

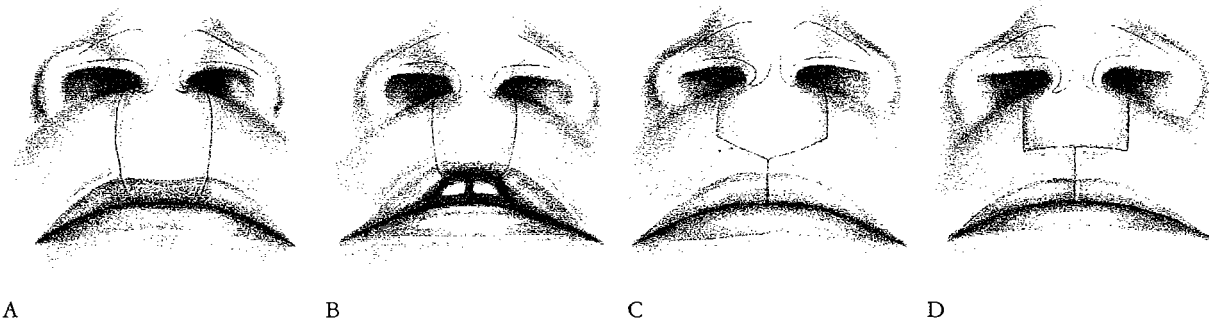
An Introduction to Nasal and Labial Corrections

Unlike unilateral cleft procedures, in which secondary nasal and labial corrections can and usually should be carried out separately, in the bilateral cleft, combined nasal and labial corrections are mandatory. Because of the varying degrees of shortness of the entire frontonasal component in bilateral clefts, the nose depends on the lip to fork up or otherwise defray extra nasal expenses, and the lip must pay its nasal "tax" before trying to balance its own budget. If there is still lack of lip funds, then, as the lower lip usually has a surplus, a draft can be drawn from below. The important point is to consider the *entire residual bilateral cleft upper lip, nose and lower lip anatomy as the total remaining capital setup in three separate checking accounts with freedom to crisscross funds as needed by the process of deposit and withdrawal.*

Depending upon the condition of the columella and the state of the lip, the secondary surgery is planned. As a result of the primary bilateral cleft lip closure, there are four typical designs that seem to present themselves most often for secondary correction. They all have a flat nasal tip and short columella in common and may show in addition a wide prolabium (A), a whistling deformity (B) or triangular (C) or quadrilateral (D) flaps joining each other below the prolabium.

In addition to the revision of scars, approximation of muscles, balance of the free border and creation of the philtrum dimple, cupid's bow and upper sulcus, there are basic adjustments. Part or the whole of the prolabium may be shifted out of the lip; it may

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be reduced or just revised. An Abbe flap may be transferred from the lower lip. In fact, every trick available should be used in an all-out effort to create the ideal normal.

The next three chapters will demonstrate the following:

First: Results of the various primary portioning of funds have been responsible for the maintenance or production of the *big four* common basic problems.

1. Short columella
2. Short lip
3. Long lip
4. Tight lip

Then, to confuse the issue further, seldom does just one of these appear alone. Far more likely is a combination of as many as three of the four all in one case! In addition, there are multiple deformities associated with each of the four main categories.

Second: Secondary attempts, guided by principles, have been used to balance the total budget toward a happy norm. Remember that, although the three chapters deal with *short* lip, *long* lip and *tight* lip, the example cases used often have a short columella and can be either short or long but tight too. There is a reason why each specific case appears in a certain chapter, but keep flexible and look out for the sometimes subtle ancillary aspects.