

## Primary Cleft Surgery: Surgical consideration

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The fundamental goal of the treatment of children with cleft, is to restore the function and provide them with an, as much as possible, normal facial appearance. Surgery to repair a cleft of any kind is a highly individualized procedure that is intended to not only close the defect, but also to insure the child's ability to function and grow normally.

Our treatment strategy for cleft lip and palate, which is a multi-step one, is discussed in detail. The timing and the used technique in different treatment steps are of crucial importance to enhance the functional and aesthetic results. The first step in the reconstruction of a complete cleft lip & palate is the lip-adhesion combined with presurgical orthopedic, using a molding plate. This is performed at 3 months of age.

A modified Millard cleft lip repair together with a primary correction of the nasal tip deformity is performed 3 months later.

The technique of cleft lip and nose repair is presented in detail. The primary nasal repair is essential. The depressed and displaced alar cartilage must be repositioned in an anatomical position at the time of the primary lip repair. The long term esthetic results are presented and discussed in detail.

At nine month of age a modified Furlow double opposing Z-plasty is performed to reconstruct the soft palate. The width of the hard palate cleft decreases significantly after the closure of the soft palate. We have been reconstructing the hard palate at the age of 18 months. Further the recent use of TORCS and its potential advantages are discussed.

An early secondary bone grafting is performed at the age of 5 to 6 years. The surgical technique and our treatment philosophy are presented.