

SURGERY

CLEFT LIP

- Definition
- Classification
- Problems with cleft lip
- Treatment
 - Mirault-blair operation
- Post operative care



DEFINITION

- **Developmental error in the formation of the upper lip will leads to cleft lip**
 - **It is due to abnormal development of the median nasal and maxillary process**
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CLASSIFICATION

1) Central and Lateral

- Central – very rare – Due to failure of fusion of two globular process
- Lateral – Commonest – Due to failure of fusion between nasal process and maxillary process.

(a) unilateral – commonest

(b) Bilateral – very rare

2) Simple and compound

- Simple – not associated with cleft in alveolus
- Compound – associated with cleft in alveolus



3) Incomplete and Complete

- **Incomplete-** cleft lip is not extended upto nostril and upper part of lip is fused normally.
- **Complete** – cleft lip extends to the floor of the nose and associated with flattening and widening of the nostril of the affected side.

4) Uncomplicated and Complicated

- **Uncomplicated** – not associated with either CA or CP
- **Complicated** – associated with either cleft alveolus or cleft palate.



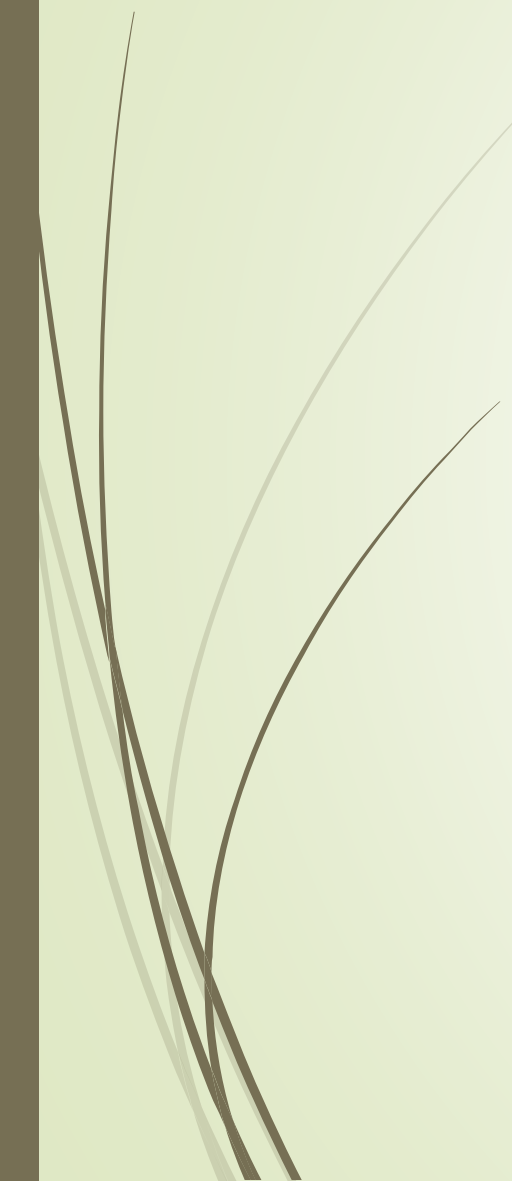
➤ Upper cleft lip

- Associated with presence of 2 small blind tubes in the lower lip
- These are called inferior labial sinus or mandibular recesses.

➤ The Lower Lip

- It is extremely rare and usually central due to failure of fusion of 2 mandibular processes.

➤ Problems with cleft lip

- 1) Cosmetic problem, it looks ugly
 - 2) Difficulty in sucking
 - 3) Defective Dentition
 - 4) Defective speech
 - 5) Deformed Nostril
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TREATMENT

- **Optimum time for repair**

- At the age of 3 months when baby is 5-6 kg in weight.

- **Technique of operation**

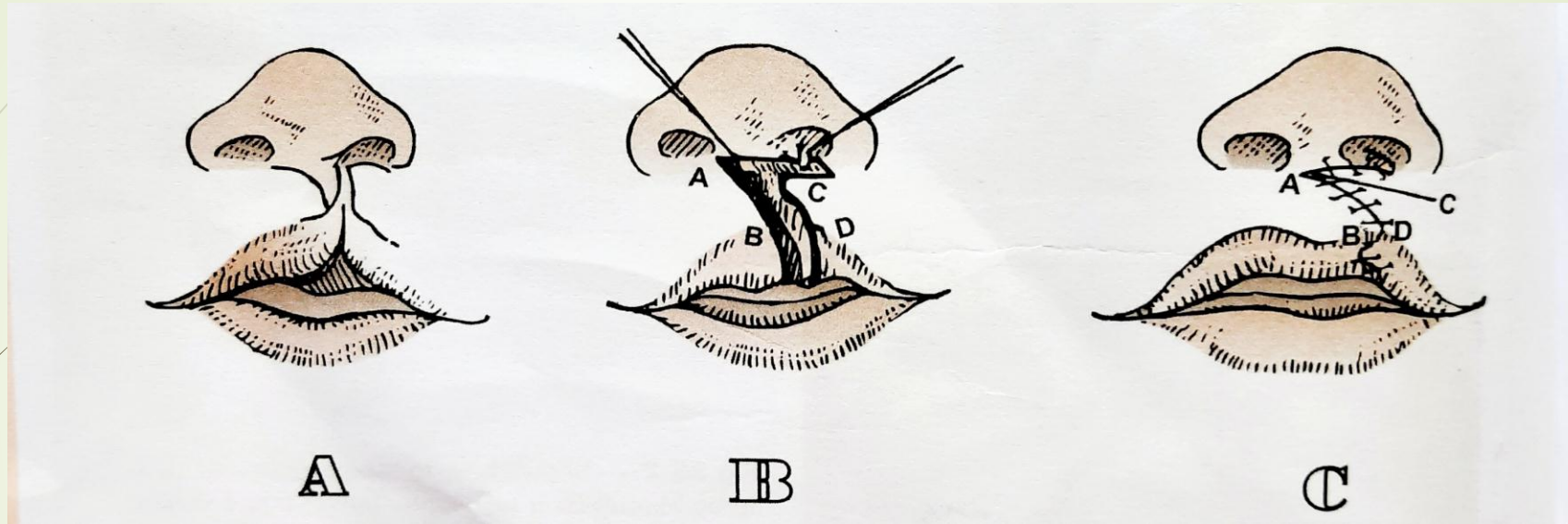
- **MIRAULT-BLAIR OPERATION**

- **3 stages**

- 1) Stage -1 = The lips is everted and incision is made in the groove between the lip the maxilla.

- the flap is dissected off the maxilla for a considerable distance.

- 2) **Stage 2 = Margins are made raw by cutting the whole thickness of the lip**
- The margins are cut in a fashion shown below
 - To facilitate this cutting, an ink mark is first made on the lip



- 3) **Stage 3 = The skin flaps are sutured.**

- mucus membrane and muscles are sutured separately with chromic catgut.
- the skin is sutured with fine silk or nylon.
- gape of floor of nostril repair and correction of deformity of nostril should be done.

POSTOPERATIVE CARE

- After operation, the suture line is smeared with collodium and a Logon's bow is fixed to relieve the tension on the suture line.
- The sutures are removed on the 5th postoperative day.
- The patient's hands should be fixed in splints, so that h3 will not be able to touch the operation site.



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