



Challenges were many. For a day and a half, a power outage meant operating in the dark with headlights and generators running the monitors.



Dr. Gregg (center) and other members of the surgical team with one of their young patients.



“This image touches me deeply,” says Dr. Gregg, “and says so much about the impact this surgery can have. A mirror is included in the kit that patients take home post-surgery. And, as this little boy waited for ride home, he sat there for over 30 minutes and just looked at his lip.”

Challenging Surgery That Transforms Lives

For one young Sudanese boy, a relatively routine surgical procedure was life changing—removing in a day what could have been a lifelong personal challenge (see photo, left). For Cary plastic surgeon, Dr. Cynthia Gregg, his story is a poignant example of the power of her profession to transform lives.

In April, Dr. Gregg joined a medical team organized and funded by Samaritan’s Purse, to provide surgery to repair cleft-lip birth defects in Juba, Sudan. “It was an amazing, demanding week,” she says, “exhausting and exhilarating all in one. Our surgical team performed 89 cleft lip surgeries in seven days—all variations of cleft, all ages. Our youngest patient was 3-4 months old, our oldest was a woman in her fifties.

“Cleft lip or palate is one of the most common congenital abnormalities,” she explains, “occurring at a rate of 1 or 2 cases in 1,000 births, and varying in different parts of the world. The incidence is not especially high in Sudan but access to health care to repair this

condition is very limited, which is why the Samaritan’s Purse program is so important.”

For more than 12 years, Dr. Gregg has regularly contributed her skills to this program, performing cleft lip and cleft palate surgery in Kenya, Bolivia, and Myanmar as well as Sudan. “But this was the first time since Covid that I’ve been able to join the program,” she says.

CHALLENGING SURGERY, CHALLENGING PROBLEM

“The word ‘challenge’ is especially meaningful when talking about the cleft-lip surgery we did in Sudan,” observes Dr. Gregg. “For so many of our patients there, a cleft lip is much more than a challenge. Unless repaired, it can mean a lifetime of limits and discrimination. Sometimes afflicted children and their families are thought to be cursed; some are even killed. It limits their work and education opportunities, and the likelihood that they will marry. And I learned on an earlier visit that some of these children had

been given a name that meant “deformed” at birth. After their surgery, they celebrated with a formal ceremony and name change!

“The surgery itself,” says Dr. Gregg, “is also challenging,” she says. “It’s a routine operation—some 1,600 children in the US are born each year with cleft lip and/or cleft palate. What makes it difficult is that there are so many variations. Every lip is different. That’s what’s so fascinating about it. It’s not the same. Just like everybody’s nose is different, their cleft lip can be different.

“Basically, we’re two halves that form and we kind of fuse down the middle in utero. In the case of a cleft lip, the tissues forming the lip don’t close completely leaving a gap—the cleft. And that gap will be different on every face! A unilateral cleft lip has a full lip on one side and the cleft on the other; a bilateral cleft is where both lips don’t come together in the middle at all—it’s a huge gap, and more difficult to fix.

“To repair a cleft lip,” she explains, “you have to

reassemble the parts of the face. It’s complicated because although the pieces are all there, they’re somewhat atrophied or diminished from what they should be. But they’re there. You just have to take them apart and then put them back together. It’s difficult surgery, but also fascinating and very rewarding.”

Dr. Gregg also notes with a smile that the word “challenging” took on special significance on this particular trip. “Conditions were tough,” she says. “We lost power for day and a half and had to operate in the dark with headlights and with a generator running the monitors. We were able to safely and successfully perform the surgery, but it was a new and demanding experience!”

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