Mattel Children's Hospital UCLA

Pediatric Craniofacial Clinic treats children through a multidisciplinary approach

Since its founding in 1972, the UCLA Pediatric Craniofacial Clinic has become one of the largest in the United States and serves as a regional center in the Southwest in treating children with congenital abnormalities. Physicians see approximately 250 new patients per year, and treat as many as 1,000 patients annually. In addition to caring for children with congenital abnormalities — such as cleft lip or palate — the clinic's doctors treat pediatric patients with trauma-related injuries — such as those from car accidents — as well as vascular anomalies and also reconstruct children's faces disfigured by cancer removal or treatment.

- 200,000 children are born with facial deformities in the U.S. each year
- 1 in 550 children is born with a cleft lip or palate
- 1 in 2,000 children is born with craniosynostosis (abnormal head shape from fused cranial sutures)
- 1 in 6,000 children is born with craniofacial microsomia (abnormalities of facial symmetry)

Continuous care from birth to adulthood

Treatment of congenital craniofacial abnormalities is usually a multistage process that involves several surgeries as well as rehabilitative services from infancy into adulthood. For example, a newborn with a cleft lip and palate should be seen as soon as possible after birth. A surgical plan may include lip repair at 3 months of age, palate repair at 10 to 12 months, nose-lip revision surgery around age 5, alveolar bone graft around age 8, orthognathic surgery (upper jaw advancement) at age 17 when necessary and final revisions including septorhinoplasty up to 21 years of age.

A pediatrician coordinates each patient's care, ensuring that all phases of treatment are properly implemented and that routine and post-operative care by the patient's private doctors are integrated. Specialized radiologic and genetic testing may also be performed. Patients are usually seen at least once a year until age 21.

"Our goal is to give every child a chance to feel normal and good about themselves," says Wayne Ozaki, MD, DDS, chief of Pediatric Plastic and Craniofacial Surgery.

Innovative techniques to avoid tracheostomy

The UCLA Pediatric Craniofacial Clinic was the first in California to perform neonatal mandibular distraction to avoid tracheostomies in children with micrognathia (small jaws). Some babies are born with jaws so small they have difficulty breathing. The procedure, in which the jaw is lengthened in newborns with airway obstruction, reduces the probability of speech delays, growth retardation and medical complications — including pneumonia — that are common with a tracheostomy. In addition, the clinic's surgeons have pioneered bone tissue engineering techniques that have saved many children the pain of a hip or rib bone graft during mandibular distraction.

One-stop consultation and multidisciplinary care

Because each child has unique needs, the Pediatric Craniofacial Clinic provides a multidisciplinary approach to offer comprehensive care and combined surgeries. Arrangements can be made quickly for consultation appointments.

Typically, a UCLA pediatrician will see a patient in the morning. Later that same day, a core team of UCLA physicians will consult with the patient and family. In a single day, the patient will be seen by as many as 15 to 20 doctors and medical professionals from departments including pediatrics, plastic surgery, oral surgery, orthodontics, pedodontics, neurosurgery, ophthalmology, head and neck surgery, audiology, maxillofacial prosthetics, speech pathology, social work and genetics.

After a full examination of the patient and thorough review of medical records, the team formulates a diagnosis and presents a treatment plan. Subspecialists that are most needed by the patient proceed with more involved follow-up evaluations on subsequent visits. A detailed written report that includes each specialist's findings and recommendations is sent to the referring physician and family.

Patient treated for cleft lip and palate, preoperative, one year postoperative and more than a decade later.

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Participating Physicians

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