

Since you have been vetted by our medical services committee, we assume you have expertise in the surgical treatment of cleft lip and palate, which is our primary focus. Be prepared to correct palate fistulas and other problems created by previous surgical interventions as well. Other reasonable reconstructive procedures are permissible if time allows and cleft cases are not sufficient.

During the opening day intake clinic, collaborate with the anesthesiologists and the pediatrician to determine whether a patient is an acceptable risk for surgery.

Be prepared for full days of work. Starting new cases after 5:00 pm is not recommended, but cases started before 5:00 will of course run later. Remember that when the surgery is completed, the PACU team will remain for a few hours longer, so be considerate.

Plan on making rounds with the pediatrician every morning before surgery and in the evening after surgery.

Palate repairs on the first day of surgery are permissible if the anesthesia team is comfortable with this, otherwise, only lips should be done on the first day. Uncomplicated palate repairs can be done on the last day of surgery if the team will be present the next day for closing clinic or other activities.

Safety is our most important goal. Don't schedule a procedure that is not in your area of expertise. If velopharyngeal flaps, for example, are in your armamentarium, this is an acceptable procedure. Otherwise, don't attempt it. Please don't try something you haven't done since fellowship.

I hope you have a productive and satisfying mission.