Cleft Projects Synergies of Ideas

Prof. Dr. Dr. Srinivas Gosla Reddy

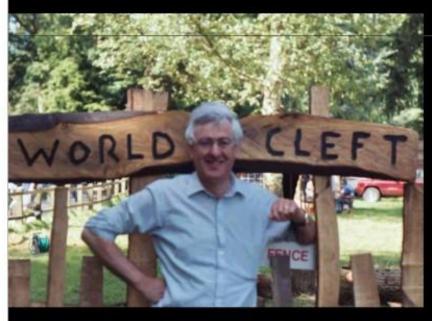
FACS, FRCS, FDSRCS (Eng, Edin), PhD, MBBS, MDS

Dr. Rajgopal R. Reddy MBBS, BDS, FDS RCS (Glasg)



"Everyone needs a unique face for his identity"

Prof. Dr. Hermann F. Sailer, President, Cleft Children International



"The cost of sickness and the price of health has shown that poverty and disease form a vicious circle. People are sick because they are poor and poorer because they are sick and sicker because they are poorer."

Mr. A. F. Markus, Consultant, Dorset Cleft Center, Poole, United Kingdom



Developing and Standardizing a Center to Treat Cleft and Craniofacial Anomalies in a Developing Country Like India

Srinivas Gosla Reddy, MDS, MBBS,* Likith V. Reddy, DDS, MD, FACS,† and Rajgopal R. Reddy, BDS, MBBS*

Abstract: The range of facial deformation is encourant. All produce some degree of disfigurement and result in the impairment of faction to some degree, constitutes even to the point of incompatibility with life. Congenital facial deferts in India are associated with considentile superation, social rejection, and failure to integrate into sociate.

In India, cleft defects occur in 1 in 500 births. Congruital facial defects are a pensing problem in India owing to the limited resources to treat such patients. Powerly is a major factor for parents of such children to get appropriate treatment.

Serting up an institute to treat children with cleft and enasieficial deformation in India presents problems with financing treatment for poor patients, procuring the right influstructure, and employing welltrained human resources.

The authors have set up such as institute in Hyderabad in the southern state of Andhra Pradesh in India. The logistics of setting up such a facility in a developing country and the finance of Randing for cleft treatment are important factors to consider white establishing a country for particus; with cleft and reproducing accountry.

The aim of setting up such centers was to provide quality comprehensive treatment for patients from all sections of society with cleft and empirificial anomalies.

Key Worth: Cleft Ip, cleft palets, cranioficial assenties, developing and standardizing, institute, cleft surgery, speech though, orthodostics

(J Crumisfor Sorg 2009;20: 1664-1667)

The range of facial deformities is mormous. All produce some degree of disfigurement and roudt in the impairment of function to some degree, sometimes even to the point of incompatibility with

From the "GSR Institute of Consinfacial Surgery, Hydenshad, Andhra Pealesh, India; and †Department of Oral and Maniforholaid Surgery, LSU Health Sciences Cosines, School of Dentistry, New Orleans, Louisseau. Ensembed January 1, 2009.

Accepted for publication April 9, 2009.

Address correspondence and register requests to Statistica Clouds Buildy, MDS, MBHS, GSR Institute of Crassificial Surgery, 17-1-237-25, Vinay Nagar Colony, 1 S Sadan, Baiddad, Hydensfund 500039; India, E-eastly gridaljirana/cloudsurerinterray. This article did not require are sources of Sanking.

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The authors declare that they had no floating interests or commercial associations during the course of this study.

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Hft.¹ Congenited facial defects in India are associated with considerable supersistion, accid nejection, and fallers to integrate into society, in managing such defects, the goals of the treatment include the transgement of the human psyche and the parient's acceptance to the society.

Approximately 15,000 children are born with clefts per hous worldwide. A child is born with a cleft somewhere in the world every 2 miscares. *In India, cleft lipipilate occurs in nearly 1 in 500 live births, and most of these deflects are not surgically corrected. *The conquental fixed deflects are a pressing problem in India owing to the lessest ensures. The barden of care for the child with cleft affects the entire family units. It is not unusual to see patients with streamed cleft lip for the entiredy of their life. The complete inhabilitation of these patients involves speech thorage and orthodoxinics; secondary corrections are inconsistent as best and officer than tense unavailable.

India is the account most populated country in the world" with a population of 1,147,677,000. The annual per capita incorne of balis as of Pebruary 23, 2008, is Indian Rupes 29,786 (US \$660). *
Andhra Pradoch state, where the CSE Craninfacial Institute is instanted, is located in the southern part of India. Andhra Pradoch 'inspirad cover as area of 275,000 km² with a population of \$1.315,000. The annual per capita incorne of Andhra Pradoch is Indian Rupes 33,970 (US \$755). *The store in divided into 21 administrative districts with Hydershad (ity as its capital. Each district is further divided into variables. There are 15,580 which are further divided into visilages, towers, and cities. There are 26,580 willings in the state. Any place that has more than 0.5 million residents is classified as a town and has a nunricipal administration. Any town that has a population more than 1.5 million is classified as a city. There are 264 towns and cities in Andhra Pradoch.

The health care delivery system is India and Andhra Pradesh in particular is by 2 pathways: the government-funded hospitals and

the private or corporate boopstals.

Gevernment-funded general boopstals are situated in every district capital. Subunits of general broughtal are usually located in 2 or 3 large towns in the district and are known as area bropistals. Smaller referral primary health contents or community health content are located on an average, 1 for every 3 villages. This system of health care delivery is government-funded, and the care provided is free of cost to the patient. These beopstals see more than 2 million patients as outputients and mase than 160,000 patients as inpatients. The bedget allocation for health care by the government of Anothm Pradesh for the financial year 2007 to 2008 was Indian Rappe 13,150 million (US \$292 million). The per capita allocation of finals for health care is less than US \$4 per person in the state. This also means that government hospitals are understaffed and have poor influstracture.

The private or corporate hospitals are usually located in larger towns and cities. These benefitals have better facilities and cater to patients who can afford health insurance or can directly pay for the health care services. The average cost of each surgery for simple Srinivas Gosla Reddy et. al.

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1664

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WHY CREATE?

INDIA

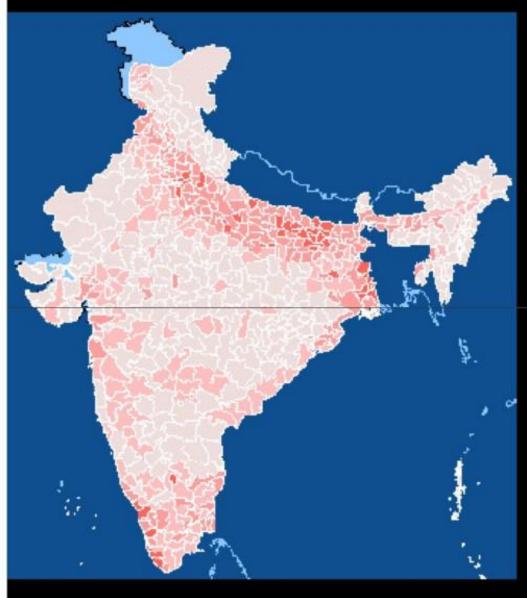
Huge population

Low per capita income

Poor penetration of health care to all sections of society



INDIA



Total Population*
1,028,737,436
Male to Female Sex Ratio*
1000:933

Literacy rate* 64.8%

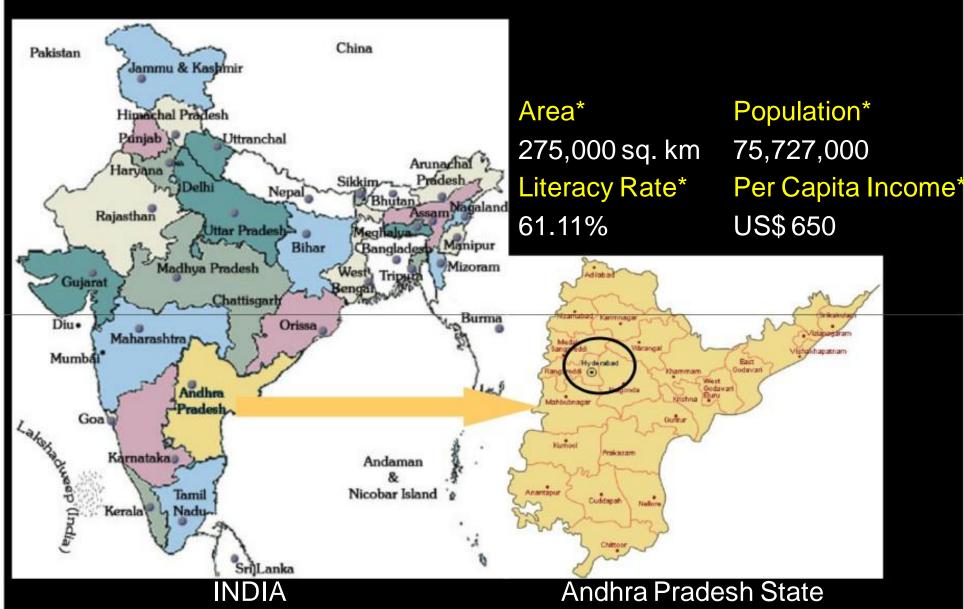
Per Capita Income* US\$ 430

72% of India lives in rural surroundings with very little access to decent healthcare*

* Source: Census of India 2011

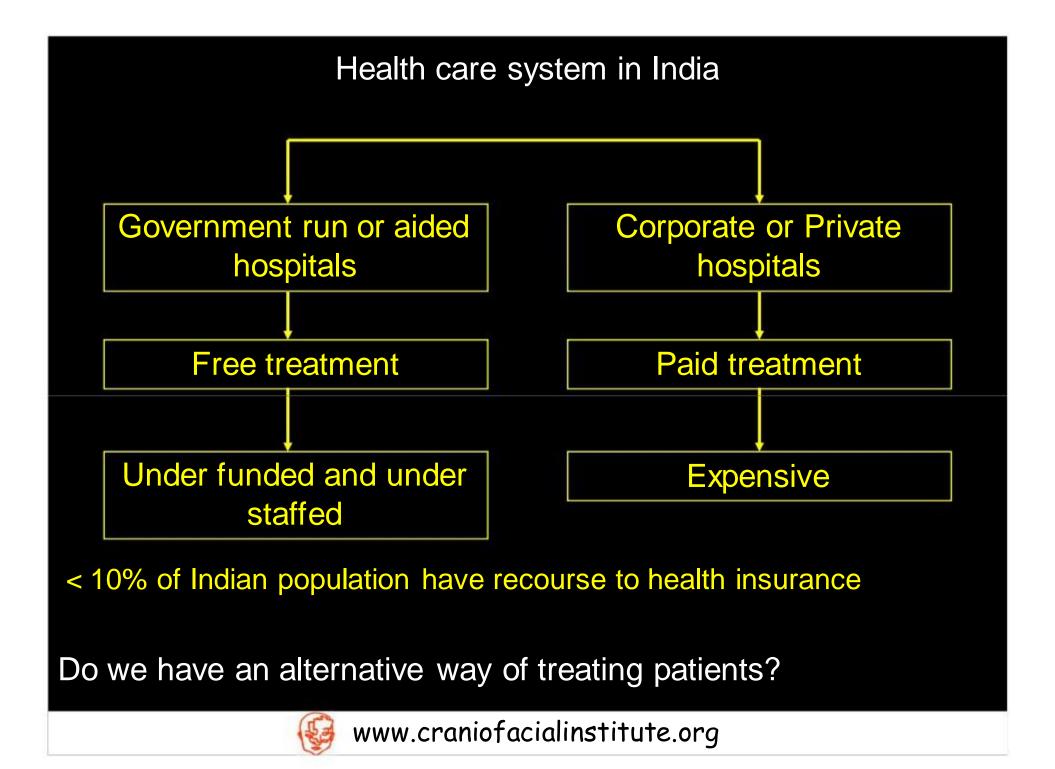


Andhra Pradesh



* Source: Directorate of Economics and Statistics, Government of Andhra Pradesh





Original Article

Incidence of cleft Lip and palate in the state of Andhra Pradesh, South India

Srinivas Gosla Reddy, Rajgopal R. Reddy, Ewald M. Bronkhorst¹, Rajendra Prasad², Anke M. Ettema¹, Hermann F. Sailer⁴, Stefaan J. Bergé¹

GSR Institute of Craniofacial Surgery, Hyderabad, Andhra Pradesh, Indio, ³Department of Carlology and Preventive Dentistry, Paobood University Nijmegen Medical Center, Nijmegen, The Netherlands, ⁴A. B. Shedy Memorial Dental College and Hospital, Mangalore, Kamataka, India, ⁴Department of Oral and Maxiflofacial Surgery, Radboud University Nijmegen Medical Center, Nijmegen, The Netherlands, ⁴Cleft Children International, Zurich, Switzerland

Address for correspondence: Dr. Srivius Grols Roddy GSR Institute of Cranicitation and Facial Plastic Surgery, No. 17-14-1, Viseyrague Colony, LS Sadon, Saldabad, Hydersbad, Andres Pradesh, India. E-mail: grolamidity@grad.com

ABSTRACT

Objective: To assess the incidence of cleft lip and palate defects in the state of Andhra Pradesh, India. Design Setting: The study was conducted in 2001 in the state of Andhra Pradesh. India. The state has a population of 76 million. Three districts, Cuddapah, Medak and Krishna, were identified for this study owing to their diversity. They were urban, semi-urban and rural, respectively. Literacy rates and consanguinity of the parents was elicited and was compared to national averages to find correlations to cleft births. Type and side of cleft were recorded to compare with other studies around the world and other parts of India. Results: The birth rate of clefts was found to be 1.09 for every 1000 live births. This study found that 65% of the children born with clefts were males. The distribution of the type of cleft showed 33% had CL, 64% had CLP, 2% had CP and 1% had rare craniofacial clefts. Unilateral cleft lips were found in 79% of the patients. Of the unilateral cleft lips 64% were left sided. There was a significant correlation of children with clefts being born to parents who shared a consanguineous relationship and those who were illiterate with the odds ratio between 5.25 and 7.21 for consanguinity and between 1.55 and 5.85 for illiteracy, respectively. Conclusion: The birth rate of clefts was found to be comparable with other Asian studies, but lower than found in other studies in Caucasian populations and higher than in African populations. The incidence was found to be similar to other studies done in other parts of India. The distribution over the various types of cleft was comparable to that found in other studies.

KEY WORDS

Cleft lip & paplate incidence; cleft lip; cleft palate



INTRODUCTION

ro-facial clafts, particularly claft lip with (CLP) or without (CL) claft palate and claft palate alone (CP) are a major public health problem affecting 1 in every 500 to 1000 births worldwide. (UZ) A child is born with a claft somewhere in the world

Indian Journal of Plastic Surgery July Documber 2010 Vol 43 Issue 2

Srinivas Gosla Reddy et. al.

Incidence of Cleft Lip and Palate in the state of Andhra Pradesh, South India

Indian Journal of Plastic Surgery, 43(2):184-189, July 2010.



Incidence of cleft defects in the state of Andhra Pradesh

1.09 in 1000 live births

Number of Children born with cleft defects in the state of Andhra Pradesh

1830 every year

Congenital Anomalies Associated with Cleft Lip and Palate Defects in a High Volume Indian Centre

Srinivas Gosla Reddy, MDS, MBBS Rujgopal R. Reddy, BDS, MBBS Karunakar Konte, MD Rujendra Presad, BDS, MDS

Anke M. Ettema, MD. PhD Stefaan J. Berge, MD, DDS, PhD Wilfred A. Boestlap, MD, DDS, PhD

Objective: The objective of this study was to find the prevalence of associated anomalies in patients with cleft lip and polate defects. A number of associated anomalies were noticed by the authors while routinely examining patients with cleft and craniofacial defects at their center. An accurate study to identify the prevalence of associated anomalies in cleft lip and palate patients was needed, to emphasize the need for a thorough investigation of children with cleft lip and palate and the need for a multidisciplinary team to diagnose cleft lip and palate. There was also a need to study the impact of associated anomalies on the hurden of cleft care in a developing country like India.

Design and Setting: This is a retrospective study of 800 consecutive patients with cleft lip and palate CL-184, CLP-532, CP-84 seen in the year 2006. The data was collected retrospectively by processing the case history of the patients. The patient's cleft defect, age and sex war noted along with the religious background, level of Income and contanguinity. The anomalies were classified under 10 headings depending on the organ system affected.

Results: Associated anomalies were present in 330 cases (41.3%). The highest Surgery, Radbood University Medical prevalence of 46.4% was found in patients with clift lip and palate. The lowest - Center, Nijmegen, The Netherlands. prevalence of 27.7% was found in isolated cleft lip patients. There was no significant difference of prevalence found between unliateral or bilateral clefts and complete or incomplete clefts. The skeletal system was affected the most. Anomalies of the Corresponding address: skeletal system count for 42% of all anomalies. Logistic Regression was used to calculate if any of the other background data increased the chance of having an associated anomaly showed that having an isolated cleft palate decreased the chance of having an associated anomaly as was being a Muslim or from another religion as compared to being a Hindu. Other background data did not have a statistically significant chance to have an associated anomaly with clefts.

Conclusion: There was a high prevalence of associated anomalies in the study done at this center. There was, however a need to study the reasons for such anomalies further. There is also a need to study the impact of suck anomalies on the burden of cleft care in developing countries.

Key words: cleft lip. cleft polate, congenital anomalies, associated anomalies, high volume centre.

Srinivas Goela Reddy, MDS, MBBS Director, GSR institute of Craniofacial Surpery, Hydershad A.P., India

Rajgopal R. Raddy, BDS, MBBS GSR Institute of Craniofacial Surgery, Hyderabad A.P., India

Karunakar Konte, MD

Division of Pediatrics, GSR Institute of Craniofacial Surgery, Hyderabad A.P.,

Rajendra Prasad, BDS, MDS Dean, A.B. Shetty Memorial Dental College and Hospital, Mangalore, Kamataka, India.

Anke M. Ettema, MD. PhD Department of Oral and Maxillofacial Surgery, Radboud University Medical Center, Nijmegen, The Netherlands.

Stefaan J. Berge, MD, DOS, PhD Head of Oral and Maxillofacial Surgery. Radboud University Medical Center, Nijmegen, The Netherlands.

Wilfred A. Borstiap, MD, DDS, PhD Department of Oral and Maxillofacial

Dr. Gosla Srinivas Reddy Director, GSR institute of Craniofacial and Facial Plastic Surgery No. 17-14-1, Vinaynagar Colony, I.S Sadan, Saidabad Hydershad, A.P. INDIA Phone: 040-6576 4884. Fax: 040-24530000, Email: goslareddy@gmail.com

Srinivas Gosla Reddy et. al.

Congenital Anomalies Asssociated with Cleft Lip and Palate Defects in a High Volume Indian Centre

Journal of Cleft Lip Palate & Craniofacial Anomalies, 3(1):1-7, 2011.



Summary of the Issue

Burden of Care

- High Incidence of
 - Clefts (1.09 in 1000 births) and
 - Associated anomalies (41.3% of cleft patients)
- Very few treatment centers
- Lack of funds to treat patients
- Lack of infrastructure
- Lack of awareness

The GSR Institute of Facial Plastic Surgery, Hyderabad

Treatment for patients is focused on one part of the body thus making it easy for patients to identify their problems and receive treatment. (Problem with face = GSRIFPS)

Money raised for a specific purpose benefiting both the donor and recipient.

Easy to build an administrative system for a hospital treating only one part of the body.

Funds received can be completely utilized to treat patients.

Infrastructural or administrative expenses can be justified as they are solely used for the work that funding is received for.

The Mandate

Patient/Client To treat patients with cleft and craniofacial defects at no cost or low cost

2. Infrastructure To build good, durable infrastructure without compromising on quality

3. Doctors

To build and sustain a team of doctors and professionals that would do this work all year round.

The GSR Institute of Facial Plastic Surgery

From 1996

- Very little Infrastructure.
- Five member part time team of surgeons, anesthetists and dentists.
- Visit seven surrounding districts of Hyderabad two days a week.
- Only surgery is done. No orthodontics or speech therapy.
- Patient pays INR 1,000 (\$25) per surgery for material used during an operation.



GSR Institute of Craniofacial Surgery To 2015



GSR Institute of Craniofacial Surgery

Cleft team:

- 2 Surgeons, 5 Fellows,
- 3 Anesthesiologists,
- 3 Speech therapists,
- 2 Orthodontists and 10 nurses.

Infrastructure

- 2 operating rooms,
- 6 bed post operative facility,
- 40 bed patient ward
- Speech therapy unit,
- Dental and orthodontic unit
- Photography and documentation





2 surgeons operating in 2 dedicated operating theaters





6 Beds Post operative ICU







Nasendoscopy

Nasometry



Orthodontics and Dentistry



OPG Lat. Ceph



We treat our Cleft Team as a corporate entity!!!

How???

Corporate Philosophy

Well trained Human Resources

Sell product/service

PROFIT

PAY SHARE HOLDERS

Earn Revenue to pay for HR and Infrastructure

Humanitarian Philosophy

Well trained Human Resources

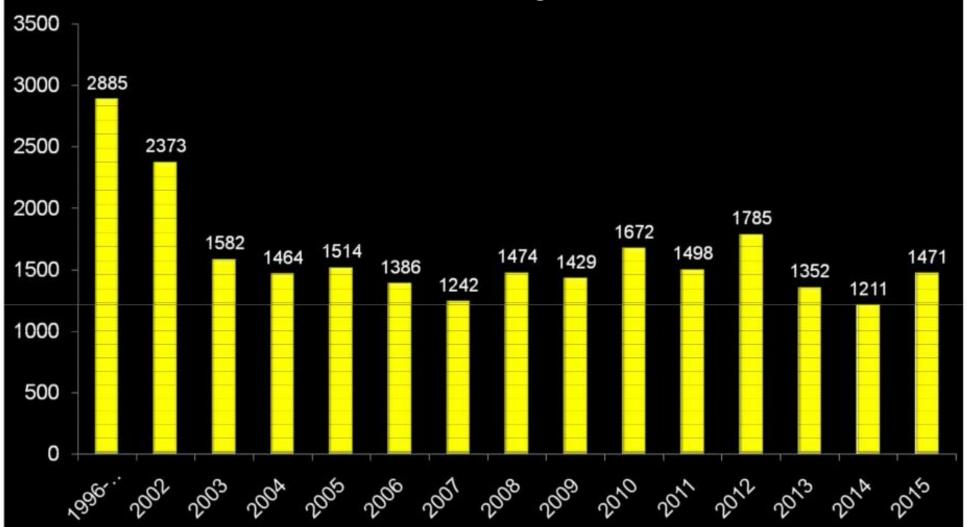
Treat patients

PROFIT
PAY FOR TREATMENT

Earn Revenue through donations to pay for HR and Infrastructure



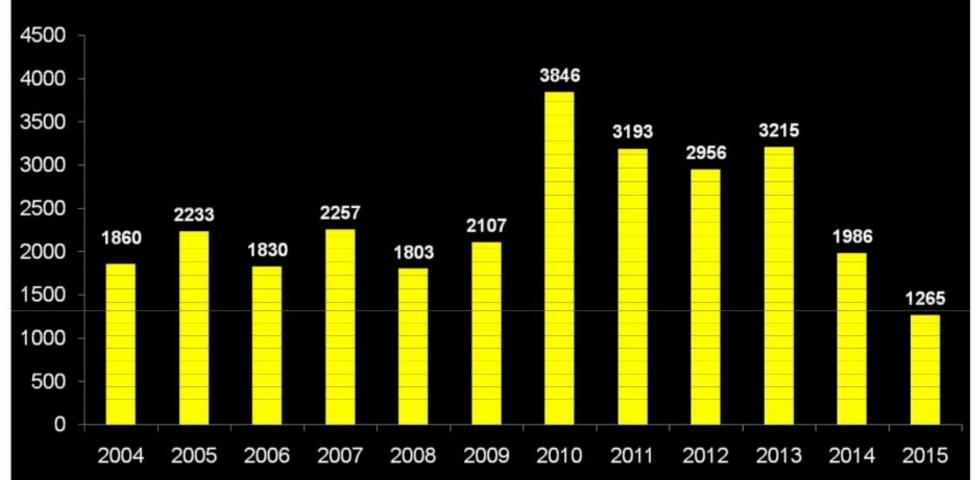




Total Cleft Surgeries: 24,338

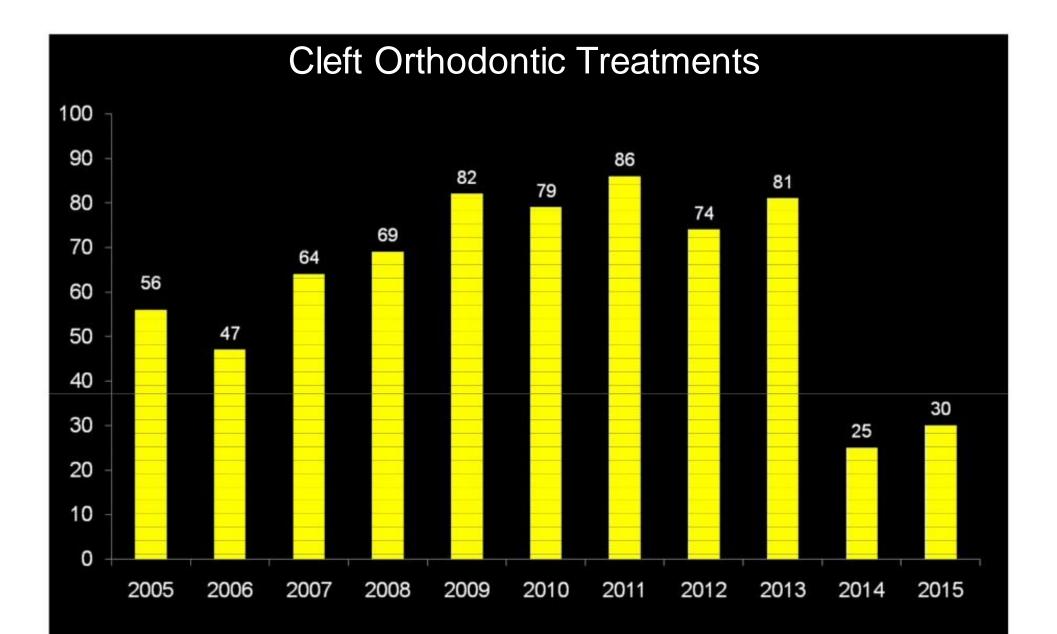






Total Cleft Speech Therapies: 28,451





Total Cleft Orthodontic Treatments: 693



What did we achieve?

- Huge numbers in patient care
- Establishment of good infrastructure
- Stand alone craniofacial center
- Dedicated craniofacial team

What did we lack?

- Ideology development
- Research
- Cutting edge technological advancement

COLLABORATE



Ideology Development

Medical Advisory Board



Mr. Anthony F. Markus Chairman Future Faces Poole, UK



Prof. Maurice Mommaerts Professor. & Head, Europian Face Centre, University Ziekenhuis, Brussels, Belgium



Dr. Likith Reddy
Associate Professor
Department of Residency Training, Oral
and Maxiflofacial Surgery,
Texas A&M University,
Baylor College of Dentistry,
Datles, Texas, USA



Prof. Dr. Stefaan J. Berge Professor and Chairperson Department of Craniofacial Surgery Radboud University Nijmegen Medical Centre, The Netherlands.



Dr. Paresh Devani Consultant Aga Khan Hospital Kenya



Prof. Dr. Johannes Schubert
Former Professor.
Martin-Luther-University Halle Dept. of Oral
& Maxilio Facial Plastic Surgery.
Martin-Luther-University Halle, Germany



Prof. Stephen Schendel Emeritus Professor of Surgery, Standford University Medical Center, Standford, California, USA



Prof. Alexander Hemprich Director, Division of Maxillofacial and Facial Plastic Surgery University Hospital, Leipzig, Germany



Prof. Ulrich Joos Former Director, Division of Maxillotacial and Facial Plastic Surgery University Hospital, Muenter, Germany



Dr. Hade Vuyk Head and Neck Surgeon, Facial Plastic Reconstructive Surgery Clinics. Vlusten, The Netherlands



Prof. Benito Ramos Medina Professor, Depatment of Oral and Maxiflotacial Surgery, Santa Lucia Hostpital, Cartagena, Spain



Dr. Ann Kummer Senior Director, Speech Pathology, Professor of Clinical Pediatrics Cincinnati Childrens Hospital Medical Cwitter, Cincinnati, USA



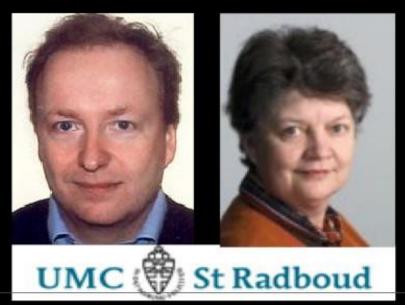
Prof. Dr. Anne Marie Kuljpers-Jagtman Former Professor and Chairperson Department of Orthodontics and Craniofacial Biology Radboud University Nijmagen Medical Centre The Netherlands.



Prof. Nasser Nadjmi Professor and Coordinating Program Director for OMFS. University of Antwerp. Antwerp, The Belgium



Research













Srinivas Gosla Reddy, Rejigopal R. Reddy, Ewald M. Bronkhorst', Rajendra Prasad', Anko M. Etterna', Hermann F. Saller', Stefaan J. Bergel'

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KEY WORDS

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Developing and Standardizing a Center to Treat Cleft and Craniofacial Anomalies in a Developing Country Like India

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journal of Oral and Maxillofacial Surgery, Medicine, and Pathology

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Health related quality of life of patients with non-syndromic orofacial clefts

Srieinus Coria Refidy", Rajgopai R. Behty", Ewald M. Brosibsont', Bajendus Frasaf', Anne Marie Kuljoers Jagenso'', Stefann Bergé'

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Perceptions of Family Members of Children With Cleft Lip and Palate in Hyderabed, India, and its Rural Outskirts Regarding Craniofscial Anomalies:

Aparelli Harsen, M.D., Surseel H. Mathilperi, M.D., Depart Narsen, M.D., Srivivas Grote Reidy, M.D., D.D.S., Regiopal R. Reidy, M.D., D.D.X., Jamies F. Lafface, M.D., Jenson Donald Chan, M.D.

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Cleft lip unafter polate (CLAP) are relatedly operators. exception among Asian populations, and the total track claim of Austina Protein, India, is steel at 1.08 1000 live barts (Roder, 2010). Follows soveneeling facial vietn-tures greetly enough solitors, senging from positive since. that the child may prosess a special, committee spiritual, which is clear only yourse a property of the characteristic and a second of "God's will" on "Bas" (Ross, 2007). The helef sten

Addition companishing to 20. Aprill, Name, Uses Moles! Makes, Ettern of Plants Supple, N. Lain Assess. Wavester, M. 1621, S. Sand agraph of completed attenues and companies. Mr. 2021, 51 (2020) 15.

CLOP is the result of the mother's period a solid or ting rathful pendicies d'urbeg prognancia faix residied is the species "species" (Clong, 1996). Studies in the Philippine found community beliefs that CLAP enalted from field "enalprofiles" in the worsh or "stavenge" during the Stat telepoter (Daucii-Hirds, 2014). Soliefs may also be regionally specific to Egypt, for example, some powers tellene their chief's delt in the result of garing at a come! for his being 1st Wasn's, 1915to

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There may be a preference for using elements madeline in the tremment of CL1F among different article and religious semenation (Changi et al., 2001; Rose, 2001) regions communicate (Osani) et al., 2005, Nov. 2005. Partieras visión Assachitatic pequiciones hase molador de use of various leebs and beins, asspirantese, sanor infailacies, cois rathing, and prodeing (Clarge, 1995, Assachita) extrêmes from the Goisia firmana Radily Institute of Crassinfolial Region; (CIRE) often: in Hydrotical Control (Control Control shall fields, reggers that alternative treatment, such as buttering the child on the abdument or burying the child up to the band to send to be left to the direct medigits for an entire size, bare been used in the community for the

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Clinical Paper Cleft Lip and Palate

Screening for maternal coeliac disease as a potential risk factor for orofacial clefts—a pilot study

E. G. Andy, K. R. Smith, A. Futtlementon, A. Marton, J. Stevik Screening for material coeffect disease in a principal of the term for modular fields—a pilet intoly-tic J. Cland Manufaction. Surg. 2017. 12:12–12.6. 2017. 2018. International Association of Oral and Manufaction Surgeons. Published by Element Ltd. A3 region tenered.

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Gots Stinion Beldy, B.D.S. MODS. Roger M. Wolds, T.D.A. RCS, MRCS. Represed H. Roddy, B.D.S.

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Background: No one technique of eleft fip repair community proclaims shall authorize and functional results. This made was carried our in a developing, highvalues come. It compares outcome attacked using two different designs of skin raction used for primary classes of noticeral complete cleft lip and snagle to Biggrowi R. Sodde, BLSS.
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A. F. Marban, E.D.S.R.C.P.
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argeons have repaired the deformity of cleft. Sip for the past 2000 years, since the first at-temps performed thoroug the Chin Dynamy in Otersa. Many techniques have been used some that time, and it is clearly apparent that no agreement exists as to which represents the optioners method. Hunrically, incisions have been either straight

line or broken line, but more mornely, in the monsieth century, flap-lesign developed over two-distinct periods. In the first, up to 1948, and including Le-Messaire, lengthening of the lip on the cloft side was

From the GDE Josephie of Crossiplical Surgery, the Smith Court Higher Scopinal Training Progress in Stantishinist August, the Mexicos of Osel and Abasilishinal Souges, University of Gracinsonic Detect Research and Development Support Unit, Brownmanic Entertyle, and Development

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actioned with some sacrifice of the ipolanesi Cupid's how. This resourcery, however, tended in pro-duce an arethetically sucherorable proking of the lip-In the second half of the century, several attempt were made to counter this abortroming. Tenselos trillard a triangular flap on the external nurface of the lower margin of the lip, while Petit and Passers' used a superiorly based flap. Nevertheless, because of mor constructors, this latter approach also produced unacceptable anothetic outcomes. A or nation of superior and inferior flaps was used in Transer' and Skoog' to counter these problems. A faction alternative was discribed by Malck," who triangle to achieve perfect equality in the length of

Dischange: None of the authors has very financial interest in this work, and no computing interests are

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Afroze Incision for Functional Cheiloseptoplasty

ORIGINAL ARTICLE

Gorle Sriniver Roldy, DDS, MD, * Rejpysel R. Roldy, BDS, ABBS, * Nikoh Paparia, BDS, MDS; * and Stefanis Serge, MSt EID PADY

Administration of an art Puls benefits to record may had buging provider. Although a great separate of operations have from described for the uniforms cold tip report, none (MSN) all the plicate surgical criteria, and in most cases, claff by repairs require prime segmentors in an atompt to affirm described good of primery desliquiery. The Affirm technism is a confinement I in colore, that is, the William function on the constitution of William function on the older out. The flag design in the Millard buy on the merchill side record (increment, and the posit of the direct curve amounted subst measured interestents, and the posits of the short content of the Pittliche Bay is promissional to the strangular delated formed by the concentrate of the Milliand Bay. This proceeding over being them to be a substantial of the Bay in the content of the promptional variety to technique to the Other in two contents on the promptional variety to the contents of the Strangular Sectionard in a season, and de-committent of the case recent because the season, and extending formers spend operationally to proteomed, which paramite satisfi-fly contents of the Contents of the Contents of the color and clear proteins of the personal field and one contents of the child air and appl to, and the sine up give in a talkered way with equal resemble force being secrets on both sides. The lectures can be used in all types of complete architects shell by regardless of the

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The Journal of Contributed Surgery * Yoluma 20, Supplement 2, September 2009



PEDIATRIC/CRANIOFACIAL

Comparison of Three Incisions to Repair Complete Unilateral Cleft Lip

Regrester Preset, S.D.S.,

MEERS. Accordate Sugare Jagreson, D.D.S., Ph.D. Stefan Bergi, N.D., D.D.S. Ph.D.

States Carls Series, M.D.S.

M.R.E.S.

Raggord E. Reidy, R.D.S.

M.R.E.S.

M unlineed cleft by repair.

Methods: Patercs with complise actioned cleft tips (a = 1900) were carefied. Methods Fyzione with computer authorize fast tips (a = 1700) were enabled and divided has force groups of 400 patterns. Each group of patterns was operated on with the Millard Institute, Profess was line institute, Orallism and Computer of the State of the State of the State of Alexanderic Computer of the State of t

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the anatomical basis for a cleft lip defect is far removed from the normal operation. Compared with the associets patient, the share groups of apperficial fairful mancles (i.e., the mandation) and appear and appear and appear and appear and appear and appear informats). The solicularie sets mancle the tend for force accordance finds a new and abnormal intertion on the cleft. In even cleft outgrow's post's eleft side." The Capita's how on the cleft side and the white skin coll on both odes are also distorted. The terrationes goals for cloth kp defects are early correction of the cleft, with primary correction to a transcentise, mobile, and believed by."

The repair of any cirk lip deforming about take not just incision lines into account. A forcetional anatomical repair of the underlying hard

From the USA Partitude of Countrigiant Europes; the Department of Phenometric and Constitute Britisher, Resident University Stigment, Michael Course, 5 & Europe Stemment Country Stigment, Michael Course, 5 & Europe Stemment of Administration and Countries (College State Countries) Conf., and the Europe State Countries of College State Countries (College State Countries) Europe, State State Countries (College State Countries) Europe, State Countries (College State Countries) Europe State Countries (College State Countries)

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positioning of the mayocuture my tissues must be addressed unity once sexual froundations have been had. A printary surgical approach that allow na-inal facial growth and development, administra-

and soft disease is reserved. Manipolation and re-

have been documented to repair unilateral cleft ligat 6-19 Perdualidy the recost contributeds used in the rotation-advancement indivigue described by Millard. 11.15 The Millard inchance is based on a rotation flap on the moudeft ride cougled with an advancement flap on the cleft side. ^{3, 27} In one form or another, it is the most widely practiced method

The Pfeifer incision is designed using the cou-rept of 'morphologic under.' Measurements of the soutifelt side height and length are recorded. and trumbed to the sleft side using a flexible wire, thus determining natural searceness points

Dischause: The author: have no financial extend

Primary Septoplasty in the Repair of Unilateral Complete Cleft Lip and Palate

MERS, MRS. Relection Nagy, M.D., 242: S. Mostov Y. Montesaure. MB. BMB. PLB Rajpopel R. Reith, M.R.R.S. Social M. Brookhoot, Ph.D.

Repriety Planel, 8-815, M.D.S. Acce Made Engless/Ingtown, Edith, Phill Seduce J. Berge, M.D., Edith,

Hida.

Budgement: The perpose of this study was to use a self-compare recall sys-series in paleons who conference convention of a complete uninsent riselt fig-uring the Photos faction of the conference september period as sun-der that ben-discretional photographic analysis.

PEDIATRIC/CRANIOFACIAL

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terms of sead systems; when analyzed using meadlessmooth photographic studyers. (Place Researching 127: 703, 203.)

Discorrection and as much variation in trea-ment philosophy, the cleft its manifelicities remains a forcidable challenge to the excessoration surgeon treating patients with these congenital defendates. Historically, correction of the cleft must defending had been delayed serial must growth was complete. They singled intersection was thought to loweless with motoral growth, leading to poor long-serve results. Patients with didf nose deforming had to referent the physical most deliversity and the

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perforinging traums well any time account more forcial noted that these partiess often were more consecued with their name defensely than with their logical tenants well into their adolescence."

Referenced of Himpiany techniques has faciltrained the ability is address the deficiently used sund-with cloth fig. "McCounts" and Andress" have published long-term studies that show very little impact on growth with primary correction of the most delice noty along with the connection of the clott lip. New enfoless, commonte resistiva regarding the best time to obtainst primary surgical correction of col-lateral cleft lip rand chlomaty. ** Alchough a growing marker of centers perform the most report in conjunctions with cleft fly surgery, some choose a secondary chineplant at a large stage, when the can

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Journal of Cranio-Maxillo-Facial Surgery

Joseph Scheduge were jurily our



Assessment of nostril symmetry after primary cleft rhinoplasty in patients with complete unilateral cleft lip and palate*

Srinivas Gotia Reddy', Visalakshi Devarakonda, Rajgopal R. Reddy

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PEDIATRIC/CRANIOFACIAL

A Comparative Study of Two Different Techniques for Complete Bilateral Cleft Lip Repair Using Two-Dimensional Photographic Analysis

Science Gook Roddy MERS, MARS, PAS Regord R. Bride MRSS, REA Miss J. Times, M.D., D.D.S. Likim V. Robb, M.D., D.D.S. Ambour F. Marliot. EBARCA, EDARCES. FRCA. Indian J. Brogd, M.D., DJSS, Ph.B.

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Original Article

Options for the nasal repair of non-syndromic unilateral Tessier no. 2 and 3 facial clefts

Scirovas Gosla Haddy', Hajgopal H. Heddy', Joachim Obsequer', Maurice Y. Mormoerts' ICCR Institute of Cranishinal Surgery Epidentiset, Telegraps, India, Children Respiral Zunte, Debuesky Zunte, Zuten, Sektrosteck, Tingen Cleff and Cranishinal Contro, EMSR, Jan. Broger, Bergam

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Background: Non-opidiums: Tesser no. 2 and 2 total chills premarily affect the result complex. The assessing of such class is such that the airs of the most law a class. Requiring the air process same therefore, to the sergions, expectably to correct the object and recording those from the process before the following the to the sergions, expectably to correct the object and recording those. Moreover, the following the contract consistence on require through the following. As we have the consistence of the proper through the sealth facility. Materials were fill the following. A section of contract to object any part of rest to rest, and the with Peakler to 2. Cortic. This is a total fill think have tooke in the stread sortion of the robe. The advertings of the fill the property of the stream cortic the complete of the object of the stream cortic. Sort fill the advertings of the fill the property of the stream cortic the complete of the object of the stream cortic. Sort fill the contract of the stream contract the contract of normal portion. A first and eyeld navel transportion for design was used to one present with Focuser on, it diets. This has deviain includes these press that a entered deviaword. A treshead tab is trained for the ways above the eyeld, the fay born above the eyeld is crossed in infra-orbital. area and the tray that the constraint area that i intuities the tray area as of the even o exploit and place. Results and Constraintees. These two figs designs after good results and can be used to suggests the contrast options for requiring fession no. 3 and 3 book staffs.

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INTERCORNACTION

fusial cloft is the result of a partially or totally missing flation of the orderysted creminfacial titrace. The severity of the deformity can range from slight store excession and her loss to vey mouth. shared upos and the absence of none and face, servicely impaining the patient's appearance and function.¹⁰

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Facial chaffs are assailly found along the litter of facion of the different wedroom; processes requestive for the discrepances of the face during the first E-works of

in claff lip, alvenius and polety patients (21: 7000 focasi circlhiciteft lip and palate) then in people without oldf lip, alweden, and palate. If Facial plants been been classified ecording to publishings setudings pathorizophologic topographic anatomy and at the time of disertopment." A Trooir's annomically based standification is, prountly pleased universally used by erasinfacial surgeons." Tension no. 2 and 3 facual chafts are listened remail chafts that are booked at the junction between the products of the median and lateral most processes."

ORIGINAL CONTRIBUTION

3D stereophotogrammetric analysis of lip and nasal symmetry after primary cheiloseptoplasty in complete unilateral cleft lip repair*

Russ van Loue¹¹¹, Scheine G. Hoddy¹¹, Nick van Hearbesk¹¹, Kam J.A.G. Ingel¹¹, Thoman I.J. Maal¹¹, Wilfred A. Berellay¹¹, Rajpopal R. Buldy¹, Anne Marie Kalpen-Ingenson, Schan J. Bergel

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PEDIATRIC/CRANIOFACIAL

Intraoperative Vascular Anatomy, Arterial Blood Flow Velocity, and Microcirculation in Unilateral and Bilateral Cleft Lip Repair

Andreas A. Mueller, M.D.,
D.M.D.
D.M.D.
Dieser Schumann, M.D.,
M.B. B.S. Rob.
Rajgopal R. Reddy,
M.B.B.S. R.D.S.
Katja Schwenzer-Zimmerer,
M.D., D.M.D.
Magdaleria Mueller-Gerbl,
M.D.
Ham-Florian Zeilhofer,
M.D., D.M.D.
Hermann F. Sailer, M.D.,
D.M.D.
Srinivas Gosla Reddy, M.D.,
M.B.B.S., Ph.D.

unilateral groups at the same time points (n-13, n-11, and n-12, respectively). Statistical differences were determined using analysis of variance.

Results: Before surgery, the arterial flow velocities and microcirculation values were similar on each side of the face and between groups. The microcirculatory flow was significantly higher in the probabium of Islateral patients than in the philutum of controls. All circulation values in unilateral and Islateral patients in the late postoperative period were within the range of controls and of those before surgery. Intraoperatively, the authors consistently found a perforating artery on the superficial side of the transverse nasalis muscle.

Background: Cleft lip repair aims to normalize the disturbed anatomy and function. The authors determined whether normalization of blood circulation is achieved.

Methods: The authors measured the microcirculatory flow, oxygen saturation,

and hemoglobin level in the lip and nose of controls (n = 22) and in patients

with unilateral and bilateral cleft lip-cleft polate. The authors measured these

parameters before lip repair (n = 29 and n = 11, respectively), at the end of

lip repair (n - 27 and 10, respectively), and in the late postoperative period

(n = 33 and n = 29, respectively). The arterial flow velocity was measured in

Conclusions: There appears to be no intrinsic circulatory deficit in unilateral and bilateral cleft lips cleft palate patients. The increased flow in the prolabium indicates a strong hemodynamic need in this territory, compelling its vascular preservation. Whether surgical preservation of the masalis perforator artery is of long-term benefit should be addressed in future studies. (Plast. Resourt. Surg. 130: 1120, 2012.) CLINICAL QUESTION/LEVEL OF EVIDENCE: Therapeutic, V.



left lip repair techniques differ mainly in the design of the skin incisions, how the muscle portions are reconstructed, and how the nasal framework is repositioned. The vacular anatomy has remained largely unaddressed in current

From Cranismaxilloficial Sungery, University Hospital Busel; the Hightorh Research Center of Cranismaxilloficial Surgery, University of Basel; the G.S. R. Patitute of Cranismaxilloficial and Ficial Plastic Surgery; the Anatomical Institute, Macromutons, and Machalodolital Anatomy, Laboratory for Functional Macromorphology, and Cliff-Children International CEL Reviewed for publication January 17, 2012; acropted May 23, 2012.

Promised in part at the 20th Congress of the European Association for Cranismanillepiasial Surgery, in Bruger, Belgium, September 14 through 17, 2010; the Sorth International Berna-Spheni-Vomposium for Innovative and Vinionary Technologies in Cranismanillepiasial Surgery, in Bearl, Soritariumd, June 17 through 19, 2010; and the 9th European Craniglasial Congress, in Salzburg, Austria, September 14 through 17, 2011. Cappinght ©2012 by the American Society of Plastic Surgeous DOI: 10.1097/PRS-08015e318297d-8th surgical techniques, and the reasons for this have yet to be explored.

Normal blood supply is a precondition for dewelopment and growth. Thus, it would be of clinical interest to determine whether cleft anatomy leads to a change in the blood supply before or after surgery.

Current techniques for cleft lip repair exclude surgical anastomosis of the lip artery. However, this clinical approach is not based on blood circulation data and so the current standard must be challenged. Vascular damage in cleft surgery interrupts the existent hemodynamics and necessitates further trauma to stop the bleeding, after which the blood circulation may take several months to recover. Teenthe mugical soft-time ham-

Disclosure: None of the authors has any conflicts of interest to declare.

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Technological advancement in craniofacial surgery



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HARMONIC SCALPEL

Cutting instrument that can cut and coagulate tissue simultaneously with negligent lateral thermal damage

PIEZO ELECTRIC SAW

Cuts only bone not nerve, dura or other soft tissue.

Very useful to perform craniofacial osteotomies



Hypertelorism Correction









CO-OPERATE

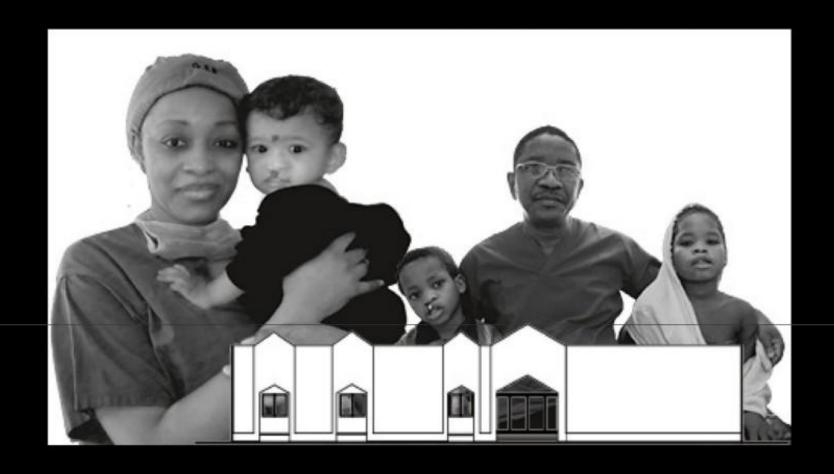




Dr. TIMUR WATI, INDONESIA

Trained with us for one year and will no open a cleft center in Indonesia in association with Sumbing Bibir Foundation, The Netherlands.





Dr. NADIRA TRAORE and Dr. KAKA MAMANE, NIGER, AFRICA

Trained with us for six months and have now established a cleft center in Niamey, Niger with funding from Cleft Kinder Hilfe Schweiz.



Dr. SHIVA NAGENDER REDDY, VISHAKHAPATNAM, INDIA

Trained with us for one year and has now established a cleft center in Vishakhapatnam, India with funding from Deutsche Cleft Kinder Hilfe.

Dr. NILESH PAGARIA, BILASPUR, INDIA

Trained with us for one year and has now established a cleft center in Bilaspur, India with funding from Smile Train.

Dr. GUNJAN DUBE, JABALPUR, INDIA

Trained with us for six months and has now established a cleft center in Jabalpur, India

And more.....

We train 50 residents of oral and maxillofacial surgery in cleft surgery every year. We have trained over 600 residents in the last 12 years.

We are a recognized center for IAOMS, EACMFS and AO CMF to induct fellows for training in Cleft and Craniofacial Surgery









Notherlands and others

Prof Sobert Sader Dr Micholae Salacreto

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It is easy to procure equipment and infrastructure
It is a little harder to employ trained personnel
It is impossible to formulate an ideology on your own

GIVE AND PASS ON THE KNOWLEDGE THAT YOU HAVE ABSORB KNOWLEDGE THAT OTHERS CAN GIVE AND PASS ON

A SUCCESSFUL CLEFT CENTER CAN ONLY BE A CONFLUENCE OF IDEAS THAT EMPLOYS WELL TRAINED PERSONNEL AND IS WELL EQUIPPED TO DEAL WITH THE PROBLEM

Bring the Smile Back



Thank You

