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NEWSLETTER 2025

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## Building Faces Building Futures

Supporting the training and development of surgeons involved in the care of people with cleft lip and palate and all craniomaxillofacial disorders

This year has been another successful one for Future Faces. We completed the first phase of our major new training programme with surgeons from Tanzania and worked with other charities to promote and develop our aims and objectives. We have also worked closely with the training charity, VRiMS, virtual reality training. Our focus has been to develop a craniomaxillofacial service at the Bugando medical Centre in Mwanza, serving a population of 22 million in the region along the southern shores of lake Victoria.

### Tanzania

In collaboration with FECS (Fundacion Espanola de Cooperacion Sanitaria) we agreed to fund two doctors from the Bugando Medical Centre in Mwanza. The aim of the project is the development of a first class fully coordinated multidisciplinary Craniomaxillofacial Unit in Bugando Medical Centre, to provide comprehensive and accessible treatment to people with cleft and craniomaxillofacial anomalies and associated problems. Bugando Medical Centre is a tertiary referral specialist care centre for eight regions around the southern shores of Lake Victoria and serves a catchment population of over 22 million people. These aims are entirely consistent with those of Future Faces.

Dr Fidelis Mbunda and Dr Emmanuel Motega started their 9 month programme in Madrid in June 2024, transferred to Queen Victoria Hospital, East Grinstead, in September, and finally went to GSR Institute in Hyderabad from the middle of January for a further three months. A report from these two doctors is below.



## **Report on a 10-Month Training in Craniomaxillofacial Surgery: Madrid, East Grinstead-UK, and Hyderabad**

In June 2024, Dr. Fidelis and I embarked on an extraordinary 10-month training journey in Craniomaxillofacial Surgery, spanning Madrid, Spain; East Grinstead, UK; and Hyderabad, India. Starting from Dar es Salaam, Tanzania, this program immersed us in world-class hospitals, exposed us to advanced surgical techniques, and enriched our lives with cultural experiences. Below is the story of our journey, from the operating rooms of prestigious institutions to the vibrant cities we explored.

### **Madrid, Spain: A Warm Welcome and Surgical Immersion (June–September 2024)**

Our adventure began in Madrid, where we landed on a chilly, windy morning on 7<sup>th</sup> of June, 2024. Dr. Fernando Garcia Marin, our gracious host, greeted us at the airport and took us to a pre-arranged residence. After a brief two-hour rest, he guided us to a nearby mall to purchase SIM cards and essentials, then to the metro office for transportation cards, ensuring we were ready to navigate the city.

The next day, Dr. Fernando introduced us to the Oral and Maxillofacial Surgery Departments at two renowned hospitals: **La Paz** and **Ramón y Cajal**. The staff welcomed us warmly, and we went straight into the operating room. On our first day, we observed two complex surgeries: a wide tumor excision with neck dissection for squamous cell carcinoma and a right orbit reconstruction. These cases set the tone for the rigorous training ahead.

We structured our four-month stay to spend two months at each hospital, with Dr. Fidelis starting at La Paz and me at Ramón y Cajal, then switching. At Ramón y Cajal, under Professor Julio Acero, we observed and assisted in major reconstructions of mandibular, maxillary, scalp, tongue, and floor-of-mouth defects using free flaps (Fibula, Anterolateral Thigh and Radial Forearm). We also participated in Orthognathic surgeries and other maxillofacial procedures. At La Paz, led by Dr. Luis Cebrián Carretero, we were fully integrated into clinical activities, including Head and Neck Surgery, Maxillofacial Trauma, Orthognathic Surgery, and Cleft Lip and Palate repairs in the pediatric unit. A standout moment was a 12-hour surgery to manage facial paralysis, a testament to the field's complexity and endurance.

Madrid's hospitals offered a robust foundation in reconstructive and subspecialty surgery, complemented by the mentorship of esteemed department heads. Beyond the operating room, we enjoyed Madrid's vibrant culture, we got opportunity to watch a football match (Real Madrid Vs Deportivo Alaves) at Santiago Bernabeu, making our four months both professionally and personally fulfilling.

### **East Grinstead, UK: Advanced Techniques and Interdisciplinary Collaboration (September– December 2024)**

On September 28, 2024, we flew to Gatwick Airport, where Professor Tony Markus arranged a taxi to Queen Victoria Hospital (QVH) in East Grinstead, a small town 100 km southeast of London. The hospital warden welcomed us, settling us into a hospital house. The next morning, Dr. Aakshay Gulati, Consultant Maxillofacial and head and neck Surgeon, and the training director, introduced us to the team, issued identity cards, and provided a detailed timetable for clinical activities.

Over two and half months, QVH which is a tertiary referral centre for maxillofacial surgery, head and neck cancer surgery, plastic surgery, ENT surgery and ophthalmic surgery, immersed us in a highly specialized environment. We observed head and neck procedures, including Thyroidectomy, Reconstructive and microvascular Surgeries, major Maxillofacial Trauma, and Orthognathic Surgery. Daily clinical meetings, ward rounds, and 3D virtual planning sessions for Orthognathic cases introduced us to cutting-edge technology and meticulous planning. A unique highlight was the collaboration between ENT and maxillofacial surgeons within the same department, offering insights into integrated head and neck care. We were also introduced to surgical training through virtual and extended reality, developed by Professor Jag Dhanda, one of the consultant maxillofacial surgeons. Outside the hospital, we explored the UK's cultural treasures. A tour of London showcased its iconic landmarks, while trips to Liverpool and Manchester introduced us to their distinct histories and vibrant urban scenes. Our time at QVH, working with

meticulous professionals in an advanced surgical centre, was a “golden opportunity” that sharpened our skills and broadened our perspectives.

**Hyderabad, India:** After completing our clinical rotation at QVH on December 9, 2024, we returned home for the Christmas and New Year holidays. On January 25, 2025, we embarked on another enriching journey from Dar es Salaam, Tanzania, to Hyderabad, India, via Qatar, to participate in the Craniofacial Surgery training program at the GSR Institute of Craniofacial and Facial Plastic Surgery. This program offered unparalleled exposure to advanced surgical techniques, international collaboration, and professional growth.

Upon arrival in Hyderabad, we were warmly welcomed by Dr. Merlyn Moosy, a trainee Fellow at GSR Institute. On our first day, we underwent an introduction and orientation to the hospital, followed by time in the outpatient department, where we interacted with patients and familiarized ourselves with the clinical environment.

The surgical component of the training began the next day, with opportunities to observe procedures such as cleft lip and palate repairs (both unilateral and bilateral) and alveolar bone grafts. By the second week, under the guidance of Professor Srinivas Gosla Reddy, we progressed to assisting in various surgical procedures. Throughout our stay, we actively participated in numerous cleft lip and palate repairs and alveolar bone graft surgeries, gaining hands-on experience in these specialized techniques.

Our training was enriched by several high-impact educational events:

- *Velopharyngeal Dysfunction Workshop:* we attended a workshop on the management of velopharyngeal dysfunction at Basavatarikam Endo American Hospital, organized by Smile Train India. This provided valuable insights into speech-related congenital anomalies challenges and their surgical management.
- *Three-Day Craniofacial Surgery Camp:* In collaboration with Professor Fabio (Craniomaxillofacial Surgeon) and Dr. Carlos (Neurosurgeon) from Monza, Italy, GSR Institute hosted a three-day Craniofacial Surgery camp. We observed complex procedures, including facial bipartition, distraction osteogenesis, and Le Fort III osteotomy, broadening our understanding of advanced craniofacial techniques.
- *Two-Day Coblation Master Class Workshop at AIG Hospital:* Participated in an advanced training program focused on Coblation technology, enhancing skills in precise, low-temperature radiofrequency surgical techniques for ENT procedures
- *Three-Day Ear Reconstruction Camp:* Toward the end of our training, we participated in a three-day camp focused on ear reconstruction using rib cartilage. This was a highlight, as it was our first exposure to this intricate procedure, deepening our appreciation for reconstructive surgery.

The programme fostered meaningful connections with fellow trainees, including Dr. Abu from Israel and Dr. Ulli from Germany. Their support made our time in Hyderabad enjoyable and memorable. On our final day, Professor Gosla hosted a farewell dinner for the staff, marking a heartfelt conclusion to our training.

This 10-month training was a transformative blend of surgical excellence, mentorship, and cultural immersion. Madrid’s La Paz and Ramón y Cajal hospitals provided a strong foundation in complex reconstructions and subspecialties. QVH in East Grinstead further developed our earlier experiences in Madrid and introduced advanced technologies like 3D planning and interdisciplinary collaboration, microvascular and local flap reconstruction for major head and neck problems and the possibilities of virtual reality training. Hyderabad, with its unique clinical and cultural context, likely tested and refined our skills in new ways. Working under mentors like Dr. Fernando, Professor Acero, Dr. Cebrián, Professor Markus, Dr. Gulati, and Professor Gosla was a privilege, as was collaborating with skilled teams across three continents. The surgeries we observed from Free Flap Reconstructions to Facial Paralysis Management, Thyroidectomy, Cleft Lip and Palate Repair, Facial Bipartition, Distractive Osteogenesis and Ear Reconstruction Surgery highlighted the artistry and precision of Craniomaxillofacial Surgery. Our travels, from Madrid’s plazas to

London's landmarks and beyond, added joy and perspective to the journey.

Finally, and most importantly, we are immensely grateful to **FUTURE FACES**, whose generous financial support made this all possible. We will take this experience back to Mwanza where it will be the inspiration for the newly developing Craniomaxillofacial Centre at the Bugando Medical Centre

We are immensely grateful to Paul and Helen Allen for an amazing donation which enabled this programme and which will enable two more surgeons to have similar experiences in 2026.

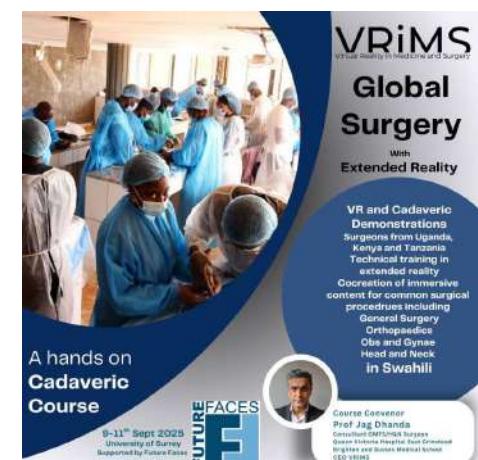
## VRIMS

An additional bonus at East Grinstead was working with one of the consultant surgeons, Prof Jag Dhanda, who developed **VRIMS** ([www.vrims.net](http://www.vrims.net)), virtual reality in medicine and surgery. It is an

amazing surgical training concept.

Five surgeons from

Tanzania (Dr Fidelis Mbunda, on the left) Burundi, Cameroon, Uganda and Kenya attended training courses at the University of Surrey in June and September 2025. Future Faces paid for all air travel from these countries to the UK. All the equipment needed will be installed in the Bugando Medical Centre in February 2026.



teaching and operating there and, along with his wife, Ruth, participating in rural camps, delivering advice and care to the very poor people of the Province 2.

Additionally, Les and Ruth asked that all donations from the deeply moving funeral service, and in his memory, be donated to Future Faces. This was an extraordinary gesture and so typical of Les.



## Other grants

**Joanna Waldron**

**Deputy Lead Speech & Language Therapist  
South West Cleft Service**

Thank you once again for your generous support in enabling me to attend the International Cleft Congress. The experience was both academically enriching and culturally rewarding, and I am deeply grateful for the opportunity.

I have prepared a detailed report outlining the key highlights and insights from the congress, which I am happy to share with you. With sincere thanks and best wishes,

### **Post-Conference Report: International Cleft Congress 2025 – Kyoto, Japan**

I was privileged to attend the International Cleft Congress 2025 in Kyoto, Japan, a leading global event focused on “Harmony and Consensus in Comprehensive Cleft Care and Collaborative Studies.” The programme featured diverse sessions that fostered discussion on best practices, innovation, and service user engagement in cleft care.

#### **Key Highlights**

##### **Person-Centred Care & Shared Decision-Making**

The congress underscored holistic approaches to speech assessment, including the emotional impact of cleft speech on confidence and social interaction. Shared decision-making in managing velopharyngeal insufficiency (VPI) was a recurring theme, with service users—including children as young as eight—actively involved in goal setting. Care planning must be collaborative, not directive.

##### **Speech Therapy & Communication Outcomes**

Research highlighted persistent intelligibility challenges for children with cleft palate, particularly those with bilateral cleft lip and palate (BCLP). Older children (7–13) reported more negative communication experiences than younger peers, reinforcing the need for timely, targeted therapy to improve confidence and social participation.

##### **Global SLT Provision & Innovation**

Significant variation in global SLT provision was noted, with cleft care absent from some training programmes. Innovative solutions included:

- AI-based resonance screening in Ghana for low-resource settings
- Word cards and storytelling to support sound production
- Enhanced Milieu Teaching as an adaptable, conversation-based intervention for early language development

##### **Hybrid Therapy Models & Technology Integration**

Hybrid models combining in-person and virtual sessions were explored to improve access and dosage. Ultrasound imaging emerged as a promising biofeedback tool for visualising articulation, offering new opportunities for high-quality therapy delivery.

##### **Surgical Collaboration & Post-Operative Care**

SLT data was shown to inform surgical decisions. Buccal flap procedures effectively addressed VPI, though secondary flaps carried higher necrosis risk. Evidence suggests speech improvements may continue for up to a year post-surgery, supporting longer recovery periods before further intervention.

##### **Hearing & Speech Outcomes**

Conductive hearing loss at initial checks correlated with poorer speech outcomes at age five, highlighting the need for early and ongoing audiological monitoring.

##### **Outcome Measures & Consensus**

Calls were made for national consensus on outcome measures and training to ensure consistent data collection. Culturally adapted patient-reported outcome measures (PROMs) were recommended to reflect diverse priorities and monitor emotional wellbeing. PROMs should be matched to purpose—some aid reporting, others support clinical dialogue—and literacy and multilingual needs must be considered. PROMs for younger children (ages 4–6) remain challenging; teacher input may provide valuable insights. Discussions also addressed aligning PROMs for consistency and tailoring measures for specific populations, such as those with 22q11.

## Orthognathic Surgery & VPI Risk

No definitive predictors of VPI post-orthognathic surgery were identified, though pre-existing VPI may increase risk. Individualised assessment and counselling remain essential.

## Psychosocial Support & Coordinated Care

The congress stressed integrating psychological support, peer involvement, and coordinated care. Hypernasality in females was linked to negative social outcomes, underscoring the need for advocacy and regular psychosocial assessment.

## Presentation Summary

I presented an initiative for same-day impression and fitting of nasal obturators, which was well received. Networking opportunities included discussions with professionals from North Carolina and Seattle, who expressed interest in adopting this approach for non-surgical candidates and have since made contact to collaborate further.

## Impact & Reflections

Attending the congress significantly enhanced my understanding of global cleft care and reaffirmed the value of collaborative, person-centred practice. The insights gained will inform clinical protocols, strengthen shared decision-making, and promote active service user involvement.

This experience has prompted a critical review of how effectively we engage children and families in therapy planning. I intend to explore practical strategies that make shared decision-making accessible across age groups and cultural backgrounds. The findings also highlight the urgency of early, targeted intervention to improve intelligibility and confidence.

I will review our current outcome measures and consider more consistent use of the Intelligibility in Context Scale (ICS) to monitor progress.

I am deeply grateful for the sponsorship that made this opportunity possible.



## Stay at GSR Institute, Hyderabad

### Dr Julia Medina Valle, Maxillofacial Surgeon, Santander, Spain

Providing quality medical care in developing countries has been a subject that has interested me since I started medical school. I have a deep respect for organisations that try to bring medical care to places with scarce resources, especially the challenge of surgical treatment.



That is why, at the 26th Spanish National Congress of Oral and Maxillofacial Surgery in Cartagena, I attended Dr. Tony Markus' keynote lecture "Global Surgery", which aroused my interest. I learned about the work of Future Faces and the Max Train projects, training professionals all over the world to treat patients with craniofacial alterations, mainly cleft lip and palate. After the presentation, I did not hesitate to contact Dr. Markus to make myself available to participate in some way in the project.

This conversation led to my stay last November at GSR Hospital in Hyderabad, India. For 10 days (20-30th November) I accompanied the team led by Dr. Gosla Reddy, in his centre specialised in craniofacial surgery, to learn the comprehensive management of cleft lip and palate patient. I was not lucky to meet Dr. Reddy in person because he was travelling in Europe for a conference, but the rest of the team was very attentive, sharing all their experience and knowledge with me. Accustomed to the management of this pathology in a fully developed centre, with lower patient volume, prenatal diagnostic tools, a paediatric intensive care unit, to be able to observe how with fewer resources a highly qualified group of surgeons can operate on high number of patients, in such an efficient way with excellent results, was a privilege.

During my stay I was provided with accommodation in the associated guesthouse, a 10- minute walk from the GSR hospital. On arrival I was welcomed by Dr. Jothish, who accompanied me to the accommodation and kindly explained to me the basic guidelines for my stay and the dynamics of the centre.

Surgeries are performed from Monday to Saturday, with an average of 3-4 operating days per week. On days when there were no surgeries, I accompanied the team to medical office where patients from all over the country were received. All the patients' medical history was collected, they were examined for a complete diagnostic study and a treatment plan was drawn up. All cases

were documented photographically. I also used these days to study the different surgical techniques to have the most up to date knowledge to understand the surgical procedures as much as possible.

GSR Hospital is equipped with two operating theatres in which 3-4 patients were operated on each, one operating theatre focusing on cleft lip repair and the other on cleft palate. Alveolar ridge fissures are performed in both. I arranged to go half the days to each of the operating theatres. I was fortunate to attend many procedures that allowed me to integrate my knowledge of cleft lip and palate and the different techniques used in their treatment.

This experience has been incredibly enriching. Not only have I learnt a lot on academic and surgical skills, but I have also learnt how a hospital that offers treatment to a disadvantaged sector of the population, without resources, who travel thousands of kilometres to receive care, works. With all the logistical complexity that this entails. Humanitarian work carried out at the GSR hospital changes the lives of thousands of people a year, not only the patients who are given a life-changing aesthetic and functional result, but also their families and society, as it allows them to integrate and live a full life.

As a trainee, I feel fortunate to have been able to get to know a project like this, and I hope to be able to participate in the future in more projects that seek to bring maxillofacial surgery to developing countries and do so as an attending when my contribution to the cause can be greater.

## Other news



### Dr Julian Chen

We are heartbroken to share that Dr Julian Lu Ming Chen, beloved father, brother, son, friend and dentist, passed away peacefully on the 20th of July, with his girls by his side, following a five-year journey with cancer, one he met with quiet courage, grace, and deep presence. Julian's warmth, wit, and boundless generosity touched countless lives, whether through his practice in dentistry, his joyous spirit on the dance floor, or the kindness he carried in every encounter.

Future Faces is immensely grateful to Julian who gave us a CT scanner for use at the Craniofacial Centre in Janakpur, a scanner that has provided unparalleled opportunities for people at attending the centre.



### Rosemary Watts

Rosemary decided to resign as a Trustee of Future Faces due to ill health. She has been with the charity from its inception, having been the specialist speech and language therapist in the Dorset Cleft Centre at Poole Hospital. She made an enormous contribution to the establishment and development of the charity and we are so very grateful for all she has done. Thank you, Rosemary.

## Donations

We are grateful recipients of many donations from:

Paul and Helen Allen

Professor Les Snape, Christchurch, New Zealand

Mr Thomas Reidy

Many monthly donations and salary sacrifices.

## And finally, thanks to our collaborators

The many surgeons at the hospitals in Madrid, East Grinstead and Hyderabad who welcomed our trainees, who spent so much time teaching them, sharing their expertise and making the Tanzanian project possible.

# THANK YOU



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