

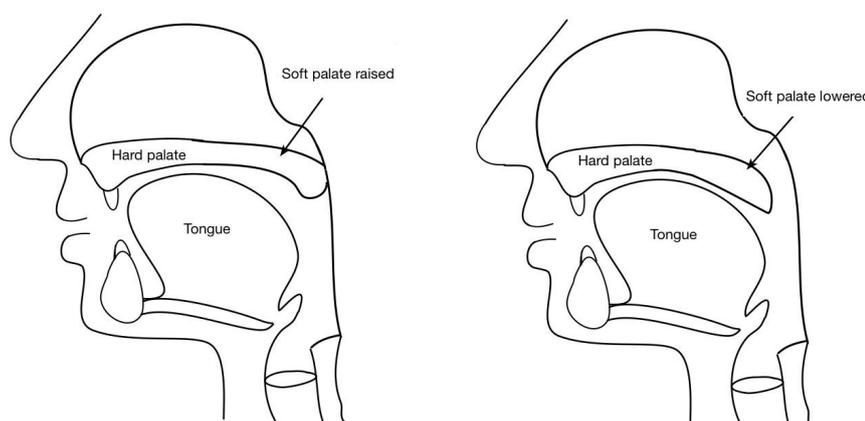
Submucous Cleft Palate (page 1 of 2)

What is a submucous cleft palate?

This refers to a condition where the roof of the mouth, or 'palate', looks normal, but the muscles under the surface are not properly joined.

How does this affect speech?

Most of our speech sounds are produced through the mouth. During speech the back of the palate lifts up to form a seal separating the mouth from the nose. This means that air is directed through the mouth and there is adequate pressure in the mouth to produce clear sounds.



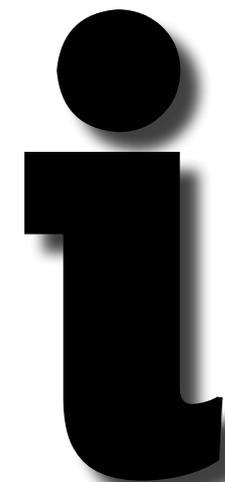
If the muscles in the palate are not properly joined, it is unlikely that the palate will be able to lift up to close off the back of the nose during speech. This will make it difficult to build pressure in the mouth to make sounds such as 'p' and 's'. Air may escape through the nose, making speech sound nasal or muffled. Food or drink such as milk, yoghurt or chocolate may come down the nose when eating or drinking.

How is it diagnosed?

Speech difficulties are usually the first sign of the condition. Children may also have had difficulty feeding as a baby and have suffered from glue ear.

Sometimes it is possible to diagnose a submucous cleft palate by looking and feeling inside the mouth. More often, the patient may need to come to a 'palatal investigation clinic.' At this clinic a moving x-ray of the palate is taken while the patient is talking. After this a small telescope may be passed through the nose, to look at the palate from above. These investigations will show if the palate is able to close off the back of the

The Spires Cleft Centre
Tel. 01722 345571



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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nose during speech.

How will it be treated?

If the cleft is causing speech difficulties an operation will be recommended. This involves the surgeon opening up the palate, joining the muscles together, then closing the palate again. This is carried out under a general anaesthetic. The patient will come into hospital and will need to stay for at least one night following surgery. The throat may feel sore, and the patient will need to eat a soft diet for one to two weeks. Advice will be given regarding this at the time of surgery.

Are there any risks/side effects?

As with all surgical procedures there are risks involved. Very rarely, bleeding may occur following surgery. There is also a small risk of the wound breaking down. In these cases the patient would need to return to theatre. The surgeon will discuss this with you prior to surgery.

Following surgery, a review appointment will be offered and a speech assessment will be carried out. It will take time after the operation for the patient to learn to use the new structure, and there may be a need for speech therapy.

How can I get more information?

You can contact one of the Specialist Speech and Language Therapists with the Cleft Team at Salisbury District Hospital on: 01722 345571.

Please also see the Spires website:

www.spirecentre.nhs.uk