

Fellowship in Cleft lip & Palate surgery



Goals:

To establish a comprehensive training program for maxillofacial surgeons in the management of Cleft Lip & Palate care.

Objectives:

Knowledge: The trainee should acquire detailed knowledge pertaining to the cases of Cleft Lip & Palate, primitive measure if any, diagnoses and appropriate investigation to support the diagnoses at different stages in the development and growth of the child with cleft lip & palate anomaly or other developmental craniofacial deformity. Complete knowledge of all aspects of the management of this complex deformity including the concept of team management with interaction between other associated specialties like orthodontics, pediatric dentistry, speech therapy, ENT, etc.

Skills & Attitudes: The trainee should, at the end of one year, be able to provide seamless care in all aspects of cleft lip & palate surgery from birth till adulthood. The specific surgical skills required are

1. Primary cleft lip repair.
2. Primary cleft palate repair.
3. Secondary alveolar bone grafting.
4. Pharyngoplasty.
5. Secondary lip repair.
6. Secondary palate repair.
7. Orthognathic surgery including Le Fort I osteotomy, mandibular osteotomy and any other skeletal surgery as may be required.
8. Distraction osteogenesis.
9. Rhinoplasty.
10. Flexible fiberoptic nasobronchoscopy to evaluate velopharyngeal function
11. Other surgical skills required in the management of more extensive facial deformities.

The trainee should develop a compassionate attitude towards dealing with both the cleft children and the parents and relatives.

Communication abilities:

It is essential to develop skills required to maintain a harmonious working relationship with all the specialists involved such that the principles of good team management can be established.

Course contents (syllabus):

Essential Knowledge: The trainee should acquire detailed knowledge pertaining to the cases of cleft lip & palate anomaly or other developmental craniofacial deformity.

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Essential investigation and diagnostic procedures:

1. Flexible fiberoptic nasendoscopy to evaluate velo-pharyngeal function.
2. Evaluation of CT scan angiogram, MRI etc, as required.

Procedural and operative skills

Graded responsibility in care of patients and operative work (Structured training schedule): a structured programme will be enforced to introduce the trainee to the evaluation and management of cleft lip & palate deformities.

The recognized cleft center must be performing not less than 200 surgical procedures in the area of cleft lip & palate surgeries per annum in order to be able to provide sufficient training material for the fellowship candidate.

Each fellow at the end of 1 year should have carried out at least 50 cases under the supervision of a senior specialist on all aspects of cleft surgery.

+Key: O – Washed up & observed

A – Assisted a more senior surgeon

PA – Performed procedure under the direct Supervision of a senior specialist.

PI – Performed independently.



Surgical procedures:

Procedures	Category	Number
Unilateral cleft lip	PA	15
Bilateral cleft lip	PA	5
Cleft Palate	PA	15
Secondary Alveolar Bone grafting	PA	10
Cleft osteotomies	PA	5
Pharynoplasties	A	5
Secondary lip repair	A	5
Secondary palate repair	A	5
Distraction osteogneses	A	3
Cleft rhinoplasty	A	5
Fibreoptic nasendoscopy	PA	5

The above suggested categories level of training and number are minimal requirements. The students / teachers are encouraged to advance these further to the best of their abilities and also strive to gain experience in many procedures that are not listed.

Eligibility criteria for candidates:

The candidates applying for fellowship should have successfully completed either of the following:

1. MDS in Oral Maxillofacial Surgery in DCI approved program.
2. DNB in Maxillofacial Surgery recognized by the DCI
3. Passed FDSRCS from the Royal College OF Surgeons of England, Glasgow or Edinburgh.
4. Passed FFDRCSI from the Royal College of Surgeons of Ireland.

Duration: 24 months

Requirements For accreditation of an institution:

The department of Maxillofacial Surgery should have been in existence in the institution as an independent unit or as a part of the dental college. Should have performed at least 200 major maxillofacial surgical procedures related to cleft lip & plate surgeries in the previous year.



The Staff:

The director of the program should be an actively practicing and dedicated maxillofacial surgeon

- should have done at least 500 major surgical procedures related to cleft lip & palate surgery
- should have post – graduate degree in maxillofacial surgeon with at least 8 years of continuous exclusive experience in the art of cleft lip & palate surgery after post graduation
- Should be a post graduate teacher for an MDS program in Oral & Maxillofacial Surgery.
- Should have taken part and presented papers in National and International Maxillofacial & Cleft surgery conferences

Teaching / Learning activities: The training program must include the following didactic activities:

1. Lectures by faculty not only in maxillofacial surgery but also in related specialties like orthodontics, speech therapy, ENT etc.
2. Every fellow would have to develop and complete at least one research project which could be either clinical or lab based, preferably leading to either a presentation or publication in a peer reviewed journal.

Stipend: Rs. 25000/- per month

Participation in departmental activities:

- a) **Journal reviewed meetings:** One session every two weeks.
- b) **Seminars:** One session every two weeks
- c) **Clinico pathological conferences:** Not essential
- d) **Inter departmental meetings:** One multi- disciplinary cleft team meeting a week to discuss management protocols for specific cases (core specialist required are maxillofacial surgeon, orthodontist, plastic surgeons and speech therapists. Other specialist who form second tier are pedodontis, ENT, dentist, social worker, psychologist, pediatrician, etc.
- e) **Community work – camps/ field visits:** It is important to improve awareness amongst the local population about the etiology, prevention and management of cleft deformities. The trainee shall learn to organize camps in various districts surrounding the cleft center. Follow up field visits are also essential.
- f) **Clinical rounds:** Daily two rounds shall be held, at least one of which will be led by the consultant.

- g) **Any other:** Trainees will be encouraged to publish papers in peer reviewed journals.



Orientation program: Ex: a) Use of library, b) Laboratory procedures, c) National programs, d) Any other: Not essential.

Training and teaching skills and research methodology:

Trainees will be encouraged to participate in teaching activities related to MDS (Oral Maxillofacial Surgery). Fellowship trainees will have to initiate and complete an independent research project under supervision.

Monitoring of teaching / learning activities

a) Methods:

1. Direct consultant to trainee interaction.
2. Maintenance of log book.
3. Formal quarterly review of performance.

b) Frequency c) Schedules or checklists, log books diary.

University Examination

There shall be one theory paper of three hours duration carrying 100 marks. Clinical examination would also be for 100 marks and viva voce would be for 50 marks/. A candidate has to score a minimum of 50% for passing the examination.

Scheme of examination:

- a) Written: One clinical paper covering cleft lip & palate management.
- b) Clinical examination: 2 case presentations with discussion on diagnoses, treatment plan and management.
- c) Viva-voce-1 viva of 1 hour duration can be held to complement the written and clinical examination.

Examiners: 3–One internal

Two externals Appointed by AOMSI fellowship committee.



Recommended books and journals:

1. Multidisciplinary management of cleft lip and plate by bardach and Morris.
2. Atlas of cleft and craniofacial surgery by salyer and bradach.
3. Plastic surgery by McCarthy.
4. Cleft lip & palate by Berkowitz.
5. Cleft Palate & Craniofacial Journal.
6. Plastic reconstructive surgery Journal.
7. Journal of Craniomaxillofacial Surgery.