Care for Cleft Lip and Palate in Aichi-Gakuin CLP Center



Aichi-Gakuin University CLP Center
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Our Cleft Lip and Palate Center, which is the largest cleft lip and palate center in the Chubu Area in Japan, has achieved more than 16,000 operations. In 2001, 136 new patients visited the center, 343 patients underwent operations and follow up 2,000 patients. The center has full-time staffs of 9 oral and maxillofacial surgeons, 4 speech-hearing therapists, 2 orthdontists, 2 prosthodontists, 2 pediatricians, 1 otorhinolaryngologist, 1 dietitian, and 1 radiologist, as well as 8 part-time staffs include gynecologist.

At the patient initial visit, we perform:

- 1. Orientation, and
- 2. Examination on nursing, and if necessary,
- 3. Impression for Hotz plate, and
- 4. Nasal foramen correction, etc. for the patients.

In even the early stage, we start examining patient development and counseling at the division of speech therapy for outpatients. Generally, we perform the primary unilateral lip plasty on a patient at approximately 6 months after birth, or 6kg and over in weight. (However, in the case of incomplete unilateral cleft lip and solitary cleft lip, we perform at approximately 4 months after birth, or just 6kg in weight.) In the case of the primary bilateral lip plasty, we performed it, as a rule, with 2 stage—operation method, but in the case of incomplete cleft lip, we sometimes perform it with one stage—operation method. When the baby reaches 6kg, we perform the first operation, and 3 months after the first operation, we perform the second. In the case of cleft palate, we perform the primary palatoplasty

at 10kg, usually we apply 2 stage-operation method to the patients obtaining consent from their parents. The first operation is carried out on the soft palate of a patient of 10 kg and over in weight, and the second is performed, if applicable, together with alveolar bone graft when the patient is 7 years old and over, judged whether the patient status is appropriate. Cleft lip replasty and palate replasty (including pharyngeal flap surgery) is performed depending upon patent health status and a consequence of consultation with the parents. After the operation, periodic examinations are performed. We have a team-approach system (multidisciplinary treatment) that allows patients to undergo various treatment and tests in their appropriate age based on findings of the periodic examinations at the section of orthodontics and prosthetics. Prof. Tomoda at gynecotocology gives guidance of nutrition, particularlyfolic acid intake as a preventive measure to women who are planning to have a baby. We have been providing the closest care to the patients such that patients can consult about a wound and get guidance of paramedical cosmesis. As for nursing problems, we have also developed a better nipple, as well as preparing various feeding bottles for babies with cleft lip and palate. Pediatricians and dietitians provide care and guidance of nursing to parents being worried about baby's insufficient weight increase.

Regarding our research, our center has been granted grant-in-aids from the Japanese Ministry of Education, and is conducting epidemiologic research and research on prevention against cleft lip and palate as a secretariatof Japanese 18 universities. We have a plan to open a gene bank for congenital abnormality, which will serve as a high-tech research center of the Ministry of Education, for coming 5 years. It will accelerate joint research with overseas researchers. Our university will give privilege of exemption of school fees to young oral and maxillofacial surgeons who want to study this subject for obtaining a doctoral degree from our university, treating them as a visiting researcher. Our university will also open in 2004 a new four-year medical devision where 80 speech-hearing therapists in each grade get education and training. It is the first innovative department in Chubu Area.

Regarding our social activities, our center has been serving as a secretariat of "the group wishing the better treatment of cleft lip and palate in Japan"from 1988, Japanese Cleft Palate Foundation from 1992, International Cleft Lip and Palate Foundation (ICPF) from 1997, and International CorroborationSection of High Technology Research Center for Oral Diseases of Aichi-Gakuinn University from 2002. Those activities by a team of oral and maxillofacial surgeons have greatly contributed to the overseas and Japanese society.

I wish that our experience helps further advancement of cleft lip and palate treatment and research in Korea.

Curriculum vitae>

- 1)1975 1981 Undergraduate Course, School of Dentistry, Aichi-Gakuin University
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- 3)1985 Ph. D. of Dentistry
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