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
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: