

In many cases, children will need regular supervision by the ENT surgeon until they are 10 years of age. By that stage, most children will have outgrown their eustachian tube dysfunction and the middle ears will be working normally.

Psychological Aspects

Although many children encounter teasing and bullying during their school years, children who look visibly different are more at risk of teasing and bullying by their peers. They are also more vulnerable to lack of confidence and worries about their appearance. They need to develop additional skills in order to deal with the reactions of others to their appearance. They also need to be able to cope with the feelings of vulnerability and low self-esteem that may arise on account of their condition.

The Cleft Lip and Palate Association is available to assist teachers/carers. Please contact us by phone, email or through the web – contact details on back panel.

School

As a consequence of the different treatments and assessments that the child with a cleft receives, some appointments may coincide with school times and necessitate their absence from class.

The presence of a cleft and any associated speech problem should not be interpreted as an indication of a learning disorder or slowness of learning. There is the possibility that some children with cleft palate may lag slightly in their language development. This is something that the speech and language therapist monitors and address in the course of the therapy that the child receives.

Indeed it may prove beneficial at some point to liaise with the child's speech and language therapist to get their expert assessment, with the prior approval of the

child's parents. Some parent's may indeed encourage such consultation, as it can only prove to be in the child's best interest.

A child's position in class is imperative if they have impaired hearing, and this should be discussed with the child's parents. The child should sit near the front of the class so that they can observe the teacher at all times.

Psychologically, it is important that children born with cleft have a positive experience of the classroom environment. While in general the student born with a cleft should be treated like any other, you may want to keep an eye out for signs of bullying or teasing.



TITLES IN THE SERIES:

1. *About the Cleft Lip and Palate Association of Ireland*
2. *What is Cleft Lip and Palate?*
3. *Questions and Answers for New Parents*
4. *Feeding Issues for New Parents*
5. *Speech and Hearing Concerns*
6. *The Genetics of Cleft Lip and Palate*
7. *Dental Health and Treatment*
8. *Surgical Treatment for Cleft Lip and Palate*
9. *Social and Psychological Aspects*
10. *Handout for Teachers and Carers*

Leaflets are available by post from the Association or can be downloaded from www.cleft.ie.

ACKNOWLEDGEMENT:

The Association would like to thank the members of the cleft treatment teams and other health professionals for their valuable contributions. See www.cleft.ie for the full acknowledgement and list of contributors.

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Cleft Lip and Palate Series

Handout for Teachers and Carers



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*The Cleft Lip and Palate Association of Ireland,
registered charity, is a limited liability company, No. 131497*

Cleft Lip and Palate

Clefts affect approximately 1 in every 700 babies in Ireland.

This handout describes cleft lip and palate, the treatment that the child born with a cleft receives, the issue of speech and language development, associated hearing problems, and psychological aspects.

WHAT IS CLEFT LIP AND PALATE?

A cleft lip is a separation in the upper lip. A cleft palate is an opening in the roof of the mouth. Clefts result from incomplete development of the lip and/or palate in the early weeks of pregnancy. It is during this time that the face is being formed. The lip and primary palate develop at 4 to 6 weeks of gestation, while the secondary palate develops at approximately nine weeks.

A cleft lip or cleft palate can be either unilateral (one-side only) or bilateral (both sides). A cleft can be either complete or incomplete.

A complete palatal cleft involves both the primary and secondary palate, while an incomplete cleft involves the secondary palate only.

A child may be born with either a cleft lip or cleft palate or both.

The cause or causes are as yet not clearly understood, although research has been and continues to be undertaken. Genetics and environmental factors are both considered instrumental in causing clefts.

Treatment

Cleft lip and cleft palate are correctable birth defects. Treatment of cleft begins within months of birth with corrective surgery, and continues in one form or another until the individual reaches their late teens.

Primary surgery begins with the lip repair at about 3 or 4 months and palate repair between 6 and 12 months. Plastic surgery on the nose may occur before the child attends school.

In about 10% of palate repairs the centre of the repair does not heal, and the resultant hole (fistula) usually needs to be closed surgically at a later stage (between 3 and 10 years of age).

The first full orthodontic assessment occurs at around 6 to 7 years. Any supernumerary teeth that interfere with the proper development or eruption of second teeth are removed at this stage by a maxillo-facial surgeon. For some children simple orthodontic treatment involving braces to straighten the teeth can now begin and no further treatment may be necessary.

Orthodontic surgery begins with maxilla expansion at around 9 to 10 years followed by bone grafting. The purpose of the expansion is to bring the child's teeth into correct relationship to each other. Alveolar bone grafting is the replacing of missing bone in the front and roof of the mouth. This procedure is carried out when the second, or permanent, teeth are beginning to erupt.

Full orthodontic alignment can start with the use of fixed braces when all the permanent teeth have erupted (usually by the age of 13 years).

A lip revision can sometimes be carried out at the same time as the bone graft.

Further corrective surgery may be carried out at about 18 years of age.

Rhinoplasty, or nasal surgery, is designed to improve the appearance of the nose. It may be carried out because the nose appears either flat or asymmetrical. This surgery is carried out upon the recommendation of the surgeon and can take place anytime from just prior to the child attending school right up into his/her teenage years. Early repair may not prove sufficient as the shape of the nose changes constantly throughout the teenage years requiring further intervention. Indeed this surgery is often left until the age of 16-18 years.

Speech and language Development



Because of the nature of the problem, the child with a cleft is more at risk of having a speech and/or language problem, and close attention must be given to the child's speech development. Most problems can, however, be resolved with speech and language therapy. All types of cleft palate, particularly cleft of the soft palate, are prone to problems with language development, articulation and nasality.

Children with cleft lip only rarely have any speech difficulty associated with the cleft.

Speech and/or language problems in children with cleft palate are usually associated with

1. *deficits in hearing*
2. *incorrect patterns of tongue movement*
3. *problems of palate function, or*
4. *a combination of these factors*

Children with a cleft palate tend to use the back of their tongue too much, resulting in many sounds being made far back in the mouth. With a cleft palate the normal closing action of the soft palate does not take place, resulting in air escaping into the nasal passages causing nasal sounding speech. The majority of children with cleft lip and palate who have initial speech problems will grow up to have normal speech if they are attended to at the appropriate time and have all the necessary speech therapy and surgical and orthodontic treatment.

Approximately 10% of children with cleft palates will have nasal sounding speech that will require surgical intervention. This procedure, called a pharyngoplasty, involves a small operation to the muscles at the back of the throat, and is usually carried out between the ages of 3 to 5 years.

Hearing Issues



The child with a cleft palate may experience some hearing impairment as a result of being born with a cleft palate. Poor hearing can adversely effect the development of the child's speech. Hearing tests will be carried out regularly as part of the work of the cleft team.

Hearing difficulties may require insertion of grommets in the early years.

