

ACPA STATEMENT ON THE REACTIVATION OF CLEFT

AND CRANIOFACIAL CARE DURING THE COVID-19 PANDEMIC

The American Cleft Palate-Craniofacial Association (ACPA) has prepared this statement in response to reactivation efforts as COVID-19 related bans on non-essential surgical cases are lifted. This guidance is intended to complement, rather than replace, existing advice and should be considered “expert opinion.” ACPA will update this statement as the situation evolves.

Because COVID-19 transmission is primarily through droplet spread, teams that perform procedures in the head and neck are at high risk for infection. Many procedures performed by teams are important and somewhat time sensitive. Given the pandemic, the recent series of bans on non-essential cases has led to acceptable delays in treatment. This document addresses resuming surgery for cleft lip and palate patients as states begin to permit the resumption of elective surgical procedures.

Reactivation of procedures will vary widely depending on location, and the safety of patients and care providers is paramount. Institutional COVID-19 testing capabilities, personnel resources and personal protective equipment (PPE) should be carefully evaluated and considered when deciding whether to proceed with any surgical procedures. All providers should consider individual circumstances, the best interests of their unique patients and the resources of their institutions when making a decision. Hospital, local and regional regulatory bodies will determine the practices in each hospital or facility, and any additional restrictions applied by such bodies should supersede these guidelines.

Teams should lead discussions of reactivation plans and should consider resuming surgery if reliable preoperative COVID-19 testing of patients is possible, with results available prior to surgery.

- If a patient tests **positive** for COVID-19, providers should strongly consider delaying any intervention. Procedures for positive patients may be deferred unless the surgeon assesses a circumstance that would prevent a delay. This is for the safety of both the patient, whose condition could still be in the early stages, and the healthcare providers.
- Patients who are COVID-19 **negative** could be candidates for procedures if personnel needs are met and institutional PPE resources are available and practiced.

In the absence of reliable COVID-19 testing, cleft lip and palate surgery in the nasopharynx could be delayed, unless individual patient circumstances prevent a delay.

Primary Cleft Lip Surgery

In areas where bans on elective procedures have been lifted, teams may consider resuming primary cleft lip surgery. Cleft lip repair also molds the cleft palate in anticipation of palatoplasty. As staged operations, timing of cleft lip repair could be adjusted on a case-by-case basis, as some patients may benefit from repair of the palate first given their current age.

Primary Cleft Palate Surgery

The age of a patient for palatal surgery and normal speech acquisition are closely connected. The child’s well-being and safety, and that of the health care providers, should always be the primary consideration. The increased risk of future VPI does not supersede the risk of COVID-19 infections and sequelae on the patient and provider to justify palate repair unless this risk can be assessed and mitigated.

As bans on elective surgical procedures are lifted, sites may evaluate patients and prioritize

palate repair surgery cases, starting with the oldest children in coordination with the resources of the local environment.

Combined Procedures

There are instances where children with cleft lip and palate have experienced long delays in surgery. The age of a patient for palatal surgery and normal speech acquisition are closely connected. When local resources and COVID-19 infection rates limit access to the operating room, the surgeon may consider combining the lip repair and the palate repair into a single surgery for a child over 1 year of age. This approach lengthens the procedure time and potentially extends the in-patient recovery time; however, in select patient circumstances, this approach may allow timely repair of the palate for speech benefits while minimizing stresses that may result from the delay of lip repair.

Surgery to Improve Speech

VPI surgery is elective and may be safely deferred for several months, or in many cases longer, without significant negative impact on speech outcomes. As bans are lifted, sites may choose to prioritize palate repair surgery cases before VPI surgeries in coordination with the resources of the local environment.

Delaying secondary speech corrective surgery may lead to the development of compensatory misarticulations that are difficult for the patient and the speech therapist to correct. Providers should consider each patient's age and the severity of hypernasality when considering the resumption of these interventions.

Surgery to improve speech may require extensive postoperative speech therapy. In institutions where the resumption of therapy services is not possible, providers should consider delaying surgery.

Alveolar Bone Grafting

Grafting the cleft alveolar site may be essential to preserving teeth. Resuming bone grafting surgery requires coordination with orthodontics and sometimes includes virtual surgical planning. Because surgery is aerosolizing and violates the nasopharynx, close coordination with orthodontic colleagues is essential in order for surgery to resume. Consideration should be given to the risks and benefits of delaying

surgery versus possible alterations in tooth eruption patterns.

Orthognathic Surgery

Orthognathic surgery may be suggested to manage occlusion, sleep apnea or appearance. Non-surgical sleep apnea management should be fully pursued, in keeping with the recommendations of AO-CMF regarding the potential aerosolization risks associated with invasive jaw surgery and open bone fixation techniques.

Orthognathic surgery in patients with cleft lip and palate, other than in patients with severe sleep apnea not controlled with conservative measures, is non-essential and should be delayed. Resuming orthognathic surgery requires coordination with orthodontics and sometimes includes virtual surgical planning. Because surgery is aerosolizing and violates the nasopharynx, close coordination with orthodontic colleagues is essential in order for surgery to resume.

Revision Cleft Lip Surgery or Rhinoplasty

Revision surgery is elective, and surgeons should consider delaying these procedures to preserve hospital resources and limit potential COVID-19 exposure to the healthcare team. Local government regulations on "cosmetic surgery" should be considered.

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