The Cleft & Craniofacial Program at Vanderbilt: Multi-Disciplinary Team & Craniofacial Distraction

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Disclosures

All patient families and patients have photographic consent
The Vanderbilt Cleft & Craniofacial Team

From “pre-natal to Prom”

Twice Monthly

CME 1.0 credits ‘round-table conference immediately following

Surgery
Speech & Audio
Genetics
Dentistry
Social Work

Vanderbilt University Medical Center
Who & When to refer to Team

- Any new patient of any age that is new to Nashville with a Cleft
- Newborn primary cleft lip and palate
- Newborn ear deformities
- Pierre Robin sequence as soon as diagnosed
- As soon as clinical suspicion raised
- Craniofacial Microsomia
- Treacher-Collins
- Complex Craniosynostosis, Apert, Pfeiffer, Crouzon
HOW to refer

https://www.childrenshospitalvanderbilt.org/program/cleft-craniofacial

Clare Gargaro PA-C
Team day video
Vanderbilt University Medical Center
Cleft Lip & Palate 1 in 500-1000 births, most common facial birth difference
Craniosynostosis 1/1000-2000 births

1.5 year follow-up

3 year follow-up
Distraction osteogenesis

Membranous bone lengthening: a serial histological study.
Karp NS, McCarthy JG, Schreiber JS, Siseons HA, Thoma CH.
Day 1: Placement of device, then latency
Day 2-5: Device Activation, then consolidation
Days 60-90: Device removal
Special Topic

The First Decade of Mandibular Distraction: Lessons We Have Learned

Joseph G. McCarthy, M.D., J. Timothy Katzen, M.D., Richard Hopper, M.D., and Barry H. Grayson, M.D.
New York, N.Y.
Pierre-Robin Sequence:
micrognathia ➞ glossoptosis ➞ cleft palate (1 in 9K-14K)
Obstructive sleep apnea
Skull base – Matthews Device
LeFort I level
Cranial Vault Distraction to expand intra-cranial volume
LeFort III Level - Crouzon
Hemi-facial or Craniofacial microsomia
Gunshot to the face-initial CT
ORIF mandible + DBX/BMP bone graft 8mm gap
Severe Micrognathia
THANK YOU
Vandy NP team
Dora, Erin & Amanda!

The Vanderbilt Cleft & Craniofacial Team
“Helping children face the world”

Vanderbilt University Medical Center