Interdisciplinary team examination

We found no studies satisfying the inclusion criteria for this topic.

Treatment

Presurgical orthopaedics: The quality of the evidence for the effect of different forms of preoperative forming is too low to determine whether presurgical orthopaedics is of importance for the outcomes child's weight, dimensions of the alveolar arch, relationships between the alveolar segments, and the occlusion of deciduous dentition, appearance, voice, nasal form and septal deviation.

Closure of cleft lip, alveolus and palate: The quality of the evidence for the results of all comparisons is too low to draw any conclusions.

Correction of the nasal form: The quality of the evidence of the result of the comparison of Surgicel versus no use of Surgicel is too low to draw any conclusion.

Secondary surgery: It is possible that there is a small or no difference for velopharyngeal insufficiency between a pharyngeal flap and a sphincter pharyngoplasty. The quality of the evidence for the results of the other comparisons is too low to draw any conclusions.

Orthodontics: The quality of evidence of the result from the comparison of repeated rapid maxillary expansion and contraction to one week rapid maxillary expansion before activation of the 2-hinged protraction device is too low to draw any conclusions.

Follow-up and habilitation

Feeding: The evidence of no difference between using hard or soft bottles, between using presurgical orthopaedics or not or that breastfeeding is a little better than feeding by spoon regarding the weight of the child is of very low quality.

Speech therapy: The quality of the evidence is too low to decide whether phonological speech therapy is better than phonetic therapy for the mean length of necessary voice therapy, whether it is more effective for the linguistic level or mother's communication with the child that the child's mother participates in the speech training or whether training in summer camp is no different from training spread over a whole year.

Otitis media with effusion

The quality of the evidence of whether hearing was improved with a ventilation tube for otitis media with effusion is too low to draw any conclusions.
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