**Submucous Cleft Palate (1 of 2)**

**What is a submucous cleft palate?**

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

**How does this affect speech?**

When we speak, air comes up from our lungs, through our voice box, and we then use our palate, tongue, lips and teeth to make the air into speech sounds. Most English speech sounds are produced through the mouth. The soft part at the back of the palate lifts up to close off the back of the nose so air is directed through the mouth.

If the muscles in the palate are not joined, it will not 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 during speech, 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.

A cleft palate surgeon will look and feel inside the patient’s mouth. However, a submucous cleft is not always easy to detect in this way, and the patient may need to come to a ‘speech investigation clinic.’ At The Spires Cleft Centre

**Tel. 01722 345571**
this clinic an x-ray of the palate is taken, and then a small telescope is passed through the
nose in order to look at the palate moving while the patient is talking. These investigations
will show if the palate is able to close off the back of the 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, finding the muscles, joining them together, then closing
the palate again. This is carried out under a general anaesthetic. The patient will come into
hospital the day before the operation and will need to stay in hospital for at least one further
night after it. The throat may feel sore, and the patient will need to eat a soft diet for a few
days, but advice will be given regarding this. The patient will need to recover at home for
one to two weeks.

**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 which case
the patient would need to return to theatre. This will be discussed with the surgeon prior to
surgery.

Following surgery, a review appointment will be offered at a cleft lip and palate clinic 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 and language 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:
- Ginette Phippen
- Sandra Treslove
- Fiona Jeyes

Telephone: 01722 345571