A multidisciplinary team is the standard of care and the cornerstone of management of cleft patients. With readily improving advanced diagnostic modalities, early prenatal diagnosis of cleft lip and palate increasingly becomes a topic of importance for both the team caring for and families of cleft patients. Maternal-fetal medicine is a fellowship subspecialty of obstetrics that can offer high-quality care and coordination to the cleft team. Both 3-D and 4-D sonography lead to early prenatal diagnosis of cleft patients; however, differences in training result in variations in its diagnostic accuracy.

Feeding Infants with Cleft and the Postoperative Cleft Management

David G. Gailey

Cleft lip and palate malformations affect the ability of infants to adequately feed. Choosing the appropriate feeding technique must allow functioning of the suck-swallow-breathing mechanism and development of oral-motor function. Feeding in the postsurgical setting should be returned to normal as soon as possible to maintain adequate nutritional intake and good wound healing, an essential component to cleft repair. This article outlines the complex mechanism of wound healing, gives options to augment the process of aesthetic scar healing, and presents feeding modifications.

Presurgical Orthopedics Appliance: The Latham Technique

Carlos Cruz

The Latham appliance is an active presurgical orthopedic device used for cleft defects. Its long-term effects are debated. It was introduced to help surgeons achieve a more predictable surgical outcome; hence, it should be evaluated for its presurgical benefits. The device has been successful in expanding and aligning the maxillary segments; retreating protruded premaxillae; aligning bilateral alveolar ridges; placing less tension on surgical closures; and reducing fistulation rates. However, it has not been shown to have either a positive or negative long-term effect on maxillary development or occlusion. It is a valuable preoperative tool for surgeons treating cleft defects.

Presurgical Dentofacial Orthopedic Management of the Cleft Patient

Kevin S. Smith, Byron T. Henry, and Michelle A. Scott

Over the last decade, presurgical orthopedic molding for the patient with cleft lip and palate has become much more common; it is even reasonable to assume it may be
Otologic Concerns for Cleft Lip and Palate Patient
Wayne Berryhill

Understanding eustachian tube physiology and anticipating probable eustachian tube dysfunction is an important component of cleft palate management. This article provides a brief summary of the otologic physiology and issues that may be of concern to cleft palate management. It is of critical importance not only to provide primary closure of the cleft palate, but also to recognize that along with speech, hearing has a critical component to the educational and social success of all individuals.

Diagnosis and Management of Velopharyngeal Dysfunction
Robert S. Glade and Randolph Deal

Video content accompanies this article at http://www.oralmаксurgery.theclinics.com

Velopharyngeal dysfunction (VPD) describes any condition whereby the velopharyngeal valve does not properly close during the production of oral sounds. VPD contains multiple causes, including velopharyngeal mislearning (nasopharyngeal sound substitution for an oral sound), velopharyngeal incompetence (neurolophysiologic dysfunction causing poor pharyngeal movement), and velopharyngeal insufficiency (a structural or anatomic defect prevents velopharyngeal closure). Evaluation for VPD is best performed within the context of a multidisciplinary team and consists of history and physical examination, perceptual speech evaluation, and instrumental assessment of speech with either video nasoendoscopy or multiview speech fluoroscopy.

Rhinoplasty for the Cleft Lip and Palate Patient
Angelo Cuzalina and Calvin Jung

Septorhinoplasties in cleft patients are challenging procedures to perform for even the most experienced surgeon. Unilateral cleft rhinoplasties present a unique challenge given that the tissue bed has had previous manipulation and scarring is found around the tissue matrix, making it typically necessary to place several sturdy cartilaginous grafts to provide structural support. Rib graft provides an abundance of cartilage that can be used for multiple areas. The ability to manipulate and adjust the thickness of the cartilage strut allows for improved integrity of the graft to resist deformation and warping from the formant scar tissue.

Cleft and Craniofacial Mission Care: Management of Facial Clefts: International Missions
Jeffrey J. Moses and Whitney J. Rochelle

This article guides readers in the venture of creating, funding, or volunteering with a facial-cleft mission treatment team. This outline is intended to emphasize longitudinal care for all patients. Advanced planning is key to mission success. Part of this is researching and becoming familiar with the safety, regulations, culture, facilities available, and local service organizations. Many of the service organizations listed in...
Using 501c3 Foundations in the Care of Cleft and Craniofacial Children 221

Kevin S. Smith and Byron T. Henry

This article relates to the use of 501c3 foundations in the care of patients with cleft and craniofacial disorders. Both authors are medical directors and founders of foundations that serve these children. A Smile for a Child Foundation was set up to help children locally, and Free to Smile was set up as an international missions foundation. This article explores the advantages and disadvantages of each type of foundation as well as the struggles and successes foundations face to help children locally and internationally.