

Timeline of Medical and Surgical Management for Individuals with Craniofacial Microsomia



Obtain:	-Hearing evaluation -Renal ultrasound	-Hearing evaluation* -Hearing evaluation*	-Hearing evaluation* -Cervical spine films	-Hearing evaluation* -CT if aural atresia -Orthodontic records	-Hearing evaluation* -Orthodontic records	-Hearing evaluation* -Orthodontic records	-Hearing evaluation
Evaluate:	-Respiratory status -Feeding & growth -Other anomalies	-Respiratory status -Feeding & growth -Other anomalies -Facial symmetry -Palatal function -Oral health	-Obstructive sleep symptoms -Nutrition -Development -Facial symmetry -Speech -Oral health	-Obstructive sleep symptoms -Growth -Development -Facial symmetry -Speech -Oral health	-Obstructive sleep symptoms -Growth -Occlusion -Psychosocial well-being -Oral health	-Obstructive sleep symptoms -Occlusion -Psychosocial well-being -Oral health	-Obstructive sleep symptoms -Occlusion -Psychosocial well-being -Oral health
Discuss:	-CFM diagnosis -Short and long-term plan -Adjustment to condition -Hearing status -Barriers to care	-Short and long-term plan -Adjustment to condition -Hearing status -Barriers to care	-Treatment options -Preparation for pre-school, kindergarten -Barriers to care -Communication -Importance of good oral hygiene	-Treatment options -Child and family's treatment goals -Self-esteem, concerns -Barriers to care -School accommodations for hearing loss*	-Treatment options -Child and family's treatment goals -Self-esteem, concerns -Barriers to care -School accommodations for hearing loss*	-Treatment options -Teens treatment goals -Self-esteem, concerns -Barriers to care -School accommodations for hearing loss*	-Teens treatment goals -Final treatment plan -Self-esteem, concerns -Barriers to care -Transition to adult care
Provide:	-Reassurance -Resource information -Genetics referral -Echocardiogram* -Ophthalmology referral*	-Reassurance -Support resources -Early intervention services*	-Information on resources & school support -Orthopedics referral* -Early intervention services*	-Information on resources & school support -Psychosocial support -Assistance with surgical decision-making	-Information on resources & school support -Psychosocial support -Assistance with surgical decision-making	-Information on resources & school support -Psychosocial support -Assistance with surgical decision-making	-Resource information -Psychosocial support -Genetics referral to discuss recurrence risks -A transfer summary of care provided -Referrals for adult care

Common surgeries**:	-Ear & facial tag removal -Oral cleft repair -Tympantostomy tubes -Airway procedures	-Tympantostomy tubes -Eyelid surgery -Oral cleft repair -Airway procedures	-Tympantostomy tubes -Eyelid surgery -Oral cleft repair -Airway procedures	-Ear reconstruction or prosthesis -Aural atresia repair -Consider early jaw surgery	-Fat grafting -Airway procedures	-Ear reconstruction or prosthesis -Jaw surgery -Fat grafting -Rhinoplasty	-Jaw surgery -Fat grafting -Microsurgery -Soft tissue augmentation
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Consider:	A genetics evaluation can aid in assessment of the differential diagnoses, which may include: CHARGE, Townes-Brocks, Branchio-oto-renal Nager, Miller, and Treacher-Collins syndromes.	A history suggestive of airway compromise (e.g. sleep apnea and/or poor growth) requires an airway evaluation with an ENT and consideration of a sleep study. Obstructive symptoms vary with age and should be evaluated regularly.	Evaluations with an audiologist and ENT are critical to maximize hearing & communication. Parents may find this period challenging and may be anxious to proceed with treatments prior to the ideal	Coordination between treatment for microtia with orthognathic surgery is critical in order to optimize long-term results for jaw and ear placement. This may require postponing ear reconstruction for children with significant jaw asymmetry.	Communication between the team and local dental & orthodontic providers is critical for efficient orthodontic treatment with an integrated plan.	Consider final soft tissue augmentation after skeletal deficiencies have been corrected. Assurance that the teen has realistic expectations during the pre-surgical planning phase is essential for optimization of patient satisfaction.	Final orthodontic treatments and jaw surgeries often occur at time when it interrupts social, athletic, and academic activities. Acknowledgement of this fact and communication with the patient is critical to achieving an optimal outcome.
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* When indicated **Though these are common craniofacial surgeries in CFM, not all children will require every procedure.