

Role of Cleft Lip Educational Videos in Improving the Technique: A Preliminary Report

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The incidence of cleft lip is as high as 2.1:1,000 live births in Asians^{1,2}. Reconstructive surgery for cleft lip requires in-depth knowledge and understanding of the morphologic and functional changes that occur in the affected structures³. It is important to realize that surgical treatment has the greatest impact on the outcome and that the surgeon carries the major responsibility for the most difficult stages of treatment. Various methods available to surgeons include textbooks, supervisors, other surgeons, 2-D and 3-D diagrams etc. More recently, 3-D videos have been developed by the SmileTrain Organization. A pilot study was carried out in order to judge the efficacy of these 3-D videos.

(<http://medpro.smiletrain.org/medpro/vs/unilateral.mpg>).

In the study, 20 post graduate trainees were included having minimum of 6 months of the post graduate training. These trainees did not see the video before that. 15 questions were asked prior to showing the video and 15 questions were asked after showing the video. The identity was kept confidential. Each question carried ONE mark.

The average initial marks was 7.9/15 (range 5-10). After showing the video, the responses increased to 10.8/15 (range 8-13). 75% of the trainees agreed to the fact that videos improved their understanding and 10% were rather confused (Fig.1).

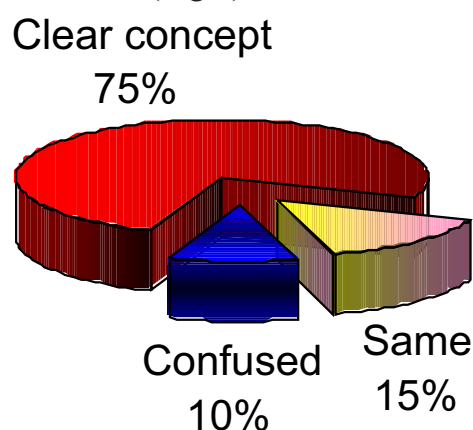


Fig. 1: Understanding of the trainees

The conventional teaching to the trainee surgeons is done by their supervisors / seniors with the help of textbooks, journal articles, 2-D & 3-D diagrams and live surgeries. At times, the concentrating power of the trainees is not equal. All these conventional teaching methods have drawbacks.

The Smile Train developed the 3-D educational videos in which the legend surgeons in the cleft lip/palate surgery explain the details of the various procedures. These videos are in 3 parts: *i.* unilateral cleft lip, *ii.* bilateral cleft lip, and *iii.* cleft palate. These videos demonstrate 3-D animations with actual surgery footages of various surgical techniques of these surgeons. These videos are definitely an adjunct to the conventional teaching methods.

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In our preliminary study, we carried out a survey in 20 trainees. The questions were mainly related to the surgical techniques. Majority of the trainees improved significantly after showing the videos. These videos have the advantage that these are easy to review and it is easy to discuss the confused points. The most important confused point in the conventional teaching is the special orientation of the different flaps.

These videos also have the advantage of

being readily accessible. Moreover, the visual effect is long lasting. A study on a larger scale is required to prove its role.

References:

1. Burdi AR: Section – I. Epidemiology, etiology, and pathogenesis of cleft lip and palate. *Cleft Palate J* 1971;14:469-71.
2. Habib Z. Factors determining occurrence of cleft lip and cleft palate. *Surg Gynecol Obstet* 1978;14:15-7.
3. Bardach J. Unilateral cleft lip. In: Cohen M, ed. *Mastery of Plastic and Reconstructive Surgery*. Little, Brown and company, Boston, USA 1994;548-65.

