Identifying Factors Associated with Minor vs. Complete Cleft Lip Revision Surgery Decisions: A Survey of Surgeons

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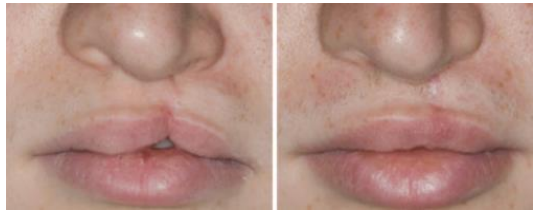
Purpose

- Secondary cleft lip revisions are essential to comprehensive cleft care, but no validated consensus exists on how to classify these procedures.
- There exists no standard criteria guide the decision between a limited repair vs. more extensive revision today.
- This survey explores how cleft surgeons distinguish revision needs and the factors influencing their decisions.
- Our findings aim to support clearer terminology, consistent documentation, and evidence-based recommendations.

Methods

- A cross-sectional survey distributed to a global cohort of cleft surgeons affiliated with Operation Smile.
- Survey evaluated: surgeon demographics, terminology used to classify revisions, clinical/operative factors influencing decisions, impact of low-resource settings, and approaches to scheduling, documentation, and coding.
- Responses analyzed descriptively; frequencies and proportions reported for categorical variables.



What drives the decision for minor vs major CL repair?

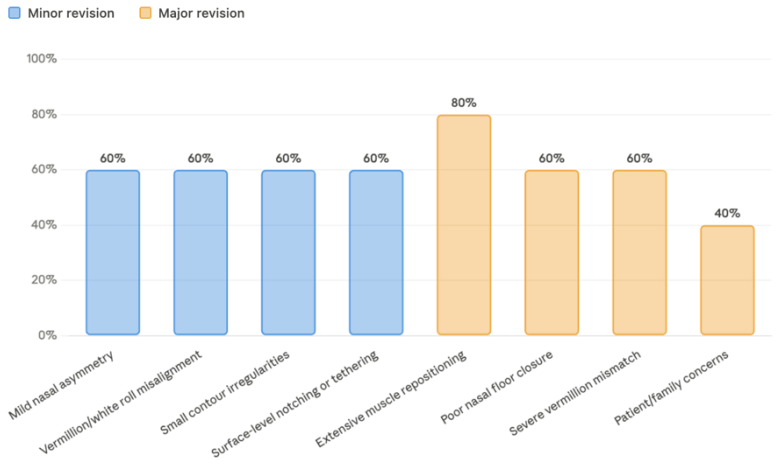


Figure 2: Top Factors in Secondary Lip Revision Decisions

Results

- Our study includes 5 preliminary responses from surgeons in Colombia, Uganda, and Zambia.
- Only 20% explicitly distinguish between "minor" and "major" revisions; 60% treat revisions as individualized without defining terminology.

Results Continued

- Top factors for minor revision included: mild nasal asymmetry, vermillion/white roll misalignment, small contour irregularities, surface-level notching or tethering.
- Top factors for major revision: extensive muscle repositioning, poor nasal floor closure, severe vermillion mismatch, patient/family concerns.
- All surgeons reported that resource-limited environments affect timing and prioritization of surgical revision.
- 40% indicated billing/coding considerations impact revision classification.

Conclusion

- Wide variation exists in how surgeons classify secondary lip revisions, regardless of experience level.
- Most rely on individualized assessment rather than defined terminology.
- Anatomical findings, particularly muscular dysfunction and structural asymmetry, guide decisions about the need for more extensive revision.
- Consensus-driven, structure-based definitions for major and minor cleft lip revisions are needed to standardize documentation, communication, and training.