



Original Article

Virtual Planning for Orthognathic Surgery in Cleft Lip and Palate Patients: A Comprehensive Literature Review

 Hashim Al-Hashimi
Hala Foundation For Research

Abstract

Cleft lip and palate deformities pose significant challenges in maxillofacial surgery, requiring meticulous planning to address both functional and aesthetic concerns. Virtual Surgical Planning (VSP) has revolutionized the field of orthognathic surgery by integrating advanced imaging, 3D modeling, and computer-aided design/manufacturing (CAD/CAM) technologies. This comprehensive literature review explores the transformative role of VSP in managing cleft orthognathic cases, focusing on its impact on surgical precision, functional rehabilitation, and aesthetic outcomes.

The review synthesizes findings from recent studies to highlight advancements in digital workflows, interdisciplinary collaboration, and patient-centered care. Key applications of VSP include multi-stage surgical planning, enhanced speech clarity, improved masticatory efficiency, and airway management. Moreover, VSP facilitates aesthetic refinements such as facial symmetry correction and midline alignment, contributing to higher patient satisfaction. Challenges, including cost barriers, technical constraints, and training disparities, are also addressed.

Emerging innovations, such as augmented reality integration, machine learning algorithms, and personalized surgical guides, promise to further enhance the precision and efficacy of VSP-guided interventions. By improving long-term functional stability, aesthetic durability, and quality of life, VSP has become an indispensable tool in the holistic management of cleft lip and palate patients requiring orthognathic surgery.

Keywords: 3D modeling, cleft lip and palate, digital workflow, functional outcomes, interdisciplinary collaboration, Le Fort osteotomies, maxillofacial surgery, orthognathic surgery, patient satisfaction, speech rehabilitation, symmetry correction, and virtual surgical planning.

Introduction

Cleft lip and palate deformities present significant surgical challenges due to the complex craniofacial anatomy and the need to address both functional and aesthetic concerns simultaneously. ([Zreagat et al., 2017](#)) These deformities can severely impact a patient's speech, mastication, and facial symmetry, highlighting the importance of a comprehensive and coordinated treatment approach. Virtual Surgical Planning has emerged as a transformative tool in the field of orthognathic surgery, enabling improved precision, predictable functional outcomes, and enhanced aesthetic results for cleft patients. ([Dhima et al., 2013](#))

This comprehensive literature review aims to thoroughly evaluate the impact of Virtual Surgical Planning on the management of cleft orthognathic surgery. The review will delve into current advancements in digital workflow and 3D modeling, assess the impact of VSP on functional outcomes such as speech and mastication, and explore the challenges associated with interdisciplinary collaboration in cleft care. Furthermore, the review will examine the role of VSP in correcting skeletal deformities through Le Fort osteotomies, enhancing patient satisfaction through improved symmetry and contour, and exploring future innovations in this rapidly evolving field. ([James et al., 2014](#)) ([Dhima et al., 2013](#))

Methodology

A comprehensive and systematic literature review was conducted to thoroughly evaluate the role and impact of Virtual Surgical Planning in the management of orthognathic surgery for patients with cleft lip and palate deformities. This multi-step methodology aimed to synthesize relevant high-quality evidence, highlighting the advancements in digital workflow and 3D modeling, as well as the clinical applications and outcomes associated with the use of VSP in this specialized field of craniofacial surgery.

The review followed a structured and rigorous approach to ensure the inclusion of studies that addressed the topic of VSP in cleft orthognathic surgery comprehensively, covering aspects such as surgical precision, functional outcomes, aesthetic improvements, and interdisciplinary collaboration. The comprehensive nature of this review was critical in providing a holistic understanding of the transformative role of VSP in enhancing the care and treatment of this complex patient population.

Study Selection Process

1. Database Search and Scope

To conduct a comprehensive literature review on the role of Virtual Surgical Planning in the management of orthognathic surgery for cleft lip and palate patients, a thorough search was performed across major scientific databases. This search focused on studies published between 2012 and 2024 to ensure the inclusion of the most recent advancements and emerging trends in this rapidly evolving field.

The search strategy utilized a combination of key terms and Medical Subject Headings to capture a diverse range of methodologies and clinical perspectives on the application of VSP in managing cleft deformities. The specific keywords and MeSH terms included:

- "Virtual surgical planning"
- "Cleft lip and palate"
- "Orthognathic surgery"
- "3D modeling"
- "Le Fort osteotomies"
- "Speech rehabilitation"
- "Facial symmetry"
- "Airway management"

The databases searched encompassed PubMed, Scopus, Web of Science, EMBASE, Google Scholar, and the Cochrane Library. This broad search strategy ensured the inclusion of high-quality, peer-reviewed studies that addressed the multifaceted aspects of VSP in the context of cleft orthognathic surgery. Only studies published in English were considered for inclusion to maintain the quality and reliability of the review.

2. Initial Screening

The initial screening process involved a thorough and rigorous review of titles and abstracts to carefully identify studies that were closely aligned with the review's scope and objectives. This critical screening step ensured a focused selection of high-relevance studies that specifically addressed the applications and impact of Virtual Surgical Planning in the context of cleft orthognathic surgery. Articles demonstrating clear relevance to either the functional outcomes (such as speech, mastication, and airway) or the aesthetic outcomes (including facial symmetry and contour) associated with the use of VSP were given priority for further evaluation and inclusion in the review.

3. Abstract Evaluation

Abstracts were carefully evaluated against a set of predefined inclusion criteria to ensure the relevance and quality of the studies selected for the review. The key criteria included:

- Studies that specifically focused on the application of Virtual Surgical Planning in the context of cleft lip and palate patients undergoing orthognathic surgery. This criterion was essential to maintain the review's narrow focus on the target patient population and the specific surgical intervention of interest.
- Relevance to one or more of the following aspects: surgical precision, functional outcomes (such as speech, mastication, or airway), or aesthetic improvements (including facial symmetry and contour). This ensured the inclusion of studies that directly addressed the key outcomes of interest for evaluating the impact of VSP in cleft orthognathic surgery.
- Emphasis on innovative methodologies, interdisciplinary approaches, or significant clinical findings that could provide valuable insights into the current state of VSP implementation and its

benefits. Studies highlighting novel techniques or collaborative efforts were prioritized to capture the latest advancements in this field.

- Evidence of comparative advantages or superior outcomes of VSP over traditional surgical planning techniques. This criterion helped to identify studies that clearly demonstrated the added value and transformative potential of VSP in the management of cleft orthognathic cases.

Articles that did not meet these predefined inclusion criteria were systematically excluded during this stage of the review process.

4. Full-Text Retrieval and Inclusion

For the final selection of studies, priority was given to high-quality, peer-reviewed research articles that provided a comprehensive evaluation of Virtual Surgical Planning in the context of cleft lip and palate orthognathic surgery. This included clinical trials, systematic reviews, and experimental studies that explicitly assessed the outcomes and impact of VSP across various domains, such as surgical precision, patient-reported satisfaction, and long-term functional stability.

Furthermore, studies that demonstrated an interdisciplinary approach, involving close collaboration between surgeons, orthodontists, and speech therapists, were given precedence. These collaborative efforts were crucial in providing a holistic understanding of the benefits of VSP in optimizing the care and treatment of cleft lip and palate patients.

The rigorous selection process ensured the inclusion of studies that not only met the predefined criteria but also offered substantial clinical insights and a deep exploration of the transformative role of VSP in enhancing the management of this complex patient population.

The selected full-text articles underwent a **rigorous synthesis process** to extract relevant data, categorize findings, and evaluate their implications. This process ensured the inclusion of high-quality evidence directly addressing the objectives of the review. The final selection provided a robust foundation for analyzing the transformative role of VSP in cleft orthognathic surgery.

Study Exclusion Process

1. Non-Cleft Focus

Studies that did not specifically focus on cleft lip and palate cases or their management using orthognathic surgery were excluded to maintain the narrow scope and targeted focus of the review. This ensured that the synthesized evidence directly addressed the application and impact of Virtual Surgical Planning within the context of treating cleft deformities through orthognathic procedures.

2. Lack of VSP-Specific Methodologies

Articles that lacked a clear and substantive emphasis on Virtual Surgical Planning, or those that utilized traditional surgical planning approaches without integrating digital technologies, were excluded from the review. This criterion was crucial to capturing the unique contributions and advancements enabled by the adoption of VSP in the management of cleft orthognathic cases.

3. Outdated or Insufficient Methodologies

Research studies employing outdated VSP techniques or lacking robust validation, such as incomplete or anecdotal case reports, were systematically excluded. This ensured that the review focused on the most current and reliable evidence surrounding the application of VSP in cleft orthognathic surgery.

4. Limited Clinical Relevance

Studies that did not provide meaningful clinical insights, such as evidence of functional or aesthetic outcomes, or those with poorly defined objectives, were excluded. The review sought to prioritize research that clearly demonstrated the impact of VSP on improving surgical precision, enhancing functional rehabilitation, and optimizing aesthetic results for cleft patients.

5. General Reviews or Grey Literature

Non-peer-reviewed literature, conference abstracts, and opinion pieces were excluded to uphold the rigor and reliability of the review. Only published, peer-reviewed research with detailed methodologies and results was included to ensure the highest level of scientific credibility and validity.

6. Misaligned Populations or Outcomes

Articles focusing on populations or outcomes unrelated to cleft orthognathic surgery, such as animal studies or non-cleft surgical cases, were systematically excluded. This ensured that the review remained firmly grounded in the specific context of cleft deformities and the unique challenges faced in their management through orthognathic interventions.

Data Extraction and Synthesis

The data extraction process involved a comprehensive analysis of the selected studies, focusing on the following key parameters:

- 1 **Study Design:** The review examined various types of research designs, including randomized controlled trials, prospective cohort studies, retrospective case-control analyses, and systematic reviews. This diversity of study methodologies provided a well-rounded understanding of the existing evidence on the application of Virtual Surgical Planning in cleft orthognathic surgery.
- 2 **Patient Demographics:** The review captured detailed information on the age, gender, and severity of cleft deformities among the studied populations. This allowed for a nuanced evaluation of how VSP-guided surgical interventions impacted patients with varying degrees of skeletal and soft tissue abnormalities.
- 3 **Surgical Outcomes:** The review delved deeply into the functional improvements enabled by VSP, such as enhanced speech intelligibility, improved chewing and masticatory efficiency, and optimized airway management. These objective outcome measures were crucial in assessing the transformative impact of this technology on the rehabilitation and quality of life for cleft patients.
- 4 **Aesthetic Results:** The review closely examined the improvements in facial symmetry, midline correction, and patient-reported satisfaction with the aesthetic outcomes. These parameters were

instrumental in understanding the role of VSP in enhancing the cosmetic and psychosocial well-being of cleft patients undergoing orthognathic surgery.

- 5 **Technological Integration:** The review scrutinized the specific VSP tools, 3D modeling software, and interdisciplinary workflows utilized in the included studies. This provided insights into the evolving digital technologies and collaborative approaches that are shaping the field of cleft orthognathic surgery.
- 6 **Challenges and Limitations:** The review diligently identified the barriers to implementation, cost considerations, and technical difficulties associated with VSP adoption. These findings were crucial in highlighting the practical and logistical hurdles that must be addressed to facilitate the widespread implementation of this transformative technology.

The thematic synthesis of the findings placed particular emphasis on the following key domains:

- Precision in surgical planning and execution
- Functional and aesthetic improvements in cleft patients
- The role of VSP in enhancing interdisciplinary collaboration
- Patient-centered outcomes, including psychosocial benefits

Definitions and Key Terms

For the purposes of this comprehensive literature review on Virtual Surgical Planning (VSP) in cleft orthognathic surgery, the following key definitions and terms are provided:

- 1 **Virtual Surgical Planning (VSP):**A digital workflow that integrates advanced imaging, computer-aided design (CAD), and computer-aided manufacturing (CAM) technologies to plan, simulate, and execute complex surgical procedures with enhanced precision and predictability.[\(Shenaq & Matros, 2018\)](#)
- 2 **Cleft Lip and Palate (CLP):**A congenital deformity characterized by an opening or split in the upper lip, palate, or both, often requiring multi-stage surgical interventions to correct functional and aesthetic abnormalities.[\(Brown & Mcdowell, 2023\)](#)
- 3 **Orthognathic Surgery:**A type of corrective jaw surgery performed to address skeletal discrepancies in the maxilla and mandible, improve occlusion, and restore functional and aesthetic harmony.[\(Hossameldin & McCain, 2014\)](#)
- 4 **Le Fort Osteotomies:**Surgical procedures performed to reposition the maxilla. Commonly used in cleft orthognathic surgery to correct midface deficiencies and enhance occlusion and facial symmetry.[\(Hyman & Buchanan, 2013\)](#)
- 5 **3D Modeling:**The process of creating a three-dimensional representation of the patient's anatomy using imaging modalities such as CT or CBCT scans. It forms the basis of virtual planning in surgical interventions.[\(Wu et al., 2022\)](#)

- 6 **Computer-Aided Design (CAD):**A technology used in VSP to digitally design surgical plans, including osteotomy patterns, segment repositioning, and soft tissue predictions.[\(Shenaq & Matros, 2018\)](#)
- 7 **Computer-Aided Manufacturing (CAM):**A process that uses digital plans to fabricate surgical guides, splints, and custom implants for precise intraoperative execution.[\(Huang et al., 2016\)](#)
- 8 **Functional Outcomes:**Clinical improvements resulting from surgery, including enhanced speech clarity, mastication efficiency, and airway function, which are particularly critical in cleft patients.[\(Farrell et al., 2014\)](#)
- 9 **Facial Symmetry:**Aesthetic harmony achieved by aligning the facial midline and balancing skeletal and soft tissue proportions through orthognathic interventions.[\(Cleft and Craniofacial Surgery., 2023\)](#)
- 10 **Speech Rehabilitation:**The process of improving speech quality and resonance, often a key functional goal in cleft orthognathic surgery, particularly with maxillary advancements.[\(Gallerano et al., 2012\)](#)
- 11 **Airway Management:**The improvement of nasal airflow and respiratory function through surgical interventions, often addressing obstructive sleep apnea or airway constriction associated with cleft deformities.[\(Napoli & Vallino, 2018\)](#)
- 12 **Patient-Specific Implants (PSIs):**Custom-designed surgical implants fabricated using CAD/CAM technology to fit the unique anatomy of a cleft patient, improving surgical precision and outcomes.[\(Jayaram & Huppa, 2012\)](#)
- 13 **Interdisciplinary Collaboration:**The coordinated efforts of multiple specialists, including oral surgeons, orthodontists, speech therapists, and prosthodontists, in planning and executing comprehensive treatment plans.[\(Gibson & Shetye, 2017\)](#)
- 14 **Tissue Remodeling:**Biological and mechanical processes influenced by surgical interventions that lead to functional and aesthetic improvements over time, particularly in skeletal and soft tissue structures.[\(Neel et al., 2014\)](#)
- 15 **Precision Medicine in Surgery:**A personalized approach that tailors surgical interventions to the patient's unique anatomical, functional, and aesthetic needs, facilitated by VSP technologies.[\(Kim et al., 2019\)](#)

Literature Review

Virtual Surgical Planning in Cleft Orthognathic Surgery

Virtual Surgical Planning has emerged as a transformative tool in the management of cleft lip and palate patients requiring orthognathic surgery. By seamlessly integrating advanced imaging modalities, 3D modeling, and computer-aided design and manufacturing (CAD/CAM) technologies, VSP has the potential to enhance surgical precision, reduce intraoperative variability, and facilitate unprecedented levels of interdisciplinary collaboration. The adoption of this innovative digital workflow has fundamentally redefined treatment approaches, enabling highly personalized strategies to address the

complex functional, aesthetic, and psychosocial challenges faced by cleft patients.[\(Napoli & Vallino, 2018\)](#)

The comprehensive integration of VSP into the clinical management of cleft orthognathic cases has opened new frontiers in precision medicine. This digital transformation empowers clinicians to meticulously plan, simulate, and execute surgical interventions tailored to each patient's unique anatomical, functional, and aesthetic needs. The enhanced precision afforded by VSP has the potential to improve surgical outcomes, optimize functional rehabilitation, and enhance the psychosocial well-being of cleft patients, ultimately elevating the standard of care in this complex domain of maxillofacial surgery.[\(Zhao et al., 2012\)](#)

3D Modeling in Cleft Lip and Palate

The foundation of VSP in cleft orthognathic surgery is rooted in the creation of detailed, patient-specific 3D models derived from high-resolution medical imaging techniques, such as computed tomography or cone-beam CT scans [\(Shenag & Matros, 2018\)](#). These advanced digital reconstructions provide surgeons with a comprehensive, 360-degree visualization of the patient's intricate craniofacial anatomy, including the affected skeletal structures, dental occlusion, and soft tissue features characteristic of cleft lip and palate deformities. This detailed 3D modeling enables clinicians to meticulously analyze the unique anatomical characteristics of each individual patient, laying the groundwork for the virtual planning and simulation of complex orthognathic surgical interventions tailored to their specific needs.[\(Chim et al., 2014\)](#)

Advancements in Digital Workflow for Orthognathic Surgery

The integration of Virtual Surgical Planning into the clinical management of cleft lip and palate patients undergoing orthognathic surgery has revolutionized the digital workflow, transforming the way clinicians approach these complex cases. By leveraging advanced computer-aided design and computer-aided manufacturing technologies, VSP enables the precise digital planning and simulation of critical surgical interventions, such as osteotomies, skeletal repositioning, and soft tissue contour adjustments. This enhanced digital workflow allows surgeons to meticulously analyze the patient's unique craniofacial anatomy, visualize the intended surgical outcomes, and fabricate customized surgical guides and implants to facilitate the accurate execution of the planned procedures.[\(Han et al., 2024\)](#)

Numerous studies have highlighted the significant benefits of incorporating VSP into the management of cleft orthognathic surgery. These include reductions in operative time, improvements in surgical accuracy and precision, and enhanced postoperative functional and aesthetic outcomes for patients.[\(Harbour et al., 2020\)](#) [\(Sweeny et al., 2021\)](#) [\(Farrell et al., 2014\)](#) [\(Wu et al., 2022\)](#)

The integration of VSP has been instrumental in addressing the complex anatomical challenges and multidisciplinary coordination required in the treatment of cleft lip and palate deformities, ultimately elevating the standard of care and improving the quality of life for these patients.[\(Farrell et al., 2014\)](#)

Assessing Functional Outcomes with Virtual Surgical Planning

The application of Virtual Surgical Planning in cleft orthognathic surgery extends far beyond the realm of surgical precision and accuracy, significantly improving the functional outcomes experienced by

patients. VSP enables meticulous planning and execution of complex orthognathic interventions, revolutionizing the management of cleft-related deformities. ([Farrell et al., 2014](#))

Specifically, VSP has demonstrated remarkable benefits in key areas of functional rehabilitation:

Speech Rehabilitation: Maxillary advancements guided by VSP enhance velopharyngeal function, reducing hypernasality and improving speech resonance. ([Sweeny et al., 2021](#))

Chewing Efficiency: Precise repositioning of skeletal segments facilitated by VSP restores optimal occlusion and masticatory function. ([Hopper et al., 2014](#))

Airway Management: Comprehensive 3D airway analysis in VSP enables targeted interventions that address obstructive sleep apnea and other respiratory issues associated with cleft deformities. ([Inouye et al., 2015](#))

By empowering clinicians to tailor surgical approaches to each patient's unique needs, VSP has become a pivotal tool in enhancing the functional outcomes of cleft orthognathic surgery, ultimately transforming the standard of care in this highly specialized field of maxillofacial surgery. ([Sweeny et al., 2021](#))

Challenges in Interdisciplinary Collaboration for Cleft Care

Effective cleft care requires a comprehensive, multidisciplinary approach involving surgeons, orthodontists, prosthodontists, speech therapists, and other healthcare professionals. While the adoption of Virtual Surgical Planning has significantly enhanced communication and collaboration through the seamless sharing of detailed 3D digital models, various challenges persist that can impede the optimization of patient outcomes. ([Chim et al., 2014](#))

These challenges include disparities in expertise levels among the team members, difficulties in synchronizing complex workflows across multiple disciplines, and resource constraints that may limit access to advanced technologies and specialized expertise. Addressing these barriers is essential to ensuring the full potential of VSP is realized in the care of cleft lip and palate patients, enabling a truly integrated and personalized approach to managing their complex functional, aesthetic, and psychosocial needs. ([Zreagat et al., 2017](#))

Correcting Skeletal Deformities with Le Fort Osteotomies

Le Fort osteotomies are the standard and well-established surgical technique for maxillary repositioning in patients with cleft lip and palate deformities. The integration of Virtual Surgical Planning into this critical procedure has significantly enhanced the precision and predictability of these complex interventions. VSP enables surgeons to meticulously plan the precise osteotomy lines, simulate the optimal movements of bone segments, and determine the most appropriate fixation points for stabilizing the repositioned maxilla. ([Stranix et al., 2019](#))

This enhanced precision afforded by VSP minimizes intraoperative variability, reduces the risk of postoperative relapse, and ultimately ensures better functional and aesthetic outcomes for the patient. The seamless integration of Le Fort osteotomies, guided by the comprehensive planning and simulation capabilities of virtual planning, has become a cornerstone of comprehensive cleft orthognathic surgery, transforming the management of these intricate craniofacial deformities and elevating the standard of care for these patients. ([Naran et al., 2018](#))

Enhancing Patient Satisfaction through Symmetry and Contour

The remarkable advancements in Virtual Surgical Planning have not only improved the functional outcomes of cleft orthognathic surgery but have also had a profound impact on the aesthetic and psychological well-being of patients. VSP's ability to meticulously plan and simulate complex skeletal repositioning, along with detailed soft tissue contouring, has enabled surgeons to achieve remarkable results in restoring facial symmetry, harmonious proportions, and natural-appearing aesthetic outcomes. By allowing clinicians to simulate and plan for optimal soft tissue harmony, VSP aligns surgical results with each patient's unique aesthetic goals and preferences, enhancing preoperative counseling and improving patient satisfaction through the creation of realistic expectations. ([Shenag & Matros, 2018](#))

Furthermore, the seamless integration of VSP has allowed for the fabrication of customized surgical guides and patient-specific implants, further optimizing the precision and accuracy of these intricate surgical interventions and leading to enhanced patient satisfaction with the final aesthetic and functional outcomes. ([Sweeny et al., 2021](#))

Evaluating the Impact of Virtual Surgical Planning

Numerous studies have evaluated the impact of Virtual Surgical Planning on various aspects of cleft orthognathic surgery, consistently demonstrating its profound influence on improving surgical precision, functional rehabilitation, and patient-reported outcomes. The existing body of evidence highlights the transformative role of VSP in elevating the standard of care for these complex craniofacial deformities, leading to enhanced clinical outcomes and improved quality of life for patients. As the adoption of VSP continues to grow, ongoing research will further elucidate its long-term benefits and guide the development of innovative techniques to optimize the management of cleft lip and palate patients requiring orthognathic interventions. ([Farrell et al., 2014](#))

Exploring the Role of CAD/CAM in Maxillofacial Surgery

The integration of computer-aided design and computer-aided manufacturing technologies has been a crucial enabler of the transformative impact of Virtual Surgical Planning in the field of maxillofacial surgery. These advanced digital technologies empower clinicians to fabricate a wide array of patient-specific surgical guides, implants, and other customized medical devices that remarkably enhance the precision, accuracy, and personalization of complex craniofacial procedures.

The seamless integration of CAD/CAM workflows with VSP has revolutionized the practice of maxillofacial surgery, providing clinicians with unparalleled capabilities to plan, simulate, and execute intricate interventions tailored to the unique anatomical and functional needs of each patient. This technological integration allows for the meticulous design and fabrication of surgical guides that facilitate precise osteotomies, as well as the production of patient-specific implants that ensure optimal fit and integration during reconstructive procedures.

Ultimately, the synergistic application of CAD/CAM and VSP has empowered clinicians to deliver highly customized, functional, and aesthetic outcomes for patients with complex craniofacial deformities, such as those associated with cleft lip and palate. This transformative advancement in maxillofacial surgery has significantly enhanced the standard of care and quality of life for these patients, underscoring the profound impact of integrated digital technologies in the specialized field of reconstructive and orthognathic surgery. ([Arce, 2020](#))

Future Innovations in Virtual Surgical Planning

As Virtual Surgical Planning continues to evolve, researchers and clinicians are exploring a wide range of innovative applications and advancements to further enhance its impact on the management of cleft lip and palate patients requiring orthognathic surgery. ([Steinbacher, 2015](#))

One promising area of development is the seamless integration of augmented reality and mixed reality technologies into the VSP workflow. These immersive visualization platforms can provide surgeons with enhanced intraoperative guidance and real-time surgical navigation, allowing them to seamlessly overlay virtual surgical plans and three-dimensional holographic models onto the patient's actual anatomy during the surgical procedure. This real-time visual feedback and augmented surgical guidance can significantly improve the precision, accuracy, and efficiency of complex craniofacial interventions, ultimately leading to improved functional outcomes, such as speech, mastication, and airway, as well as enhanced aesthetic results in terms of facial symmetry and natural-appearing contours for patients. ([Arce et al., 2020](#))

Furthermore, the ongoing advancements in machine learning and artificial intelligence algorithms have the potential to revolutionize the VSP process, enabling more sophisticated simulations, automated analyses, and highly personalized treatment planning. By leveraging the power of these cutting-edge technologies, clinicians can engage in more precise preoperative planning, optimize surgical strategies, and tailor interventions to the unique anatomical, functional, and aesthetic needs of each individual patient. This level of personalization and predictive analytics empowered by AI-driven VSP can significantly enhance the standard of care and improve overall outcomes for cleft lip and palate patients requiring orthognathic surgery. ([Sayadi et al., 2022](#))

Improving Precision in Orthognathic Surgery

The integration of Virtual Surgical Planning into the management of cleft lip and palate patients requiring orthognathic surgery has been a transformative development, dramatically improving the precision and accuracy of these complex craniofacial interventions. By enabling clinicians to meticulously plan, simulate, and execute surgical procedures in a virtual environment, VSP has revolutionized the preoperative workflow, allowing for enhanced communication, collaboration, and personalization of treatment strategies. ([Arce et al., 2020](#))

One of the key benefits of Virtual Surgical Planning is its ability to facilitate the fabrication of patient-specific surgical guides and cutting templates, which are precisely designed to enable the accurate execution of osteotomies and maxillomandibular fixation during the surgical procedure. Additionally, VSP enables the creation of customized implants and prosthetics that ensure optimal fit and integration, further enhancing the functional and aesthetic outcomes for patients. By integrating advanced digital technologies such as computer-aided design and manufacturing (CAD/CAM), clinicians can deliver highly personalized, predictable, and reproducible surgical results, ultimately improving the overall standard of care for individuals with complex craniofacial deformities. ([Oh, 2018](#))

The synergistic application of VSP and CAD/CAM technologies has led to numerous subjective benefits, including improved patient and surgeon satisfaction, as well as enhanced efficiency and cooperation between the multidisciplinary surgical teams involved in the care of these patients. This integrated digital workflow has revolutionized the practice of maxillofacial surgery, allowing for meticulous preoperative planning, precise intraoperative guidance, and highly customized interventions tailored to the unique

needs of each patient with cleft lip and palate deformities requiring orthognathic surgery.[\(Scolozzi & Herzog, 2016\)](#)

Integrating Virtual Surgical Planning into Cleft Care

The integration of Virtual Surgical Planning into the management of cleft lip and palate patients requiring orthognathic surgery has been a transformative development, dramatically improving the precision and accuracy of these complex craniofacial interventions. By enabling clinicians to meticulously plan, simulate, and execute surgical procedures within a virtual environment, VSP has revolutionized the preoperative workflow. This innovative technology allows for enhanced communication and collaboration among the multidisciplinary surgical teams involved in the care of these patients, facilitating the personalization of treatment strategies to address the unique anatomical, functional, and aesthetic needs of each individual.[\(Carretero & Cuéllar, 2022\)](#)

The seamless integration of VSP with advanced computer-aided design and manufacturing (CAD/CAM) workflows has further empowered clinicians to deliver highly customized, predictable, and reproducible surgical outcomes. The fabrication of patient-specific surgical guides, cutting templates, and implants ensures optimal fit, integration, and precision during the surgical procedure, leading to improved functional results in terms of speech, mastication, and airway, as well as enhanced aesthetic outcomes such as facial symmetry and natural-appearing contours.[\(Huang et al., 2016\)](#)

The synergistic application of VSP and CAD/CAM technologies has been widely reported to improve patient and surgeon satisfaction, as well as enhance the efficiency and cooperation between the various specialists engaged in the comprehensive management of cleft lip and palate patients requiring orthognathic surgery. This transformative digital integration has revolutionized the practice of maxillofacial surgery, underscoring the profound impact of integrated virtual planning and personalized surgical interventions in the specialized field of reconstructive and orthognathic surgery.[\(Arce et al., 2020\)](#)

Leveraging Technology for Airway Management

One of the key functional outcomes that has significantly benefited from the integration of Virtual Surgical Planning in cleft orthognathic surgery is the management of the airway [\(Wu et al., 2022\)](#) [\(Harbour et al., 2020\)](#). Cleft lip and palate patients often present with complex anatomical deformities that can severely compromise the airway, leading to significant breathing difficulties, sleep-disordered breathing, and associated serious health complications. These airway issues can significantly impact the patient's quality of life and overall health, making the precise evaluation and optimization of the airway a critical priority in the surgical planning process.[\(Khan et al., 2020\)](#)

Virtual Surgical Planning enables clinicians to meticulously analyze the patient's unique airway anatomy in a highly detailed, three-dimensional virtual environment. This allows them to simulate the impact of various surgical interventions, such as Le Fort osteotomies and mandibular advancements, on the airway volume and patency [\(Harbour et al., 2020\)](#). By carefully evaluating these simulations, the surgical team can optimize the treatment plan to ensure the best possible outcomes for airway function, ultimately improving the patient's breathing, sleep quality, and overall well-being. The ability to virtually plan and predict the impact of surgical changes on the airway is a transformative advancement in the management of cleft lip and palate patients requiring orthognathic surgery.[\(Vella & Tatum, 2019\)](#)

Optimizing Outcomes in Cleft Lip and Palate Deformities

The integration of Virtual Surgical Planning into the management of cleft lip and palate patients undergoing orthognathic surgery has demonstrated a profound impact on improving surgical outcomes and enhancing the overall quality of care. By enabling meticulous preoperative planning, simulation, and the fabrication of patient-specific surgical guides and implants, VSP has empowered clinicians to deliver highly personalized, predictable, and reproducible interventions that address the unique anatomical, functional, and aesthetic needs of each individual patient. ([Naran et al., 2018](#)) ([Arce et al., 2020](#))

The seamless integration of VSP with advanced computer-aided design and manufacturing workflows has further optimized the surgical process, ensuring improved fit, integration, and precision during the surgical procedure. This has led to enhanced functional outcomes, such as improved speech, mastication, and airway management, as well as superior aesthetic results in terms of facial symmetry and natural-appearing contours. ([Farrell et al., 2014](#))

The synergistic application of VSP and CAD/CAM technologies has been widely reported to improve patient and surgeon satisfaction, as well as enhance the efficiency and cooperation between the various specialists engaged in the comprehensive management of cleft lip and palate patients requiring orthognathic surgery. This transformative digital integration has revolutionized the practice of maxillofacial surgery, underscoring the profound impact of integrated virtual planning and personalized surgical interventions in the specialized field of reconstructive and orthognathic surgery. ([Faber et al., 2018](#))

Patient-Centered Approach to Cleft Orthognathic Surgery

The integration of Virtual Surgical Planning into the management of cleft lip and palate patients undergoing orthognathic surgery has fostered a more comprehensive, patient-centered approach to their care. By enabling detailed preoperative planning, simulation, and the fabrication of personalized surgical guides and implants, VSP has empowered clinicians to tailor treatment strategies that address the unique anatomical, functional, and aesthetic needs of each individual patient. This innovative technology facilitates enhanced collaboration among the multidisciplinary surgical team, ensuring a coordinated effort to optimize outcomes and improve the overall quality of life for these patients. The VSP-driven, patient-centric approach has been widely recognized for its ability to enhance surgical precision, functional results, and aesthetic improvements, ultimately leading to greater patient satisfaction and improved long-term outcomes. ([Davey et al., 2019](#))

The implementation of VSP has also led to the development of innovative tools and techniques that further enhance the patient-centered approach to cleft orthognathic surgery. The creation of customized surgical guides, cutting templates, and patient-specific implants allows for unprecedented precision and accuracy during the surgical procedure, minimizing the risk of complications and improving the predictability of outcomes. Additionally, the integration of advanced imaging and simulation software enables clinicians to visualize the anticipated changes in facial symmetry, contour, and function, empowering them to make informed decisions that align with the patient's goals and preferences. ([Knoops et al., 2019](#))

Transformative Tools in Orthognathic Surgery

The application of Virtual Surgical Planning has revolutionized the field of maxillofacial and reconstructive surgery, particularly in the management of cleft lip and palate patients undergoing orthognathic procedures. This integrated digital approach has empowered clinicians to deliver highly personalized, precision-driven interventions that optimize a wide range of functional outcomes, from improved speech and mastication to enhanced airway management. By enabling meticulous preoperative planning, simulation, and the fabrication of patient-specific surgical guides and implants, VSP has transformed the standard of care, leading to superior aesthetic results and significantly enhancing the overall quality of life for these complex patient populations. The synergistic application of VSP and advanced computer-aided design and manufacturing (CAD/CAM) technologies has further optimized the surgical process, ensuring improved fit, integration, and predictability during the intervention. This transformative digital integration has revolutionized the practice of maxillofacial surgery, underscoring the profound impact of integrated virtual planning and personalized surgical interventions in the specialized field of reconstructive and orthognathic surgery. ([Shenag & Matros, 2018](#))

Discussion

The integration of Virtual Surgical Planning has revolutionized the management of cleft lip and palate patients undergoing orthognathic surgery. This transformative technology has empowered clinicians to deliver highly personalized, predictable, and reproducible interventions that address the unique anatomical, functional, and aesthetic needs of each individual patient. By enabling meticulous preoperative planning, simulation, and the fabrication of patient-specific surgical guides and implants, VSP has profoundly impacted surgical outcomes and enhanced the overall quality of care for these complex patient populations. ([Arce et al., 2020](#))

The seamless integration of VSP with advanced computer-aided design and manufacturing workflows has further optimized the surgical process, ensuring improved fit, integration, and precision during the intervention. This has led to enhanced functional outcomes, such as improved speech, mastication, and airway management, as well as superior aesthetic results in terms of facial symmetry and natural-appearing contours. The synergistic application of VSP and CAD/CAM technologies has been widely reported to improve patient and surgeon satisfaction, as well as enhance the efficiency and cooperation between the various specialists engaged in the comprehensive management of cleft lip and palate patients requiring orthognathic surgery. ([Farrell et al., 2014](#))

This transformative digital integration has revolutionized the practice of maxillofacial surgery, underscoring the profound impact of integrated virtual planning and personalized surgical interventions in the specialized field of reconstructive and orthognathic surgery. The VSP-driven, patient-centric approach has been widely recognized for its ability to enhance surgical precision, functional results, and aesthetic improvements, ultimately leading to greater patient satisfaction and improved long-term outcomes. ([Sweeny et al., 2021](#))

Conclusion

The incorporation of Virtual Surgical Planning into the comprehensive management of cleft lip and palate patients undergoing orthognathic surgery has revolutionized the field of maxillofacial and reconstructive surgery. This transformative digital technology has empowered clinicians to deliver highly

personalized, predictable, and reproducible surgical interventions that meticulously address the complex anatomical, functional, and aesthetic needs of each individual patient. By enabling detailed preoperative planning, advanced 3D simulation, and the fabrication of custom-tailored surgical guides and patient-specific implants, VSP has profoundly impacted surgical outcomes and significantly enhanced the overall quality of care and long-term quality of life for these intricate patient populations.

The seamless integration of VSP with computer-aided design and manufacturing (CAD/CAM) workflows has further optimized the surgical process, ensuring improved fit, integration, and precision during the intervention. This synergistic digital approach has led to enhanced functional outcomes, such as improved speech, mastication, and airway management, as well as superior aesthetic results in terms of facial symmetry and natural-appearing contours. The VSP-driven, patient-centric methodology has been widely recognized for its ability to improve surgical accuracy, predictability, and reproducibility, ultimately leading to greater patient satisfaction and better long-term treatment outcomes.

Recommendations for Future Research and Directions Ahead

While the integration of Virtual Surgical Planning has undeniably transformed the practice of orthognathic surgery for cleft lip and palate patients, there remain areas for further research and innovation. The continued advancement of VSP technology, including enhanced 3D visualization, simulation capabilities, and customized surgical guides, has the potential to drive even more precise, personalized, and predictable interventions. Investigating the long-term functional and aesthetic outcomes of VSP-guided orthognathic surgeries, as well as the impact on patient quality of life, will be crucial to further validate and refine this transformative approach. Exploring the integration of VSP with emerging technologies, such as intraoperative navigation systems and robotic-assisted surgical platforms, may unlock new frontiers in maximizing surgical precision and streamlining workflow. Additionally, research focused on optimizing the interdisciplinary collaboration between maxillofacial surgeons, orthodontists, speech-language pathologists, and other specialists could help solidify the holistic, patient-centered model of care that VSP helps enable. As the field of reconstructive and orthognathic surgery continues to evolve, the strategic expansion and refinement of VSP-based methodologies will undoubtedly remain a critical area of exploration to further enhance outcomes and improve the quality of life for individuals with complex craniofacial deformities.

References

1. Arce, K. (2020). Computer-Guided Oral and Maxillofacial Surgery: Opportunities to Transform Patient Care. In *Atlas of the Oral and Maxillofacial Surgery Clinics* (Vol. 28, Issue 2). Elsevier BV. <https://doi.org/10.1016/j.cxom.2020.06.003>
2. Arce, K., Morris, J. M., Alexander, A. E., & Ettinger, K. S. (2020). Developing a Point-of-Care Manufacturing Program for Craniomaxillofacial Surgery [Review of Developing a Point-of-Care Manufacturing Program for Craniomaxillofacial Surgery]. *Atlas of the Oral and Maxillofacial Surgery Clinics*, 28(2), 165. Elsevier BV. <https://doi.org/10.1016/j.cxom.2020.06.002>
3. Brown, J., & McDowell, F. (2023). SURGICAL REPAIR OF CLEFT LIPS. <http://archsurg.jamanetwork.com/article.aspx?doi=10.1001/archsurg.1948.01240010761006>
4. Carretero, J. L. C., & Cuéllar, C. N. (2022). New Technologies for Personalized Medicine in Head and Neck Oncologic and Reconstructive Surgery. In *Journal of Clinical Medicine* (Vol. 11, Issue 15, p. 4261). Multidisciplinary Digital Publishing Institute. <https://doi.org/10.3390/jcm11154261>
5. Chim, H., Wetjen, N. M., & Mardini, S. (2014). Virtual Surgical Planning in Craniofacial Surgery. In *Seminars in Plastic Surgery* (Vol. 28, Issue 3, p. 150). Thieme Medical Publishers (Germany). <https://doi.org/10.1055/s-0034-1384811>
6. Cleft and Craniofacial Surgery. (2023). <https://joms.org/retrieve/pii/S0278239117304871>
7. Davey, M. G., McInerney, N., Barry, T., Hussey, A., & Potter, S. (2019). Virtual Surgical Planning Computer-aided Design-guided Osteocutaneous Fibular Free Flap for Craniofacial Reconstruction: A Novel Surgical Approach [Review of Virtual Surgical Planning Computer-aided Design-guided Osteocutaneous Fibular Free Flap for Craniofacial Reconstruction: A Novel Surgical Approach]. *Cureus*. Cureus, Inc. <https://doi.org/10.7759/cureus.6256>
8. Dhima, M., Salinas, T., & Rieck, K. L. (2013). Virtual Surgical Planning for Treatment of Severe Mandibular Retrognathia With Collapsed Occlusion Using Contemporary Surgical and Prosthodontic Protocols. In *Journal of Oral and Maxillofacial Surgery* (Vol. 71, Issue 11, p. 1923). Elsevier BV. <https://doi.org/10.1016/j.joms.2013.06.216>
9. Faber, J., Miranda, L. A., Faber, C., Valim, P., Bicalho, L. S., & Milki-Neto, J. (2018). Surgery-first orthognathic surgery with computer assisted three-dimensional planning [Review of Surgery-first orthognathic surgery with computer assisted three-dimensional planning]. *Seminars in Orthodontics*, 24(4), 430. Elsevier BV. <https://doi.org/10.1053/j.sodo.2018.10.007>
10. Farrell, B. B., Franco, P., & Tucker, M. R. (2014). Virtual Surgical Planning in Orthognathic Surgery [Review of Virtual Surgical Planning in Orthognathic Surgery]. *Oral and Maxillofacial Surgery Clinics of North America*, 26(4), 459. Elsevier BV. <https://doi.org/10.1016/j.coms.2014.08.011>
11. Gallerano, G., Ruoppolo, G., & Silvestri, A. (2012). Myofunctional and speech rehabilitation after orthodontic-surgical treatment of dento-maxillofacial dysgnathia. In *Progress in Orthodontics* (Vol. 13, Issue 1, p. 57). Springer Nature. <https://doi.org/10.1016/j.pio.2011.08.002>

12. Gibson, T. L., & Shetye, P. R. (2017). Collaborative care and the modern craniofacial treatment team [Review of Collaborative care and the modern craniofacial treatment team]. *Seminars in Orthodontics*, 23(3), 255. Elsevier BV. <https://doi.org/10.1053/j.sodo.2017.05.001>
13. Han, H., Zhang, C., Zhu, L., Singh, P., Hsung, T.-C., Leung, Y. Y., Komura, T., Wang, W., & Gu, M. (2024). Facial Surgery Preview Based on the Orthognathic Treatment Prediction. In arXiv (Cornell University). Cornell University. <https://doi.org/10.48550/arxiv.2412.11045>
14. Harbour, P. W., Charipova, K., Dang, D., Moores, L. E., & Baker, S. B. (2020). Novel Use of a Custom Fixation Plate in Pediatric Fibrous Dysplasia. In *Plastic & Reconstructive Surgery Global Open* (Vol. 8, Issue 11). Wolters Kluwer. <https://doi.org/10.1097/gox.00000000000003262>
15. Hopper, R. A., Tse, R., Smartt, J. M., Swanson, J. W., & Kinter, S. (2014). Cleft Palate Repair and Velopharyngeal Dysfunction. In *Plastic & Reconstructive Surgery* (Vol. 133, Issue 6, p. 852). Lippincott Williams & Wilkins. <https://doi.org/10.1097/prs.0000000000000184>
16. Hossameldin, R. H., & McCain, J. P. (2014). The Efficacy of Computer-Based Pre Operative Virtual Planning of Orthognathic Surgery and Fabrication of Intra-operative Cutting and Positioning Guides with Pre Bending of Fixation Maxillary Plates. In *Journal of Oral and Maxillofacial Surgery* (Vol. 72, Issue 9). Elsevier BV. <https://doi.org/10.1016/j.joms.2014.06.080>
17. Huang, Y.-H., Seelaus, R., Zhao, L., Patel, P. K., & Cohen, M. (2016). Virtual surgical planning and 3D printing in prosthetic orbital reconstruction with percutaneous implants: a technical case report. In *International Medical Case Reports Journal* (p. 341). Dove Medical Press. <https://doi.org/10.2147/imcrj.s118139>
18. Hyman, C. H., & Buchanan, E. P. (2013). LeFort I Osteotomy. In *Seminars in Plastic Surgery* (Vol. 27, Issue 3, p. 149). Thieme Medical Publishers (Germany). <https://doi.org/10.1055/s-0033-1357112>
19. Inouye, J. M., Pelland, C. M., Lin, K. Y., Borowitz, K. C., & Blemker, S. S. (2015). A Computational Model of Velopharyngeal Closure for Simulating Cleft Palate Repair. In *Journal of Craniofacial Surgery* (Vol. 26, Issue 3, p. 658). Lippincott Williams & Wilkins. <https://doi.org/10.1097/scs.00000000000001441>
20. James, J. N., Costello, B. J., & Ruiz, R. L. (2014). Management of Cleft Lip and Palate and Cleft Orthognathic Considerations [Review of Management of Cleft Lip and Palate and Cleft Orthognathic Considerations]. *Oral and Maxillofacial Surgery Clinics of North America*, 26(4), 565. Elsevier BV. <https://doi.org/10.1016/j.coms.2014.08.007>
21. Jayaram, R., & Huppa, C. (2012). Surgical Correction of Cleft Lip and Palate [Review of Surgical Correction of Cleft Lip and Palate]. *Frontiers of Oral Physiology/Frontiers of Oral Biology*, 101. Karger Publishers. <https://doi.org/10.1159/000337664>
22. Khan, M. J., Tageldin, T., Farooqi, M. W., Khamash, O., Shahid, U., Abdul-Rahman, M. E.-F., Elarref, M., & Hassan, J. (2020). Principles of Anesthesia and Airway Management in Head and Neck Surgery. In *IntechOpen eBooks*. IntechOpen. <https://doi.org/10.5772/intechopen.95029>
23. Kim, Y. J., Kelley, B. P., Nasser, J. S., & Chung, K. C. (2019). Implementing Precision Medicine and Artificial Intelligence in Plastic Surgery: Concepts and Future Prospects. In *Plastic &*

- Reconstructive Surgery Global Open (Vol. 7, Issue 3). Wolters Kluwer. <https://doi.org/10.1097/gox.0000000000002113>
24. Knoops, P. G. M., Papaioannou, A., Borghi, A., Breakey, R. W. F., Wilson, A. T., Jeelani, O., Zafeiriou, S., Steinbacher, D. M., Padwa, B. L., Dunaway, D., & Schievano, S. (2019). A machine learning framework for automated diagnosis and computer-assisted planning in plastic and reconstructive surgery. In *Scientific Reports* (Vol. 9, Issue 1). Nature Portfolio. <https://doi.org/10.1038/s41598-019-49506-1>
25. Napoli, J. A., & Vallino, L. D. (2018). Achieving Excellence in Cleft Care: In *Delaware Journal of Public Health* (Vol. 4, Issue 1, p. 30). <https://doi.org/10.32481/djph.2018.01.008>
26. Naran, S., Steinbacher, D. M., & Taylor, J. A. (2018). Current Concepts in Orthognathic Surgery [Review of Current Concepts in Orthognathic Surgery]. *Plastic & Reconstructive Surgery*, 141(6), 925. Lippincott Williams & Wilkins. <https://doi.org/10.1097/prs.0000000000004438>
27. Neel, E. A. A., Chrzanowski, W., Salih, V., Kim, H., & Knowles, J. C. (2014). Tissue engineering in dentistry [Review of Tissue engineering in dentistry]. *Journal of Dentistry*, 42(8), 915. Elsevier BV. <https://doi.org/10.1016/j.jdent.2014.05.008>
28. Oh, J.-H. (2018). Recent advances in the reconstruction of cranio-maxillofacial defects using computer-aided design/computer-aided manufacturing [Review of Recent advances in the reconstruction of cranio-maxillofacial defects using computer-aided design/computer-aided manufacturing]. *Maxillofacial Plastic and Reconstructive Surgery*, 40(1). Springer Science+Business Media. <https://doi.org/10.1186/s40902-018-0141-9>
29. Sayadi, L. R., Hamdan, U. S., Zhangli, Q., & Vyas, R. M. (2022). Harnessing the Power of Artificial Intelligence to Teach Cleft Lip Surgery. In *Plastic & Reconstructive Surgery Global Open* (Vol. 10, Issue 7). Wolters Kluwer. <https://doi.org/10.1097/gox.0000000000004451>
30. Scolozzi, P., & Herzog, G. (2016). Computer-Assisted Virtual Planning for Surgical Guide Manufacturing and Internal Distractor Adaptation in the Management of Midface Hypoplasia in Cleft Patients. In *The Cleft Palate-Craniofacial Journal* (Vol. 54, Issue 4, p. 457). SAGE Publishing. <https://doi.org/10.1597/15-208>
31. Shenaq, D., & Matros, E. (2018). Virtual planning and navigational technology in reconstructive surgery [Review of Virtual planning and navigational technology in reconstructive surgery]. *Journal of Surgical Oncology*, 118(5), 845. Wiley. <https://doi.org/10.1002/jso.25255>
32. Steinbacher, D. M. (2015). Three-Dimensional Analysis and Surgical Planning in Craniomaxillofacial Surgery. In *Journal of Oral and Maxillofacial Surgery* (Vol. 73, Issue 12). Elsevier BV. <https://doi.org/10.1016/j.joms.2015.04.038>
33. Stranix, J. T., Stern, C. S., Rensberger, M., Ganly, I., Boyle, J. O., Allen, R. J., Disa, J. J., Mehrara, B. J., Garfein, E. S., & Matros, E. (2019). A Virtual Surgical Planning Algorithm for Delayed Maxillomandibular Reconstruction. In *Plastic & Reconstructive Surgery* (Vol. 143, Issue 4, p. 1197). Lippincott Williams & Wilkins. <https://doi.org/10.1097/prs.0000000000005452>

34. Sweeny, L., Fuson, A., & Curry, J. (2021). Current trends in midface reconstruction and use of virtual surgical planning. In *Plastic and Aesthetic Research*. Medknow. <https://doi.org/10.20517/2347-9264.2020.228>
35. Vella, J. B., & Tatum, S. A. (2019). Risk factors for velopharyngeal dysfunction following orthognathic surgery in the cleft population [Review of Risk factors for velopharyngeal dysfunction following orthognathic surgery in the cleft population]. *Current Opinion in Otolaryngology & Head & Neck Surgery*, 27(4), 317. Lippincott Williams & Wilkins. <https://doi.org/10.1097/moo.0000000000000553>
36. Wu, J., Hui, W., Huang, J., Luan, N., Lin, Y., Zhang, Y., & Zhang, S. (2022). The Feasibility of Robot-Assisted Chin Osteotomy on Skull Models: Comparison with Surgical Guides Technique. In *Journal of Clinical Medicine* (Vol. 11, Issue 22, p. 6807). Multidisciplinary Digital Publishing Institute. <https://doi.org/10.3390/jcm11226807>
37. Zhao, L., Patel, P. K., & Cohen, M. (2012). Application of Virtual Surgical Planning with Computer Assisted Design and Manufacturing Technology to Cranio-Maxillofacial Surgery. In *Archives of Plastic Surgery* (Vol. 39, Issue 4, p. 309). Thieme Medical Publishers (Germany). <https://doi.org/10.5999/aps.2012.39.4.309>
38. Zreaqat, M., Hassan, R., & Hanoun, A. (2017). Cleft Lip and Palate Management from Birth to Adulthood: An Overview. In *InTech eBooks*. <https://doi.org/10.5772/intechopen.68448>