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# President's Message

**Dear Members** 

Arrangements are well under way for our 2011 Inaugural combined meeting of ACLAPA and the Asian Pacific Cleft Lip and Palate Craniofacial Congress.

The conference has been arranged for the 13 to 16 March 2011 with the pre-symposia to take place on Sunday 13 March. A flyer for this meeting is attached.

It is shaping up to be a very informative and exciting congress.

As well as the original invited speakers, we are pleased and honoured to announce the inclusion of invited speakers from Japan.

At this time we are in the process of planning some wonderful pre-symposia sessions

and a social program for delegates and their families. We are also formulating the scholarships.

We look forward to your continued support and the chance to meet 2010 and wish to your national colleagues and for others to renew friendships. We also see this meeting as an opportunity to foster research relationships.

After some technical issues, the ACLAPA website is now up and running with the conference Information and more additions and On your behalf I would improvements yet to be made.

ACLAPA website: (http://cleft.org.au/.)

We would like to take this opportunity to

welcome our new members and thank all who have generously supported ACLAPA.

Subscription renewals will be due in June for those who have paid to continue their support. Forms will be forwarded in the near future.

In this issue we have the pleasure of reporting on the national audit of cleft care from the New Zealand Cleft Teams.

like to thank Peter Fowler for this informative contribution.

#### **DAVID GILLETT**

ACLAPA President

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## An update on the Cleft Lip and Palate Audit

### in New Zealand



Following a National Cleft Day Meeting hosted by the Middlemore Hospital Cleft Team in Auckland on the 24<sup>th</sup> June 2009 the concept and logistics of undertaking a nation wide audit of cleft care were finalised. This concept was first discussed in 2003 by a group of orthodontists who were involved with providing orthodontic care for cleft patients in New Zealand.

THOS PHERM

Ethics approval was subsequently granted to allow all patients born with an oro facial cleft from 1<sup>st</sup> January 2000 until 31<sup>st</sup> December 2009 in NZ to be included in an audit including various aspects of cleft care as well as assessing the incidence.

It has been previously reported that New Zealand Maori have a higher incidence of cleft palate then New Zealand European and ethnic data has also been included in the audit to help verify this.

The clinic audit includes aspects relating to the burden of care as assessed by the number of attendance at cleft clinics as well as operations within the first 5 years of life.

In addition an audit of speech outcomes using a modified GossPass assessment of all 5 years olds is also being undertaken.

The quality of primary surgical repair of all complete unilateral and bilateral cleft palates are also included in the audit using orthodontic study models of 8-9 year old using the GOSLON Yardstick and Revised Bauru Index respectively.

The GOSLON Yardstick has been used in numerous cross centre studies assessing complete unilateral cleft lip and palate, while the Revised Bauru Index has been recently been proposed for those with bilateral cleft lip and palate using a similar concept to the GOSLON.

In addition to the above, an attempt will be made to assess the quality of alveolar bone grafting of those patients in this audit who have a unilateral or bilateral cleft lip and palate by using intra oral radiographs.

The collection of self reported treatment outcomes in the form of Oral Health Related Quality of Life questionnaire has commenced in some centres, but this will not be included in the results of this audit.

The results of the National Cleft Audit should be collated by the various individuals involved with coordinating this project in time for the second National Cleft Day Meeting being hosted by the Christchurch Cleft Team on the 26<sup>th</sup> August 2010.

Peter Fowler

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