

Plastic and Maxillofacial Surgery

Cleft and teeth

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Many children born with a cleft of the lip and/or palate will have missing teeth, particularly in the line of the cleft. They may also have extra teeth, misshapen or malformed teeth (Figure 1). As a result their teeth can be crowded, tilted or rotated (Figure 2).

Teeth health

It is important that you and your child look after their teeth to keep them strong and healthy. Baby teeth are important for chewing, speaking and for keeping space in the mouth to help guide adult teeth into the right place. They are also important in your child's appearance and self confidence. We also know that children who have decay in their baby teeth are far more likely to have decay in their adult teeth. So if you can prevent your child from getting decay in their baby teeth, you will be helping them to have healthy teeth as an adult.

Children with clefts of the lip and/or palate in Australia generally have good strong teeth. However sometimes the teeth that grow in the line of the cleft may actually be softer than normal which makes them more likely to decay (Figure 3). Also, when teeth are very crooked they are not so easily washed by the natural action of saliva and the tongue and so can develop decay more readily.



Figure 1



Figure 2



Figure 3

You should start cleaning your child's teeth as soon as they come through. Initially this can be done using a clean face washer and wiping it across their teeth. As your child gets older you can change to a small toothbrush. Whilst your child should be encouraged to play with the toothbrush themselves from a very early age they will need your help with brushing until at least 6 or 7 years of age.

Toothpaste containing fluoride helps to make teeth stronger and less likely to decay. If you and your family live in an area with fluoride in the water supply you should use junior or infant toothpaste. If you do not have fluoride in your water it may be a good idea to start using adult toothpaste quite early. In the past we have recommended fluoride supplements, however we now know that regular use of small amounts of fluoridated toothpaste is actually better for your teeth than taking drops or tablets. You should discuss this with your child's dentist.

A diet that is low in sugar is very important for healthy teeth. Children as young as 2 years old who have sugary drinks continuously in contact with their teeth can get very bad decay. Only milk, formula or water should be put into baby bottles and you should encourage your child to use a feeding cup once they reach 12 months of age.

Seeing a dentist

Your child should start seeing a dentist soon after their first teeth come through. At The Royal Children's Hospital Cleft Clinic your child will be first seen by a paediatric dentist at 18-24 months of age. However if you have any concerns about your child's teeth, an earlier appointment can be arranged.

When your child's first adult molar teeth start coming through (around 6 years) they can be coated in a protective plastic coating called a fissure sealant. This is a very easy thing to have done and can help to prevent decay in these teeth that have to last a lifetime.



Orthodontic treatment

Children with clefts often require orthodontic treatment (braces) to address crowded, misplaced and rotated teeth. Children affected by cleft palate may need two lots of orthodontic treatment. One phase usually involves wearing a plate glued onto the upper teeth to expand the upper arch. This is often done just before alveolar bone graft surgery sometime between 8-12 years of age, depending upon your child's dental development (Figure 4). Full fixed braces on both upper and lower teeth usually aren't started until late adolescence when your child is coming to the end of their pubertal growth. Children with clefts of the lip/palate often have braces put on later and sometimes for slightly longer than those who do not have a cleft (Figure 5). Sometimes further surgery to align the jaws may be needed and is done following careful discussion between your child, you, your orthodontist and maxillofacial surgeon.

Often the tooth in the line of the cleft is missing or is so malformed that is not very useful. Once the orthodontic treatment (and if appropriate the jaw surgery) is finished, there are several ways of replacing this missing tooth. The options include a removable plate or denture, a fixed bridge where a false tooth is stuck onto one of the neighbouring teeth, or a dental implant where a titanium post is surgically placed into the jaw bone and crown is fixed to the post. This decision is often not made until your child is entering their early twenties.

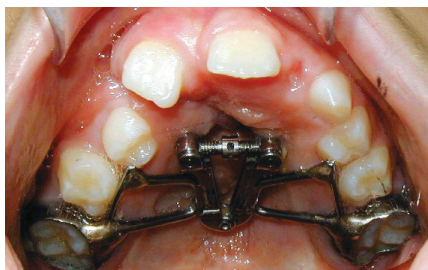


Figure 4



Figure 5

The Medicare Cleft Lip and Palate Scheme

You may be relieved to hear that the Federal Government will help pay for certain aspects of your child's dental care through the Medicare Cleft Lip and Palate Scheme. You should ensure that your child is registered as soon as possible on this scheme. Your plastic surgeon, paediatric dentist or orthodontist can register your child. The scheme covers three dental checkups per year, most X-rays and orthodontic treatment up to the age of 28. It does not cover the cost of routine dental care such as fillings, fissure sealants etc, nor does it cover any of the costs of crowns or bridges.