Cleft lip
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A cleft lip is an abnormal gap or opening in the upper lip. Sometimes the upper gum (alveolus) can also be affected. Normally the lip is formed during weeks 4 – 6 of pregnancy. If for some reason the parts of the lip do not come together properly, the baby is born with a cleft lip.

Clefts of the lip can present in a number of ways. A complete cleft of the lip is where the gap or opening extends from the lip all the way up to the nostril. An incomplete cleft lip is where the gap in the lip ends before reaching the nostril, leaving some tissue joined below the nostril. Clefts of the lip can occur on one side of the lip (unilateral) or two sides of the lip (bilateral).
Cleft lip surgery

Surgical repair of a cleft lip is usually planned for around 3–6 months of age. The timing varies from case to case and depends upon the individual child and the plastic surgeon’s preferred technique. The most important thing is that the baby must be in good health at the time of surgery.

Your child will generally be admitted to hospital on the day of surgery. The operation usually takes around 2–5 hours. Dissolving stitches are usually used and your baby may have to wear arm splints to help keep their hands away from their lips as they heal. Cleft lip repair surgery usually requires an overnight stay in hospital and in some cases a longer stay in hospital may be necessary — your plastic surgeon will discuss timing with you.

Parents are encouraged to stay with their baby during the admission and assist in the child’s care as much as possible. Usually a single fold-out bed will be available for one parent to stay overnight. You will be able to take your baby home once they are comfortable and feeding well.

After the operation the lip will be a little swollen and the scar will be red. Appearance will be greatly improved but the scar will take from 6–12 months to soften and fade. The scar will never completely disappear but in time it may be hard to see. Many parents report that it takes time to get used to the new look of their baby after lip repair — some even miss the cleft!

Other conditions associated with cleft lip

Deformity of the nose is frequently associated with a cleft lip. The nose is usually corrected at the time of lip surgery, with great improvement. However further surgery is often needed to improve the appearance of the nose. This is sometimes done during the primary school years, but preferably should be done after the face has finished growing in adolescence.

The alveolus (gum) is the bony part of the upper gum through which teeth erupt. If the cleft involves the alveolus, this is repaired at the time of lip surgery. However this can only be a soft tissue repair. The bony part of the alveolus will need to be joined together with a bone graft at around 8–12 years of age. Soft bone is usually taken from the hip and is put into the gum area to provide a stable base for the adult teeth to grow through.

Many children born with a cleft lip may have missing teeth, particularly in the line of the cleft. They may also have extra teeth, misshapen or malformed teeth. Because of this, their teeth can be crowded, tilted or rotated. It is important that your child’s teeth are looked after carefully. It is important to have regular check-ups and care by a dentist experienced in the management of cleft.
In summary

- A child born with a cleft lip will require surgery during the first year of life.
- More surgery may be needed to refine the lip and/or nose.
- If the gum is affected by the cleft, bone graft surgery may be required around 8–12 years of age.
- Your child’s teeth should be regularly monitored by a dentist experienced in cleft care.

Recommendations

- Your child should be seen by a plastic surgeon shortly after birth.
- Your child should have a routine hearing test (ABR) at around 4 weeks of age.
- Primary lip repair surgery is usually planned for 3–6 months of age.