

SEMI-ANNUAL FELLOWSHIP REPORT

June 2015 to December 2015



*Submitted by,
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Letter to CCI

To start with I would like to thank Cleft Children International (CCI). It's been a great academic and professional experience to work here for the past 3 months under the guidance of Dr. Mathew. He is a true academician who never hesitates to share his knowledge, experience and he is kind enough to accept others views and ideas. His commitment towards profession, constant drive to progress and concern towards patients has changed my perspective towards surgery and humanitarian service associated with medical profession.

MONTH WISE REPORT

June 2015

The first few days I spent most of the time in getting familiar with hospital and CCI protocols. Dr.Mathew explained me the process from patient admission to discharge especially documentation procedures. I started to take ward rounds regularly. I have started to observe the surgeries and Dr.Charlie, anaesthetist explained me the differences and challenges associated with paediatric anaesthesia and explained me how to assess these patients for anaesthesia. He explained me what are all the other common congenital deformities associated with cleft and syndromic patients, methods to diagnose it and modifications needed in treatment plan. Dr. Mathew gave me a list of academic materials and books to get familiar with cleft and plastic surgery. He also explained me the perioperative patient care for cleft surgeries. After few days I started assisting surgeries and I got a chance to observe his surgeries closely and which gave me the idea of accuracy and fineness needed for the cleft surgery. He explained me the importance of meticulous tissue handling required for the successful outcome. He asked me to read basic lip closure and palatoplasty techniques. We had a discussion about various techniques and he thought me the basis of various surgeries and chronology of the staged surgeries in reconstructing cleft patients and scientific basis behind it. Before starting to assist surgeries, he gave me a posting schedule. During these postings I was posted with various departments under the consultants. I had ample time to

interact with them about the various aspects of cleft care with the specialists and observe what is going on regularly.

PRE FELLOWSHIP TRAINING SCHEDULE

Department	No. Of days
Anaesthesia	5 Days
Intensive care unit	5 days
Paediatrics	5 days
E.N.T	3 days
Speech therapy	3 days
Orthodontics and Nasoalveolar moulding	3 days

FELLOWSHIP WORK SCHEDULE

DAYS	8:00 -9:00	9:00-15:00	16:00 -17:00	18:00-19:00	20:00 ONWARDS
MONDAY	WARD ROUNDS	THEATRE	ENT OP	WARD ROUNDS	ICU POSTING
TUESDAY	WARD ROUNDS	THEATRE	PAEDIATRICS OP	GENERAL SURGERY POSTING	ICU POSTING
WEDNESDAY	POST OP DRESSING/REVIEW	THEATRE	GENERAL SURGERY POSTING	WARD ROUNDS	ICU POSTING
THURSDAY	WARD ROUNDS	THEATRE	THEATRE	PRESENTATION OF TOPICS AND DISCUSSION	
FRIDAY	WARD ROUNDS	THEATRE	NASAL ENDOSCOPY / SPEECH CLINIC	WARD ROUNDS	ICU POSTING
SATURDAY	ORTHODONTICS/NASOALVEOLAR MOULDING/OPD CASE REVIEW				ICU POSTING
SUNDAY	CAMPS/HOSPITAL DUTY				

Observing ENT surgery in ENT posting



Anaesthesia posting



July 2015

I have started to do Millard's markings for unilateral and bilateral cleft lip on patient photographs. Dr. Mathew used to give valuable suggestions and helped me to refine these markings. He also explained me the various surgical techniques of lip closure and demonstrated the superiority of Millard's operation. This month I have seen two bilateral lip cases, he asked me to read both Millard and Mulliken's technique for bilateral lip correction and he thought me how to manage muscleless prolabium and thought proper technique of muscle anastomosis. He thought me various palatoplasty techniques and demonstrated Bardach's and Furlow's technique. He demonstrated me how to dissect oral and nasal layers, vomerine flap, closure of each layer, muscle dissection and approximation, freeing the pedicle for added mobilisation of the palatal flaps and hitching the layers together. Then I started to concentrate on obtaining iliac crest bone graft. I was trained to approach iliac crest through lateral approach during my postgraduate training. He thought me medial approach with minimal incision. He explained the ease of the technique and its advantages in preventing gait disturbances. I got chance to observe some Rhinoplasties this month. I can understand the anatomy of the deformed cleft lip nose and he thought some basic techniques of rhinoplasty incisions and demonstrated both conventional and Tajima approaches. I regularly visit his clinic to monitor orthodontic treatment done for our patients and I perform

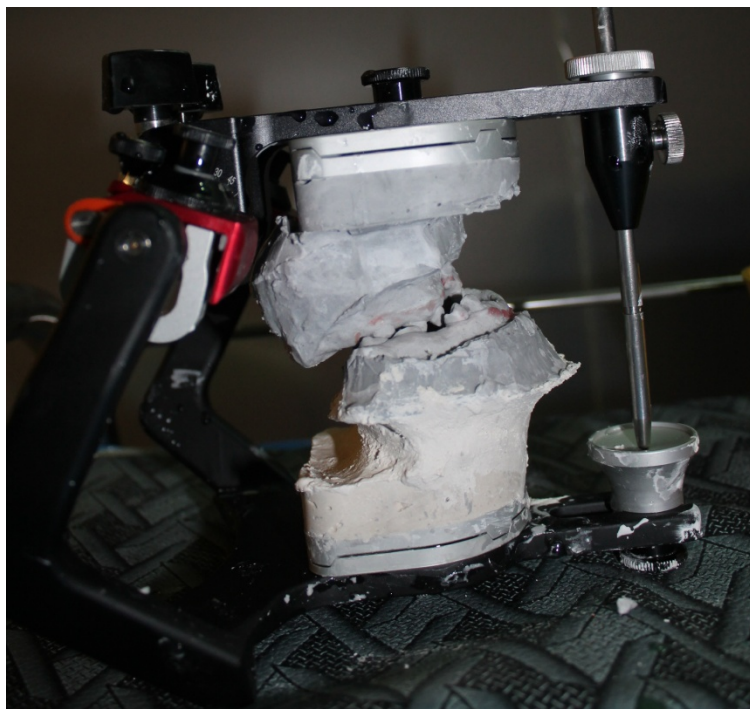
dental extraction and impacted tooth removal whenever needed for our patients.

I have started to trace the cephalograms, model analysis, face bow transfer and mock surgery for all patients who need orthognathic surgery and I used to construct intermediate and final splints required for the surgery.

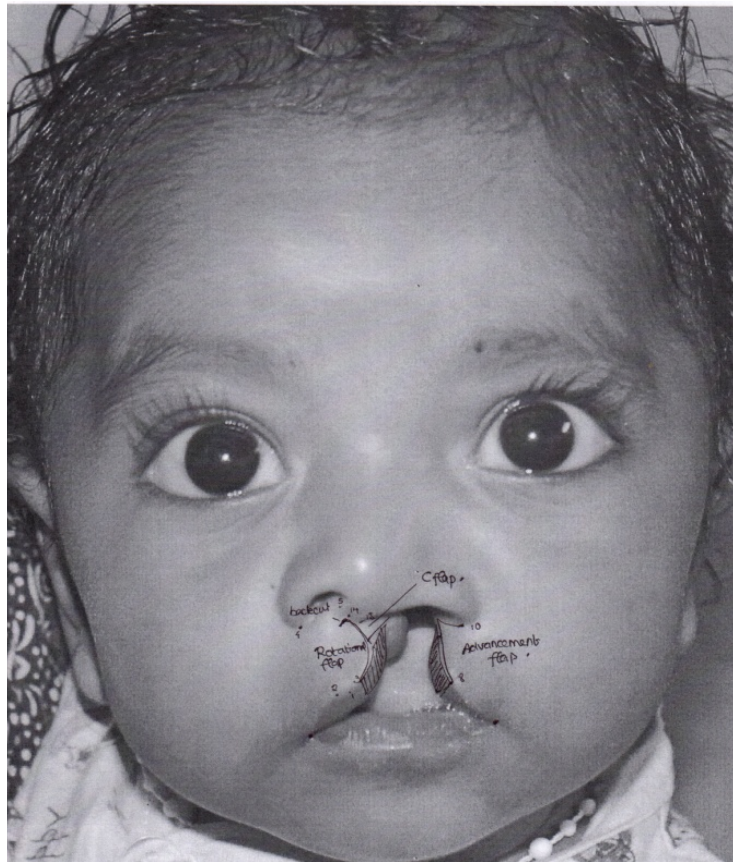
ASSISTING THE SURGERY



Face bow transfer and Mock surgery routinely done for all orthognathic cases



Millard's markings for Lip Repair



August 2015:

We started a new initiative this month 'Home Visit Camp' with the help of our old patients. We travelled to the homes of poor patients who don't have proper awareness towards cleft treatment. Their living conditions and poor socioeconomic status helped us to understand their difficulties to obtain proper treatment. They appreciated our efforts and they accepted to come for treatment after proper counselling. This visit made me think about cleft treatment in new perspective.



September 2015:

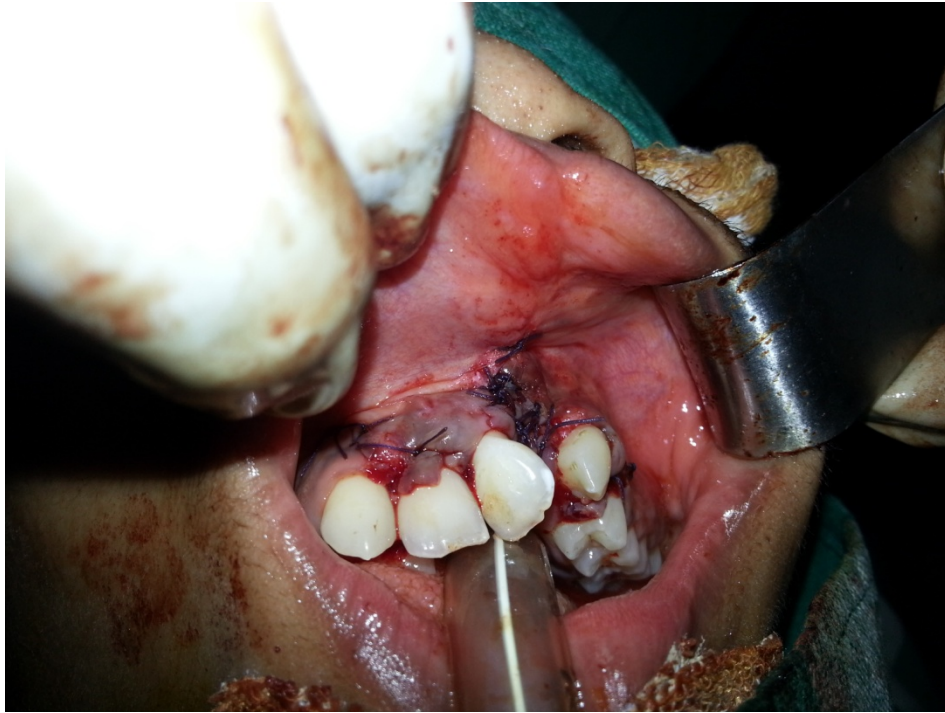
I have started to obtain iliac crest for all alveolar bone grafting cases. Dr. Mathew observed me operating for first few cases and he refined my technique after that we started to do all SABG cases as two teams so that lot of operating time can be saved. I got a chance to observe premaxillary osteotomy for patients with collapsed premaxilla with simultaneous alveolar bone grafting. We used to secure the premaxilla to the final position with either dental composite splinting or custom made acrylic splints secured with soft stainless steel wires. I have started to do suture removal for the babies under surgical loupes and micro instruments. He asked me to get proper orientation with these so that it will be very helpful for me to perform cleft surgeries. He thought me how to adapt Dingman retractor properly and asked me to do it on my own and he refined my procedure. He trained me how to do suturing the palatal mucosa and allowed me to do oral layer closure and he refined my technique. We started a new initiative this month 'Home Visit Camp' with the help of our old patients. We travelled to the homes of poor patients who don't have proper awareness towards cleft treatment. Their living conditions and poor socioeconomic status helped us to understand their difficulties to obtain proper treatment. They appreciated our efforts and they accepted to come for treatment after proper counselling. This visit made me think about cleft treatment in new perspective.



October 2015:

This month Dr.Mathew thought me modified Abiholm's Alveolar bone grafting technique and he explained the differences between the conventional and modified technique and he trained me in dissecting oral and nasal layers in this technique. Then under his supervision I started operating alveolar fistula closure and SABG cases by modified and conventional technique whichever is applicable. I got to assist a Abbe flap operation I have read the concepts and basis of lipswitch technique and its advantages in reconstructing bilateral secondary lip defects. He explained me various flap designs and their applications. He demonstrated me W-shaped flap and thought me how to design the flap, pivot point and switching it to the upper lip. He guided me to write a case report of the botilunium injection for facial nerve paralysis we did in our centre, which was done and corrected by Dr.Mathew and now the article is under review in Indian journal of plastic and reconstructive surgery. He started giving me oral layer closure in palatoplasty cases.

Conventional Alveolar bone grafting performed



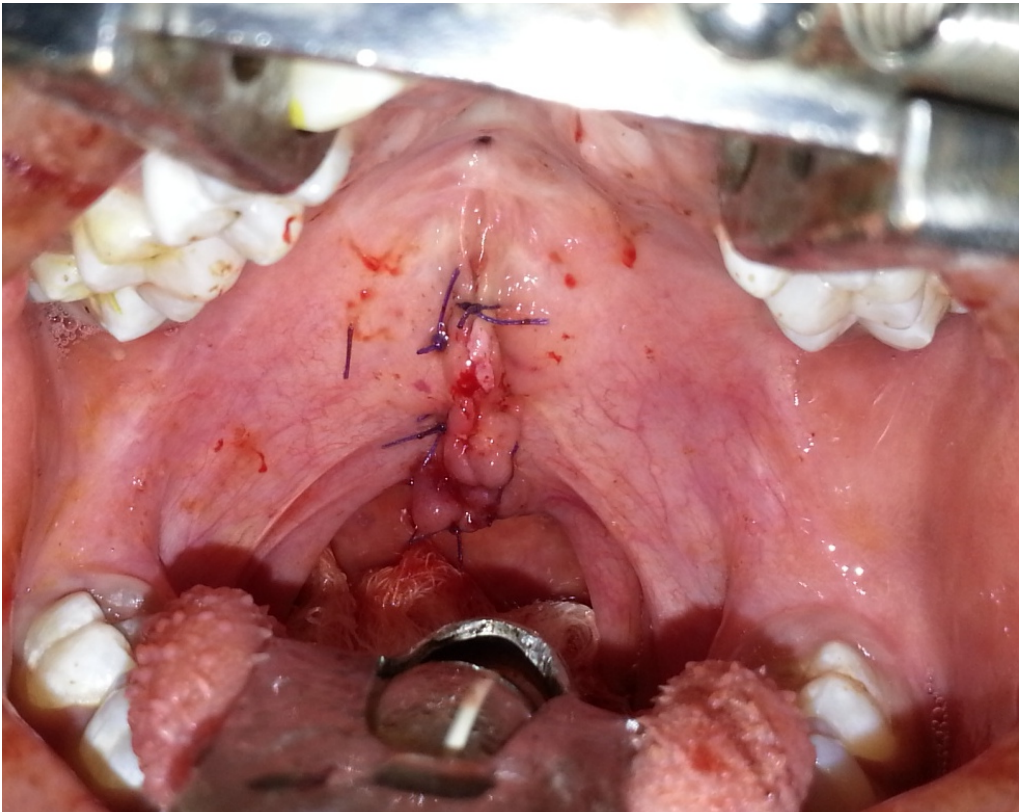
Modified Alveolar bone grafting performed



November 2015:

I have started to operate uvuloplasty, fistula closures and alveolar bone grafting regularly under the supervision of Dr.Mathew. As I was trained in orthognathic surgeries during my postgraduate training it was easy for me to perform these kind of surgeries but I had a chance to experience the challenges associated with cleft orthognathic surgeries and he explained me how to manage cleft segments during orthognathic surgeries in these patients and how to establish proper occlusion in these patients. He thought me how to do open rhinoplasty and how to make columellar, marginal and alar crease incisions and how to expose nasal cartilages and septum. He let me perform nasal tip defining procedure, cartilage moulding procedure and columellar lengthening procedure under his supervision and demonstated rib cartilage harvesting and explained its various applications in rhinoplasty. I have attended my monthly visit to Calicut centre this month too and I was able to handle old patients and screen new patients individually. This month we had a case of submucous cleft of soft palate which appeared to be like cleft uvula. Dr.Mathew thought me how to identify these patients and how to manage them properly.

UVULOPLASTY PERFORMED



December 2015:

This month we wrote an article on our centre based experience in late management of wide cleft palate patients and we have submitted it to journal of Maxillofacial and oral surgery and it's under editorial review now. I went for Calicut centre for our patient review. This month I have started to do palatoplasty closures under Dr.Mathew's supervision. We did a two piece segmental lefort I osteotomy this month in which he thought me how to have a control over the segments. He shared his experiences in zurich with me and thought me some of surgical techniques he learned there. He demonstrated lip revision along with simultaneous rhinoplasty on a patient who was previously treated with Abbe flap operation which drastically improved his appearance. This month we had a reunion of babies operated for the past 2 years. We used this opportunity to assess the long term results of the cases operated in our centre.

Palatal fistula closure performed

Pre-operative



Post-operative



. West Bengal camp (dec 12-13)

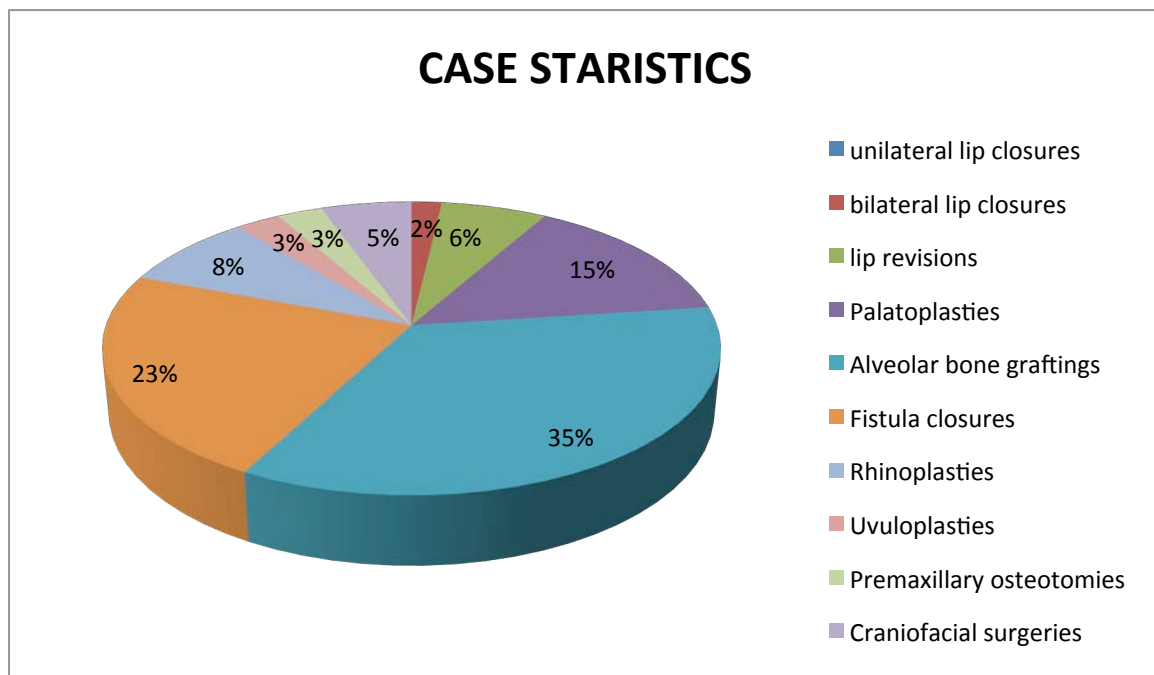




CASE STATISTICS

FROM September 2015 TO December 2015

Type of surgeries	Number
Unilateral lip closures	9
Bilateral lip closures	2
Lip revisions	7
Palatoplasties	16
Alveolar bone graftings	38
Fistula closures	25
Rhinoplasties	9
Uvuloplasties	3
Premaxillary osteotomies	3
Craniofacial surgeries	6
Total	118



Thank you CCI

