



Research Networking Programmes

Short Visit Grant or Exchange Visit Grant

(please tick the relevant box)

Scientific Report

The scientific report (WORD or PDF file – maximum of eight A4 pages) should be submitted online within one month of the event. It will be published on the ESF website.

Proposal Title: Maria Kazakova speech therapist

Application Reference N°: 6906

1) Purpose of the visit

The main aim of the visit was to learn about the speech therapy protocol used by the Oslo team and team of Romanian to compare it with the current protocol in Plovdiv, to share experience about the multidisciplinary protocol used by Oslo cleft team. This funding will help to increase the level of multidisciplinary cleft care. A further aim for the Plovdiv Cleft Team was to enhance their knowledge about multidisciplinary teamwork and how to integrate these aspects into their existing provision of care protocol if deemed appropriate and functional.

2) Description of the work carried out during the visit

My visit was for 3 days (21-24 september, 9-17.30). The theme of the Conference was "Development of multidisciplinary innovative strategies for the care of the Romanian individual with cleft lip and/or palate". The seminars were held in DOMENII PLAZA by RESIDENCE HOTEL in Bucharest, Romania and were organised by dr Radu-Iulian Spataru.

Every cleft team specialist gave a lecture about his role in the team work and treatment for patients with clefts. The specialists were: Prof. Dr. Gunvor Semb -Cleft Orthodontist Eurocleft steering group, Prof. Dr. Bill Shaw -Cleft Orthodontist -Eurocleft steering group Special guest from Manchester, Dr. Elisabeth Rønning -Cleft Orthodontist Head of Dental Unit, Dr. Pål Skaare -Cleft Orthodontist, Jorunn Lemvik and Ragnhild Aukner -speech therapists, Nina Lindberg- specialised cleft nurse, dr. Charles Filip -Cleft

Plastic Surgeon, Oslo University Hospital ,Norway. The team from Bergen-prof. Hallvard Vindenes-cleft plastic and Maxillofacial surgeon. From Romanian teams- dr.Radu-Iulian Spataru-pediatric surgeon, Lidia Boboc-cleft orthodontist, Ionela Ghiozdavu-speech pathologist, Ion Nicolescu-Maxillofacial surgeon-clinical Hospital St Marry, dr. Catalin Carstoveanu and many pediatric doctors.

The topics of discussion in the conference was:

- History of CLP in Oslo and Bergen /Norway/
- Classification of cleft type and the challenges that they give us
- Research about CLP, how we measure outcome, european speech group
- The members of cleft teams in Oslo,Bergen,Romania-why cleft patients need teamwork
- Multidisciplinary principles
- National register in Norway
- How these children develop and grow ,types of surgical treatment
- Speech assesment and consequences for speech and languages in Oslo
- Speech and language therapy by patients with clefts in Romania
- How we choose the right orthodontic treatment,prosthodontic treatment
- The nurse role in cleft care, babies feeding
- Challenges and dilemmas in pediatric oral surgery-Romanian team experience
- Pierre Robin syndrome-sequence
- Maxillofacial surgery in patients with clefts
- Oslo cleft team protocol

1. Oslo cleft lip and palate team treats about 2/3 of the CLP individuals in Norway. The center gets 80-100 new patients per year, included some few percent with other craniofacial disorders.Its quite common in Norway -1/500 cleft lip/palate. If we take a global view of cleft lip and palate, its said that they are 1/600. Abbreviations:CP-cleft palate, CL-cleft lip,CLA-cleft lip alveolus, UCLP-unilateral cleft lip palate, BCLP-bilateral cleft lip palate. The team is situated in Rikshospitalet (plastic surgeons, special nurses,secretary) and in Bredvet competence center (speech therapist, psychologist,orthodontist, ENT specialist, dental nurse,secretary). The Dental Unit keeps a large database consists of standard records: oextra and intraoral photos, impressions for study models, OPG,Ceph,occlusal x-ray (standardized).

Oslo protocol- Before primary surgery of all cleft types, the parents meet all the specialists in the team and the orthodontist has 15 minutes oral presentation.

-4 year examination of all types cleft except CP, The patients are seen by plastic surgeon,speech therapist, ENT specialist. The orthodontist make extra and intraoral photos only, examination of oral hygiene, standart of dental care, tooth position and occlusion. Oral information to the parents about future plans.Standard letter with individual information to the local dental clinic with copy to the parents.

-6 year examination

of all cleft types by the orthodontist and speech therapist.Standard records-impressions, OPG,Ceph, occlusal x-ray,photos.Oral information to the parents about x-ray discoveries andfuture plans;bone grafting and orthodontic treatment.

- 8 year examination by the orthodontist of UCLP,BCLP,CLA. Planning early treatment for functional and/or esthetic reason or functional reasons if necessary. ULCLP,BLCLP,CLA-frontal expansion,correction of rotation,tipping of upper central incisors; transverse expansion to prepare for early bone grafting. For BCLP-stabilizing of the mobile premaxilla in connection with early bone grafting.
- 10 year examination-CL,CLA,standard records with succesful bone grafting and no serious scar. Send to local orthodontist or planning late bone grafting
- 12-13 year examination for orthodontist-standard records for CLA,UCLP,BCLP for early permanent dentition. Planning and performing orthodontic treatment
- 16 year examination-multidisciplinary all cleft types-standard records CP,CL-after orthodontic treatment; UCLP,BCLP-planning orthognatic surgery,girls when necessary.
- 18,19 or 21-last examination -records planning for orthognatic surgery,boys if necessary Between the standard examinations they follow tooth eruption and prebone grafting at individual intervals.

After bone grafting control by occlusal x-ray 6 weeks, 6 months and 12 months.
After orthognatic surgery-control and standard records 6 months,12 months and 36 months

2. For good results it is necessary for close collaboration with all members of the team.

3.Oslo cleft team speech protocol

- 0-4 month and 12 months give information and counselling parents.
- 2 years make simple assessment of language development
- 4 years - Assessment of speech-resonance and articulation, language development. They appreciate hypo- and hypernasality,velopharyngeal insufficiency with nasoendoscopy and videofluoroscopy.The ENT specialist make nasometry.On this year start direct speech therapy: work according to normal acquisition of speech sounds, correctly produced speech sounds as starting point for establishing new sounds, child's motivation.
- 6 and 10 years- Assessment of speech,language screening
- Last routine control of speech is on 16 years

4.Romanian cleft speech protocol

- speech assessment
- perceptive assessment
- resonance and articulation
- speech and language therapy
- the new additions: nasoendoscopy and nasometry, adapting Oslo SLT protocol to Romanian language

Another topic of discussion was

3) Description of the main results obtained

1. The specific protocol in the Oslo team and difference from the protocol in Bulgaria.

4) Future collaboration with host institution (if applicable)

I'm planning to send an email and contact to Jorunn Lemvik and Ragnhild Aukner -speech therapists when i have complicated cleft cases and need to share an experience.

We discuss the differences in the two protocols in Oslo and Bulgaria and collecting our database. The direct speech therapy we start at 3 years. At this age the patients are tracked. We give them guidelines for the prevention of speech habits, advices for correct speech development. We follow the child's speech until they turned 18 years old. We start surgery at 2-3 month -lip, 10-month -closure cleft palate. Orthodontic treatment early at 5 and prepare the cases for bone graft which is done at 6-7 years. Follow up at 10 years old cleft children and compare the dental arches relationships. In Oslo follow up and save records for the 4 and 6 years old patients. They start the orthodontic treatment in mixed dentition and prepare for bone graft.

5) Projected publications / articles resulting or to result from the grant (*ESF must be acknowledged in publications resulting from the grantee's work in relation with the grant*)

Comparison of the protocol of care born with cleft lip and palate in Oslo, Norway and Plovdiv, Bulgaria

6) Other comments (if any)

This short visit grant was very useful and so emotional for me. I managed to see how the cleft team work can be organised and how important is for the different specialists to work in close contact.

I met the romanian speech therapist but unfortunately, because of her problems with speaking English we couldn't share many information.

But in Bulgaria the speech therapy for children with clefts is not covered by the government. Parents of the cleft children have to pay their treatment.