

The role of the multidisciplinary team in cleft lip and palate

Children born with a cleft lip and/or palate may experience a myriad of physical and psychological problems during their lifetime. The effective management of such a diverse range of issues requires a number of specialists, all working together as part of an MDT.

This team should co-ordinate the care of enough patients that the members gain and retain sufficient experience to be able to provide a high-quality service and conduct meaningful audit of the outcomes.

Principles of MDT

- Should **meet regularly** to review and audit practice.
- Recognition that no single person can be an expert in all areas, the **skills of each team** member must be **respected** and **considered**.
- Recognise that their concerns **may not be the same** as those of other team members, the family or child.
- There should be **designated member** to coordinate the team and provide a point of contact for the family and child.
- Should provide the family or child with **regular written reports** and allow them to be involved in their decision-making.

Benefits of MDT

- Management of complex issues
- Specialist team working
- Continuity of care
- Efficient and coordinated care
- Team experience
- Evidence-based medicine
- Data collection and audit.

UK Regional Cleft Centres

- Cleft Net East
- Northern and Yorkshire Cleft Service
- Northern Ireland Cleft Service
- Northwest England, Isle of Man, North Wales Cleft Service
- North Thames Cleft Service
- Nottingham University Hospitals Trust
- Scottish Cleft Network CLEFTSIS
- South Thames Cleft Service
- South Wales South West Managed Clinical Network
- Spires Cleft Service
- West Midlands Regional Cleft Service



Members of the MDT (prenatally/birth until adulthood)



Surgical specialties

Cleft Surgeon

Perform primary lip and palate repairs +/- treat maxillary and mandibular conditions using techniques such as alveolar bone grafting. May also treat surgical complications (e.g. palatal fistula repair), perform speech surgery (pharyngoplasty), rhinoplasty and revisional surgery.

Otologist or ENT Surgeon

Well-established association between cleft palate and Eustachian tube dysfunction (which can lead to glue ear). Patients may also have associated congenital inner ear malformations. Otologists or ENT surgeon can also have a role in providing hearing aids, including bone-anchored device.



Medical specialties

Clinical Geneticist

Counsel parents and children on the risks of cleft +/- other syndromes being an inherited problem that may occur in future siblings or generations. May offer future pre-natal testing.

Paediatrician

Act as medical specialist for the child. Condition occurs on its own or as part of a syndrome (over 400 syndromes where a cleft lip and/or palate may feature). Around 50% of babies with an isolated cleft palate have another congenital anomaly.



Dental specialties

Paediatric dentist

Can provide advice on the prevention of dental disease and coordinate routine dental care with the family dentist.

Orthodontist

Hospital-based dental surgeons who may have a number of roles, for example:

1. Involved in the formation of pre-surgical dentofacial orthopaedics between birth and lip and palate repair
2. Prepare the patient prior to alveolar bone grafting and orthognathic surgery
3. Provide dental alignment, correct malocclusion (in an adult) and fabricate palatal lift appliances for patients with velopharyngeal dysfunction.



Allied health professionals

Specialist nurse or health visitor

Provide counselling and support for parents in the hospital or at home. May also oversee children with feeding or other problems. Have a continuing role in pre-operative and post-operative visits and liaising with the primary care team to optimise the child's health prior to surgery.

Psychologist

Can help parents to manage psychological concerns and develop their confidence. Later, a psychologist can help patients with cleft-related difficulties from childhood through to adulthood.

Speech and language therapist

Monitor and assess speech and language development from birth until the completion of treatment (around 20 years). The therapist designs activities tailored to the individual's age and development to allow them to attain their linguistic potential.

Audiologist

Assess the child's hearing as any impairment that is sufficient to compromise language development must be recognised and treated promptly. Regular hearing tests are arranged from 5-6 months and into the teenage years.

Fetal sonographer

Able to detect the presence of cleft lip and/or palate ultrasonically in approximately 80% of cases.



BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons

Further information and training on plastic, reconstructive and aesthetic surgery is available through the [e-LPRAS programme](#)