A cleft lip is a separation of the 2 sides of the lip. Clefts of the lip may occur on one side (unilateral) or both sides (bilateral) of the lip, and can range from a slight notching to a complete separation of the lip. The cleft can extend through the bones of the upper gum line and into the nose. A cleft affecting the nose may cause the nose to look flattened or misshapen.

A cleft lip occurs very early in a pregnancy - usually before a mother even knows she is pregnant. A cleft lip does not physically hurt the baby. It is not known exactly what causes a cleft lip. People who don’t know better may stare or ask questions that seem rude to you. Prepare a simple explanation for those who may need it. Treat your baby with the same love and attention you would if he did not have a cleft lip. Talking to him and smiling is an important part of early bonding and helps him learn to interact with the world around him. Soon, the cleft will not be the first thing you notice.

The cleft lip repair is usually performed around 3 to 4 months of age. The surgery takes about 2 hours and the lip and nose are both repaired at the same time. The goals of surgery are to close the cleft so that scarring will be minimal and the appearance is pleasing. If there is a cleft of the gum line it will be closed with bone grafting at approximately 6-8 years of age when permanent teeth have started to come in. The gum line cleft will be much smaller and may not even be noticeable to you, but can cause leakage of fluid into the nose and prevent permanent teeth from coming in correctly if it is not closed.

In the first few weeks:
It is important for your child to be evaluated by all members of the Cleft Lip and Palate Team shortly after diagnosis and every year for at least 4 to 6 years. The team consists of specialists involved in all aspects of your child's care, including a plastic surgeon, pediatric dentist, orthodontist, otolaryngologist (ear, nose, and throat doctor), audiologist, speech pathologist, nutritionist, lactation specialist, pediatric nurse, and a social worker. Recommendations for your child's care will be planned by the team and shared with you and your child's health care provider.

The plastic surgeon will examine your child and explain the corrective surgery. Pre-surgical lip taping may be needed. This is a way of helping the soft tissues of the lips get used to being brought together. With this technique a thin piece of tape called a "Steri-Strip" is placed across both cheeks to bring the lip edges together. This doesn’t hurt your child. You will be given more instructions on how to change the tape at home as needed. The tape is worn 24 hours a day until a few weeks before the lip surgery. It is an important part of the pre-surgical care.

Feeding:
We will help you with feeding your child by breast and/or bottle. Most babies with just a cleft lip will breastfeed very well with little intervention. If a bottle is used, we may recommend that you use the Haberman® feeder as the nipple is softer and less pressure is needed for the baby to feed effectively. Your child's length and weight will be closely monitored in the first few months. Please help us with this by calling in weights obtained elsewhere when the nutritionist or nurses ask you to do this.
**Positioning:**
You are encouraged to place your child on his back to sleep. He will not be able to sleep on his stomach after surgery because the incision could break open if he rubs his face on the bed.

You may reach the plastic surgeon or the plastic surgery nurse practitioner by calling:

(816) 234-1625 during the day or Monday through Friday
OR
(816) 234-3000 after hours and on weekends

You may reach the Cleft Lip/Palate Clinic by calling (816) 234-3677.