Raising awareness of cleft lip and palate

Brothers help shed light on condition and risk factors

Carter Osborne and Mason Osborne have a lot in common. Not only are they brothers who love to laugh, they also share one unique characteristic: they were born with forms of cleft lip and palate.

To help with the boys’ overall treatment and care, the Osborne family has a team of nationally recognized experts in the Cleft Lip and Palate Center at Nationwide Children’s Hospital.

While the odds of having a child born with cleft lip and palate are 1 in 700, the odds increase significantly for parents who already have a child with cleft lip and palate.

Cleft lip and palate, a condition often believed to occur more frequently in developing countries, is the most common birth defect in the United States after congenital heart disease.

Genetics plays an important role in the development of cleft lip and palate. In some cases, the condition is inherited as an autosomal dominant trait, meaning it can be passed from parent to offspring if only one parent carries the gene for the condition.

Other factors that may increase the risk of cleft lip and palate include smoking during pregnancy, alcohol and drug use, and certain medications.

Imagine the future

GORP brings residents, orthodontists and exhibitors together for three days of learning and networking

By Kristine Colker, Managing Editor

If you’re an orthodontic resident, Saint Louis University is the place to be come July 28-31. For those few days, the 23rd annual Graduate Orthodontic Residents Program (GORP) will give students from across the United States and Canada a chance to hear from some of the industry’s top speakers while meeting with a variety of companies to get a firsthand look at new products and technology.

The idea for GORP began in 1989 as a means of bringing the orthodontists of the future together for a summer meeting, while at the same time creating an environment to foster professional growth and interpersonal relationships among colleagues and representatives of the orthodontic industry.
Practical attitude and enthusiasm

When I began practicing orthodontics in 1975, advertising was virtually verboten. As time passed, more and more dentists and physicians began placing ads in newspapers, flyers, etc. to allure new patients into their practices. I believed that advertising should only be considered by word of mouth from happy patients.

In time, my views on advertising gradually changed, even though I never used any media sources. Regardless of choosing to advertise or not, it all begins with our own attitude. Patients will notice whether or not a practice is too busy, understaffed, always behind or not, it all begins with our attitude about ourselves.

As Friedrich Nietzsche (German scholar, philosopher and critic of culture, 1844-1900) stated: “You have your way, I have my way. As for the right way, the correct way, and only the correct way, it does not exist.”

Professional advertising has come a long way in the past 40 years. It has emerged from a sneered-at and costly thing for early “advertising dentists” to a concept and product that has been so accepted and interwoven into our society that wherever we go, we see dentists on billboards, bench signs, road clean-ups signs, and even movie theater previews. The most updated and significant form of advertising today is via the Internet, Facebook, Twitter, etc.

When we compromise our thoughts and objectives, we become a product of mediocrity, but with courage and conviction to keep our level of professional conduct and demeanor as high as possible, we can maintain epistemic access to the future with endless potential for success.

The bottom line, and the most important long-term way of building a practice, is still the old-fashioned way: by direct communication and taking excellent care of the patient. Otherwise, it really doesn’t matter how much money or effort is spent on advertising — patient satisfaction is what keeps them coming in!

“Orthodontics, and indeed all of dentistry if it is to survive as a profession, must continually reexamine its history and find relevant and significant ideals to meet the crisis of today” (Asbell, p. 211).

References

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role in the development of cleft lip and palate, as seen in the Osborne brothers, but environmental factors — such as prenatal exposure to alcohol, cigarettes, illicit drugs and some medications — may play a role in some cases.

“The first time we even thought about a cleft lip was just moments after our oldest son, Carter, was born,” said Chelsee Osborne, mother of Carter and Mason. “Then, it happened again. The look on the nurse’s face, I could tell something was wrong — not in a million years did we think this could happen again.”

The Cleft Lip and Palate Center at Nationwide Children’s Hospital offers children and their families’ comprehensive care from a multi-disciplinary team of nationally recognized clinicians.

Led by Richard Kirschner, MD FACS, FAAP, chief of plastic surgery, the team comprises experts from numerous specialties, including genetics. The geneticist evaluates every new patient to determine if the cleft is isolated or part of an underlying syndrome.

In addition to the geneticist, the team is also composed of experts from oral and maxillofacial surgery, orthodontics, otolaryngology (ENT), audiology, speech-language pathology, nursing, dentistry, social work and psychology. This team of medical professionals helps optimize facial appearance, speech, hearing, dentofacial development and overall self-concept for children with cleft lip and palate.

“Surgery is only the beginning,” said Kirschner, also professor of clinical surgery and pediatrics at The Ohio State University College of Medicine.

“No longer are we simply taking care of children as surgeons alone, but as surgeons as part of a multi-disciplinary health-care team to address all of the areas of function and psycho-social well-being.”

Because of the advances in technology, cleft lip and palate can now be diagnosed during a prenatal visit. By using a level two ultrasound, obstetricians can identify the condition in-utero.

To help families understand the extent of their child’s condition, the Cleft Lip and Palate Center at Nationwide Children’s also offers educational programs and outreach to educate families about the care and treatment needed for children diagnosed with cleft lip or palate.

In addition to advances in technology, surgical techniques have evolved that have dramatically improved the outcomes of children born with cleft lip or palate.

“Our team of experts not only works to improve the physical appearance of these children, the members also work to give them a normal smile, normal speech and, ultimately, a normal life,” Kirschner said.

(Source: PRWEB)