

PROLABIAL AUTO-AUGMENTATION OF UPPER LIP (PAUL) FLAP IN BILATERAL CLEFT LIP REPAIR.

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Introduction

Bilateral cleft lip presents a complex challenge for surgical repair without a universally accepted technique.

Secondary deformities of bilateral cleft lip repair include **tubercle anomalies, ranging from tubercle deficiency to the well described whistle deformity.**

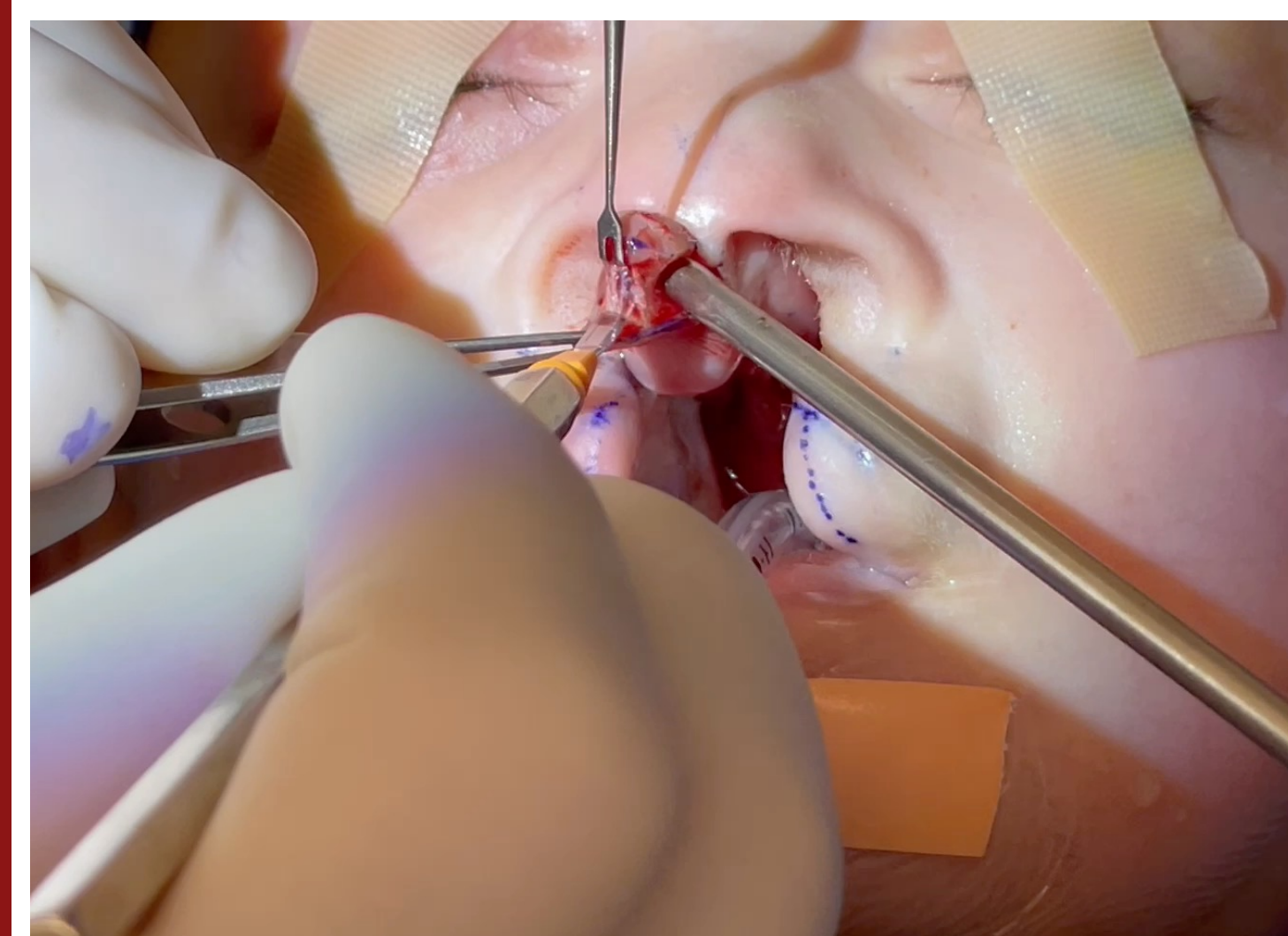
Adequate tubercle volume is required to create a lip seal while making consonant sounds, fully cover the incisors, and produce balanced projection of the face

Methods

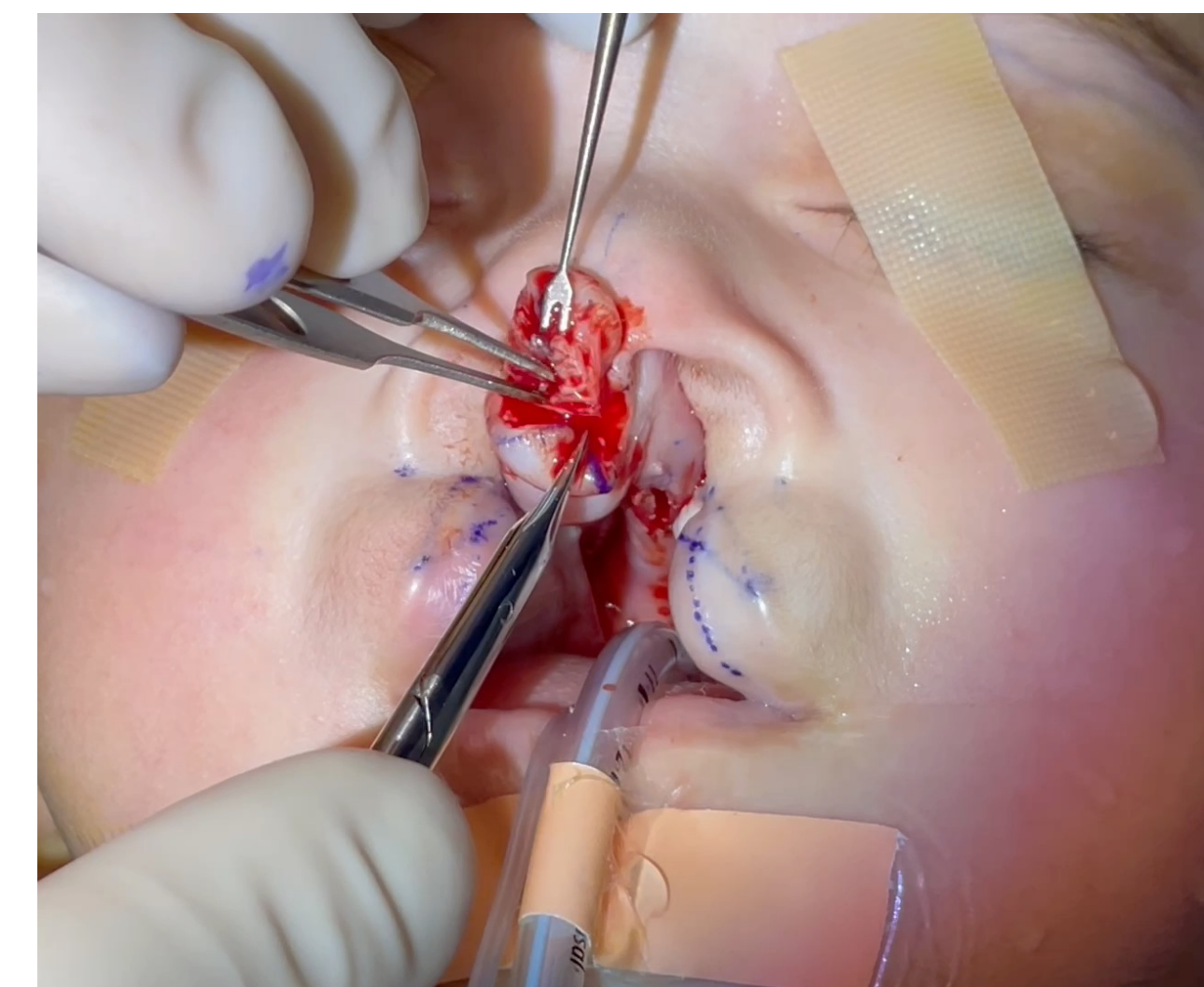
- We introduce the PAUL flap, a **random pattern fibroadipose auto-augmentation flap**, used to augment **tubercle volume**
- Simple and safe technique
- Can be widely used in varied methods of bilateral cleft lip repair



Augmenting Tubercle Volume with a PAUL Flap



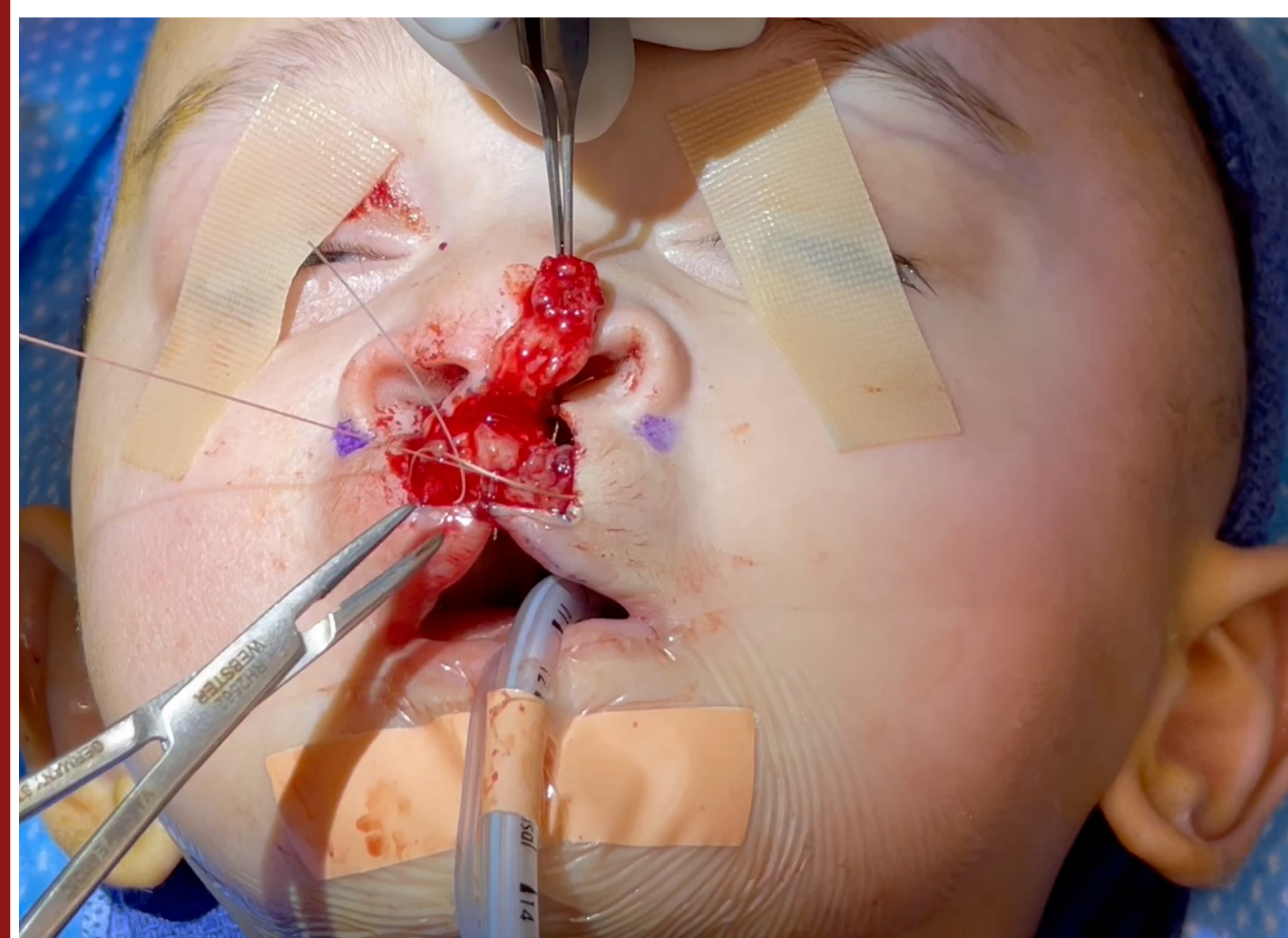
Sulcus Flap Harvest



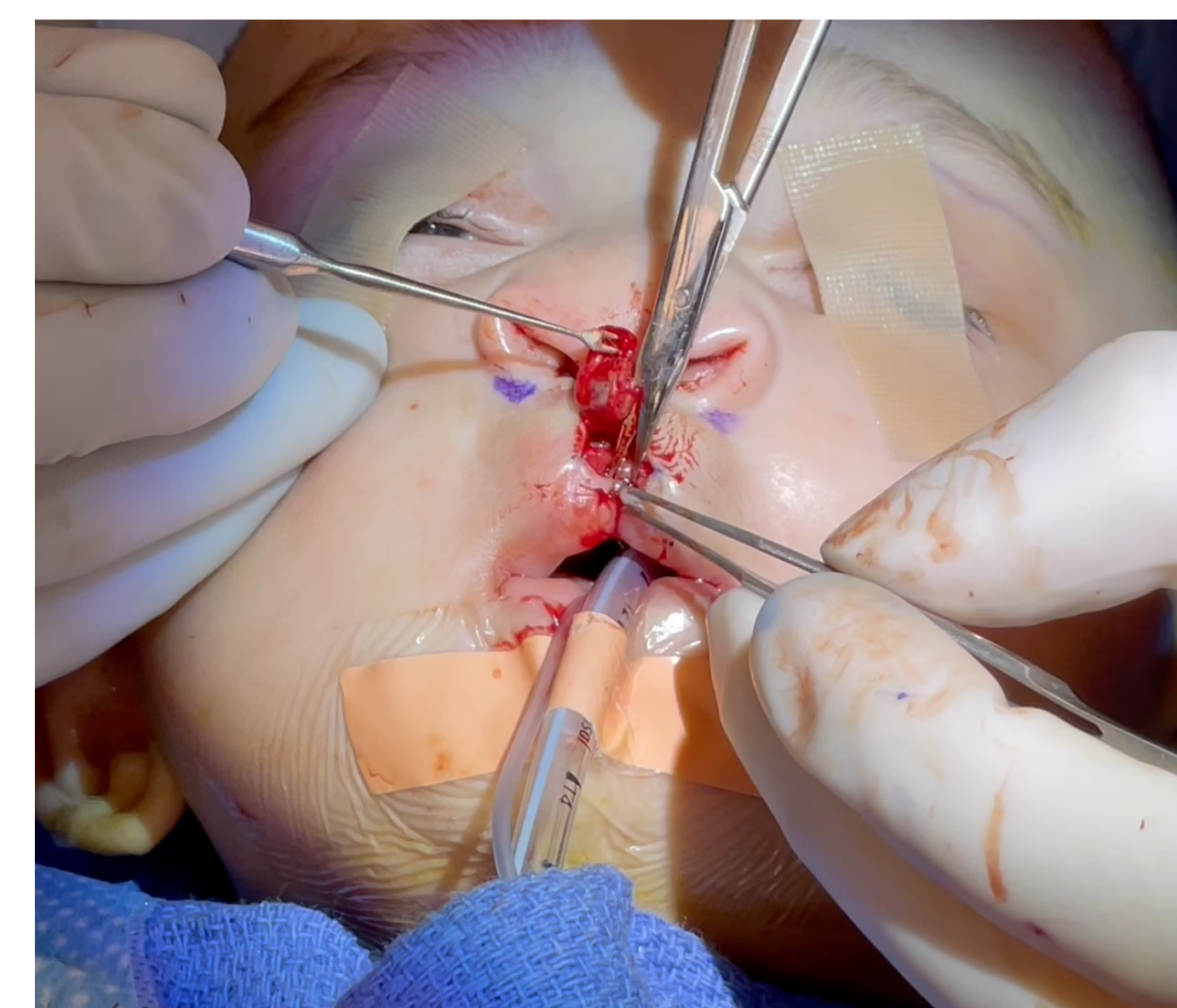
PAUL Flap Harvest



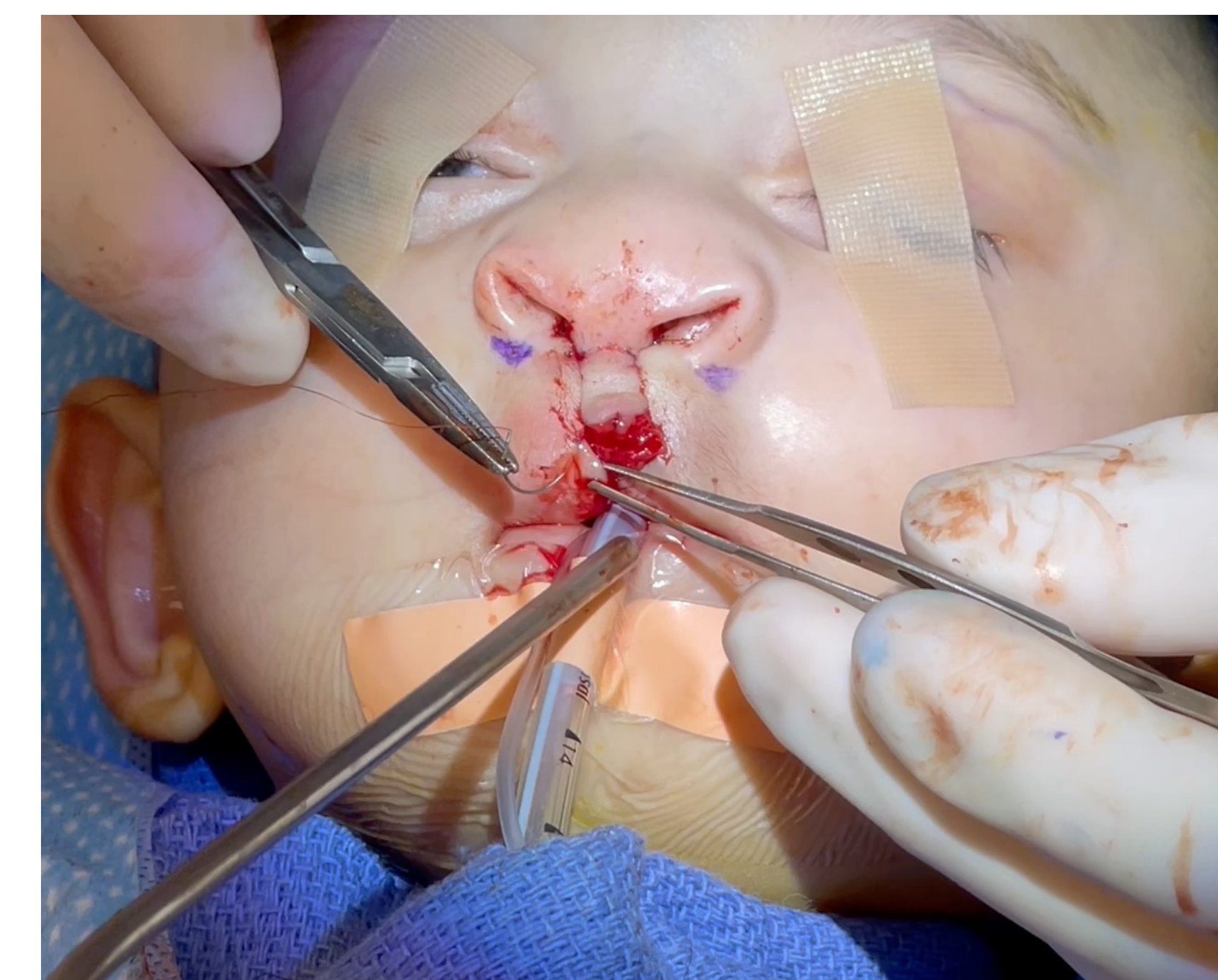
Distally based fibro-adipose PAUL flap



Orbicularis Approximation

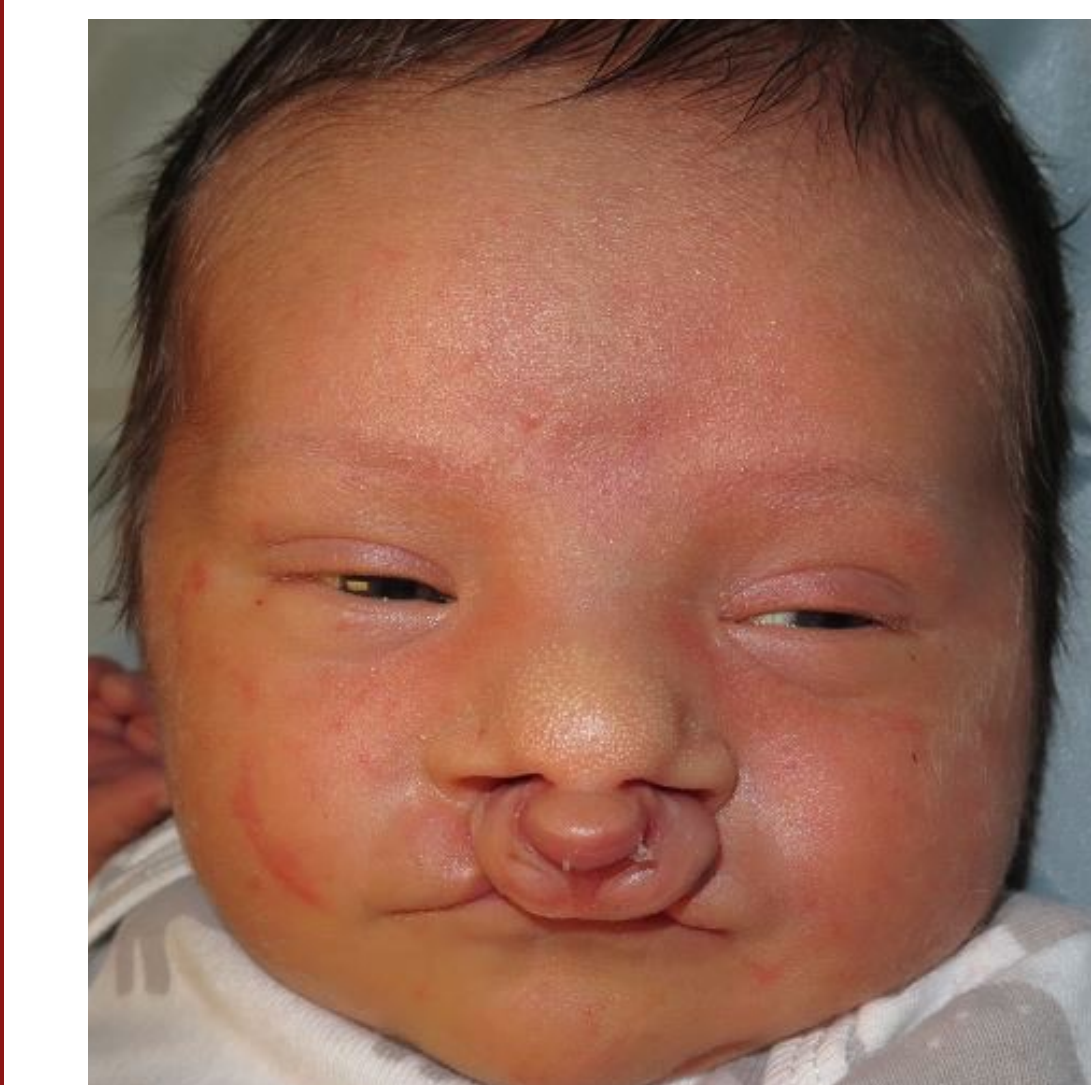
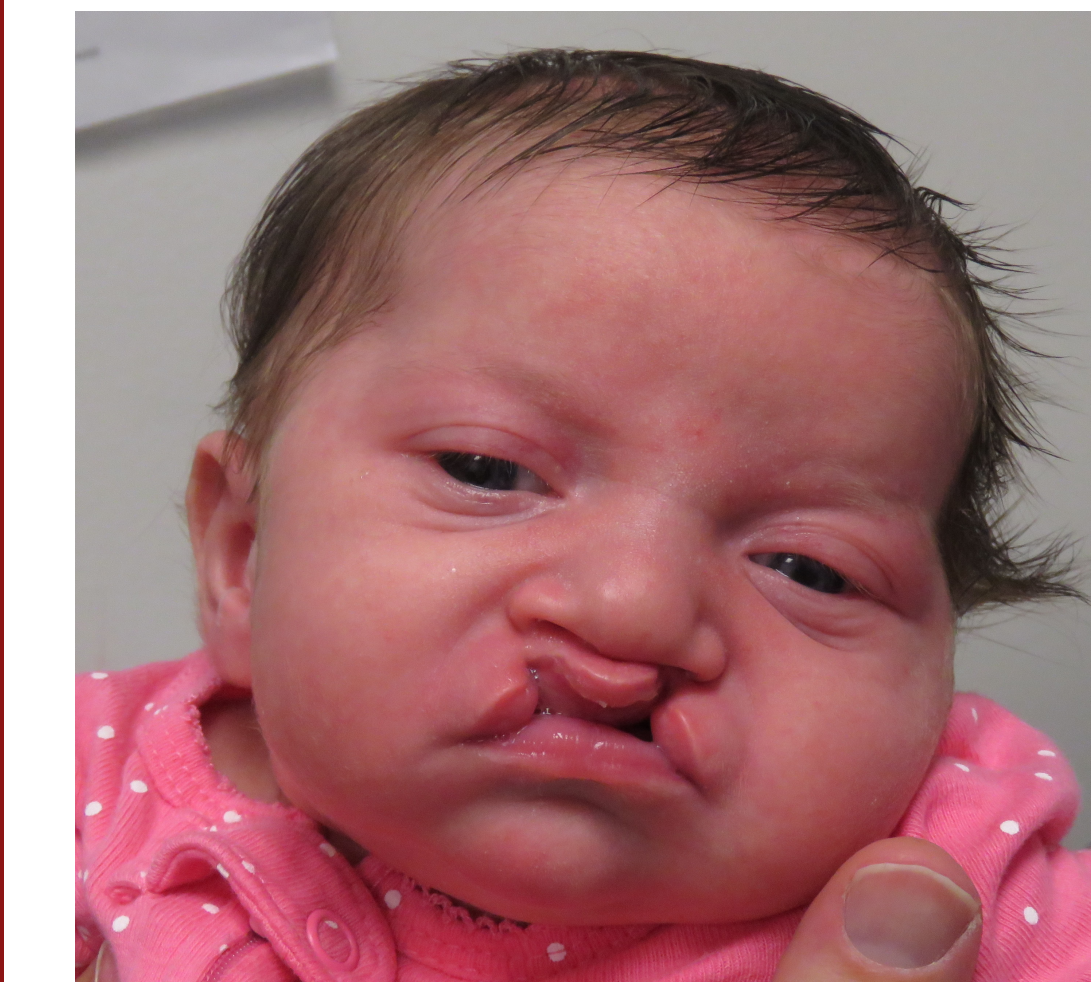


Subcutaneous Pocket Dissection for Flap Inset



Inset of Flap

Case Examples



Pre- and Post-Operative Photos: Bilateral Cleft Lip Repair with PAUL flap

Conclusions

The **PAUL flap, a random pattern fibroadipose auto-augmentation flap** performed at primary bilateral cleft lip repair, is a novel approach to augment the tubercle volume, without any alteration of the orbicularis continuity, red line, white line or vermilion border.

