**THEORETICAL PAPER ON**

**Psychosocial aspects in relation to craniofacial conditions**

The purpose of the STSM: I spent my short term scientific mission (STSM) working at the Department of Plastic and Reconstructive Surgery, Skane University Hospital in Malmö,Sweden, under the supervision of Professor Henry Svensson senior consultant and his team-members: Senior consultant Magnus Becker and Martin Oberg. The purpose of the STSM was psychosocial aspects in relation to craniofacial conditions. Additionally, the STSM was an opportunity to discuss and plan potential collaborations between Medical University of Plovdiv, Bulgaria and Department of Plastic and Reconstructive Surgery, Skane University Hospital in Malmö.

Description of the work carried out during the STSM and the main results obtained: I was pleased to have successfully achieved all my objectives during my time at the Skane University Hospital in Malmö.;

First day of my visit in Department of Plastic and Reconstructive Surgery in Malmö, was for introduction and out-patient visits, with focus on both function and appearance (psychosocial) in CLP and Microta. To learn about the day to day work and research carried out at the Skane University and to explain the work that I am involved in at the Centre for Craniofacial malformations in Plovdiv.

During the all day we meet different patients with clefts and microtia, we were discussing treatment plan, which was considered with the opinion and wishes of patient and their families. We know that craniofacial anomalies need multidisciplinary approach and the treatment is not only Surgery. During this STSM, one of the main aim like surgeons was to look on this problem from Psychosocial aspects not only from surgical point of view and to find better ways to improve the treatment and conditions of this patens.

This meeting was a great opportunity for me to meet the team and to discuss in greater detail the aims and objectives of the STSM. I had many opportunities to talk with and learn from the colleagues in Malmo team working at the Skane University who specialise in different interesting areas including Clefts and Microtia

We discussed the overlap of our work and in particular noted the similarities between operative protocols and techniques that we used, in Malmo and here in Plovdiv, of course in the same time there were differences in some details and I found it particularly useful to discuss about this different approach with my colleagues.

During the day we have very interesting situations with out-patients, who make us to be more focus on the psychosocial aspects in craniofacial anomaly. For example, we meet two patients with their family who were already operated with very good results or I will say perfect results, but the patient say ''I`m not happy with this result" and still hide his new

reconstructed ear, even she was instructed and very good informed that this will be long, difficult operation and after that if she will be continue to hide her affected side, there is no point to take this kind of risk.

In the same time, patient with the same problem, but the result is not good like the other patient, and we try like a surgeon's to offer him surgery to improve the result to feel better. The patient say: why surgery, my new ear is perfect and i`m happy with this result, thank you very much doctor you do perfect job. We know that something can be improved little bit more, but patient is satisfied and this is most important.

And now is the question, what can we done, how can we avoid, or can we be more predictable with our patient, and how to understand are they have realistic outcomes.

One is clear, only surgery is not the answer. That`s mean when we are planning to operate the patient except the surgery we need to be focus on psychosocial issues.

The next days of my visit in Department of Plastic and Reconstructive Surgery, Skane University Hospital in Malmö, Sweden were focus on surgical procedures in CLP and microtia with special attention to appearance (psychosocial) issues. We discussed and compare different treatment protocols in Malmo and Plovdiv. The day to day running of the Skane University involves an important mix of research, collaborations, supervision, teaching, writing, and publishing. I definitely got the opportunity to learn a lot of useful details about psychological and surgical aspects in CLP and haemifacial microsomia at the Skane University.

In order to facilitate and to find a uniform method for assessing psychosocial aspect of the patient was discussed idea to create two questionnaires for psychosocial aspects, one for children with craniofacial anomalies and another questionnaire separately to parents of those patients. This questionnaires we can used for patients in Malmo and in Plovdiv, then we can made comparison and find is this useful and made our assessment more easy during treatment of this patients.

In many countries, the treatment provided to correct congenital anomalies, focuses on two main strands of work - firstly, surgery to close the defect and to enhance appearance and secondly, to improve any associated functional defects. Until recently, the provision of psychological support and intervention has been the exception rather than the rule, and has been the preserve of health care teams operating in resource rich countries. When asked health professionals what motivates them to provide best treatment for their patients, they will reply that they are driven by the desire to make the patient`s quality of life as good as possible. The assumption of many doctors is that the way to achieve the best quality of life is to optimize the patient`s aesthetic appearance and the functional outcomes of treatment (for example, in relation to cleft, their hearing and speech). However, now we can clearly say that the patient`s wellbeing is not strongly linked to the final aesthetic and functional outcome, but instead is better predicted by psychosocial factors. Psychological care is the responsibility of all members of a care team.

Furthermore I was grateful for the opportunity to be part of all the consultations who were perform in Department of Plastic and Reconstructive Surgery, Skane University Hospital in Malmö perform from Professor Henry Svensson and Senior consultant Magnus Becker. Over the course of the STSM we discussed the potential collaborations between our institutions within the area in psychological and surgical aspects in CLP and haemifacial microsomia (Malmo -Plovdiv).

In conclusion, many of the psychological factors are amenable to intervention. As psychosocial factors predict adjustment to a greater extent than the aesthethic or functional outcomes of treatment, psychological care of patients should be considered an integral part of treatment and should be the responsibility of all health care providers not only in Craniofacial anomalies.

Overall, I found the STSM to be a very useful experience. We used this valuable opportunity to begin to develop exciting and important collaborations. I am very grateful to the hosts, in particular Professor Henry Svensson, who organized a varied and interesting STSM for me. I have gained some new insights and experiences from spending time with members of the Department of Plastic and Reconstructive Surgery, Skane University Hospital in Malmö and I hope they enjoyed hearing about the work that I do at the our department of Plastic and Craniofacial surgery. I look forward to our future collaborations.

Also i want to Thanks to Professor Martin Persson who gave me this opportunity and Idea to develop my skills in treatment of Clefts and Microtia, and to realise that for better outcomes, we need to pay attention not only for surgery but also in psychosocial factors, which is very important part of this treatment.

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