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# Cleft Lip and Palate Care and the Opioid Crisis

## SIG 5

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### INTRODUCTION

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This SIG 5 activity analyzes the relationship between the opioid crisis and cleft lip and palate care across the life span. Two main themes of prevention and treatment after exposure are explained. The articles outline alternatives to opioid use after cleft-related surgeries, impacts on infants and children who were exposed in utero, and velopharyngeal insufficiency treatment after substance abuse.

First, Ruscello and Armeni outline a treatment protocol for a patient with velopharyngeal insufficiency secondary to inhaled substance abuse. Specifically, the study highlights the benefits of using an interdisciplinary team approach to improve speech, resonance, and swallowing outcomes with a prosthetic device.

Next, Benninger et al. discuss how an infant's development is negatively impacted in many ways when they require the use of pharmacological treatment for neonatal opioid withdrawal syndrome (NOWS). This article looks at the impact across the infant's first year of life. The large prospective cohort study found these infants demonstrated decreased outcomes related to motor, language, and cognitive skills after 1 year of age, and were also at greater risk for cleft palate than the general population.

Then, Proctor-Williams and Louw provide an overview of a growing subgroup of children born with cleft lip and/or palate. After outlining the prevalence and defining NOWS, the tutorial goes over feeding/swallowing and neurodevelopmental parameters that may be impacted by opioid exposure. A clinical guideline is provided specific to children with cleft lip and/or palate to ensure this growing subpopulation is gaining attention as quickly as the number of children affected.

The activity concludes with a commentary by Randall et al. that outlines many negative side effects and alternatives of opioid use in the cleft lip and palate population post surgery. Because these children are subjected to so many operations, their risk of opioid abuse or misuse is significantly increased at a particularly volatile time in development.

### LEARNING OUTCOMES

*You will be able to:*

- describe the different problems and management strategies associated with substance abuse
- compare the prevalence of early developmental delays in children with NOWS and the general population
- explain the role of the speech-language pathologist in this new subpopulation of children with cleft lip and palate and NOWS
- describe the possible solutions and approaches for cleft and craniofacial team members to reduce the amount of opioids prescribed in the cleft lip and palate patient population.

## CONTENTS

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Treating Velopharyngeal Insufficiency in a Case of Substance Abuse: A New Client Population by Dennis M. Ruscello and Mark Armeni

One-Year Neurodevelopmental Outcomes After Neonatal Opioid Withdrawal Syndrome: A Prospective Cohort Study by Kristen L. Benninger, Celine Richard, Sara Conroy, Julia Newton, H. Gerry Taylor, Alaisha Sayed, Lindsay Pietruszewski, Mary Ann Nelin, Nancy Batterson, and Nathalie L. Maitre

When Cleft Lip and/or Palate and Antenatal Opioid Exposure Intersect: A Tutorial by Kerry Proctor-Williams and Brenda Louw

The Use of Opioids in the Surgical Care of Patients With Orofacial Clefts: A Commentary and Guide to Management by Ellen Randall, Khoa Tran, Emma J. Cordes, Gregory H. Borschel, and Sunil S. Tholpady

## PROGRAM HISTORY and IMPORTANT INFORMATION

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Start date: August 31, 2022

End date: August 31, 2027

To earn continuing education credit, you must complete the learning assessment on or before **August 31, 2027**.



This course is offered for 0.35 ASHA CEUs (Intermediate level, Professional area).