

Treatment for Hearing Loss

Treatment involves day case surgery, the administration of a general anaesthetic, and the draining of fluid with the insertion of a grommet. An Ear, Nose and Throat (ENT) surgeon performs this surgery. The grommet may last 6-9 months after which point they usually expel naturally. Grommets may need insertion on more than one occasion until such time as your child's eustachian tubes start to work properly.

You should generally notice an improvement in your child's hearing within a few days. Swimming is now generally allowed for children with grommets in place if certain precautions are taken. Your ENT surgeon will advise you accordingly.

An alternative to grommets is to have hearing aids fitted temporarily. The hearing aids will improve the child's hearing and can be discontinued once the child is finished with them. Hearing aids have proven a successful treatment for many children with cleft palate.

Hearing & Speech



Your child may experience some hearing impairment as a result of being born with a cleft palate. Although the hearing impairment is temporary, it can have an affect on speech and language if it is not addressed. This does not always happen, but the possibility exists and your child's hearing should be checked at approximately 12 months of age. Poor hearing can adversely effect the development of your child's speech. This is because children learn to speak by imitating what they hear. Consequently you must be aware of this possibility so that your child is not deprived of full learning ability in his/her early years.

When a child has a cleft lip only, associated hearing problems generally do not arise.

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*
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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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Speech Development



While speech difficulties are associated with cleft palate, it is important to realise that not every child with a cleft palate will experience such difficulties. However, because of the nature of the problem, your child is more at risk of having a speech and/or language problem, and both you and the professionals will need to keep a close eye on your child's speech development. Most problems arising can be resolved with speech and language therapy.

While approximately 50% of children will have some problems with speech and language development, children with cleft lip only rarely have any speech difficulty associated with the cleft.

THE NATURE OF SPEECH DIFFICULTIES

During the first four years of life, language development may be delayed in a child with a cleft palate. Speech and/or language problems are usually associated with deficits in hearing, incorrect patterns of tongue movement, problems of palate function, or a combination of these factors. The resulting problems are ones of language development, articulation and nasality.

THE CLEFT TEAM SPEECH & LANGUAGE THERAPIST

Speech Language Therapist(s) or SLT's as they are sometimes known, are an integral part of the cleft team.

- They are on hand to advise on early feeding problems.
- They will assess your child for speech and language needs.
- They advise parents on what therapy is required.
- They direct the local SLT regarding treatment.
- They are instrumental in devising the treatment plan for your child.
- They are in regular consultation with team members regarding any additional procedures that may be needed.
- They advise parents on stimulating speech and language development.

The Speech Language Therapist can often be the first to pick up on developmental difficulties. They can organise for appropriate testing to be carried out and will refer your child to the relevant service.

OUTLINE TREATMENT PLAN

The therapist can learn much at the early stages from listening to your child's babbling pattern and observing his/her interaction with you. The therapist can also advise you on important aspects of speech and language development, and once in the system, regular reviews can occur to ensure everything is developing along normal lines.

THE LOCAL SPEECH & LANGUAGE THERAPIST

The local SLT therapist will provide therapy to your child in a local Health Centre. The procedure for local SLT work is that, in addition to the cleft assessment, a local assessment is carried out prior to therapy commencing. The reality of waiting lists means that regardless of the type of cleft your child has, it is advisable to put your child's name forward for local assessment a.s.a.p. This can be done by contacting your local Public Health Centre. Your child's name can be withdrawn later if speech is not an issue.

Your child should have his/her first full speech assessment at approximately 2 years of age. If your child is experiencing difficulties with their speech, a detailed assessment will determine a course of action, which may consist of

- A course of speech and language therapy or
- Corrective surgery followed by speech and language therapy.

Therapists generally work on a block basis with breaks from therapy to allow your child time to consolidate what they have learnt. Therapy might mean direct work with your child or with you the parents. In working closely with parents, the speech and language therapist will provide exercises and drills, which should be carried out at home.

Remember, it is you the parents and not the speech and language therapist who will play the most important role in your child's speech and language development. The speech and language therapist is the assessor and planner; you the parents are the therapists.

SURGERY



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%-20% of children with cleft palates will have nasal sounding speech that will require surgical intervention. The decision to intervene is based on objective medical assessments. The team can recommend one of a number of procedures. Each child's treatment plan is unique, always talk to your team, ask questions and don't worry too much about problems that may or may not happen in the future.

Older children or adults who have difficulties should attend a speech and language therapist, even if they did not do so when they were younger, since many problems are correctable with therapy.

HEARING ISSUES

The part of the ear that is usually affected in a child with a cleft palate is the middle ear. The middle ear is a small space behind your ear drum that contains three small bones and is normally filled with air. A tube, called the

eustachian tube, connects the middle ear to the soft palate at the back of the mouth. The eustachian tube allows any fluid formed in the middle ear to drain away and allows air into the middle ear space.

In children with cleft palate some of the muscles that open the eustachian tube do not work as well and the tube does not open as often. Consequently, air will not get into the middle ear as readily as it should and its place is taken by fluid. This fluid interferes with the conduction of sound through the middle ear and your child may experience reduced hearing. This is sometimes called "glue ear". The problem most commonly arises in your child's earlier years when the eustachian tube has a more horizontal position. The tube becomes more sloped by the age of 6 or 7 years as the shape of your child's face changes with the result that the problem tends to decrease.

Approximately 15-20% of children, however, will continue to have ongoing problems with their middle ears in the long term. This may require major ear surgery involving the mastoid bone (located at the back of the ear) in order to eradicate any significant ear disease which may accrue from poor eustachian tube function. It is difficult to predict which child might run into such problems and therefore monitoring of the middle ear and hearing levels is important.

THE SIGNS OF HEARING LOSS

Hearing loss can be difficult to detect in the very young child. Unresponsiveness, frustration or withdrawal can all be symptomatic of glue ear. Turning up the sound of the television or having to repeat yourself can be other clues as to the existence of a problem.

Particular attention should be paid to your child's hearing in the first 2-3 years of life. Hearing tests will be carried out as part of the work of the combined cleft team, and you should not hesitate to contact the team and relay any concerns you may have with regards to your child's hearing.

