

Adopting a Child With a Cleft Lip or Palate

The Center for Craniofacial Services

Information for Families



Congratulations

Congratulations on the adoption of your child. This is an exciting, albeit challenging, time for you and your family.

Whenever families add a child, they face a number of challenges. Siblings might have difficulty adjusting to a new brother or sister who has complex needs. Parents might worry about meeting competing demands on their time and energy.

Internationally adopted children need to adjust to their new homes and families in countries with different sights and sounds. Children who have cleft lips and palates also must meet the many people involved in their care, undergo medical procedures, and participate in therapies.

How We Can Help

At the Center for Craniofacial Services at Gillette Children's Specialty Healthcare, our specialists are concerned with improving the health, physical appearance, self-esteem and sense of well-being of children who have cleft lips and palates. Care typically includes planning treatments, consulting about feeding, performing plastic surgery, and offering speech, language and psychological services.

Introducing Our Team



It takes a multidisciplinary team of committed professionals to treat children who have cleft lips and palates. Gillette's team of specialists, led by craniofacial surgeon Robert Wood, M.D., uses the most advanced techniques available to provide care. Patients and families are key members of each child's team.

Robert Wood, M.D., Medical Director

Surgeons

A craniofacial surgeon evaluates every child who comes to Gillette for treatment of a cleft lip or palate. We then develop a care plan specific to the type and extent of each child's condition. We surgically repair the clefts and perform additional procedures, if necessary. The surgeon provides ongoing evaluations as the child grows, directing the team's care to maximize the child's abilities.

Pedodontists and Orthodontists

Many children who have cleft lips and palates also have tooth decay. Some have poorly aligned teeth, which must be removed before cleft-repair surgery.

- Our pedodontists see children who have dental concerns.
- Our orthodontists see children who need presurgical orthopaedic devices to help narrow clefts and mold the lip and nose before surgical repair. We also see children with severe clefts — which affect the alveolus (gumline) — for procedures such as pin retention or expansion before lip repair.

Nurse Practitioners

Typically, children who have cleft lips and palates are good eaters. Many internationally adopted children, however, haven't had the opportunity to feed themselves. Others, who developed their own feeding techniques, are inefficient eaters. Some children need to learn to drink from U.S. bottles and nipples, which differ from those used in other countries. Our nurse practitioners see children with feeding or growth concerns.

Otolaryngologists

All children who see our cleft team also meet with an otolaryngologist, who evaluates their ears for fluid, infection and hearing loss. Infants who have cleft palates are prone to ear infections and might need pressure-equalizing tubes. To minimize episodes of anesthesia, we often coordinate tube insertion with another surgery.

Speech and Language Pathologists

Some children who have cleft lips and palates use language that's overly simple. They often need help developing complex language. Children whose palates haven't been repaired often substitute speech patterns to compensate for the effects of the cleft. Following surgery, such children need to learn how to make certain sounds that contribute to speech.

Some children who have cleft lips or palates emit air through their noses, causing nasal speech that's difficult to understand. Children also might have other anomalies or issues that can affect speech. Initiating therapy with our speech and language pathologists as soon as possible after surgery helps children develop their speech and language skills.

Occupational Therapists

Our occupational therapists work with our speech and language pathologists to provide guidance if children experience swallowing issues or food aversions. With help, many underweight children learn to eat more efficiently, and consequently gain weight, after they're adopted.

Child and Family Services Specialists

Our Child and Family Services staff members help children acclimate to their new families and prepare for medical procedures.

- Child life specialists use hospital tours to help children feel more comfortable in medical environments. We also use medical play to help children understand medical procedures. For example, we might use medical dolls to show children how our surgeons will fix their lips or mouths. If language is an issue, we use interpreters or nonverbal methods to communicate.
- Some adopted children have attachment issues and cognitive delays — especially if they've been in large orphanages. Our psychologists can help if children show signs of emotional withdrawal, have problems paying attention, or find it difficult to control their impulses.
- Our specialists also help parents and siblings. It's not unusual for brothers and sisters to feel left out when parents spend time with a new child at a hospital or clinic. Our child life specialists and psychologists can help siblings cope with their feelings and adjust to changes in their lives.
- Our Parent to Parent project links parents whose children have similar medical conditions. The project offers parents information about medical procedures and support for family concerns.

Planning Surgery

Surgery schedules vary, depending on what repairs are needed. When it's medically feasible, we might recommend delaying medical procedures for a month after children are adopted. Doing so gives children time to begin adjusting to the changes in their lives. Generally, children with unrepaired cleft lips and palates undergo the following surgical procedures.

- Pin retention is a same-day surgical procedure to align bony structures along the gum. It's done while a child is under anesthesia and requires weekly follow-ups. Pin retention takes place up to six weeks before initial lip repair.
- If a child needs pressure-equalizing tubes, we might insert them when we perform the pin-retention procedure.
- For most children, we repair a cleft lip before a cleft palate.
- Palate-repair surgery usually takes place six to eight weeks after lip-repair surgery. In older children, however, we might repair the palate first and then the lip. The decision depends on each child's needs.

Four to six weeks after palate-repair surgery, children undergo speech evaluations and begin speech therapy, which continues as needed.

After these initial services, we relax the surgical schedule, giving children time to progress with their speech and language. Future procedures might include conducting nasometry and nasendoscopy tests to check for nasal air emissions, surgically revising the lip or nose, creating a pharyngeal flap to improve speech production, or grafting bone to the gumline (see *Center for Craniofacial Services* brochure). Most children with clefts will need ongoing orthodontia while their permanent teeth come in.

Need More Information?

If you have questions about your child's cleft lip or palate, or about treating the condition, please call our nurse practitioner at 651-325-2308.

Our Mission

Gillette Children's Specialty Healthcare meets the special health-care needs of people — primarily children and teens — who have disabilities. Our mission is to help those we serve realize greater well-being, independence and enjoyment in life.

We combine medical, nursing, therapeutic, technical, psychosocial and other expertise in family-centered programs. We provide services at our clinics, in our hospital and throughout the region, in response to community needs and often in collaboration with other organizations. We seek to build community partnerships that help continue our mission and enhance care for people who have disabilities.



Gillette Children's
Specialty Healthcare

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