Primary Bilateral Cleft Lip Repair
A 3-DIMENSIONAL MORPHO-FUNCTIONAL APPROACH

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Where does the problem lie?
The Cleft Lip defect is a 3 dimensional problem !!!

The cleft lip defect is a combination of defects not only involving the lip, but more importantly the surrounding structures of nose, pre-maxilla, prolabium and alveolar region
Bilateral Cleft Lip Repair

Incision design for bilateral cleft lip surgery
Afroze Incision

Minimal muscle dissection ensuring dissection of transverse nasalis muscle

Dissection of the prolabium is done to separate vestibular mucosa from skin. All the fibro-adipose tissue is removed and the vestibular mucosa is trimmed.

Periosteoplasty is done in patients who have associated cleft alveolus and/or cleft palate. It is done to receive the bone graft later on and to minimize the formation of “Y” junction fistula.
<table>
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<th>Nasal sill is closed bilaterally</th>
<th>Ala of the nose is stabilized symmetrically.</th>
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<td>Vestibule formed with tissue from prolabium and corresponding labial mucosa</td>
<td>Muscle approximation and closure is done</td>
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Bilateral Cleft Lip Repair

Preoperative

5 days postoperatively

18 months postoperatively

3 years postoperatively

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Bilateral Cleft Lip Repair

Preoperative  
5 days postoperatively  
9 months postoperatively  
3 years postoperatively
A comparative study of two different techniques for complete bilateral cleft lip repair using two-dimensional photographic analysis

Plastic and Reconstructive Surgery 2013
2 Dimensional Photographic Analysis

Results

SYMMETRICAL BILATERAL LIP

• Difference, statistically not significant (Afroze group better)
  Labial, nasal, and nostril symmetry

• Difference, statistically not significant (Millard group better)
  Vermillion symmetry

ASYMMETRICAL BILATERAL LIP

• Difference, statistically not significant (Afroze group better)
  Labial and nasal symmetry

• Difference, statistically not significant (Millard group better)
  Vermillion symmetry

Conclusion

The Afroze technique seems to have good clinical outcomes on bilateral cleft lip patients, although there were no statistical differences between the two techniques

Source:

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Thank You

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