

FACULITY OF NURSING

Cleft lip and cleft palate

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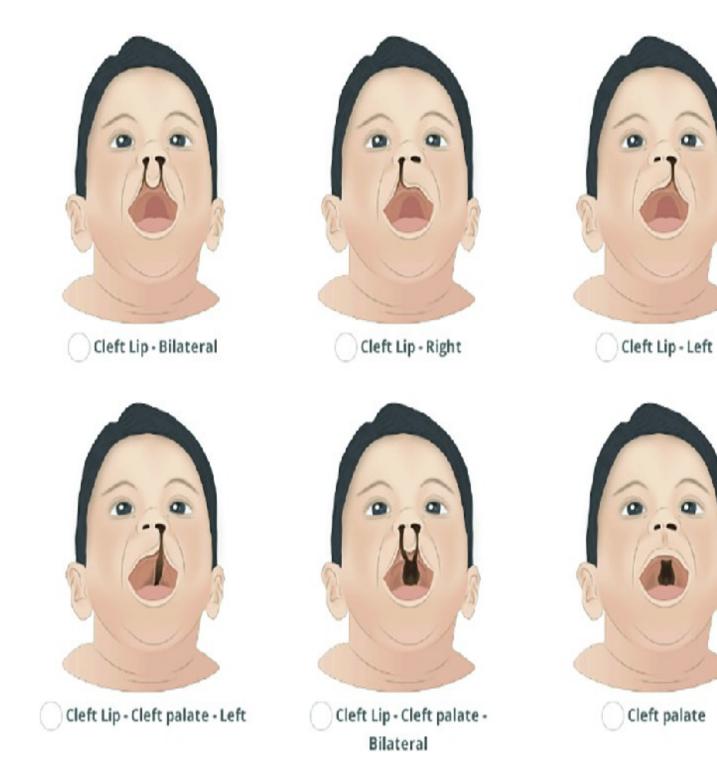


Cleft Lip (cheiloschisis)-

- A cleft lip result from failure of fusion of maxillary process with nose elevation on frontal prominence.
- The extent of detect varies from a notch in the lip (partial or incomplete cleft) to a large cleft reaching the floor of the nose (complete cleft).
- It can occur on unilateral or bilateral.

<u>Cleft Palate (Palatoschisis)</u> –

- It result from failure of fusion of the hard palate with each other and soft palate.
- It may be unilateral or bilateral.





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Cleft Lip - Cleft palate -Right



Cleft soft palate

<u>Etiology-</u>

- Medication by mother during pregnancy like anticonvulsant.
- Exposure to virus or chemicals while fetus is developing in the womb.
- **Exposure to x- ray.**
- >maternal intake of alcohol.
- >Maternal, smoking during pregnancy.

PATHOPYSIOLOGY-

- A failure of maxillary process of fuse with the elevations on the frontal prominence during the sixth weeks of gestations.
- Hard and soft palates are completed in the first trimester.
- Congenital defects: TEF, omphalocele, trisomy 13.
- Cause: multifactorial (environmental and genetic influences)

Types of cleft lip and palate-

- 1.Pre-alveolar
- 2.Post-alveolar
- **3.Combined**

Complication-

- **Get Feeding problem**
- **Q**Respiratory infection
- **DEar infection/ hearing loss**
- **Operation** Speech problem
- Dental problem

Diagnostic Evaluation-

- History collection
- Physical examination
- Prenatal ultrasound
- Prenatal counseling
- Visual assessment of defects at birth and by palpation
- MRI to detect the extent of abnormality; evaluation of infant's ability to suck, swallow and breathe.

A genetic evaluation to determine reoccurrence.

Management-

Surgical Management-

- Cleft Lip- It may require one or two surgeries depending on the severity of defect.
- Initial surgery is usually performed at the age of 3 month
- Z- plasty (repair of cleft lip)
- Cleft palate- repair often requires multiple surgeries over the course of 18 years.
- The 1st surgical repair usually occurs when the baby is b/w 6-12 months .

<u>Nursing management –</u>

- 1. Care of the baby at birth
- 2. Care of the baby before surgery
- 3. Care of the baby after surgery

Care of the baby at birth-

- Cleft lip and palate is detected immediately after birth, during initial neonatal assessment.
- There is a disfiguring defect soon after birth, the nurse must explain to the parents about possibility of defect correction.

- If the baby is unable to suck the breast, expressed breast milk may be given using syringe with a rubber tube.
- Mother and family members should be demonstrated the various techniques that can be used for feeding the baby at home.
- Explain to parents about the risk of aspiration due to cleft palate.

Burp the baby in between the feeds and after feeding.

Parents must be explained the importance of adequate nutrition for growth and development.

The baby must be given all essential care including immunization, warmth, hygiene and prevention of infection.

Care of the baby before surgery-

Consent must be taken.

- >All the investigation should be done.
- >The baby must be kept NPO.

Care of the baby after surgery-

- Immediately after the surgery, closely observation and monitor vital sign.
- *****Observe for any bleeding.
- The surgical site is to be protected from any injury.

- Administer the prescribed analgesic.
- Prevent infection at the site, by cleaning the operated area gently using aseptic techniques.
- Do not allow the baby to put any object in mouth, as this may injure the surgical repair.

THANK YOU