

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.

Submucous Cleft Palate

Information for Professionals working with children

Trent Regional Cleft Lip & Palate Service

This document can be provided in different languages and formats. For more information please contact:

Trent Regional Cleft Lip & Palate Service,
Nottingham University Hospitals NHS Trust,
City Campus,
Hucknall Road,
Nottingham, NG51PB.

Tel: 0115 9691169 ext 59730



Aim of the leaflet

This leaflet aims to help professionals such as GP's, Health Visitors, Ear Nose and Throat Doctors to:

- ◆ identify whether a child may have a submucous cleft palate or not
- ◆ decide whether or not to refer the child to the Cleft Lip and Palate Service.

What is a submucous cleft palate?

A cleft palate is visible at birth. However, a submucous cleft palate occurs when the muscles under the skin of the palate are not in the right place. It can be difficult to diagnose in a young baby and in some cases it may not be apparent for some months or years.

How common is submucous cleft palate?

The incidence of submucous cleft palate is 2 to 8 in every 1000 births within the general population.

What are the visible features of submucous cleft palate?

Not all features are present in every case. Please refer to the cleft team if any of the following features are present:

- ◆ Bifid (split) uvula
- ◆ Notch in hard palate
- ◆ Zona pellucida (midline translucency in palate)

See illustrations opposite

What will we do?

If a child has a submucous cleft palate affecting their speech and/or eating the cleft team are likely to offer surgery on their palate to realign the muscles.

For some children, the cleft team may monitor their speech development and if necessary arrange investigations such as a speech x-ray before offering surgery.

If the baby or child has any other medical difficulties such as a heart problem the cleft team may also refer them for genetic investigations.

When should I refer a child for assessment?

Only 50% of children with submucous cleft palates have symptoms affecting their speech or eating, and therefore not all children will require intervention from the Cleft Lip and Palate Team.

You should:

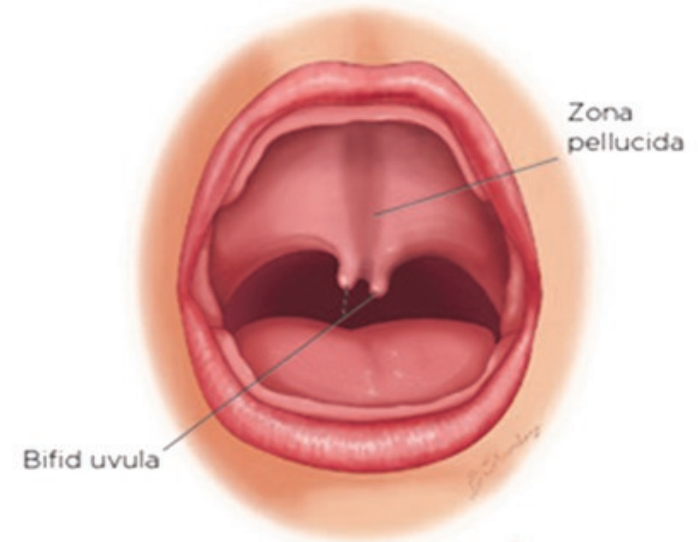
- Refer any child who has the visible features of submucous cleft palate and symptoms related to speech and feeding as described on page 5.
- Refer any child who has symptoms related to speech and feeding as described on page 5 but no visible features of submucous cleft palate
- If a child does have the visible features of submucous cleft palate but no symptoms, you may wish to refer for reassurance but the cleft team are unlikely to take any action unless feeding or speech are affected. However they may monitor the child's progress over time.

How do I refer a child for assessment?

Babies and young children below school age should be referred directly to the cleft team. You can do this by writing to the team at the address provided on the front of the leaflet.

For older children the main presenting feature of submucous cleft palate is highly likely to be difficulties with speech. You should therefore refer the child to your local speech and language therapy service. They will assess the child's speech and decide whether or not a referral to the cleft team is appropriate. If a referral is required they will do this on your behalf.

Submucous cleft palate



Normal Palate:



Examples of submucous cleft palate:



How might a baby or child with submucous cleft palate present?

The main symptoms relate to speech and/or feeding.

Babies:

- ◆ Milk frequently comes out of the nose when feeding (in the absence of possetting, vomiting or sneezing)

Possibly accompanied by:

- ◇ Inability to suck efficiently for breastfeeding
- ◇ Feeding taking a long time but baby doesn't take enough milk because they tire and fall asleep
- ◇ Poor weight gain
- ◇ Excess wind in association with one or all of the above

Older children:

- ◆ Inability to suck through a straw or blow out candles
- ◆ Nasal sounding speech—enough that others can't understand or that it causes problems such as teasing or bullying. Sounds like 'b' and 'd' pronounced as 'm' or 'n' - so 'bye' sounds like 'my' and 'daddy' sounds like 'nanny'
- ◆ Air coming down the nose when speaking and visible on a dental mirror held under the nose during speaking
- ◆ Nasal regurgitation (food or drink coming down the nose) when eating or drinking or within an hour of eating or drinking (commonly chocolate, gravy, baked bean juice etc.)

Babies and children with submucous cleft palate may also suffer from frequent ear infections.