

**Makalah Ilmiah
(ORAL PRESENTATION)**

**EVALUATION OF CLEFT LIP AND PALATE CARE BEFORE
AND DURING PANDEMIC COVID-19 IN INDONESIA**

Disampaikan pada acara

14th International Congress of Cleft Lip and Palate and Related Craniofacial Anomalies

11th to 15th July 2022

Edinburgh International Conference Center, Edinburgh, UK

Oleh:

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M. Idris Ibnu Ikhsan

Kushariyadi



Collaboration, Compassion, Excellence

Together, for better global cleft care

14th International Congress of Cleft Lip and Palate and
Related Craniofacial Anomalies

11th to 15th July 2022

Edinburgh International Conference Centre (EICC),
Edinburgh, UK

Book of Abstracts

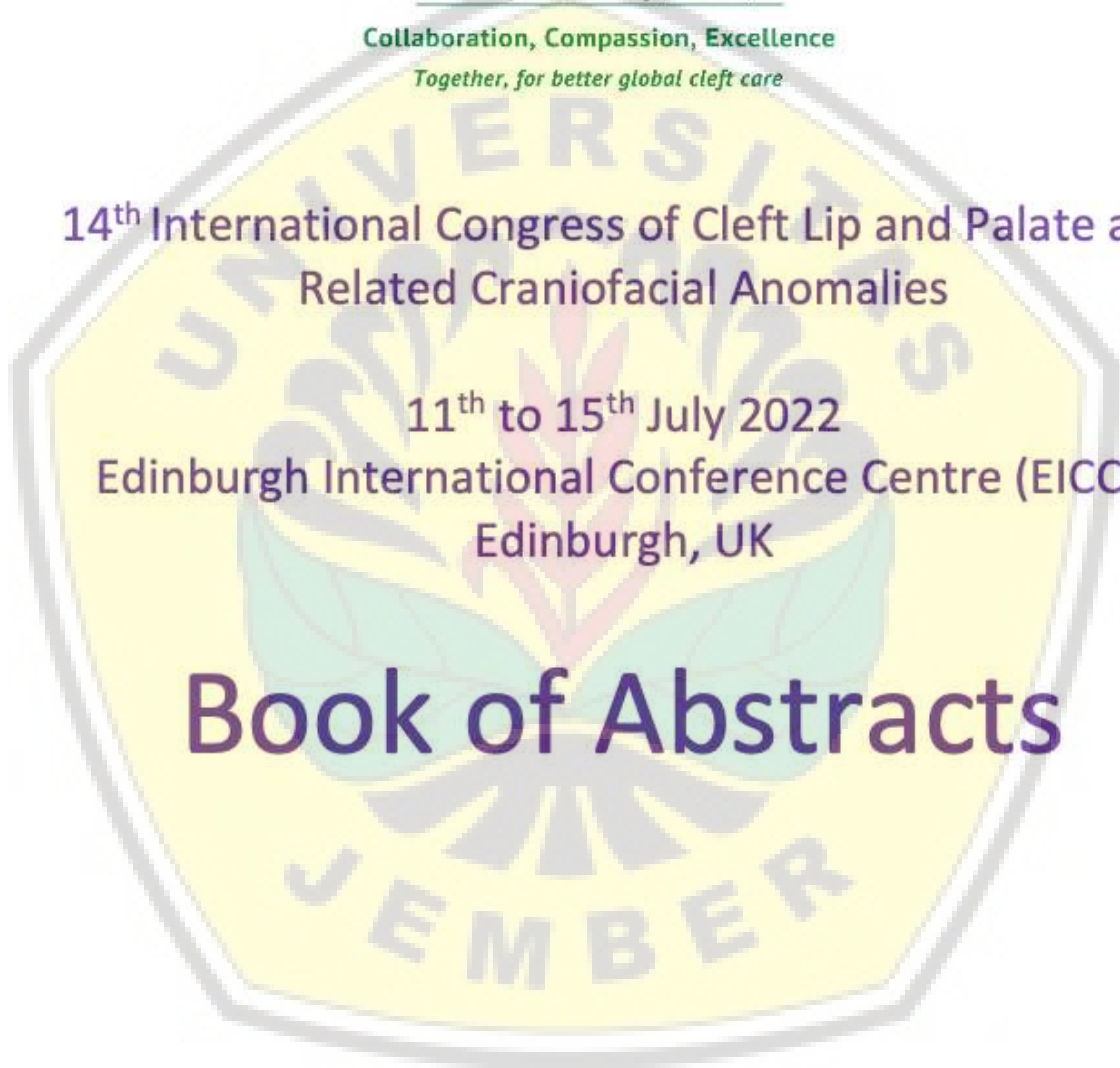


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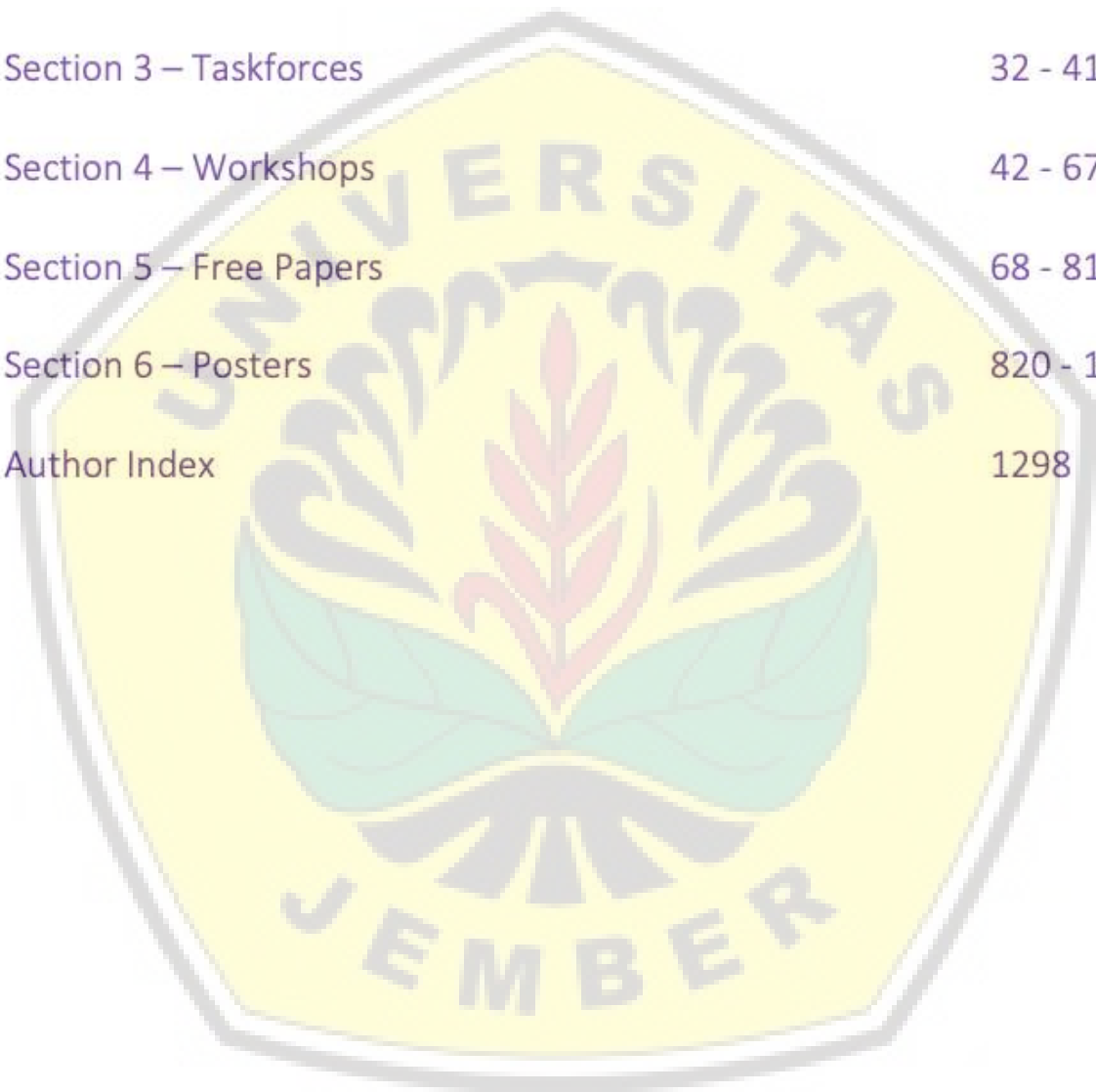
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EVALUATION OF FREE SURGERY SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC ON THE NUMBER OF PATIENTS WITH CLEFT LIP AND PALATE AT HOSPITALS PARTNERING WITH SMILE TRAIN IN THE TERRITORY OF INDONESIA

Ulfa Elfiah¹, EVALUATION OF FREE SURGERY SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC ON THE NUMBER OF PATIENTS WITH CLEFT LIP AND PALATE AT HOSPITALS PARTNERING WITH SMILE TRAIN IN THE TERRITORY OF INDONESIA Saktrio Darmono Subarno², EVALUATION OF FREE SURGERY SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC ON THE NUMBER OF PATIENTS WITH CLEFT LIP AND PALATE AT HOSPITALS PARTNERING WITH SMILE TRAIN IN THE TERRITORY OF INDONESIA M. Idris Ibnu Ikhsan³, EVALUATION OF FREE SURGERY SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC ON THE NUMBER OF PATIENTS WITH CLEFT LIP AND PALATE AT HOSPITALS PARTNERING WITH SMILE TRAIN IN THE TERRITORY OF INDONESIA Kushariyadi Kushariyadi⁴

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TU4.6 LMICs/Covid, Tinto, EICC - Onsite Only, July 12, 2022, 14:00 - 15:00

Introduction

The impact of the high incidence of COVID in Indonesia affects health services. This condition also affects cleft lip and palate services in various regions in Indonesia.

Aim

This study aims to evaluate the number of cleft and palate patients before and during the pandemic.

Methods

The study used a retrospective design. This study evaluate the management of cleft lip and palate at two hospitals that provide free cleft lip and palate surgery services. Data collected using secondary data from medical records and interviews. The data collected is the total number of cleft patients who were operated on before the pandemic in 2019 and during the pandemic period in 2020 and 2021. The data obtained are presented in the table and analyzed using the Wilcoxon sing rank test with a significance level of $p < 0.05$ to determine the effect of service components on the number of patients.

Result: 612 patients was treated, consisting of 298 patients at Jember Lung Hospital, and 314 patients at Aliyah Hospital. Statistical analysis describe the effect of free cleft lip surgery services before and during the COVID-19 pandemic on the number of patients from 2019 to 2020 with a p value = 0.000. There is an effect of free cleft lip surgery services before and during the COVID-19 pandemic on the number of patient from 2019 to 2021 with a p value of 0.000. The positive rank value of the two hospitals has increased from 2020 to 2021.

Conclusion: This study describes a significant change in the number of patient with cleft and palate patients before and during the pandemic. There is an effect of cleft lip service before and during the COVID-19 pandemic on the number of patients receiving free surgery services at hospitals partnering with Smile Train in Indonesia.

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From: **Cleft 2022** <cleft2022@in-conference.org.uk>

Date: Fri, 22 Apr 2022 at 19.42

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To: Ulfa Elfiah <icandesignshop@gmail.com>



14TH INTERNATIONAL CLEFT CONGRESS
CLEFT 2022
11 – 15 July 2022, EICC, Scotland, UK
NEW DATES

Cleft 2022 Accepted Oral Information & Instructions

Dear Elfiah,

Cleft 2022 – Accepted Oral Presentation - Instructions & Important Information

Thank you once again for submitting an abstract which has been accepted for **oral presentation** at the forthcoming 14th International Cleft Congress, taking place at the EICC, Edinburgh, Scotland from the 11th – 15th July 2022.

We are delighted to confirm the time and date of your session and presentation below, please note all times below are British Summer Time (BST). **If you are not the presenting author, please ensure this communication is forwarded to the presenting author, advising us immediately of the presenting authors details.**

Title	EVALUATION OF FREE SURGERY SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC ON THE NUMBER OF PATIENTS WITH CLEFT LIP AND PALATE AT HOSPITALS PARTNERING WITH SMILE TRAIN IN THE TERRITORY OF INDONESIA
Paper Number	631
Paper Status	Accepted Oral
Session Details	TU4.7 LMICs/Covid Tuesday, Jul 12, 2022 14:00 - 15:00 Carrick, EICC - Onsite Only

Presentation Time	14:30 - 14:40
Presenting Author	Evaluation Of Free Surgery Services Before And During The Covid-19 Pandemic On The Number Of Patients With Cleft Lip And Palate At Hospitals Partnering With Smile Train In The Territory Of Indonesia Ulfa Elfiah

***For authors with more than one paper, the Scientific Programme Committee have aimed to create at least 30 minutes between any presentations that may be presented in different sessions at the same time. Given the size of the programme, we are unable to accommodate specific programming requests.**

Presentation Length

Each presentation is 10 minutes in length, **this is made up of 8 minutes for presentation and 2 minutes for questions**. As the conference will be delivered in a hybrid format, timekeeping by Chairs for sessions will be strict.

It is important that you read all the information below that relates to preparing your presentation. Please ensure you read the section specific to the presenting author's attendance ie registration at the congress, either in person or virtually.

Registration

Please note that **all** presenting authors are **required to register** for the congress by **Friday May 13th**, to register, please [click here](#).

Congress Language

Please note that all presentations must be given in English. Thanks to our Premier Supporter, Smile Train, all presentations taking place in the Pentland Room (including the keynotes) will be simultaneously interpreted in 3 languages, French, Mandarin and Spanish. This will be available to both our in person and virtual delegates.

Content Permissions and Recording – All Presenters

You will need to ensure that the necessary permissions for use of patient images for teaching purposes have been gained. Delegates will be warned against the use of your patient images or videos for their own use or for social media but it is worth bearing in mind that it is impossible to comprehensively guard against this.

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Five of the eight congress rooms will be streamed and recorded. You will note above if the room you are presenting in will be streamed and recorded, as it will say 'streamed'. All rooms that are streamed are recorded, with the aim of making them available for viewing on the virtual platform for up to 6 months following the congress. Please ensure that you are happy for any images/videos used in your presentation to also be included in the recording.

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IN PERSON PRESENTATION

If you are attending the congress in person, the optimal format for presentations in PowerPoint is 16:9 (widescreen). As the congress is hybrid, **the AV team require you to upload your presentation slides by Friday 1st of July.**

Please [CLICK HERE](#) to upload your presentation slides. Please ensure you save the file as follows 'Surname - Session Code – First three words of presentation title' (as noted above).

The standard set up in each of the congress rooms includes a Laptop, Data Projector, Screen, Slide Advancer and Comfort Monitor. The comfort monitor is a replica view of what is being shown on the main screen to avoid the presenter turning around to view their slides. Every speaker must use either the handheld or tie clip microphone. The venue has wifi availability throughout.

We also ask that you bring your presentation on a USB with you. There will be a speaker preview room at the congress, for you to check your slides ahead of your presentation. We ask that you visit the speaker preview room at least 2-4 hours prior to your session start time (during a break) where possible, this is to ensure the relevant checks can be made to your presentation. The speaker preview opening times will be communicated to you in the joining instructions sent 2 weeks prior to the congress.

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If you are attending the congress virtually, **we require your recorded presentation** to be sent as an MP4 file 4 weeks ahead of the congress to the shared drive **by 13th June 2022**. This will allow the 3 checks below to be carried out:

1. **Timing** - You must ensure that your presentation does not exceed the 8 minutes presentation time. If you go over this time, you will be asked to re-record.
2. **Audio** – your audio must be clear with ideally no background noise, so that it is suitable for broadcast during and post congress.
3. **Video** – your video quality must be of a sufficiently high standard to ensure that your presentation slides can be clearly viewed by both virtual and in person audiences. We recommend that you include yourself in the recording for audience engagement, but it is not essential if you would prefer not to. Please click here for instructions on how to record your presentation either by [PowerPoint](#) or [Zoom](#).

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If you have any questions about your presentation, please don't hesitate to contact us on cleft2022@in-conference.org.uk

Many Thanks.

Cleft 2022 Congress Secretariat

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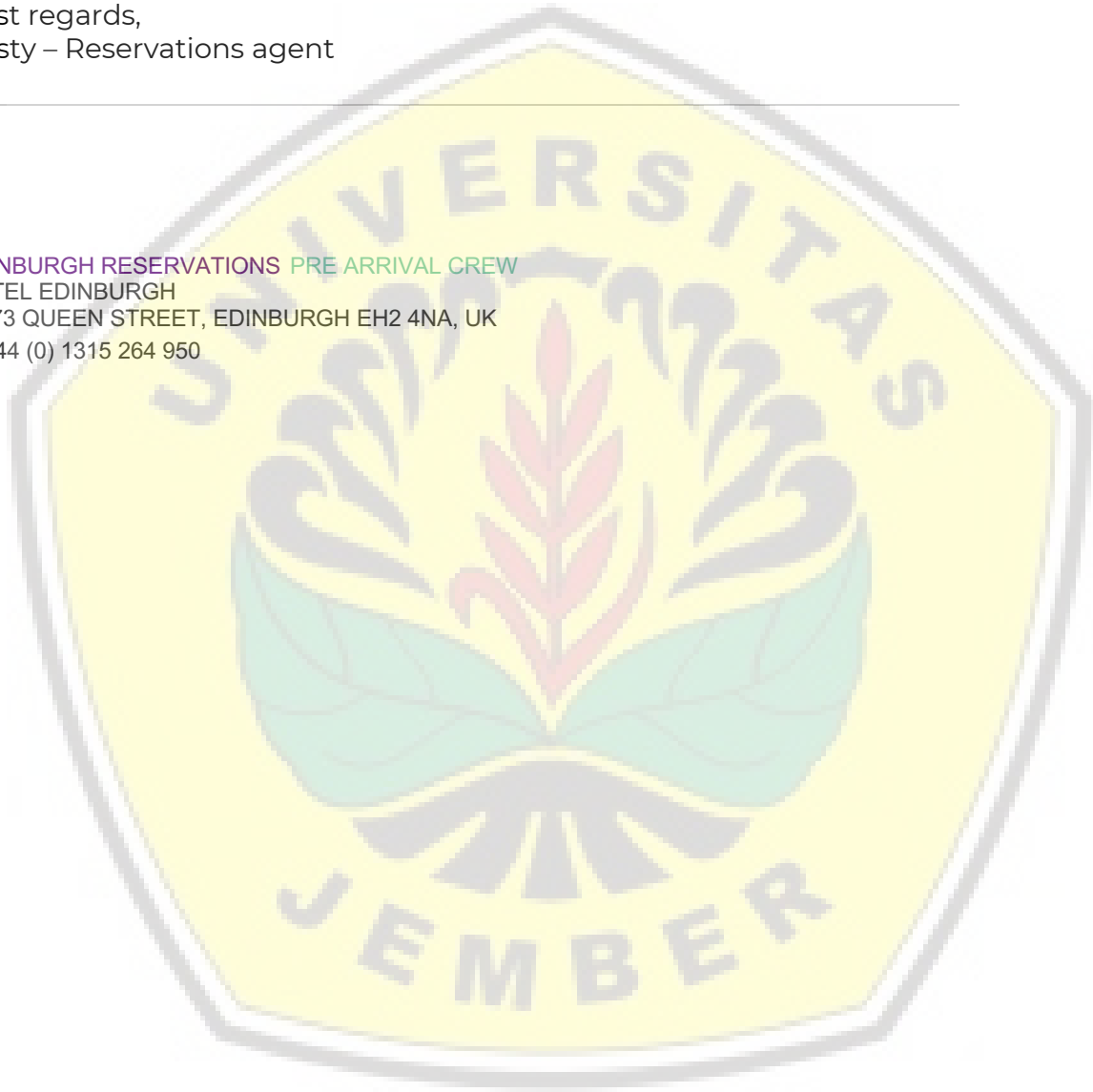
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I am emailing to confirm that you have a room booked at Yotel Edinburgh with the following details:

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Check out : 15th of July 2022
Group Reference : INCO100722

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EVALUATION OF CLEFT LIP AND PALATE CARE BEFORE AND DURING PANDEMIC COVID-19 IN INDONESIA

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**Department of Plastic Reconstructive And Aesthetic Faculty of Medicine Halu Oleo University

***General Practitioner Graduating From Faculty of Medicine, University of Halu Oleo

****Faculty of Nuersing Jember University

Background: The impact of the high incidence of COVID in Indonesia affects health services. For example, there is a delay in services to elective patients related to room function substitution and the responsibility of health workers for handling COVID cases. This condition also affects cleft lip and palate services in various regions in Indonesia. This study aims to evaluate the number of cleft and palate patients before and during the pandemic.

Methods: The study used a retrospective design. The purpose of this study was to evaluate the management of cleft lip and palate at two hospitals that provide free cleft lip and palate surgery services. samples were taken from two smile train partner hospitals including the Jember Lung Hospital, East Java and Aliyah Hospital, Southeast Sulawesi. Data collection techniques using secondary data from medical records. The data collected is the total number of cleft patients who were operated on before the pandemic in 2019 and during the pandemic period in 2020 and 2021. The plastic surgery care service data was obtained from interviews with the outpatient and inpatient service coordinators. The operating service data is divided into 3 categories consisting of hospital facilities and infrastructure, human resources and treatment procedures. The data obtained are presented in the table and analyzed using the Wilcoxon sing rank test with a significance level of $p < 0.05$ to determine the effect of service components on the number of patients.

Result: The total number of patients who received plastic surgery treatment was 612 patients, consisting of 298 patients at Jember Lung Hospital, and 314 patients at Aliyah Hospital, Southeast Sulawesi. The results of statistical analysis describe the effect of free cleft lip surgery services before and during the COVID-19 pandemic on the number of patients at Jember Lung Hospital and Aliyah Hospital in partnership with Smiletrain in the Indonesian region from 2019 to 2020 with a p value = 0.000. There is an effect of free cleft lip surgery services before and during the COVID-19 pandemic on the number of patient in Jember Lung Hospitals and Aliyah Hospital partnering with Smiletrain in the Indonesian territory from 2019 to 2021 with a p value of 0.000. The positive rank value of the two hospitals has increased from 2020 to 2021. The increase in the number of patients shows that health services during the 2021 pandemic will be more conducive due to the decline in pandemic levels, increased awareness of health protocols and massive vaccination programs that affect elective health service activities that are starting well according to the new normal rules, including the plastic surgery department.

Conclusion: This study describes a significant change in the number of patient with cleft and palate patients before and during the pandemic. There is an effect of cleft lip service before and during the COVID-19 pandemic on the number of patients receiving free surgery services at

hospitals partnering with Smiletrain in Indonesia. The results of this evaluation can be used as a reference for making standard operating procedures for the implementation of cleft lip and palate treatment during a pandemic as a problem solver during a pandemic, especially in the territory of Indonesia.

Key Words : Patients At Pandemic, CLP, Covid-19

BACKGROUND

The impact of the high incidence of COVID on health services including the increasing need for facilities & infrastructure ie ICU, team members schedule reduction to anticipate the need of relocating nurses and anesthesiologists to handle Covid-19 situations. Patients with urgent conditions are more of a priority Hospital canceled and reduce the number of elective surgery (Collaborative, 2020).

This situation also happened in indonesia. the government-appointed more government hospitals and private hospitals to become COVID-19 referral hospitals (BNBP, 2020). This condition also affects cleft lip and palate's services in various region in Indonesia. As a result, surgical programing for clft lip and palate care in some center was delayed till the pandemic is controlled and severity indicators decrease.

Surgery are associated with poorer prosnostic, and the increased morbidity and mortality can not be ignored. (Percy Rossell-Perry, MD, PhD, FACS and Arquimedes Gavino-Gutierrez, MS(c), 2021). There is no research data that explains how the impact of this pandemic on cleft lip and palate's services and what challenges are being faced by Indonesian plastic surgeons to provide services during this pandemic. Therefore, this study is expected to answer the problems facing Indonesian plastic surgery services on cleft treatment

METHODS

This study used a retrospective design. The purpose of this study was to evaluate the treatment of cleft lip and palate at Jember Lung Hospital and Aliyah Hospital, Southeast Sulawesi. Inclusion criteria: 1) Jember Lung Hospital and Aliyah Hospital, Southeast Sulawesi, which partnered with Smile train and agreed to be participants in this study; 2) referral hospital for free surgery of cleft lip and palate.

The technique of collecting samples using total sampling. The number of samples in the study were 612 patients consisting of 298 patients at Jember Lung Hospital, and 314 patients at Aliyah Hospital, Southeast Sulawesi. The care evaluation data was written by health workers on the questionnaire. Data analysis used the Wilcoxon sing rank test with a significance level of $p < 0.05$.

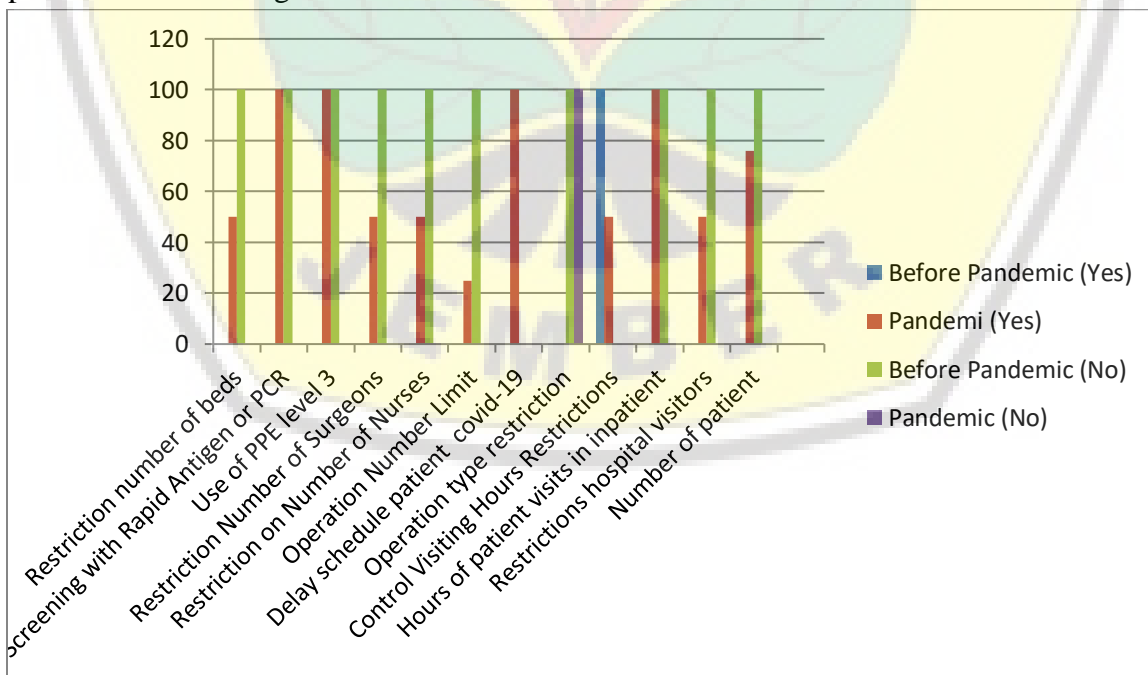
RESULT

There is an effect of evaluating cleft lip care before and during the COVID-19 pandemic at the Jember Lung Hospital in partnership with Smile Train in the Indonesian region from 2019 to 2020 with a p value = 0.000. Positive rank has increased the results of the treatment evaluation from the value before the pandemic to the value during the pandemic. The average increase was 44.50.

There is an effect of evaluating cleft lip care before and during the COVID-19 pandemic at the Jember Lung Hospital in partnership with Smile train in the Indonesian region from 2019 to 2021 with a p value = 0.000. Positive rank has increased the results of the treatment evaluation from the value before the pandemic to the value during the pandemic. The average increase was 48.00.

There is an effect on the evaluation of cleft lip care before and during the COVID-19 pandemic at the Aliyah Hospital, Southeast Sulawesi in partnership with Smile Trains in the Indonesian region from 2019 to 2020 with a p value of 0.000. Positive rank has increased the results of the treatment evaluation from the value before the pandemic to the value during the pandemic. The average increase was 32.50.

There is an effect on the evaluation of cleft lip care before and during the COVID-19 pandemic at the Aliyah Hospital in Southeast Sulawesi in partnership with Smile Train in the Indonesian region from 2019 to 2021 with a p value of 0.000. Positive rank there is an increase in the results of the treatment evaluation from the value before the pandemic to the value during the pandemic. The average increase is 50.50.



Picture 1: Variables Evaluation of Jember Lung Hospital

Wilcoxon Signed Ranks Test Result patient at Jember Hospital in 2019 and 2020

Variable	N	Rank	Mean Rank	Sum of Ranks	P Value Wilcoxon Signed Rank Test
Operation Total at 2019	115	88 ^a	44,50	3916,00	,000
Operation Total at 2020	88	0 ^b	,00	,00	
		0 ^c			
Total	203	88			

- a. Operation Total at 2020 < Operation Total at 2019
- b. Operation Total at 2020 > Operation Total at 2019
- c. Operation Total at 2020 = Operation Total at 2019

Table 1: Wilcoxon Signed Ranks Test Result patient at Jember Hospital in 2019 and 2020

There is an effect on the evaluation of cleft lip care before and during the COVID-19 pandemic at the Jember Lung Hospital in partnership with Smile train in the Indonesian region in 2019 and 2020 with a p value of 0.000.

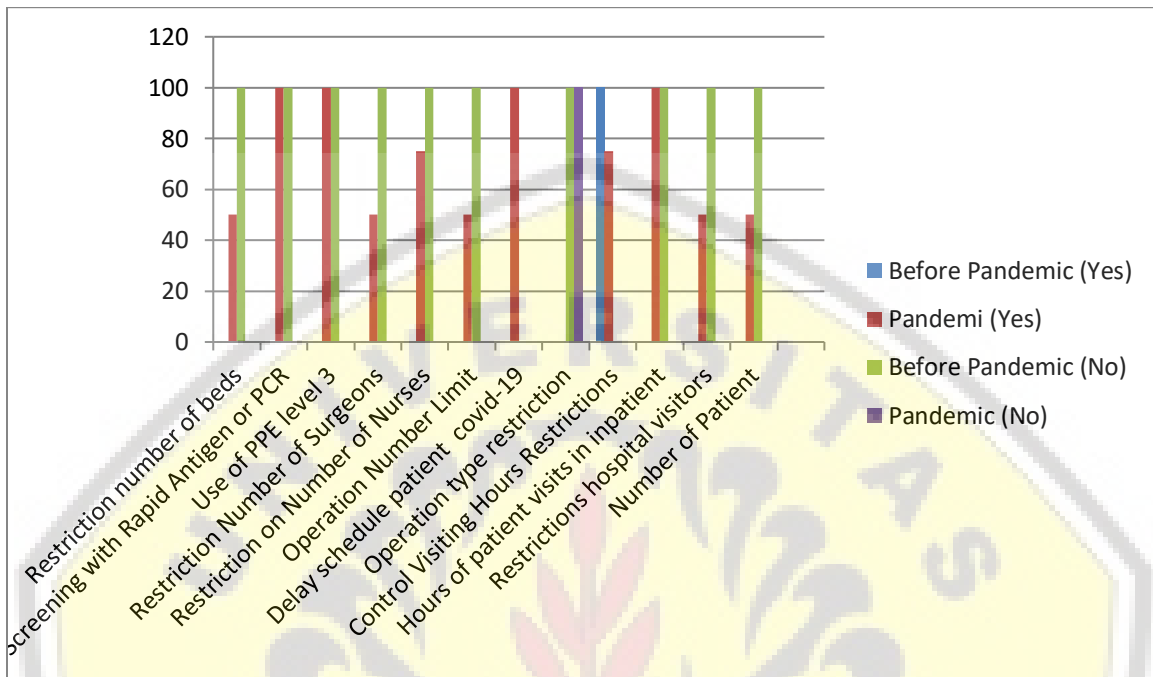
Wilcoxon Signed Ranks Test Result patient at Jember Hospital in 2019 and 2021

Variable	N	Rank	Mean Rank	Sum of Ranks	P Value Wilcoxon Signed Rank Test
Operation Total at 2019	115	95 ^a	48,00	4560,00	,000
Operation Total at 2021	95	0 ^b	,00	,00	
		0 ^c			
Total	210	95			

- a. Operation Total at 2021 < Operation Total at 2019
- b. Operation Total at 2021 > Operation Total at 2019
- c. Operation Total at 2021 = Operation Total at 2019

Table 2 : Wilcoxon Signed Ranks Test Result patient at Jember Hospital in 2019 and 2021

There is an effect on evaluating cleft lip care before and during the COVID-19 pandemic at the Jember Lung Hospital in partnership with Smile Train in the Indonesian region in 2019 and 2021.



Picture 2: Variables Evaluation of Aliyah Hospital

Wilcoxon Signed Ranks Test Result CLP patient at Aliyah Hospital in 2019 and 2020

Variable	N	Rank	Mean Rank	Sum of Ranks	P Value Wilcoxon Signed Rank Test
Operation Total at 2019	150	64 ^a	32,50	2080,00	,000
Operation Total at 2021	64	0 ^b	,00	,00	
		0 ^c			
Total	214	64			

a. Operation Total at 2020 < Operation Total at 2019

b. Operation Total at 2020 > Operation Total at 2019

c. Operation Total at 2020 = Operation Total at 2019

Table 3 : Wilcoxon Signed Ranks Test Result patient at Aliyah Hospital in 2019 and 2020

There is an effect on the evaluation of cleft lip care before and during the COVID-19 pandemic at the Aliyah Hospital, Southeast Sulawesi in partnership with Smiletrain in the Indonesian region in 2019 and 2020.

Wilcoxon Signed Ranks Test Result CLP patient at Aliyah Hospital in 2019 and 2021

Variable	N	Rank	Mean Rank	Sum of Ranks	P Value Wilcoxon Signed Rank Test
Operation Total at 2019	150	100 ^a	50,50	5050,00	,000
Operation Total at 2021	100	0 ^b	,00	,00	
		0 ^c			
Total	250	100			

- a. Operation Total at 2021 < Operation Total at 2019
- b. Operation Total at 2021 > Operation Total at 2019
- c. Operation Total at 2021 = Operation Total at 2019

Table 4 : Wilcoxon Signed Ranks Test Result patient at Aliyah Hospital in 2019 and 2021

There is an effect on the evaluation of cleft lip care before and during the COVID-19 pandemic at the Aliyah Hospital, Southeast Sulawesi in partnership with Smiletrain in the Indonesian region in 2019 and 2021.

DISCUSSION

The results of this study indicate that the COVID-19 pandemic has a very significant effect on health services for cleft lip and palate patients as a result of the reduction and delay in the number of surgeries, the number of hospitalized patients and restrictions on hospital visits. This finding does not only occur in Indonesia, a similar study conducted by Bruce et al (2021) also showed a significant delay and effect on cleft lip and palate patients in carrying out lip and nose repair procedures.

Fluctuating changes in health care mechanisms for patients with cleft lip and palate have a psychosocial impact that requires attention and evaluation. Previous research explained that there was concern that there would be a worse impact due to delaying surgery to be the cause of stress in parents (Bruce, et al. 2021). Adjustments to service procedures such as changing operating age criteria aimed at reducing negative effects during the pandemic. Children with cleft

lip and palate who are older than 3 months are more likely to undergo surgery which is the cause of increasing depression in parents (Perry and Gutierrez, 2021).

The existence of antigen swab and PCR screening procedures for patients, accompanying patient families and health workers who treat patients as part of the service procedure is an effort to minimize infection transmission. In this study, the screening procedure began to apply when the pandemic was under control and a good handling system for COVID-19 was found at the end of 2020. In addition to screening to reduce the occurrence of infection transmission, the use of PPE (personal protective equipment) and health protocols is also a mandatory thing listed in the action procedure. surgery (Sahrul and Abdur Rahman, 2021). This situation was also found in 5 cleft service centers in Lima Peru (Perry and Guitierrez, 2021).

Telemedicine consultations were conducted to replace hours of hospital visits in the care of cleft palate patients at both hospitals involved in this study. This program is still not optimal due to limited facilities and infrastructure, especially from the patient's family. If this service can run optimally based on previous research, it is stated that telemedicine is an alternative consultation procedure that utilizes digital workflows in handling cleft patients which can reduce the risk of virus transmission and still provide optimal service quality to cleft patients who need treatment (Shahrul and Abdur Rahman). , 2021).

CONCLUSION

There is an effect of evaluating cleft lip care before and during the COVID-19 pandemic at hospitals that partner with Smiletrain in the territory of Indonesia. efforts are needed to make safe and comfortable procedures during the pandemic. Therefore, continuous evaluation of the health services for cleft lip and palate patients by following the trend of the COVID-19 pandemic condition.

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Certificate of Attendance

This is to certify that

Dr. Ulfa Elfiah

attended and participated as a presenter at

Cleft 2022

***The 14th International Congress of Cleft Lip,
Palate & Related Craniofacial Anomalies***

**11th - 15th July 2022
Edinburgh, Scotland, UK**

Felicity Vidya Mehendale
Chair of Cleft 2022

President of International Confederation of Cleft Lip & Palate
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CPD Points Awarded: 37.5

