Indian Journal of Plastic Surgery (1986), 19(1), pp. 33-35

CLEFT LIP REPAIR UNDER LOCAL ANAESTHESIA IN OLDER CHILDREN AND ADULTS

RAKESH KUMAR KHAZANCHI, S. S. SAHA AND I. K. DHAWAN

SUMMARY

Our experience with repair of cleft lip under local anaesthesia in 16 patients has been reported. The method is safe and does not compromise the quality of repair. It is economical for both the patient and the hospital and saves precious hospital beds for other needy patients.

Introduction

Clefts of the lip and palate are amongst the commonest congenital abnormalities. The reported incidence being 1.5 to 2 per 1000 (Edwards, 1980). Numerous operative procedures have been described for the repair of cleft lip (Musgrave, 1977). As the repair is usually carried out in infancy, it is recommended that general anaesthesia be used (Musgrave, 1977). While working in Korea, Millard (1976) operated on many children with cleft lip under local anaesthesia. This paper deals with our experience of repair of cleft lip under local anaesthesia in 16 patients, done in the minor operating room of our hospital on an outpatient basis.

Technique

The patient is sedated with intravenous pentazocine and diazepam, just before the operation. After cleaning and draping the face with sterile towels, the nasal cavities are packed with gauze soaked in 2% xylocaine with adrenaline. Both infra-orbital nerves are blocked at the infra-orbital foramina with 1 ml of 2% xylocaine with adrenaline. Another 1 ml is injected at the root of the nose. After waiting for 3 minutes the repair is marked with methylene blue. A total of about 4 ml of the same local anaesthetic is further injected into the lateral aspects of both upper lips, columella, nostril floor and ala nasi on the cleft side. We have used Millard's rotation advancement technique in all patients with unilateral cleft lip and Millard's forked flap technique in patients with bilateral cleft lip (Millard, 1976). After the operation, the patients are kept under observation for 4 hours and then sent home with advice to take analgesics orally.

Observations

Over the last one year, we have operated on 16 patients of cleft lip under local anaesthesia (Fig. 1 to 4). Their age ranged between 10 and 22 years. There were ten males and six females. Ten patients had unilateral incomplete clefts of the lip, 4 had unilateral complete clefts and 2 had bilateral incomplete clefts.

All our patients tolerated the operation well. They were not given any antibiotics. They were first seen on the second post-operative day for suture line care. Sutures were removed on the 5th post-operative day. There were no complications except a minor wound infection in one patient.

Discussion and Conclusions

In a developing country like India, many patients with congenital clefts of the lip and palate do not report for treatment in their teens. The reasons for this are illiteracy, poverty, ignorance and malnutrition in early childhood. In our hospital we see many such patients. Because of an ever increasing patient load, the hospital beds and main operating room time are always in short supply.

Fig. 1. Unilateral incomplete cleft lip.

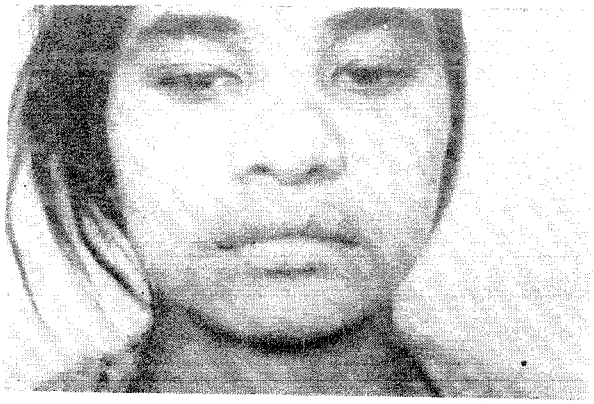

Fig. 2. One week post-operative photograph.

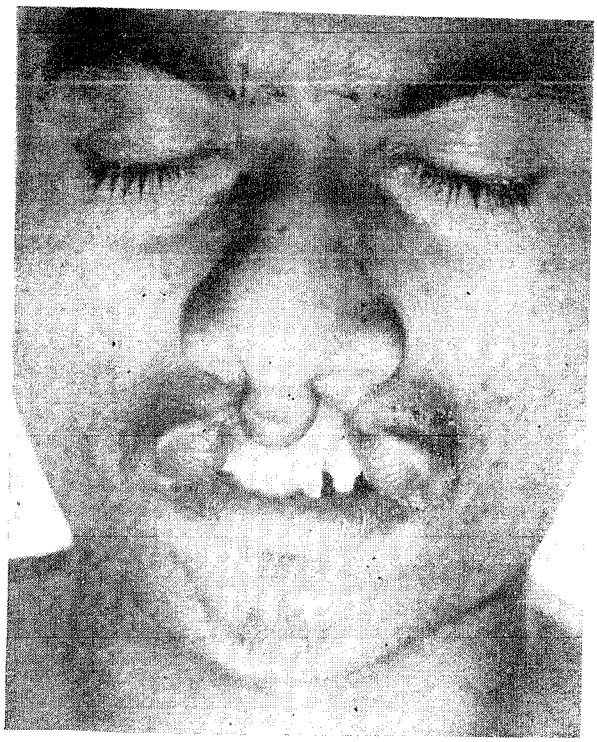

Fig. 3. Bilateral incomplete cleft lip.

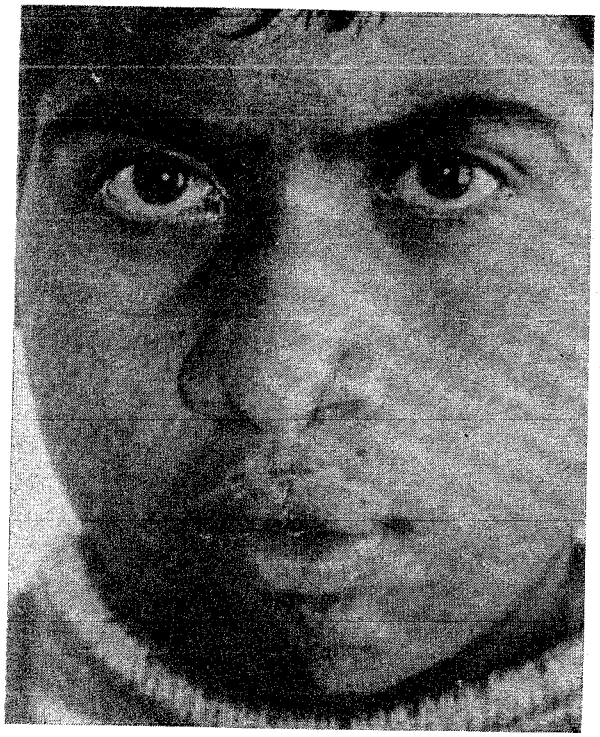

Fig. 4. Patient in figure 3, post-operative.

We have found that repair of cleft lip in older children and adults can be easily carried out under local anaesthesia, without need to hospitalize the patient. The patient acceptance is good, there being no undue discomfort or pain. The quality of repair is not compromised. There is no increased risk of complications. In-patient beds and main operating room time are saved for other needy patients. It saves money for both the patient and the hospital.

REFERENCES

1. Edwards, M., and Watson, A. C. H. : Advances in the management of cleft palate. Churchill Livingstone Edinburgh, London, 1980, pp. 43.
2. Millard, D. R. : Jr. Cleft Craft. Little Boston, Boston, 1976.
3. Musgrave, R. H., and Garrett, W. S. : Reconstructive plastic surgery. Ed. Converse J. M. W. B. Saunders Company, Philadelphia, 1977, pp. 2016-2047.

The Authors

Dr. R. K. Khazanchi, M.S., M.Ch., Deptt. of Surgery, All India Institute of Medical Sciences, New Delhi-110029.
Dr. S. S. Saha, M.S., Deptt. of Surgery, All India Institute of Medical Sciences, New Delhi-110029.
Dr. I. K. Dhawan, M.S., F.A.M.S., *Head*, Deptt. of Surgery, All India Institute of Medical Sciences, New Delhi-110029.

Request for Reprints

Dr. R. K. Khazanchi, M.S., M.Ch., Deptt. of Surgery, All India Institute of Medical Sciences, New Delhi-110029.