during a prenatal ultrasound. The Stones traveled 376 miles every time IV had his nasopalveolar molding device adjusted, a trip they took multiple times. Pedro E. Santiago, DMD (pictured, second from left), is an expert on the procedure.



By the time Jacob Keefer sits down with our speech pathologist, he and his family have met with the Cleft and Craniofacial program coordinator to talk about how their day will unfold. An expert on the cleft repair process, our coordinator is your single point-of-contact to answer questions, schedule appointments and procedures, and keep you up to date on what’s happening and what’s coming next. Our professional, yet gentle, traffic cop can always be reached on the Duke Cleft Line.

Highlights

Tradition of excellent care. Duke has one of the most established treatment programs of its kind in the United States. Our experience allows us to offer advanced care for even the most challenging cases. Surgeries are personally and meticulously performed by our team’s pediatric plastic surgeons.

Expertise in nasopalveolar molding. The pre-surgical orthodontic technique dramatically improves the outcome of cleft lip and palate surgery.

Consistent treatment planning. Our team members work cohesively to create consistent long-term treatment plans for our patients. Our goal is to achieve the best possible results with the fewest operations for all of our patients.

Multidisciplinary care, one convenient location. Each week we offer a multidisciplinary clinic that allows patients to be seen by numerous specialists in one location. Duke specialists from plastic surgery, otolaryngology, audiology, speech pathology, social

work, pediatric dentistry, orthodontics, and oral surgery collaborate to offer comprehensive care for all the structures affected by the cleft.

Short wait times. We are committed to seeing newborns with cleft lip and palate soon after birth. We want to ensure patients and their families receive the care and reassurance they need in a timely manner.

Prenatal consultation and international adoptions. Two trends to emerge in recent years are increases in ultrasound diagnoses and opportunities for families to adopt children with clefts from abroad. We welcome the opportunity to help families in such situations.

Single point of contact for all patients. Our team coordinator offers personalized attention, education, and an initial treatment plan for each new patient. She ensures that patients are seen by the appropriate specialists at the right time.

Proven results.



One of our nurse practitioners plays with IV, who had a successful experience with his NAM procedure. IV's parents Chelene and John Stone III said they chose Duke because it offered expertise with the NAM procedure. Our craniofacial orthodontist and pediatric plastic surgeons carefully examine each patient's growth to determine if using the NAM device is appropriate and/or when their next surgery will be.

Pediatric Plastic Surgery

Our pediatric plastic surgeons bring the most up-to-date ideas and technology and combine them with time-proven techniques to deliver the very best possible results in cleft repair.

Not long ago, children with clefts would undergo ten or more procedures before their late teens. With improved care coordination, refinement of techniques, and the addition of nasoalveolar molding, they are able to accomplish more in fewer steps.

Our team's philosophy is to carefully coordinate procedures and to maximize the benefits of each step. In this way, we can minimize the total number of operations and the need for revisions. Our plastic surgeons look upon the opportunity to treat children with clefts as a privilege. They respect that opportunity with a personal commitment to each child and family.

A cleft can affect the lip (30 percent of cases), palate (20 percent), or both (50 percent). Once they know which

structures are involved, they can develop an itinerary for a child and discuss the possible steps with the family. There are ideal times for the repair of the lip, palate, and alveolar ridge (gumline). Cleft repair is a challenge for the surgeon not only because of the skill it requires at each surgery, but also because ongoing growth and development necessitate a long-term vision for each child.

Lip and Nose Repair

Cleft lip repair is typically done at three to four months of age—considered a safe time to proceed with anesthesia and a time when the structures of the lip are large enough to repair with meticulous precision. In the first surgery, the plastic surgeon repairs the lip inside and outside the mouth.

Most clefts create distortion or asymmetry of the nose. This is also addressed at the time of cleft lip repair along with repair of the floor of the nose.



Oral and Maxillofacial Surgery

As a child with a cleft grows, sometimes the upper jaw does not grow as much as the lower jaw. If this occurs, the resulting differences in the upper and lower dental arches can present problems in appearance, speech, or chewing.

In most cases, orthodontic treatment alone can correct the problem. In other cases, however, children may require combined orthodontic and surgical treatment for adequate alignment of the jaws and teeth. During routine, annual visits with the cleft and craniofacial team, the oral surgeon and craniofacial orthodontist work together to develop a treatment plan. Also, during these visits, the growth and development of the dental arches and the jaws will be evaluated by the craniofacial orthodontist.

As children enter their teens, it begins to become clear if the upper jaw is deficient. The team can then consider preparation for jaw surgery in the late teens. In this orthognathic surgery, a deficient upper jaw can be moved forward, or a lower jaw that has overgrown the upper jaw can be set back appropriately so that they can work normally together for speech and eating.



With the nose, they are careful not to be so aggressive that growth will be disturbed or any future work will be made more difficult. It is safe to do limited work on the nasal tip and floor at the first surgery.

Palate Repair

In order to allow for speech development, a cleft palate is surgically closed before the baby begins to talk to allow those first words to be formed normally. Most cleft teams agree that the palate repair should be done early enough for speech development, but not so early that the surgery can affect growth of the facial bones. The optimal age is between nine and 12 months.

In general terms, the tissue on either side of the cleft is mobilized and brought to the midline. The muscles that allow the soft palate to move are displaced when a cleft is present. At surgery, these muscles are placed in their proper alignment.

From Birth to Graduation

“[The Duke Cleft and Craniofacial team members] take care of you because they want to see you get better and get to that finish line.” —Ashley Christian, patient, Kingsport, TN

Ashley Christian's journey to the Duke Cleft and Craniofacial team began at a mall.

Eighteen years ago, Ashley's mother Jeanie was sitting with baby Ashley during a shopping trip when a woman Jeanie didn't know approached, held out a piece of paper, and said, “My son was born like that. Call me if you would like to know anything about this birth defect.”

When they finally spoke a week later, the woman told Jeanie, “The team at Duke can help.”

Over the next 18 years, the Christians, including father Jackie and son Tyler, traveled the four and a half hours from Kingsport, TN, to Durham, NC, over 40 times so Ashley could be treated by the Duke Cleft and Craniofacial team.

The Christians would visit the full team one Wednesday each summer and make other trips as needed. Ashley had seven surgeries—the first, to close her lip, at 11 weeks and the last, a bone graft, this year.

“We were so happy, we never left,” Jeanie Christian says of Duke.

Ashley has handled the laborious 18-year process with grace, once declining a doctor's offer to make her a retainer with false teeth to hide missing ones.

“I told him, ‘God made me this way for a reason. I don't need that to be myself,’” she says.

Ashley says she learned persistence from the team she calls her “surrogate family.”

“They take care of you because they want to see you get better and get to that finish line,” she says.

Ashley, now a freshman at Centre College in Danville, KY, is studying to become a doctor—a craniofacial surgeon to be exact. She aspires to work with a cleft team, like the one at Duke, and with Operation Smile, an organization dedicated to fixing cleft conditions for kids all over the world.

“The way they work together and reached out to me at Duke, that's why I want to be a craniofacial surgeon,” Ashley says. “If they can relate to me without ever having a cleft, how much could I relate to a child who does? My life story could show them the miracles that cleft teams, like the one at Duke, can perform.”



Craniofacial Orthodontics

Because clefts often affect parts of the mouth associated with tooth development, eruption, and alignment, Pedro E. Santiago, DMD, one of the few craniofacial orthodontists in the United States, plays a special role on the cleft palate team, often before plastic surgery.

Santiago helped develop the nasoalveolar molding (NAM) procedure, a pre-surgical orthodontic technique that dramatically improves the outcome of cleft lip and palate surgery. This correction is achieved by routine modifications of an acrylic molding plate with a nasal stent attached to it. When the first surgery is combined with NAM, a more aesthetic result is achieved and fewer secondary surgeries are needed. The procedure ideally begins when the patient is one to two weeks old and takes from three to six months depending on the severity of the case.

After the primary lip repair is performed, the orthodontist monitors the patient's dental development and skeletal growth and treats the child at several points along the road to adulthood. Treatment may include using orthopedic appliances and/or braces for correction of the upper jaw bones and misaligned teeth. These can potentially improve chewing, speech, and/or appearance.

Children born with a cleft are frequently missing bone and adult teeth, especially in the cleft region. Some will need a bone graft at age 7–9 in order to have enough bone from which permanent teeth can erupt. Our orthodontist will insert appliances and/or apply braces for a short period of time in order to prepare the skeletal and dental arches for the bone graft surgery.

In more severe cases, some patients have missing permanent teeth and/or develop a jaw discrepancy that has to be treated surgically once they reach skeletal maturity (age 16–18). Our orthodontist places braces to correct the dental problems and align the arches for surgery, dental restorations, or the placement of dental implants.

Pediatric Dentistry

Our pediatric dentists enable the Cleft and Craniofacial team to meet the unique dental needs of children with cleft lip/palate. They establish an early relationship with the family and child, as well as provide routine oral exams and comprehensive dental care through all stages of a child's development—infancy, childhood, and adolescence.

Martha Ann Keels, DDS, PhD, and Cynthia Neal, DDS, have created a special pediatric dentistry practice at Duke to provide important care to children with clefts. Keels is a nationally recognized pediatric dentist, and both doctors are known for their skill and compassion.

A child born with a cleft lip/palate will receive an initial oral assessment soon after birth. This early oral evaluation is important to assess risk factors for cavities and begin educating parents on oral hygiene, nutrition, feeding issues, fluoride intake, oral habits, and injury prevention.

Pediatric dentists provide a comprehensive dental exam as well as simple and complex restorative dental procedures in a state-of-the-art, child-friendly office. At Duke, they also offer the option of providing dental care under general anesthesia at Duke University Medical Center.

Our pediatric dentists have extensive training in early-intervention orthodontic care and the nasoalveolar molding (NAM) procedure. They work closely with the team orthodontist to provide a team approach to NAM therapy and early-intervention orthodontic care.

They consult with and make recommendations to the Cleft and Craniofacial team regarding dental treatment and continuous care for children with cleft lip/cleft palate. They are available to meet the dental needs of children with cleft lip/cleft palate as well as provide emotional support to the child and family.

Otolaryngology

Otolaryngologists play a major role in the evaluation and management of many problems associated with cleft conditions.

The majority of children with cleft lip and palate are able to feed well and have no difficulties breathing. However, if we detect a breathing or feeding problem, our otolaryngologist will investigate and counsel you regarding possible treatments.

Children with cleft palate are susceptible to middle ear fluid and/or infections (otitis media). Infections can occur when the Eustachian tube, which runs from the back of the throat to the middle ear, doesn't function properly. A cleft palate affects the muscles controlling the opening of the Eustachian tube, which allows fluid to build up behind the ear drum.

If a child has repeated or chronic ear infections, our otolaryngologist may need to insert ventilation tubes into the ears to allow fluid to drain and keep the passage dry. This is usually coordinated with repair of the lip or the palate in order to minimize the anesthetic exposures.

Some patients with a cleft palate have hypernasal speech. In most cases, this can be treated with speech therapy. The otolaryngologists work with our speech pathologists to evaluate your child as he or she begins to speak. In some cases, this can include nasal endoscopy or video fluoroscopy. These studies help identify the area of concern. If therapy alone does not correct the problem, these studies will help us decide if surgery is necessary.

Some rare syndromes associated with clefting may increase the likelihood of hearing loss. If some hearing has been lost, the otolaryngologist may need to do further evaluations. If necessary, they may recommend traditional hearing aids or bone-anchored hearing aids (BAHA). If your child suffers a severe hearing loss, he/she may require cochlear implantation.



IV listens to our otolaryngologist, who will examine his ears and nose to check for fluid buildup, which can lead to ear infections, and any structural problems that may affect IV's speech or hearing.

In some cases, children with clefts can have sleep disordered breathing, like sleep apnea. Enlargement of the tonsils and adenoids is the most common cause. Surgery is sometimes needed, but careful evaluation is necessary in children with clefts because removing the adenoids can affect speech. Cleft patients with sleep disordered breathing normally undergo a sleep study before any attempt at surgical correction is made. In many cases, snoring can be managed with medications.



Our audiologist runs tests on IV, who's sitting on his mother's lap in a soundproof booth, to check his hearing.

Audiology

If you suspect your child has a hearing loss, our audiologists will perform evaluation to determine if hearing is adequate for communication. They will also determine whether the eardrums and middle ear space are working properly, which is a common problem for children with cleft palates.

They use auditory brainstem response (ABR) testing to assess the functional status of the auditory neural pathway (how sounds travel to the brain) and to assess hearing when behavioral testing cannot be performed due to age, cooperation, or developmental level. This test measures the brainstem's response to sounds that are presented to the ears.

Other pediatric hearing testing techniques such as visual reinforcement audiometry (VRA) and conditioned play audiometry (CPA) are used to test children's hearing once a child is developmentally able to sit independently and learn the appropriate hearing task.

No matter the age of your child, if you suspect hearing loss, call the Duke cleft line and our coordinator will help you arrange to have your child's hearing evaluated.

Speech–Language Pathology

Speech pathologists on the Cleft and Craniofacial team assist with the evaluation, treatment, and education of patients and families regarding their child's speech, language, and feeding development. As experts in feeding and swallowing, we will be with you from the beginning, starting at birth and continuing throughout your child's development.

They will be there to help your child eat immediately following their cleft lip and/or palate surgeries, and are available as a resource should any feeding concerns arise as your child grows. They work with families to determine the most appropriate feeding system, strategies, and techniques to promote an overall positive experience for both you and your child at mealtimes.

Speech pathologists also play an important role in the assessment and management of your child's speech and language development.

Some children with a cleft may have difficulty pronouncing certain speech sounds or may have increased resonance and airflow through the nose during speech production (e.g., hypernasality and/or nasal air emissions). The speech pathologists will monitor your child's speech and language development at every team visit.

Using a combination of informal assessment and advanced computerized measurements, they can identify potential speech problems early so that your child can receive the support they need to correct these issues as soon as possible.

Our highly trained speech pathologists will collaborate closely with you and the other members of the Duke Cleft and Craniofacial team to ensure that your child is receiving the support that he/she needs to thrive in the areas of speech, language, and feeding development.

If you have any concerns, please feel free to call the Duke Cleft Line and our coordinator will help arrange an appointment with a speech pathologist.

Special Needs Get Special Care at Duke

“We’ve been very pleased with everything thus far. [Jenna has] really progressed. ... [The Duke doctors and therapists] are good coaches and encouragers for her.” —Gretchen Sanders, mother of Jenna KaiYu Sanders

In China, Zhong Kai Yu had a cleft palate and was living in an orphanage.

In the United States, Jenna KaiYu Sanders is the beloved daughter of Kevin and Gretchen Sanders and a patient with the Duke Cleft and Craniofacial team.

Mind you, Jenna KaiYu has had her happy smile with and without her cleft.

It was one reason the Sanders family knew they wanted to adopt her after seeing her picture just once.

“We could see the determination and spunk in her eyes.” Gretchen Sanders says, “Her eyes are the first things you notice.”

The eyes and smile tell you, whether it’s traveling across the world to join her new family, or facing surgery and therapy, Jenna KaiYu is up for adventure.

Her American adventure includes regular visits with the Duke Cleft and Craniofacial team, which provided support, guidance, and information for the Sanders when they were making their final decision to adopt Jenna KaiYu.

The Sanders family considered adopting several Chinese children with a range of special needs. Even before Jenna KaiYu touched down on U.S. soil to officially become a U.S. citizen in May 2009, the Sanders family knew the Duke team could help.

Gretchen, a Duke University Medical Center nurse, was well-versed on Duke’s capabilities, having worked with postoperative cleft patients and seen plastic surgeons, speech therapists, and feeding specialists in action.

During the tense 48 hours before the Sanders gave the go-ahead to adopt their daughter, Gretchen also roped Duke medical personnel, who were fluent in Chinese, into helping her translate Jenna KaiYu’s medical records.



Also, Ann Mabie, coordinator and go-to person for the Duke Cleft and Craniofacial team, alleviated many of the Sanders’ fears while speaking to them and setting up Jenna’s first appointment for June 2009.

Jeffrey Marcus, MD, operated on Jenna first, in August, lengthening her throat muscles to improve the tone of her speaking voice. There Jenna (above right) made fast friends with Mia Peterson (above left), another Duke cleft team patient who was adopted from China. Surgery to realign Jenna’s lip muscles is tentatively scheduled for next summer.

More than a year ago, in China, Jenna spoke Chinese but was dismissed as “unintelligible” due to her cleft.

Now in America, thanks to her parents and Duke, Jenna is one of the chatty students in her class. She has improved so much—yes, in English—her teacher recently sat her next to a quiet classmate, hoping Jenna could get her to talk.



At the end of the day, the Duke Cleft and Craniofacial team meets to discuss their patients’ respective progress. They determine what procedures, surgeries, or therapies will come next. Patients get to know and trust the team, and vice versa, over their 18-year journey together. It’s those relationships and the coordinated care that make the Duke Cleft and Craniofacial team so good at what they do.

Social Work

Social workers on the Cleft and Craniofacial team are specially trained to understand the different challenges children with craniofacial conditions and their families may encounter. They are also an important contact because they can educate you about the resources available to you in the hospital and in your community.

They can provide you and your child with emotional support and guidance and you can talk to them about issues such as: adjusting to having a baby with a complex medical condition and facial difference; supporting your child during surgeries and hospitalizations; preparing your child for school; and helping them have positive relationships with their peers.

Social workers can also educate you on the emotional and developmental needs of children. They can offer counseling and support to assist both parents and children with coping to a new cleft diagnosis, chronic illness, or other psychosocial issues.

Social workers also serve as invaluable connections to help beyond the hospital. They can provide parents with information on community resources—national organizations, local social service programs, support groups, financial assistance programs—available to help your child adjust to his/her condition.

Medical Genetics

The field of medical genetics is a specialized area of medicine that can help determine the heredity of your or your child’s cleft or craniofacial condition.

Medical geneticists are doctors who work with genetic counselors to:

- Determine if your family is at risk for a genetic condition or craniofacial syndrome
- Interpret the medical and family history
- Provide education about how the condition is inherited in the family
- Offer guidance for available genetic testing for your child and other family members
- Discuss management or preventive options for the genetic syndrome
- Make referrals to other specialists for multidisciplinary care
- Identify research opportunities
- Direct families to appropriate informational resources, support groups, and community services

During a genetic consultation, they collect information from your child’s or your medical and family history to determine if the condition is associated with a genetic syndrome or if it is an isolated birth defect. Based on this knowledge, the genetics team can then provide you and your family with information about the condition as well as the possibility for it to occur or recur in your family.

BEFORE



AFTER



Timeline

Children with cleft abnormalities are like all other children—they grow, mature, and develop needs at their individual pace. This timeline simply approximates the typical treatment cycle for a child with the most common cleft condition involving the lip, gum, and palate.

In patients with isolated cleft lip (not involving the gumline and palate), there may only be one surgery needed and little else to do. In patients with isolated cleft palate (not involving the lip and gumline), they may only need one surgery, but feeding, speech, and hearing assessments will be as noted below.

First 10 days: Consult cleft and craniofacial team; begin learning feeding techniques; newborn hearing screen

1–2 weeks: When applicable, begin nasolabial molding procedure

3–4 months: Repair cleft lip and nose

7 months: First team appointment in preparation for palate repair

8–12 months: Repair palate; check ears during surgery and place ear tubes if needed

1 year: Begin speech assessments and therapy as needed

2 years: Begin regular pediatric dental checkups

3–11 years: Correct speech abnormalities

4–9 years: Consider early orthodontics to adjust the arch dimensions prior to bone grafting the gumline

7–10 years: Close alveolar cleft with bone graft

12+ years: Comprehensive orthodontia (braces) to align the teeth

15–17 years: Consider final nasal shaping or nasal breathing problems

16–18 years: If needed, surgery to correct alignment of upper or lower jaw [RARE]

Moving Forward

Caring for children with clefts is a long-term partnership with families that takes growth and development into consideration.

There is much you will learn over time, but by explaining the process, we will provide you with the understanding to anticipate and get through the steps as they come. We hope to foster a sense of confidence in you and your child to help them grow up like any other child. You will find that you will get to know us well, and we can offer support and consistency over your child's treatment course.

Nothing will be more important to your child's happiness than the support and care he or she gets at home. While your child's cleft will always be a part of his or

her life experience, it does not have to define them. How you choose to raise your child and foster relationships with friends, schoolmates, and other family members will have the greatest impact on how he or she develops.

You will want to educate yourself during the early period. The amount of information may seem overwhelming, but we will go over it as much as necessary. Feel free to do your own research. Please ask questions. Always let us know how else we can help your child and family during this journey.

To get you started, here are answers to some of our most frequently asked questions.

Why was my child born with cleft lip and/or cleft palate?

You did not do anything to cause the condition. Clefts are believed to have some genetic causes, although certain environmental factors do increase the chances that a baby will be born with cleft. The truth is that the cause of cleft lip and palate is not entirely clear for the majority of affected babies.

If heredity plays the key role in determining whether a child is born with a cleft, does that mean that I will have other children (or grandchildren) with clefts?

Not necessarily. Even geneticists, whose science it is to make predictions about heredity, cannot predict with 100 percent accuracy whether or not a given pair of parents will have a baby with a cleft. But geneticists can help to figure out what the chances are, given your particular family history.

What is the cleft and craniofacial team?

The cleft and craniofacial team is a group of professional specialists who will cooperate in the treatment of your child. The treatment of cleft lip and cleft palate is so complex that no one specialist can answer all of the questions and handle all of the problems that may arise. The team approach allows your child to benefit from coordinated, specialized care in all aspects of his or her treatment program.

How dangerous is the surgery my child will have?

All surgeries involve some risk, but these operations have a high success rate. Your surgeon and anesthesiologist are skilled professionals who will not take unnecessary risks with your child's health or well-being. Our families tell us that, although it was a stressful process, the result made it all worthwhile.

What kind of lasting impact will all of this have on my child?

Children born with a cleft abnormality can grow to be normal, happy, successful adults, though they do face some special issues. They may need to go through a number of surgeries and orthodontic treatments. It is our goal to minimize the evidence of the condition. Children with facial differences can face teasing and social problems at school. As parents, you can help your child understand and deal with these issues with confidence. Our cleft team knows how to help you get through the difficult times.

Who do I call for help?

Call the Duke Cleft Line at 919-684-3815.



DukeMedicine