Lester Mohler

Les Mohler practiced with Ohio Plastic Surgeons from 1970 to 1996 and had a large cleft practice during that time.

He performed cleft lip and palate surgery on over 50 mission trips.
Lester Mohler

Mohler’s modification of the Millard rotation-advancement was published in 1986.

Measurements and Markings

Nadir of cupid’s bow
Peak of cupid’s bow
Measurements and Markings

This point is chosen to create a symmetric cupid’s bow.

The length and shape of the philtral column on the normal side is our goal.
Measurements and Markings

The curvilinear "mirror image" of the normal side is drawn freehand into the columella and checked for length with the calipers.

Measurements and Markings

A 90 degree back cut is marked (confined to the columella).
Measurements and Markings

The distance from the commissure to the peak of cupid's bow is transferred from the normal side to the cleft side.

This point will usually correspond to the end of the white roll.
Measurements and Markings

The corresponding curvilinear contour is marked on the lateral segment—extending into the nostril if necessary.

Final Markings
Traction suture holds lip in a rotated position while the C-flap is sutured into the columellar defect.

Note how releasing the tension on the traction suture results in minimal back-rotation of the medial segment.

Unrepaired C-flap sutured into position at the columella.
Why the Mohler?

The rotation advancement technique of Millard can occasionally produce a scar that is symmetric with the philtral column on the normal side in only the lower two thirds.

The gap normally filled by the advancing tip is instead filled by the C-flap thereby reducing the distance the advancement flap must travel by 2 or 3 millimeters.

This also had the effect of lengthening the shortened columella on the cleft side.

Why the Mohler?

I like the Mohler for anything smaller than a wide cleft lip.
Case Examples

Case Examples
Mohler Cleft Lip Repair

References