

All smiles: UP's Facial Cleft Deformity Clinic celebrates 35 years of putting smiles on kids' faces  
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This year, the University of Pretoria's Facial Cleft Deformity Clinic celebrates 35 years of helping babies and children with orofacial clefts to be more comfortable, and ultimately healthier and happier. "There are few greater rewards than the happy smiles of a family and seeing a child grow up – healthily – after successful surgery and treatment," clinic head Dr Sharan Naidoo says.

The internationally highly rated clinic is part of UP's Department of Maxillofacial Surgery, and tends to about 80 patients a month, has more than 4500 patients on its books, and is made up of a dynamic multidisciplinary team of community nurses, maxillofacial surgeons, geneticists, orthodontists, speech and hearing therapists, and clinical psychologists. In fact, it's said to be one of the biggest multidisciplinary clinics in Africa.

A cleft lip and palate deformity is a common birth condition wherein a baby's lip and/or mouth does not fuse properly in utero, causing a split in the upper lip or the roof of the mouth (palate), or both areas, creating complications when it comes to feeding and speaking. "It is imperative that when you are operating on these children you realise the first chance is the best chance – the best chance you have at success," Dr Naidoo explains.

The Facial Cleft Deformity Clinic is truly unique in that it stays in touch with its patients throughout their lives. "Once surgery and all other treatment plans are complete, the team follows up with patients on an annual basis," says Dr Naidoo. The clinic's oldest patient is 36 years old and has been in its treatment and care programme since the day its founder, Professor Kurt-W Bütow, opened the clinic doors in 1983.

While orofacial clefts can be caused by both genetic and environmental factors, they can also be related to certain types of syndromes such as Pierre Robin sequence and Stickler syndrome. This is why a full assessment is done at the clinic and each patient is evaluated for possible indications of characteristics related to such syndromes, which are then further managed by the team. "The cleft palate is an important reason to investigate further to ensure that physiologically the patient is suitable to be operated on and doesn't have an underlying syndrome," Dr Naidoo explains. Unknowingly performing cleft palate surgery on such a case could severely jeopardise the child's life.

Only maxillofacial surgeons who have trained specifically in cleft surgery perform operations at the clinic. While any surgery has risks and complications, Dr Naidoo says this has certainly improved on patient outcomes. A dual qualification in medicine and dentistry, as well as having specialised in maxillofacial surgery places Dr Naidoo in a unique and expert position to perform all surgeries at the clinic. After qualifying as a maxillofacial surgeon, he spent two years under the guidance of Prof Bütow, a world-renowned cleft specialist who has written two internationally recognised books on clefts. He also

previously headed up the Department of Maxillofacial and Oral Surgery, and is still involved at the clinic on a part-time basis.



**Front row left to right:** Sr D du Plessis (Community Health Nurse), Dr S Naidoo (MFOS Surgeon), Prof K Butow (MFOS Surgeon), Dr E Ghabrial (Orthodontist), Dr I Hanger (Paedodontist)  
**Back row left to right:** Mr F du Plessis (Dental Technician), Sr H van den Berg (Community Health Nurse), Dr E Honey (Paediatrician and Geneticist), Mrs R du Bruyn (Oral Hygienist), Mrs E Visser (Clinical Psychologist), Mrs E Kruger (Communication Pathologist), Mr R Luus (Dental Technician)

“Cleft surgery is complicated, and one patient can easily have up to 10 operations throughout their life,” Dr Naidoo says. This has a psychological effect on both the parents and children, which is why patients receive pre-surgery therapy, treatment and care to ensure predictable and favourable outcomes and treatment success. Therapists also play a vital role in a patient’s journey, as do community sisters who do outreach work and maintain contact with patients and their families, informing them about feeding, surgery, post-op care and wound maintenance. Even if cleft defects are surgically repaired, speech and hearing can remain impaired. This means patients need intensive therapy, which is overseen by a dedicated speech and audiology team.

Going beyond its surgical achievements, the clinic strives to be a leader on the academic front. “We’ve done an immense amount of research to get us to this point,” says Dr Naidoo. This research has contributed significantly to the field, specifically in the development of surgical procedures and the improvement of techniques when working on young children. Dr Naidoo and Prof Bütow are regularly invited all over the world to present their findings.

“None of this would have been possible without the formidable workforce that make up the team, the unsung heroes who help make all the successes possible,” Dr Naidoo says. For him, and others at the clinic, the work is so much more than a job. It’s all-consuming – but he wouldn’t have it any other way.

- Author Louise de Bruin