Craniofacial and Plastics

Conditions Best Evaluated Sooner Rather than Later:

**Head shape concerns**
- **Craniosynostosis**
  The earlier craniosynostosis is diagnosed the better. After diagnosis, surgical planning and workup can begin.

- **Plagiocephaly**
  If positional plagiocephaly is severe enough to require helmet therapy, it is best initiated between 4 - 6 months of age.

- **Torticollis**
  If torticollis is diagnosed, physical therapy is best initiated between 2-4 months old to help achieve equal range of motion and prevent or improve plagiocephaly.

**Cleft lip and palate**
Gillette is an American Cleft Palate-Craniofacial Association (ACPA) certified team that offers a multispecialty team approach to cleft care, including a craniofacial surgeon, feeding specialty team, speech therapist, pediatric ENT, social worker, dietician, dentist and orthodontist.

**Hemangioma**
If the family is interested in medical intervention to stunt the proliferative phase, it is best to initiate before 3 months old.

**Polydactyly**
If on a small stalk, this can be removed in clinic under local anesthetic to avoid general anesthesia exposure. The younger the child, the easier it is to do in the clinic setting.

**Ear molding**
Maternal estrogen keeps the ear cartilage soft for a few weeks after birth. If ear molding is to be successful, it is best initiated in this time frame.

**Conditions Best Seen Close to 1 Year of Age:**
We recommend deferring elective surgical procedures until after 1 year of age to avoid early general anesthesia exposure. We see consults at any age.

**Dermoid cysts**
Unless causing functional concern.

**Benign skin lesions**
- **Syndactyly**
- **Scar revision**
- **Capillary malformations / Port Wine stains**
- **Trigger thumb**

**Adolescent**
- **Gynecomastia**
- **Macromastia (breast reduction)**
- **Poland syndrome**