

Submucous cleft palate repair

WHAT IS A SUBMUCOUS CLEFT PALATE?

This refers to a condition where the roof of the mouth, or 'palate', looks normal but the muscles under the surface are not properly joined. It is similar to a cleft palate but is hidden under the skin.

HOW DOES THIS AFFECT SPEECH?

Most of our speech sounds are produced through the mouth. During speech, the back of the palate lifts up to create a seal and directs air through the mouth. This creates pressure in the mouth to produce clear, strong sounds.

If the muscles in the palate are not properly joined, it is unlikely that the palate will be able to lift up to close off the back of the nose during speech. This will make it difficult to build pressure in the mouth to make sounds such as 'p' and 's'. Air may escape through the nose, making speech sound nasal or muffled. Food or drink such as milk, yoghurt or chocolate may come down the nose when eating or drinking.

HOW IS IT DIAGNOSED?

Speech difficulties are usually the first sign of this condition. Children may also have had difficulty feeding as a baby and have suffered from glue ear. See [hearing problems](#) for more information.

Sometimes it is possible to diagnose a submucous cleft palate by looking and feeling inside the mouth. More often, your child may need to come to a palatal investigation clinic – see [Oxford Palatal Investigation clinic](#) or [Salisbury Palatal Investigation clinic](#).

HOW WILL IT BE TREATED?

If the cleft is causing speech difficulties, an operation will be recommended. This involves the surgeon opening up the palate, joining the muscles together, then closing the palate again. This is carried out under a general anaesthetic. Your child will come into hospital and will need to stay for at least one night following surgery. Their throat may feel sore and they will need to eat a soft diet for one to two weeks. Advice will be given regarding this at the time of surgery.

ARE THERE ANY RISKS / SIDE EFFECTS?

As with all surgical procedures there are risks involved. Very rarely, bleeding may occur following surgery. There is also a small risk of the wound breaking down. In these cases the patient would need to return to theatre. The surgeon will discuss this with you prior to surgery.

Following surgery, a review appointment will be offered and a speech assessment will be carried out. It will take time after the operation for the patient to learn to use the new structure, and there may be a need for speech therapy.