

# The Power of an Hour *to Change a Life*

**"M**y work is always rewarding," observes Dr. Cynthia Gregg, a facial plastic surgeon in Cary, "because I'm able to help my patients achieve aesthetic goals that are very meaningful to them. But it is the work I am privileged to do with children that touches me most deeply.

"When you do reconstructive surgery on a child," she explains, "you're solving a very real, difficult problem for that individual child. It might be that their ears stick out—making them the source of painful bullying. And for the children dealing with cleft lips and cleft palates, it's a problem that—if uncorrected—may overwhelm their whole lives."

Dr. Gregg has seen first-hand the power of a cleft lip or palate to seriously impair a child's life. And she has also seen the power of an hour's surgery to transform that life. Over the past ten years, she has been part of a program that provides reconstructive surgery for children and adults with cleft lips and palates. "The program sends three teams a year to Kijabe, Kenya," says Dr. Gregg, "where they will perform



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Dr. Gregg with Shelton and his mother, before and after surgery.

A Kenyan family celebrating a successful surgery performed in 2015 (right) and four years later (below).

A patient of Dr. Gregg's holding one of the dolls made by her mother's church group.

## EVERY PATIENT IS A STORY

"Every patient we see has a story to tell," say Dr. Gregg. And her most recent trip to Kenya, this summer, yielded two that touched her deeply.

"The last patient we saw," she recounts, "traveled 8 or 10 hours to get to Kijabe—just barely making it in time. This was a three-month old boy named Shelton with a cleft lip. I'll always remember his mom—she had made such an effort to get there and after the surgery was so relieved, she just gave me a big hug and collapsed.

"Another story was more of a reunion," says Dr. Gregg. "When we arrived in Kijabe, I was told someone wanted to see me. It was a family whose baby had had surgery in 2015, and they still had the photo we'd taken together. In my work here in North Carolina, I often see patients for years down the road, but I don't typically see any of my African patients again. This was very special."

## A FAMILY AFFAIR

Dr. Gregg's mission work is also very much a family affair. Her husband, Joe Cornett, MD, a radiologist, has made eight trips to Kenya with Dr. Gregg. "They don't have a radiologist on staff at the hospital in Kijabe," says Dr. Gregg, "so he is able to help the team by reading films on site. He also teaches physicians while there." Their two sons, Joseph and Gregg, also frequently accompany them and this year, says Dr. Gregg, "our oldest son Joseph, who is a medical student at Columbia, joined the team as an observer." One final "touch" of the Gregg family can be seen in the discharge bags given each patient. In addition to instructions and medications, the children are given a doll made by Dr. Gregg's mother's church group. **kkh**

## BREAST SURGERY: NOT FOR THE VERY YOUNG

**B**reast reduction and augmentation surgery—while potentially of great benefit even to young women—is "rarely appropriate for adolescents," notes Dr. Cindy Wu. "Because these procedures require maturity—both physically and emotionally." Dr. Wu is a double-board certified aesthetic and breast surgeon who focuses extensively on aesthetic and reconstructive breast surgery. She joined Dr. Gregg's practice in 2018.



Dr. Wu

"I will perform breast reductions on women as young as 18," she says, "but only if they've stopped growing and their breasts are stable; and only if they're sufficiently mature to understand the implications of how breast reduction will change their body image, and to be able to handle the post-operative care. This is a life-changing decision, and the process of determining whether someone is a good candidate is very individualized."

60-80 surgeries in a week." She has also participated in similar surgical missions to South Sudan, Myanmar, and Bolivia.

"The worldwide incidence of cleft lip and/or palate is one in 700," she explains. "It's a congenital deformity, and certain genetic groups tend to have a higher incidence than others. And it's important to understand that there isn't a higher incidence in Africa than in the U.S., they just have less access to care. So it is less likely that a child in Africa with this condition will be able to get the necessary corrective surgery.

"That can be an enormous problem," says Dr. Gregg. "Functionally, it impairs speech and interferes with eating and drinking. And the emotional and social impact can be devastating. In South Sudan, for instance, the babies are sometimes killed, because it's considered a curse on the family. I've actually seen children with little burn marks all over them where their local doctor has tried to exorcise an evil spirit. Sometimes a mom is kicked out of the family because

she's had a child with a deformity. These children are bullied in school; as adults they have trouble getting jobs.

"I've actually seen these things and realize that you can't underestimate how—in an hour of time—you can change someone's life. A cleft lip surgery takes an hour, right? So, that child now is going to be able to go to school and get an education; is not going to be ostracized or picked on; and later will be able to get a job.

"On the first trip I made to South Sudan" recalls Dr. Gregg, "I learned that these kids are given a name at birth that translates to 'deformed'—that's what the name means. On my third trip, I learned that after that first trip, one of the local chaplains had suggested doing a renaming ceremony for the children with repaired cleft lips. So, in the recovery room, after the child is awake, the parents give their children new names—names that mean 'blessed,' and 'joy,' and 'mercy.' It's an extraordinarily emotional moment."

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