DISEASE DOMAIN | LESSON 18 OF 20 | CLEFT TEAM COORDINATOR (LONG-TERM SURVEILLANCE)

A Repaired Cleft Is Not a Cured Cleft

What can still go wrong for Mateo after his cleft is repaired, and which team member is positioned to catch each problem?

CARRY FORWARD

Equal treatment is not always equitable care; the plan must remove the barriers that block access to the same health goal.

10-YEAR TAKEAWAY

A repaired cleft still needs surveillance because speech, hearing, teeth, airway, and growth can change later.

Cells differentiate	**Development sculpts**	Cells move	Development can go wrong

1. Observe the analogy before naming the biology

Illustration: Different smoke detectors guard different rooms

1. Why is one detector not enough for the whole building?

2. Which signal belongs to which room?

3. What happens if nobody checks the batteries?

2. Turn observations into rules

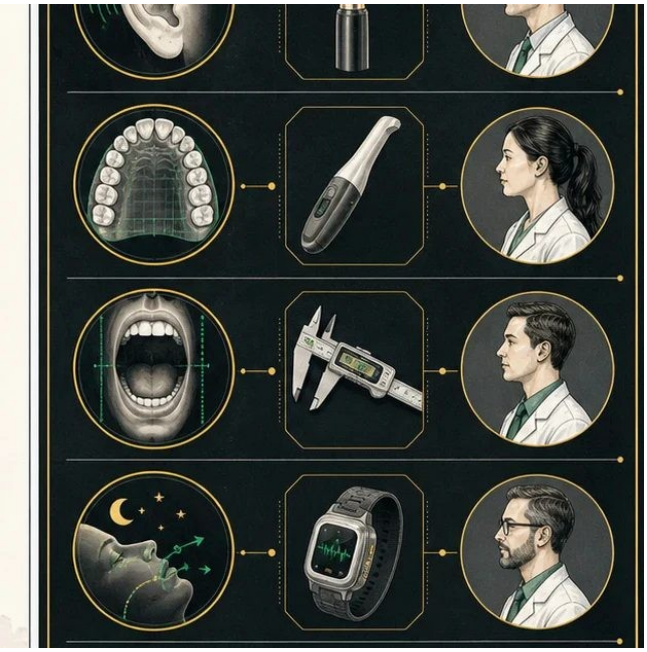
1. Rule 1: Match each risk to a detection method. Explain it in your own words.

2. Rule 2: Assign ownership for every alert. Explain it in your own words.

3. Rule 3: Repeat checks because conditions change over time. Explain it in your own words.

Where the analogy stops: Complications are not fires. The analogy models targeted surveillance and ownership.

3. Map the rules onto the biomedical example



Biomedical teaching illustration: Match each possible complication to its detector

Analogy step	Biology step	How the relationship stays the same
Sensor type	Speech test, hearing test, exam, imaging, or sleep study	_____
Room	Specific structure or function at risk	_____
Alarm owner	Named specialist responsible for follow-up	_____

4. Use the case evidence

ID	Finding supplied in the case	Why it matters
D18-E1	Mateo has new nasal air escape during fast speech.	Speech and velopharyngeal function need reassessment.
D18-E2	Hearing is stable, and middle-ear fluid is not present today.	Hearing surveillance continues, but it is not the immediate problem.
D18-E3	The dental team notes a narrowing upper arch during growth.	Orthodontic monitoring needs a separate plan.

5. Make the clinical decision

You are leading the annual cleft team review. You must route each finding to the right specialist and decide what happens first.

A. Prioritize speech evaluation, continue hearing surveillance, and schedule orthodontic review

B. Send every finding to the surgeon

C. Declare care complete because the cleft was repaired

Decision. Build the routing plan and cite one evidence ID for each action.

Claim ceiling: You may identify the next evaluation. You may not diagnose the cause of a new problem before the specialist assessment.

Claim. State the choice you can defend.

Evidence. Use these labeled IDs: D18-E1 + D18-E2 + D18-E3.

Reasoning. Explain why the evidence supports the claim and stays inside the claim ceiling.

6. Reduce the lesson to one lasting idea

Take-home. A repaired cleft still needs surveillance because speech, hearing, teeth, airway, and growth can change later.

1. Why is surveillance not the same as expecting a complication?

2. Which specialist owns each of today's findings?

Glossary

Term	Plain-English definition
oronasal fistula	An abnormal opening left between the mouth and nose after cleft repair, which can let fluid or air leak through.
velopharyngeal insufficiency	When the soft palate cannot fully seal off the nose during speech, letting air escape and making speech sound nasal.
midface hypoplasia	Underdevelopment of the middle of the face, so the cheeks and upper jaw look flat or set back, common after cleft repair.
obstructive sleep apnea	Repeated pauses in breathing during sleep caused when the airway at the back of the throat narrows or collapses.
surveillance	The ongoing, systematic collection and analysis of health data to detect disease early, track its trends, and trigger a timely public health response.
complication	An unwanted problem that develops during or after treatment, such as infection or a wound that breaks open after surgery.

Next lesson unlock

We answered what can still go wrong and who catches it. But Mateo now needs a surgeon, a speech-language pathologist, an audiologist, an orthodontist, and more, all watching different things across many years. How does one team deliver all of this care without anything falling through the cracks?

The journal links on the lesson page are optional. Everything required for this guided-notes set is already supplied here and in the case file.