Cincinnati Children's changing the outcome together

Division of Speech-Language Pathology

Treatment of Velopharyngeal Dysfunction

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Surgery

Pharyngeal augmentation

- Injection of a substance in the posterior pharyngeal wall
- Can use fat, collagen or Radiesse (hydroxyapatite) or Deflux
- Good for small, localized gaps or irregularities of the posterior pharyngeal wall

Furlow Z Plasty

- Often used as a primary palate repair but can be used as a secondary repair to lengthen velum
- Appropriate for narrow, coronal gaps

Pharyngeal flap

- Flap is elevated from the posterior pharyngeal wall and sutured into the velum to partially close the nasopharynx in midline. Lateral ports are left on either side for nasal breathing
- Good for midline gaps or deep (anterior-posterior) gaps

Sphincter Pharyngoplasty

- Posterior faucial pillars, including the palatopharyngeus muscles, are released at their base, brought posteriorly, and sutured together on the posterior pharyngeal wall to form a sphincter
- Good for lateral gaps (due to bowtie closure) or narrow coronal gaps

Prosthetic Devices

Palatal Lift

- To raise the velum when velar mobility is poor (velopharyngeal incompetence)
- · Commonly used with dysarthria

Palatal Obturator

To close or occlude an open cleft, palatal defect or fistula

Speech Bulb Obturator (Speech Aid)

- To occlude nasopharynx when the velum is short (velopharyngeal insufficiency)
- Can be combined with a palatal obturator

Resonance Disorders and Velopharyngeal Dysfunction: Assessment and Intervention Ann W. Kummer, PhD, CCC-SLP

Limitations of a Prosthetic Device

- · Requires insertion and removal
- Has to be redone periodically due to growth
- Can be lost or damaged
- May be very uncomfortable
- Compliance is often poor
- Doesn't permanently correct the problem

Most centers use prosthetic devices only if surgery is not possible

Speech Therapy- See handout entitled: Speech Therapy Techniques: for Errors related to Cleft Palate or Velopharyngeal Dysfunction (VPD)

Referrals: Refer to a cleft palate or craniofacial center with **specialists** in the area of VPI— not to a community ENT or surgeon.

For more information, see chapters entitled **Surgical Management** and **Prosthetic Management** in the following text:

Kummer, A. W. (2020). *Cleft Palate and Craniofacial Conditions: A Comprehensive Guide to Clinical Management,* 4th edition. Burlington, MA: Jones & Bartlett Learning. (Available online and in print in September, 2018)