

Plastic and Maxillofacial Surgery

Cleft and hearing

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Isolated cleft lip

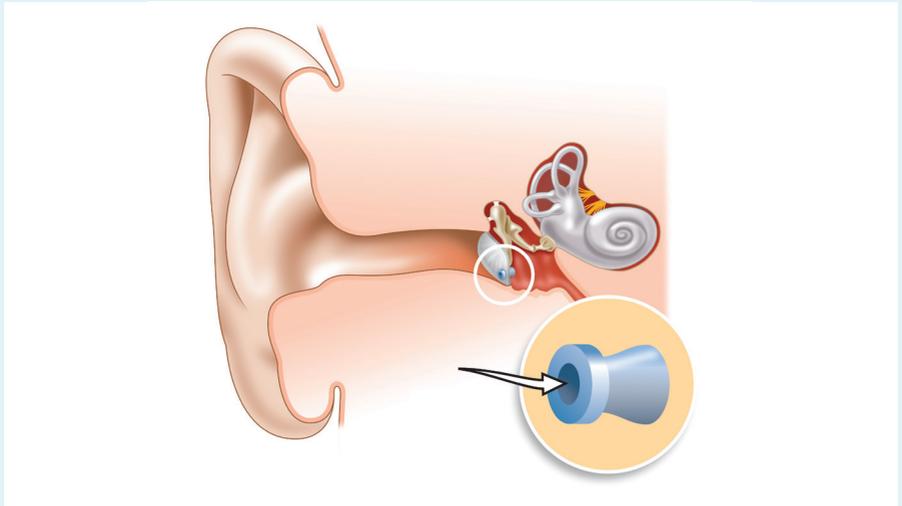
Isolated cleft lip is not generally associated with hearing difficulties. However due to the presence of a facial difference it is recommended that hearing is tested to ensure that no hearing difficulties are present. If the initial hearing test is normal, no further hearing tests other than routine childhood screening will be necessary.

Hearing loss associated with cleft palate

Children born with a cleft palate commonly experience middle ear problems and associated hearing loss. This is a problem for children with a cleft palate because the muscles of the palate are important in allowing air into the middle ear, as well as allowing drainage of secretions from the middle ear. When this process is interrupted, fluid can build up (otitis media) in the middle ear. This leads to temporary hearing loss, which is usually mild in severity. In addition to affecting hearing, fluid in the middle ear predisposes the child to frequent middle ear infections. This can require treatment with antibiotics. If left untreated, this can cause permanent hearing loss.

Many children with a cleft palate will require tubes, known as grommets, to be inserted into the eardrum to allow drainage of fluid from the middle ear. Grommets usually last for 6–9 months before falling out of the eardrum. Some children will go on to have further problems with otitis media and may require more tubes after the first set.





Anatomy of ear with grommets

Hearing tests

Otitis media tends to settle down as children grow — generally by around 8 years of age. However some children with a history of cleft palate may continue to have problems for longer.

Because hearing is such an important requirement for speech development, careful monitoring is necessary. A baby born with a cleft palate should have their hearing tested by an audiologist at around 4 weeks of age, and again at 12 weeks of age. The test required is called an ABR and is different to the testing done by your maternal and child health nurse (MCHN) or maternity hospital. This testing will show if hearing is compromised. In some cases hearing aids might be recommended.

Following the early hearing tests, your child should be seen by an ear, nose and throat (ENT) surgeon to assess the need for tubes. If tubes are recommended,

this can often be arranged to be done at the same time as the operation to repair the palate.

When tubes are in place in the eardrum, your child may experience episodes of discharge through the tubes, especially when they have a cold. Persistent discharge may require antibiotics and you should see your GP for this. The ears should also be protected from water which could enter the middle ear through the tubes and cause discharge. This is usually only necessary if the child's head is placed under water when swimming. Your child will need to use earplugs, ear putty or Blu Tak for swimming when ear tubes are in place.

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