

Primary cleft lip repair (cheiloplasty) in children

小兒科唇裂手術

What is cleft lip?

Cleft lip is a congenital birth defect that occurs when baby's lip does not form properly during pregnancy. The cause of this deformity may be related to genetic and environmental factors. About 1 in 700 newborns may suffer from the cleft lip deformity in the Chinese population. The incidence of cleft lip can increase to 1 in 20 when one of the parents or when one of the siblings is also suffering from cleft lip deformity.

There is a spectrum of cleft lip deformity. It can affect just one side or both sides of the lip and sometimes it can also be associated with cleft palate or cleft alveolus deformity. Occasionally the cleft lip deformity can be detected in the second trimester antenatal ultrasound screening.

Treatment

The primary repair of the cleft lip aims to produce a symmetrical and aesthetically acceptable appearance of the lips and to facilitate future maxillofacial and psychosocial development.

Preoperative preparation

1. Some patients may benefit from pre-surgical orthodontics for alveolar and soft tissue molding prior to surgical repair
2. Fasting according to anaesthetist's instructions
3. Elbow splint may be considered.

Operative procedure

1. The operation is performed under general anaesthesia
2. The symmetrical lip is reconstructed
3. Primary rhinoplasty and anterior palatoplasty may be performed in the same operation for a selected group of patients

Postoperative care (Early)

1. The patient can resume oral diet a few hours after the operation or the day after, if appropriate
2. Physical restrains (such as elbow immobilizer) may be used to prevent the patient

from scratching wound

3. Analgesics is given for pain relief
4. Antibiotics is usually prescribed either orally or intravenously
5. The wound is rinsed with clean water after feeding
6. The patient can usually be discharged when full oral feeding is achieved
7. The stitches are removed on the 5th to 8th day after the operation

Postoperative care (Late)

Adjuvant care of the postoperative wound may be required. It can be in the forms of:

1. Topical scar cream / silicone gel sheet
2. Scar massage
3. Topical intra-lesional steroid injection
4. Topical laser treatment
5. Postoperative nasal stenting

Further scar revision (secondary cheiloplasty) may be required for a selected group of patients.

Risks/Complications

Intraoperative

1. Anaesthetic complications (rare)
2. Bleeding (usually insignificant)

Early post-operative

1. Wound infection / dehiscence (rare)
2. Wound bleeding (rare)

Late post-operative

1. Hypertrophic scar and wound contracture
2. Relapse of the cleft nasal deformity
3. Lip asymmetry
4. Hyper/ hypo-pigmentation

Follow up

Patient can usually be discharged from hospital few days after operation and be followed up in out-patient.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.