



**UNIVERSIDAD CATOLICA  
DE SANTIAGO DE GUAYAQUIL  
FACULTY OF ARTS AND HUMANITIES  
SCHOOL OF LANGUAGES: MINOR IN TRANSLATION**

**TITLE:  
ANNOTATED TRANSLATION OF THE FIRST CHAPTER OF  
THE BOOK HEAD AND NECK SURGERY FROM ENGLISH TO  
SPANISH**

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**RESEARCH PROJECT PRESENTED AS A REQUIREMENT  
FOR OBTAINING A BACHELOR'S DEGREE IN ENGLISH  
LANGUAGE AND LINGUISTICS WITH A MINOR IN  
TRANSLATION**

**TUTOR:  
Natasha Del Pozo Díaz, MSc.**

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**CERTIFICACIÓN**

We certify that this project was completed entirely by Luisa Mirella Jiménez Leon and Danny Xavier Ponguillo Diaz as partial requirement before awarded the degree of Bachelor in **English Language and Linguistics with a Mention in Translation.**

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**STATEMENT OF RESPONSIBILITY**

We, **Luisa Mirella Jiménez León** and **Danny Xavier Ponguillo Díaz**

**HEREBY DECLARE THAT:**

The Thesis Annotated Translation of the First Chapter of The Book Head and Neck Surgery from English to Spanish prior obtaining the **Academic Degree of Bachelor in English Language and Linguistics with a Mention in Translation**, has been developed based on a thorough research, respecting intellectual rights of third parties as consisting in footnotes of the relevant pages, whose sources are included in the bibliography. Consequently this work is our total responsibility.

Under this statement, we take responsibility for the content, accuracy and scientific scope of the Academic Degree Thesis in mention.

**Guayaquil, on the 4th day of December 2013**

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**AUTHORIZATION**

**We, Luisa Mirella Jiménez León and Danny Xavier Ponguillo Díaz,**

Hereby authorize the University Católica Santiago de Guayaquil, to publish in the library of the institution our Thesis: Annotated Translation of the First Chapter of the Book Head and Neck Surgery from English to Spanish, which content, ideas and judgment are of our exclusive responsibility and absolute authorship.

**Guayaquil, on the 4th day of December 2013**

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### **Mrs. Luisa Mirella Jiménez León**

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## **DEDICATION**

To our families who are our engines to keep us going.

**Mrs. Luisa Mirella Jiménez León**

To my husband and daughters.

**Mr. Danny Xavier Ponguillo Díaz**

To mom and dad who have never given up on me  
and have always guided me in life.

To my sister who is always willing to provide me  
her support and good mood.

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## CONTENT

INTRODUCTION .....	1
CHAPTER I .....	4
1.1. LITERATURE REVIEW .....,.....	4
1.2. REFERENTIAL FRAMEWORK .....	14
1.3. SOCIAL FRAMEWORK .....	15
1.4. THEORETICAL FRAMEWORK.....	17
CHAPTER II .....	28
2. METHODOLOGICAL FRAMEWORK.....	28
2.2. THE FORM OF THE TEXT .....	29
2.3. ABOUT THE CONTEXTUAL FEATURES OF THE TEXT.....	30
CHAPTER III .....	47
3. ANALYSIS AND INTERPRETATION OF THE RESULTS.....	47
3.1. IN-DEPTH INTERVIEWS WITH DOCTORS AND INTERNS .....	48
3.2. TARGET GROUP.....	49
3.3. SAMPLE AND CRITERIA FOR DOCTOR'S SELECTION.....	49
3.4. APPROACH TO DOCTORS AND INTERNS.....	57
3.5. GUIDE FOR THE INTERVIEW.....	58
CHAPTER IV.....	61
4. RECOMENDATIONS AND CONCLUSIONS.....	61
REFERENCES AND ONLINE RESOURCES.....	64
GLOSSARY .....	67
APPENDICES.....	68

## TABLES

	<b>Pg.</b>
TABLE 1.....	50
TABLE 2 .....	51
TABLE 3 .....	52
TABLE 4 .....	53
TABLE 5 .....	54
TABLE 6 .....	55
TABLE 7 .....	56

## GRAPHICS

	<b>Pg.</b>
FIGURE 1.....	50
FIGURE 2 .....	51
FIGURE 3 .....	52
FIGURE 4 .....	53
FIGURE 5 .....	54
FIGURE 6 .....	55
FIGURE 7 .....	56

## ABSTRACT

As medical science is advancing, up-dated techniques and procedures are been developed to manipulate patients. An important area in which such kind of important information needs to be applied is in facial anomalies and neck surgeries. Dr. Roberto Gilbert Hospital has several books with medical material in English language, but they need them to be available in Spanish. Our surveys performed at the hospital guided us to focus on one of the most important and urgent document to be translated: a German book named the Head and Neck Surgery. This book is important for doctors who perform facial anomalies and neck surgeries. Therefore, the purpose of this translation work is to help the medical staff to have access to the Spanish translated version of the first chapter of the Head and Neck Surgery Book for common facial anomalies specially cleft lip and palate. Consequently, the creation of this Spanish translation of the aforementioned book will benefit patients. Besides the benefit doctors will have in getting a great source of new information, we, as translators, will contribute to our country's development in the area of maxillary facial surgery by providing not only a five-time checked rendering of the material originally in German, but also the corresponding annotations that will present in detail the techniques and knowledge used for such work and, in so doing, will encourage other professionals to do further studies in this field.

**Key Words:** *Cleft, flaps, palate, foramen, pedicle, lip, septum, suture, stitches.*

## **INTRODUCTION**

It is necessary to analyze the topics, situations and current problems found in hospitals. Nowadays, medical science is advancing at fast speed and most of its information is in English, since it is the most spoken language worldwide. There is a necessity for medical documents to be translated, especially in the medical field. The work of a medical translator is more challenging than other translators because of the great responsibility it implies. Doctors rely on this scientific knowledge from important medical books to get updated about diagnosis, procedures, medical treatments, medical administration, surgical intervention and patient safety. At the library of Roberto Gilbert Elizalde Peditatric Hospital there are several medicine books in English which are helpful to doctors. Among them, there is an excellent collection of head and neck Otorhinolaryngology surgery, which is sponsored by the Otorhinolaryngology department in the hospital. The book was first edited in German language in 1974 by Georg Thieme Verlag. Then, due to the excellent information it contains, it was also translated from German language to English by the Otorhinolaryngology Association of medical professors in order to spread its information. The book is looked up by the chief doctors of the residency training program, specially the first chapter in Surgery of Common Anomalies in the Face. Nevertheless, many of the doctors have little knowledge of English language and do not have the facility to use the information from the book.

This project pretends to cover the need of the medical staff at Dr. Roberto Gilbert Elizalde Peditatric Hospital. Its main focus is to contribute with a Spanish translation file in Spanish of the first chapter of the Book Head and Neck Surgery that will surely benefit its understanding and improve doctor's confidence in their activities.

The following project is organized in three chapters which establish the three main objectives. The first chapter refers to the theoretical framework, literature review, referential framework, and social framework of the problem at Dr. Robert Gilbert Elizalde Peditatric Hospital. It states the conflictive situation of the problem and the application of a Spanish translation file, its causes and effects, general and basic objectives and finally the justification which highlights the relevance and usefulness of the project for the medical staff at Dr. Robert Gilbert Elizalde Peditatric Hospital. In this chapter the main objective is to provide readers information about how to recognize a problem where the translators can contribute with their work for its solution.

The second chapter contains the methodological framework, form of the text, contextual features of the text and legal foundations based on the Higher Education Law as well as the National Secretary of Higher Education, Science, Technology and Innovation (SENESCYT). The independent variable: syntactic and semantic process, and the dependent variable rendering. The objective of this chapter is to explain by example how to categorize a piece of document in order to focus and use the correct translation techniques.

The third chapter contains the analysis and interpretation of results, the type of research chosen and its design; construction of variables or categories of analysis; its components, dimensions or indicators and items; units of analysis, explains the rigorous procedures, the instruments or research techniques that were applied, the way it was developed and the form of information processing, in correspondence with the approach chosen. This chapter demonstrates our ownership of the research methodology, and its creative application and study requirements adjusted. This chapter also refers to the procedures, analysis, and discussions of the results obtain by the surveys and recommendations.

The proposal of this project is to benefit the medical staff at Dr. Robert Gilbert Elizalde Peditatric Hospital by providing a faithful Spanish translation of the document they need, and also to benefit those who are immersed in the translation profession by providing an accurate Spanish annotated translation of the first chapter of the Head and Neck Surgery Book in which they can rely on and learn.

## **CHAPTER I**

### **1.1. LITERATURE REVIEW**

In order to develop this research and translation project we are adding some concepts whose terminology consensus is necessary for the understanding of the key concepts of its purpose.

#### **1.1.1. Annotations**

Translation problems appear when a translator tries to accomplish accurate translations choosing the appropriate structures and words in the target language to describe the source language ones<sup>1</sup>. A text's semantic information content is vital. Very often the illocutionary level can be effectively translated while maintaining the strict semantic information content can be much harder and that the translator should attach greater importance to the expectations of the target audience and not to the source text. Language is used in different situations and therefore language must adapt itself into these situations by varying ways. Annotations are useful tools which need to be done when translating to target language and isolately analyze a word. Then we look for the many different options and choose the most suitable option and render an accurate translation.

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<sup>1</sup> Lefevere (1994)



### **1.1.2. Translation**

Translation is a language processing and text production task involving two different languages: the source language (SL) and the target language (TL). It has always been important in the history of written language and has played a decisive role in the historical development of many languages and literature. It is not an exaggeration to say that it has never been more widespread and significant as a communicative activity as it is in society nowadays, and there is no reason to believe that its importance will diminish. In new and old types of communication media, text of various kinds are written or spoken, and quite often translated by a person and made available to new readers in different media resources: printed, published, on a screen, on paper, etc.

### **1.1.3. Source text**

We talk about source text as a language that is to be translated into another language. Modern translation began when translators commit to the reproduction of the source text faithfully into the target text. The translation became receiver oriented marking the beginning of perspective translation<sup>2</sup>.

### **1.1.4. Target text**

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<sup>2</sup> Newmark (1982)

A target text is the language into which a piece of work is translated<sup>3</sup>. In 1977, translators were asked to reproduce a text that evokes almost the same response in the target text receivers as in the source text receivers. That was called dynamic equivalence, but then came the discovery that the target text could be addressed to a specific audience that is different from that of the source text. As an example: translating the Bible for an audience of children. There were two types of basic target translation strategies<sup>4</sup>: overt translation (when the target text receivers are overtly not the same as the source text receivers), and covert translation (in which the target text receivers are the same as the source text receivers).

### **1.1.5.Allusions**

Allusions are basic referrals to other works or other culturally well known phenomena<sup>5</sup>. They are used to give an idea in a more clear explained way. The author also mentions there are four different types of allusions: biblical, classical, cultural and literary.

### **1.1.6.Names**

Lefevere describes names as resources used by the author to give extra information about the characters and places in the translation. They need to

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<sup>3</sup> Nida and Taber (1974)

<sup>4</sup> House (1985)

<sup>5</sup> Lefevere (1994)

be taken seriously when appearing in a translation to convey the meaning that the author is trying to communicate and the translator should take into account if the name has a specific cultural meaning in the target text language as for the native source text. If it has a universal meaning, a name cannot be changed.

### **1.1.7.Register**

According to Lefevere (1994), register is the difference between the use of the language and the situation or context where the use of the language is applied. As an example he describes a situation where it is necessary to greet the queen of England and a mere “Hello, queen!” simply will not suffice. This is naturally because of the conventions connected to conversing with royalty.

### **1.1.8.Pragmatic Translation Problems**

Pragmatic translation problems refer to problems that appear when there is not a suitable solution to pragmatic translation errors such as lack of receiver orientation. These types of errors appear when the target cannot detect these errors without comparing it to the source text<sup>6</sup>. She explains that the text can be read and understood but there could present some difficulties due to poorly rendered translation. As an example, for the translation of the first

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<sup>6</sup> Nord (2001)

chapter of the Head and Neck Surgery Book of this project, we found these types of problems since the source text in English was first translated from the original version in Germany and some concepts and words were not accurately translated into our source text.

### **1.1.9.Cultural translation problems**

Cultural translation errors appeared when there is inadequate adaptation in the reproduction of culture-specific conventions. Here we need to decide whether conventions should be adapted to target culture standards.

### **1.1.10. Linguistic translation problems**

These are problems in the structure of the translated document. They are due to language incompetence of the translator. A linguistic translation error could basically be any type of grammatical error in language structure.

### **1.1.11. Text-specific translation problems**

These are specific problems in the text that appeared when the source text was firstly translated from another language. The Head and Neck Surgery Book is a text which first source was the German Language and then was translated to English by H.H. Naumann.

### **1.1.12. Literal Translation**

Translating *los patos nadan en el río* into *the ducks swim in the river* is a literal translation. As we saw in the example, we translated word by word from a source text to a target text. This type of translation can only be possible when the two languages in use have similar context. Example: English to Spanish, Spanish to English. But it is not possible when translating from French to German.

### **1.1.13. Particularization**

It is acceptable in two conditions: First, when the target language offers no suitable alternative in the form of an idiomatic and textually appropriate synonym; second, when the added detail is implicit in the source text and it fits in with the overall context of the source text. E.g. *Patrona* / a range of meaning = *madam* is evidently the appropriate particularization in the context of the passage.

### **1.1.14. Particularization Translation**

It is not acceptable where one or more of the following three conditions hold: First, if the target text does offer a suitable alternative to the addition of unnecessary detail; Second, if the added detail creates discrepancies in the target text. Third, if the added detail contributes to a misinterpretation for the

overall context of the source text. E.g. Theology: instead of religious, but teología creates a misleading expression in education.

### **1.1.15. Generalization**

It is acceptable in two conditions: First, when the target language does not offer a suitable alternative; Second, when the omitted detail either is clear and can be recovered from the overall context of the target text, or is unimportant to the source text. E.g. Brasero as stove creates a harmless, insignificant translation loss.

It is not acceptable: First, if the omitted details are important to the source text; second, if the target language offers suitable alternatives to the omission of this detail; Third, if the omitted detail is not compensated for elsewhere in the target text, and cannot be recovered from the overall context of the target text.

### **1.1.16. Adjustment**

This is an important translation technique which gradually moves away from form-by-form rendering and towards more dynamic kinds of equivalence. Adjustment is also needed to cope with the wide branch of purposes which translation might service.

### **1.1.17. Cohesion**

It refers to transparent linking of sentences (and longer sections of the text) by the usage of explicit discourse connectors like then “so” “however”, and so on.

### **1.1.18. Connotative Meaning**

This type of annotation appears when associations which over and above the literal meaning of an expression form part of its overall meaning. There are many types of connotative meaning. Usually a translator can find several kinds of connotative meaning into a single overall effect.

### **1.1.19. Associative meaning**

This occurs when a specific concept is assumed to apply in general. E.g. Nurse is associated with female.

### **1.1.20. Formal Correspondence**

It focuses on the linguistic structure of languages, how the work and how they can be compared to one another whereas textual difference focuses more on the translation in itself and its equivalent relationship with the source text.

### **1.1.21. Transposition**

This appears when there is a change in the parts of the speech when a document is translated. For example: when we translate from English *long, fluffy rabbit* into Spanish as *conejito felpudo, grande*. Since grammatical structure differs according to language, it is important to know well the target language structure as knowing the source language. The position of the verb in the sentence makes it possible to translate from English to Spanish and from Spanish to English and remarks the transposition.

### **1.1.22. Modulation**

When we use modulation, we are using a phrase that is different in the source and target language to convey the same idea. For example, the movie title *Band of Brothers* was translated for the Latin audience as *Hermandad en la Frontera*. In this type of annotation, the translator alters syntactically the point of view of the text without altering meaning and generating a sense of coherence for the target audience.

### **1.1.23. Transcription**

Transcription refers to loan words, transferred words and adopted words.

It is a must in the following cases, unless there is an accepted translation adaptable to the reader:



- a. Proper nouns-specially names of people and of geographical features.  
For example, Erin, an American female name, would be translated as Erin in Spanish.
- b. Addresses. For example, calle Av. Las Monjas should be translated into English as Las Monjas avenue.
- c. Names of private firms. For instance, Pepsi is a worldwide well-known brand.
- d. Names of national public and private institutions. National Geographic has the same name for the Spanish audience.
- e. Terms peculiar to institutions, ecology and general culture of the source language countries, where there are no equivalents in the target language countries. i.e. Gettysburg, place where Abraham Lincoln gave his famous Speech, is known as Gettysburg everywhere.
- f. Titles of Newspaper, periodicals, books, plays, articles, papers, works of art, musical compositions. *Miami Herald* remains the same in its Spanish translation.

A glossary or translation may be added if the translator considers it will be helpful for the reader.

#### **1.1.24. Paraphrase**

This is the last technique a translator can use (though sometimes it is the only option).

## **1.2. REFERENTIAL FRAMEWORK**

### **1.2.1.Statement of the Problem**

Nowadays, Medical Science is advancing and there is a necessity to translate medical documents. The work of a medical translator is more challenging than other translators due to the great responsibility it implies.

Undoubtedly, Doctors rely on scientific knowledge directly linked with medical translation acquired from important medicine books that inform them about diagnosis, procedures, medical treatment, medical administration, surgical intervention, and patient safety. Any communication must be completely understood by both the medical staff and the patient. Dr. Roberto Gilbert Elizalde Peditatric Hospital has several English Books in English, among of them, there is an excellent collection in Head and Neck Surgery about Surgery of Common Anomalies in the face (Cleft Lip and Palate Repair).

### **1.2.2. Justification**

Dr. Roberto Gilbert Peditatric Elizalde Hospital's library needs the translation of the Head and Neck Surgery book since it contains very important information, but it is in English language. Doctors have few or none knowledge of the English Language and, for that reason, they do not have the facility to check the book and other important scientific resources presented in English.

Moreover, Chief residents and Medical students at all levels need to review the Head and Neck Surgical book in the hospital. For this reason, the

translation of The Head and Neck Surgery Book is considered very important in the library due to its content, specially its first chapter about Surgery of the common anomalies of the face especially cleft lip and palate repair.

### **1.2.3. Viability**

The first edition of this important book was published in 1974, in German language, then; the same text was translated from German to English language in 1980 by W. B. Saunders Company and the Otorhinolaryngology Association of medical professors. Roberto Gilbert Hospital director has authorized the translators to work with this English version in order to provide its Spanish translation.

## **1.3. SOCIAL FRAMEWORK**

### **1.3.1.GENERAL OBJECTIVE**

As a way of facilitating Doctors at Roberto Gilbert Elizalde Peditatric Hospital the access to specialized medical information required to carry out surgeries in cleft lip and palate, the main objective of this project is to create a Spanish translation Pdf file of the first chapter of the Head and Neck Surgery Book which explains procedures for surgeries of the common anomalies of the face and that will benefit the medical staff, health care professionals and the patients they treat.

With the Pdf file, Doctors will be able to check it if, for instance, the patient underwent surgery and needs a specific postsurgery care including treatment and medical administration.

### **1.3.2. Specific Objectives**

- Providing an accurate and faithful translation in the Spanish Language of the first chapter of the book Head and Neck Surgery.
- Providing an easy-to-use set of procedures for an excellent surgery in the medical field.
- Providing an annotated translation as a helpful reference for new students in the translation field, especially in medicine.
- We pursue to help the kids with the translation of the first chapter of the Head and Neck Surgery so that they are operated more efficiently.

### **1.3.3. HYPOTHESIS**

The lack of the Spanish version of the first chapter of the Book Head and Neck Surgery would cause children not to be operated efficiently.

### **1.3.4. VARIABLES**

- Demonstrating with statistics how important this translation is for Doctors.
- Demonstrating translators how important their role is.

## **1.4. THEORETICAL FRAMEWORK**

### **1.4.1. Cleft Lip and Palate History**

The face is developed from five processes which fuse with one another: the median nasal process plus the paired maxillary and mandible processes. Developmental disturbances of these processes appear as clefts. These clefts may occur in a wide variety of types, the most common of which is the cleft lip and palate. Since a cleft lip results from a faulty development of the medial and lateral nasal processes which are differentiated from the median front-nasal process, it is always associated with typical anomalies of the external nose. Oblique, horizontal and medial clefts of the face are, however, very rare,

In addition to these typical clefts, there are also anomalies of a very different morphology in different parts of the face which can be explained by localized disturbances of the regional organizers. Typical examples include mandibulofacial or otomandibular disostosis. Standard operative procedures exist only for cleft lip and palate and a few of the other more common anomalies of practical significance. Lip and palate are the most common congenital anomalies ("birth defect") of the head and face. When there is a cleft lip, there is a separation or a gap within the upper lip. This separation can vary from a subtle notch or groove to a wide gap. This separation can involve the roof of the mouth, or palate, too.

What causes these clefts? There appear to be a number of different factors that are important in clefting. These include genetics, ethnic background, and certain environmental and chemical/drug exposures. Thus, clefting is

considered a "multifactorial" problem. About one third of infants born with clefts have a family history of clefting. All families with cleft-affected children are encouraged to consult with a geneticist, who can define the risk of clefts in future children. However, when the fetus is developing, the face forms by the fusion of five different facial processes. These processes are like the pieces of a jigsaw puzzle, that must fit together perfectly to create a complete face. When two of these processes fail to come together, for whatever reason, a cleft is formed. It is extremely unlikely that the cleft is a result of anything that the parents may have done during the pregnancy. Many parents feel a sense of guilt that they may have somehow caused their baby's cleft. However, in the vast majority of cases, that is not the case.

What is a cleft lip and palate repair surgery? Cleft lip and cleft palate repair is a surgery to fix birth defects of the upper lip and palate (roof of the mouth). Cleft lip repair is done when the child is 6 to 12 weeks old. For cleft lip surgery, your child will have general anesthesia (asleep and not feeling pain). The surgeon will trim the tissues and sew the lip together. The stitches will be very small so that the scar is as small as possible. Most of the stitches will absorb into the tissue as the scar heals, so they will not have to be removed later. Most times, cleft palate repair is done when the child is older, between 9 months and 1 year old. This allows the palate to change as the baby grows. Doing the repair when the child is this age will help prevent further speech problems as the child develops.

In cleft palate repair, the child will have general anesthesia (asleep and not feeling pain). Tissue from the roof of the mouth may be moved over to cover

the soft palate. Sometimes a child will need more than one surgery to close the palate. Bilateral cleft lips may be repaired in two surgeries: the first when the infant is “6 to 10 weeks old” and the second surgery may be completed between “9 months and 5 years of age.” After the cleft lip surgery, the infant should have “normal” facial symmetry with a thick scar from the nose to the lip. The infant may or may not have philtrum columns. During these procedures, the surgeon may also need to repair the tip of your child's nose. This surgery is called rhynoplasty.

According to the statistic data that was published by The Ecuadorian Newspaper “El Universo” on Friday, March-2007, in our country there are many children affected by these anomalies of the face. The frequency of cleft lip is high in Ecuador. According to a report from the Newspaper El Universo and The Operation Smile Foundation, one in 500 children is born with this defect in Ecuador. The cause why this anomaly is produced is not found, yet. Certainly, there are dates that show a higher incidence of these common anomalies in Ecuador. The common defects in cleft lip and cleft palate occur in approximately one in 1,000 babies, amounts supported by Dr. Gloria Vera, plastic surgeon of León Becerra Hospital. She indicated that the problem is evident daily in the outpatient area where the patients are evaluated for submission to an operation, which is the only curative option. During one week, the health Institution operates two or three patients for free through Happy Faces Foundation. Undoubtedly, the specialist explains, “when they carried out campaigns the surgeries rose to ten per day. This week we made

a great surgery, called Operation Rainbow, in which fourteen doctors of the University of Illinois and Carle Hospital Clinic operated approximately 50 children. So far, this year there have been more campaigns: Rainbow and Heaven for the children in Francisco de Ycaza Bustamante hospital, Ecuadent in Naval hospital, and others were announced: The Medical Mission for Children International in Boston, which will run from March 26 to April 2 at "Dr. Roberto Gilbert Elizalde Peditatric Hospital for which there are already 78 shortlisted. Vera said that cleft lip and cleft palate are congenital diseases (born with them) in which these structures do not close the mouth by alteration in a gene. She says that the common anomalies of the face (clefts of the lip and palate) are associated to a mother's nutritional deficit, pesticides, and hereditary factors during embryonic period, between weeks 8 and 12, which prevent the lip and palate merging".

Dr. Byron Escobar, from the Navy Hospital, who will help on the mission to Roberto Gilbert Peditatric Hospital, indicates that malnutrition can also influence as well as the exposure to chemicals and that is presented more in the Indian race. Therefore, He recommends the consumption of foods that contain folic acid, such as broccoli, to prevent birth malformations. Guadalupe Ramirez and her husband are convinced that the contact with the chemicals in bananas caused the problem in her daughter Isabel Yépez, now 17 years old. "I washed the clothes that my husband used on plantations and sometimes I had spent a lot of time doing this," says the woman, who on Wednesday came with her daughter to Leon Becerra Hospital to an aesthetically correcting of the lip and to separate two right toes



glued born. She was operated of cleft lip when she was 8 months of age and after six months, she underwent palate surgery. For its growth, “it is necessary to improve the external scar”, Escobar explains that to correct the defect it is required three or four surgeries; also, it involves a reconstruction of the nose (it is up a little) and maxillary improvement.

Dr. Gloria Vera indicates that the gingival fissure, in some cases, do not allow the canine teeth to grow correctly. Then, here is when you need a bone graft, which is usually done at 7 years old. Lip surgery can be performed after three months and after nine months can continue with the palate, then after four months you can improve the aesthetics. Surely, a private operation of cleft lip or palate intervention fluctuates between 2,000 and 3,000 dollars. So the Foundations are excellent advantages in Ecuador. (Figure 1.), (Figure 2.), (Figure 3.). (Figure 4.).

#### **1.4.2.Cleft Lip and Palate Outpatient care History**

Patients with common anomalies in the face are manipulated only by plastics and maxillofacial surgeons, medical residents in surgery and surgical nurses. These patients must be handled with special care so that, the surgery does not get infected. This is a big reason why it is strongly agreed that there is a need of a Spanish translation of the first chapter of this book. In this first chapter, doctors will find everything related to these surgeries like Indications, preoperative diagnostics until postoperative care, including the use of special Instruments, anesthesia administration and surgery technique.

For example, the preoperative diagnostic includes a general examination to ensure that the patient is fit for the surgery. In infants and older children, the possibility that the child is incubating an infectious disease; Photographic records and standardized views of the face should be taken from the front as well as intra oral views of the mandible arch with illustrations of the cleft in the bone. It should be possible to take follow-up pictures in the identical position at a later date. The radiographic examination should be taken to the upper jaw in unilateral and bilateral total clefts and also in clefts of the primary palate in order to confirm the position of the maxillary segments and the condition of the tooth buds, cast of the jaw, since these are of great value in total clefts and complete clefts of the primary palate, so that, an impression is made using special trays and a thermal plastic material. This does not adhere to the tissue and cannot be aspirated. This can be done without sedation in infants.

A cleft lip repair on infants should be carried out in the morning or early afternoon. No feeding is allowed later than 4 hours before induction of anesthesia. Then, the patient is placed in the supine position with the head slightly up. The hands are secured by straps and the body is fixed by a belt over the thighs. Also, the disinfection of the entire face is necessary and should be done with particular care around the vestibule of the nose using cotton carriers, the eyelids are held shut by narrow sterile-strips passing obliquely downward from the upper lip and fixed laterally in order to prevent damage to the eyeball and the head is covered with a triangular towel, the

face is left sufficiently uncovered so that the center of the face and the proportions of the face may still be seen.

Only general anesthesia administered by an oral endo-tracheal tube should be used. It is advisable to use special tubes that are not liable to kink when the mouth gag is positioned. Special mouthpieces are advisable since the anesthetic apparatus may take up a great deal of room and therefore, impede the work of the surgeon. Accurate surgery is then impossible. Magill's armored tubes or Oxford tubes with a special mouthpiece are particularly suitable. The tube is diverted over the middle of the lower lip; distortion of the corner of the mouth must always be prevented.

The postoperative course is directly dependent on the delicacy of the intubation. Rough procedures lead to mucosal swelling with stridorous breathing but, in spite of this, dangerous laryngeal edema seldom occurs. The best anesthesia is a nitrous oxide-oxygen-halothane mixture with high oxygen content in an open or half open system with assisted or controlled respiration. Infiltration anesthesia is also used to reduce hemorrhage. The addition of epinephrine for vasoconstriction is contraindicated when halothane is being used because it may occasionally produce a dangerous tachycardia. The vasoconstriction may be accomplished with vasopressin, 10 units dissolved in 10 ml of physiological saline. No more than 2ml should be injected because marked tissue expansion is apt to occur which alters the relationships. Since optimal working conditions are obtained only after 10 minutes, it is advisable to wait.

Surgery performed purely under local anesthesia is exceptional today and should only be done in adults.

### **1.4.3. Roberto Gilbert Hospital History**

Dr. Roberto Gilbert Elizalde is the best Pediatric Hospital in Latin-America. It was built in 1998 as a nonprofit hospital unit, managed by the “Junta de Beneficencia de Guayaquil”, which is focused on the comprehensive care of Ecuador’s pediatric population.

Dr. Roberto Gilbert children’s hospital has developed a comprehensive and full program in Teaching Pediatrics, whereby the graduates in medicine of the different Ecuadorian Universities, can acquire practical knowledge of hospital physicians. Doctor postulants have to meet requirements, take part in the competition and, according to their academic merit; they are elected as the new Medical Residents in the hospital. The Program includes training for the residents, internship rotating in all services, so that they can have a deeper understanding of each area in the hospital as: Surgery, Otorhinolaryngology, Outpatient, Hospitalization, Intensive Care, etc. The program is completed by a number of hours in theoretical classes that are taken in the morning especially in the surgery and hospitalization areas. In fact, during their three years as medical residents, they must have a rotation of six months by the otorhino area, getting the opportunity to evaluate new admissions and patients in the surgery clinics, that is, they learn to use and apply scissors,

scalpel, procedures, suturing, vascular access, and placement of a variety of tubes and lines.

Dr. Roberto Gilbert Hospital has also received foreign help from institutions such as Global Smile Foundation. The Global Smile Foundation (GSF) was formed in 2008 as a Massachusetts not-for-profit corporation. The founding members are a group of dedicated volunteers and medical professionals who have been actively involved with global outreach programs for the last 25 years in countries in Latin America, Africa and the Indian Subcontinent. This team, has its base in Boston, USA, and it is headed by the Dr. Usama Hamdan, who, with the help of his staff, operates these cases on common anomalies in the face specially cleft lip and palate every year. The team is invited and sponsored by The Provincial Government of Guayas, The Hospital and the American Consulate. The Global Smile Foundation brings the required materials for the surgeries. Their services as Medical staff include: Hospital admission, surgery, consultations, speech therapy, corrective procedures and medical administration. The foundation's Physicians work together with the hospital's medical surgeons especially with the Maxillofacial and plastic surgeons. Every year, the Global Smile Foundation's Team benefits many children who come from all the provinces of Ecuador to be evaluated and operated. So, there are lots of people willing to help these kids.

#### **1.4.4.The Translator**

There are several different types of translators. The best way to prepare for translation work is to get a Bachelor in Translation. The profit of being a translator depends on a number of characteristics: abilities, knowledge, and culture of the translation world; Comprehension of different fields in which you are going to work; willingness to translate; and customers. There are fields in which it is more profitable for a translator. An excellent medical translation is a guarantee letter to obtain a good job and good salary.

A few years ago translators would mainly operate for local businesses, delivering their translations face-to-face. With the advent and evolution of the World Wide Web and electronic correspondence, all borders have been destroyed. On the one hand, this means that translators may provide their services to clients from all over the planet; on the other hand, it means there is more competition. The grown of competition means more difficulties to get into the profession if you do not have accurate instruction and preparation. Nowadays, companies also demand from basic to high knowledge of languages to their staff, especially English language. This causes they translate easy and understandable texts in their daily working routines. Companies specialized in professional translation are required only when it is necessary. Because translating can be done from anywhere, translators can work as partial or full-time employees in companies, as in-house company or for government, or for themselves.

The salary of a translator will greatly depend on his expertise, prestige and also depending of the company in which he recruits. There are different rates of salary for translators according to the area in which they work. The basic offer-and-demand law plays its part: the higher the demand, the higher the payment. Currently, in Ecuador a translation page is done by words and according to the complexity of the text, approximately \$0.02 CTVS a word, and the cost by page is proximity of \$7, 00. The private sector and the government pay more than charity organizations and small agencies. Competitive rates with the most demand for translators can be found in fields such as governmental affairs, the medical industry, business, network and web-related companies, importation and exportation, and international organizations. A translator starts transferring, converting and adapting meaning as necessary.

The best translation is not a word-by-word rendition of the original, but rather a meaning for meaning transfer in which the end result is not just an accurate translation, but naturally sounding target language. In the final translated document, syntax, grammar, spelling and terminology are correct, and cultural elements have been taken into account. Science and Medicine being fields which are constantly evolving always need specialized documentation and communication worldwide. A translator in the field of Medicine will always have work to do. What is more, a medical translator will benefit both because it is a profitable area and because of the knowledge he gets while translating.

## **CHAPTER II**

### **2. METHODOLOGICAL FRAMEWORK**

#### **2.1. RESEARCH MODALITY**

Scientific Informative

#### **2.2. TYPE OF RESEARCH**

The type of research applied to this project is qualitative research.

#### **2.3. METHODOLOGY TO BE USED**

Logical Methodology: Analogy

#### **2.4. POPULATION AND SAMPLE**

Miss Louisa Jiménez interacted directly with Doctors, interns and medical staff who are involved in the field in order to analyze the importance of the book in their work. Danny Ponguillo interviewed Doctors and asked them about facial anomalies and how such a book would improve surgery.

#### **2.5. OPERATIONAL VARIABLES**

- Doctors, and medical staff not involved in pediatrics or facial anomalies.
- Children with any other type of malformation not related to cleft lip and palate.

#### **2.6. DATA COLLECTION INSTRUMENTS**

Surveys taken at the library of Roberto Gilbert Pediatric Hospital, which is detailed in Chapter III in the analysis of this research.



### **2.6.1.THE LINGUISTIC FIELD OF THE TEXT**

The translation of a clinical, technical, regulatory, training or any other documentation, for pharmaceutical, medical or healthcare field is known as Medical Translation. Pharmaceuticals and medical devices, remedies and pill instructions need to be translated from the source text to the target text in order to be understood. On a day-to-day basis, there are interactions between doctor - patient, nurse - patient and administrative situations, local clinicians, interns and regulatory representatives, documents that are important for clinical trails need to be translated so people can read them. Medical jargon is important in a number of dialogues for various situations in a medical setting. Without medical terminology a medical assistant would not know what their colleagues are talking about. The text studied in this research project has a Medical scope. It is a translation of the first chapter of the Book Head and Neck Surgery written by Georg Thieme Verlag in 1974. The book is used by the chief doctors for the residency training program in order to give the proper care to patients at Dr. Roberto Gilbert Elizalde Peditatric Hospital.

### **2.6.2.THE FORM OF THE TEXT**

This is a scientific informative text. The Book Head and Neck Otorhinolaryngology Surgery collection was firstly edited in the German language in 1974 by Georg Thieme Verlag. This same text was translated from German language into English language by H. H. Naumann for the

Otorhinolaryngology Association of medical professors, due to the excellent information it contains. For the purpose of this thesis project we are going to focus on translating the first chapter of this valuable book because of its great demand by the chief doctors of the residency training program whom specially need the content "Surgery in Common Anomalies of the Face". The chapter to be translated contains 57 pages focused on face and facial skull.

### **2.6.3. ABOUT THE CONTEXTUAL FEATURES OF THE TEXT**

For the purpose of this project, the translators have annotated the most challenging words, phrases and sentence structures in order to explain why some words have been chosen and are being used in the translation. Here we also explained the translation technique used to perform.

### **2.3.1. Text Specific Translation Problems**

Text Specific Translation Problems are a type of translation issues related to the source text, where, for some reason, there is no straight forward linguistic equivalent and the translator has to resource to further research and isolation of words and definitions so as to reach a conclusion and render a linguistic related equivalent that approaches the target audience's understanding of the real world. Under this category we encounter several words which are presented:

### 2.3.1.1 Lie

On pg. 2, paragraph 3, line 5 we find the word *lie* which totally misleads the information since the word that should be there is *joined to the anterior section of the Vomer*. This poor rendering is due to translator's error and confusion choosing the perfect match from German to English. We solved the problem for the Spanish target language as follows:

#### Target Text

1 The premaxilla and the  
2 prolabium lie anterior to the  
3 vomer and the septum and often  
4 project anterior to the plane of  
5 the face.

#### Source Text

1 La premaxila y el prolabio unidos  
2 a la extremidad anterior del  
3 vómer y el septum están  
4 proyectados al 4 plano facial.

### 2.3.1.2. Orthopantomograms

On page 5, line 1, in the Cleft Lip Repair of the first chapter of the Head and Neck Surgery Book we found a term that gave us problems in its translation. Since the medical term Orthopantomograms is not used in our culture in this time. This word is considered in translation as ambiguous term. For this reason we had to look it up. Then we chose to do an adaptation translation as: *Radiografías Panorámicas* which is the correct term and the most used in the health care Institutions.

**Source Text**

**Target Text**

**Radiographic examination**

**El examen radiológico.**

5 Orthopantomograms should be  
6 taken of the upper jaw in  
7 unilateral and bilateral total clefts  
8 and also in clefts on the primary  
9 palate in order to confirm the  
10 position of the maxillary  
11 segments and the condition of  
12 the tooth buds.

5 Tomar radiografías panorámicas  
6 de mandíbula superior en fisuras  
7 unilateral y bilateral totales y en  
8 fisuras primarias para confirmar  
9 la posición de los segmentos  
10 maxilares y la condición de los  
11 gérmenes dentales.

**2.3.1.3. Tooth Buds**

On the same page in line 6 in the Cleft Lip Repair of the first chapter of the Head and Neck Surgery Book I found another unknown term: tooth buds. It has different meanings in Spanish Language as: *brotos de dientes*, *yemas de dientes* and others. However, these meanings are not correct according to the context. We had to read about Odontology and found out that the most appropriate and correct translation is *germenes dentales*.

**Source Text**

**Target Text**

**Radiographic examination**

**El examen radiológico.**

12 Orthopantomograms should be  
 13 taken of the upper jaw in  
 14 unilateral and bilateral total  
 15 clefts and also in clefts on the  
 16 primary palate in order to  
 17 confirm the position of the  
 18 maxillary segments and the  
 19 condition of the tooth buds.

12 Tomar radiografías  
 13 panorámicas de mandíbula  
 14 superior en fisuras unilateral y  
 15 bilateral totales y en fisuras  
 16 primarias para confirmar la  
 17 posición de los segmentos  
 18 maxilares y la condición de los  
 19 gérmenes dentales.

**2.3.1.4. Confusing paragraph**

On Pg. 30, paragraph 1 lines 4 to 5, we found a structure mistake that confused the understanding of the information. This mistake was clearly made while translating from the original German text into English since there is a bad rendering of grammar usage, for which it was categorized under Text Specific Translation Problems. In the sentence *It ensures an optimal, clear operative field (Fig. 1.36b) with unimpeded anesthesia*, the word *unimpeded* does not refer to the anesthesia, but it is another characteristic of how clear and without obstruction the operation can be carried out. A possible accurate translation from the original German source to English could be *It ensures an optimal, clear, unimpeded operative field (Fig. 1.36b) with anesthesia*.

As we can see, just adapting the word unimpeded as an adjective to the operative field, the sentence becomes clear and easy to understand. The translators rendered the translation from English to Spanish as follows:

**SOURCE TEXT**

**TARGET TEXT**

19 It ensures an optimal, clear

19 Este asegura un campo

20 operative field (Fig. 1.36b) with

20 operatorio claro y amplio, sin

21 unimpeded anesthesia.

21 obstrucción de la anestesia.

**2.3.1.5. Increase its surface unnecessary**

On pg. 34, paragraph 4, lines 6 and 7 of the source text we found a Text Specific Translation Problems in the ending *increase its surface unnecessary*. This paragraph explains advantages of extending a flap to the healthy side which is simplifying the bridging of the palatal cleft, and renders folding of the vomerine flap. The purpose of folding the vomerine flap is to specifically *level* the unnecessary surface not just to increase it. This is clearly a problem of syntactic structure caused by a bad translation from the German source text to the English target text. The error was fixed when translating as follows:

**SOURCE TEXT**

22 This simplifies bridging of the  
23 palatal cleft, and renders folding  
24 of the vomerine flap to increase  
25 its surface unnecessary.

**TARGET TEXT**

22 Esto facilita la unión de la fisura  
23 palatina, dando como resultado  
24 la rotación del colgajo  
25 vomeriano para nivelar la  
26 superficie.

**2.3.1.6. Bony Bed**

On Pg. 42, second Line in the Care section, the word *bony bed* demanded careful research. General advanced dictionaries did not provide any clue within this context and neither did medical dictionaries. As this ST comes from a German source, we realized there had been L1 interference, so we tried a more definition-oriented approach; i.e. rendering the phrase through an analogy of the two words in isolation concluding that bony bed referred to the part of the mouth where the tongue rests in breathing position.

**SOURCE TEXT**

**Postoperative Care**

26 The Soft tissues of the hard  
27 palate are pressed in their bony  
28 bed by the pledget stitched in  
29 place.

**TARGET TEXT**

**Cuidado posoperativo**

26 Los tejidos blandos del  
27 paladar duro se presionan  
28 en su base ósea,  
29 suturándolos a presión con  
gasa.

### 2.3.1.7. Based, tongue-shaped flap

On pg. 50, paragraph 4, the translators faced a subtle translation problem due to incorrect structure of one sentence which, if not for medical professional helped, would have ended up in a big translation error. The paragraph explains how the fistulae should be closed, but when it comes to what is the medium by which it is closed we find the description *by anteriorly based, tongue-shaped flap* and our problem appears. We didn't know whether the flap was based before something or the flap itself had a base anterior. Since the original source text is from German language, there could have been an error in explaining whether it was referring to a prior base or to a place behind where the flap is located. A professional in the field guided us and the resulting translation for the Spanish target text ended up as follow:

<b>SOURCE TEXT</b>	<b>TARGET TEXT</b>
30 Persisting fistulae at the	30 Las fistulas persistentes en la
31 junctions of the hard and soft	31 unión del paladar duro y
32 palate should be closed by an	32 blando, deben cerrarse con un
33 anteriorly based, tongue-	33 colgajo lingual de base anterior
34 shaped flap (Fig. 1.64a)	34 (Fig. 1.64a).

### 2.3.2. Names

Resources which are useful to provide extra information about the characters and places in which vital situations take place. When it comes to translating



them and conveying the intended meaning of the author, it has to be considered whether the names have specific meaning in the source language directed to the cultural sphere of the SL natives or if there is something in the name that is somehow universal.

Under this category the following phrases were encountered:

### **2.3.2.1. Foramen**

This term gave us lots of headaches when we started translating the documents since it has a lot of meanings and we didn't know which one to chose. It can mean *hueco*, *hoyo*, *agujero*, etc. and we didn't know what to write since we didn't want to look unprofessional by writing *agujero* for an anomaly of the face. At the end an expert told us foramen is actually a hole, but in the medical industry they just call it foramen. So we calqued the word from its American native language.

#### **SOURCE TEXT**

1 The maxiliary cleft may vary from  
2 a small nick in the alveolus (a  
3 coloboma) to a complete cleftof  
4 the entire alveolus running to the  
5 incisive foramen.

#### **TARGET TEXT**

1 El maxilar fisurado puede variar  
2 desde una pequeña muesca en  
3 el alveolo (un coloboma) hasta  
4 una fisura completa de los  
5 alveolos que van hasta el  
6 foramen incisivo.

### **2.3.2.2. Philtrum**

Here comes another word frequently found in the first chapter of the book and which was real a pain. We researched books, dictionaries, web dictionaries, and even medical books that told us philtrum is *filtro*. We had even almost finished the translation when an expert told us this word is also known in the medical industry as philtrum. So, we changed everything from the beginning.

**SOURCE TEXT**

6 The highest point of the Cupid's  
7 bow on the healthy side, which  
8 lies at the junction of the ridge of  
9 the philtrum and the vermillion.

**TARGET TEXT**

6 El punto más alto del arco de Cupido  
7 del lado sano, que se encuentra  
8 en la intersección del reborde del  
9 philtrum con el bermellón.

**2.3.2.3. Pfeifer**

In this process about annotation we remembered about translation techniques, methods, and problems learned during the years at the University. Moreover, we applied all our knowledge, capacity and skills as translators in this project.

There are certain procedures like *Pfeifer*, lines 1 and 2 of the first and second paragraphs that do not appear at all in searches of Medical English. This mismatch could lead to misinterpretation in the target text. We standardized

the word applying borrowing and literal translation technique which are the most viable in cases like this.

**SOURCE TEXT**

**TARGET TEXT**

**Classification of Clefts of the Lip and Palate**

**Clasificación del Labio y Paladar Fisurado**

10 A stamp as designed by Pfeifer  
11 is very suitable for the  
12 schematic representation of the  
13 site of the cleft in the case  
14 sheet.

10 La imagen de ejemplo,  
11 diseñada por Pfeifer, es  
12 apropiada para la  
13 representación esquemática del  
14 lugar de la fisura.

**2.3.2.4. Stellmach**

On pg. 21, paragraph 1 we found interesting names. For names and procedures that appeared in the book like "Stellmach" and others we had to go online to research the source text or the German's names. In google, we found that the names are surgery techniques which identify the surgeon that performed it. Stellmach doctors in craniomaxillofacial Surgeons of the European Medical Association, specialized in processes that affect the mouth, jaws, face, craniofacial, head and neck region. This research has increased our knowledge and medical terminology.

**SOURCE TEXT**

14 This operation was developed  
15 Stellmach (1963) for prevention  
16 of the residual fistulae which  
17 often occur in the area of the  
18 maxillary cleft.

**TARGET TEXT**

14 Esta técnica quirúrgica fue  
15 desarrollada por Stellmach  
16 (1963) para la prevención de la  
17 fístula residual que se produce  
18 en la zona de la fisura maxilar.

**2.3.2.5. Steristrips**

On Pg. 7, line 4 of the Cleft Lip Repair we found several confusing medical terms and we had to go to internet to read more about the procedure of superficial disinfection before a surgery of face or Cleft Lip. In this translation we used Formal correspondence and Adjustment translation Techniques.

In medical documents is difficult and dangerous to change medical terms. If we rendered a poor translation or confuse the meaning of terms, the result could be the patient's death. We were guided by a Surgeon in maxillofacial anomalies who authorized me to make important adaptations and changes in this vital document.

**SOURCE TEXT**

**TARGET TEXT**

**Superficial Desinfection**

**Desinfección Superficial**

19 The eyelids are held shut by  
20 narrow Steristrips passing  
21 obliquely downward from the  
22 upper lid and fixed laterally in  
23 order to prevent damage to the  
24 eyeball.

19 Los párpados se mantienen  
20 cerrados con Steristrips que  
21 pasan oblicuamente hacia  
22 abajo desde el parpado  
23 superior y es fijado lateralmente  
24 con el fin de evitar daños en el  
25 globo ocular

**2.3.2.6. Cotton Carrier**

On Pg. 7, line 8 of the Source Text of the Cleft Lip Repair we applied transposition, adaptation and re-structuring translation techniques. For example in the phrase *using cotton carrier*, if translated literally it would be = utilizando una portadora de algodón. However, we applied our knowledge acquired in translation to render = *usar un cotonete de algodón*.

**SOURCE TEXT**

**TARGET TEXT**

**Superficial Desinfection**

**Desinfeccion Superficial**

25 Disinfection of the entire face is  
26 necessary and should be done  
27 with particular cares around the  
28 vestibule of the nose using  
29 cotton carriers.

25 La cara necesita ser  
26 desinfectada poniendo especial  
27 cuidado alrededor del vestíbulo  
28 de la nariz donde se debe usar  
29 un cotonete de algodón.

### 2.3.2.7. Triangular towel

On the same page, numerals 9 to 13 you can read the phrase *is covered with a triangular towel*. If we literally translated this phrase it would be *es cubierto con una toalla triangular*. But in medical translation this phrase has another connotative meaning. For this reason we made a deeper research to obtain a correct translation. We applied medical analysis and then adaptation.

#### **SOURCE TEXT**

30 The head is covered with a  
31 triangular towel.

#### **SOURCE TEXT**

30 La cabeza se cubre con un  
31 campo de tipo capelina  
triangular.

### 2.3.2.8. Septum

Likewise, in lines 1 and 8 we found a word which required calquing because it is used as a general term in the medical industry. The word is septum and its meaning is *tabique*.

**SOURCE TEXT**

32 Sharp dissection the septum  
33 from the palate should not be  
34 performed because of the  
35 possible disturbances in growth  
36 which could result from the  
37 procedure.

**TARGET TEXT**

32 No se debe desarrollar ninguna  
33 disección aguda del septum  
34 desde el paladar debido a que  
35 puede ocasionar alteraciones  
en 36 el crecimiento luego del  
37 procedimiento

**2.3.2.9. Hagedorn's Operation**

On Pg. 45, paragraph 3, line 1, we found an unusual term or technique, the Hagerdorn's operation, which was even difficult to google. This method or technique of operation is not worldwide known, so it most probably applies to the German medical community. There was not possible description of the technique for the English nor for the Spanish language, so we translated using calquing as a technique.

**SOURCE TEXT**

38 Hagerdorn's operation should  
39 be considered in previously  
40 operated bilateral lip clefts at  
41 the end of the growth period if  
42 the center of the lip has been  
43 left deficient.

**TARGET TEXT**

38 Una cirugía de Hagedorn se  
39 debe considerar para realizar  
en 40 fisuras bilaterales de labio  
41 previamente operado al final del  
42 período de crecimiento, si el  
43 centro del labio ha sido dejado  
deficiente.

### 2.3.2.10. Hamulus

On pg. 31, paragraph 3, line 6, we found a name annotation in the word *hamulus*. This word means *gancho*, but in the medical field is known just as hamulus itself.

We spent some time trying to translate and adapt the word to the text, but in the end, a Doctor told us it is hamulus itself. It is a medical known name which is why we chose it to write it in this category. Technique used: calque.

The translation rendered resulted in this:

#### SOURCE TEXT

44 Medial to this lies the hamulus,  
45 on the inner surface of which  
46 the muscles of the soft palate  
47 are mobilized; the soft palate  
48 can now be transposed into the  
49 cleft.

#### TARGET TEXT

44 En la parte media se encuentra  
45 el hamulus, en cuya superficie  
46 interna los músculos del  
47 paladar blando se liberan y así  
48 se puede trasponer el paladar  
49 blando en la zona de la fisura.

### 2.3.2.11. Catgut

On the last page of the First Chapter of the Book Head and Neck Surgery, a last annotation under the category of names appears. In the last line of the paragraph (line 6 in the source text and 5 in the target text) the word *catgut* is written in the same way in both Spanish and English because it is known so in the Medical field. The word itself can be translated as *sutura*, but it is a special type of thread for surgeries worldwide known by Doctors as catgut.



<b>SOURCE TEXT</b>	<b>TARGET TEXT</b>
49 The extent of the excision is	49 La extensión de la extirpación
50 checked by wide subcutaneous	50 se comprueba por una
51 mobilization and drawing the	51 movilización subcutánea
52 eyebrows together. The wound	52 amplia y aproximación de las
53 is closed with subcutaneous	53 cejas. La herida se cierra con
54 chromic catgut and atraumatic	54 catgut crómico atraumático
55 skin sutures. 7 (Fig. 1.70b).	55 subcutáneo de piel (Fig. 170b)

### **2.3.3. Linguistic translation problems**

Caused by an inadequate translation when the focus is on language structure. Linguistic translation errors appear often due to deficiencies in the translator's language competence. A linguistic translation error could basically be any type of grammatical error in language structure.

Under this category the following phrases were encountered:

#### **2.3.3.1. Pg. 34, paragraph 2**

On pg. 34, there is clearly a translation mistake on the second paragraph in lines from 1 to 5 since there is no coherence in the fluency of the text. On this page, it is explained how to suture a cleft in the hard palate. While giving directions, it is difficult to match the part in line 4 *elevated layer of the hard palate* with the rest of the text. From lines 1 to 3 it is being explained where

the flap is sutured but the comma makes us think line 4 is additional information or at first glance it is just a nonsense clause. Further and deeper analysis of the paragraph led us to the conclusion that the elevated layer is where the flap is set in behind the alveolus under *the elevated layer* of 5mm wide of the hard palate. Considering this analysis, it is a linguistic translation problem since there is disorder of structure which could have happened while translating the text from German to English. The paragraph was corrected when translated as follows:

**SOURCE TEXT**

1 The flap is sutured to the nasal  
2 layer of the lateral flap and is set  
3 in behind the alveolus under the  
4 mm wide, elevated layer of the  
5 hard palate (Fig. 1.40c).

**TARGET TEXT**

1 Se sutura el colgajo a la capa  
2 nasal del colgajo lateral y se  
3 coloca detrás del alveolo, bajo la  
4 capa elevada de 5 mm de ancho  
5 del paladar duro (Fig. 1.40c).

## CHAPTER III

### 3. ANALYSIS AND INTERPRETATION OF THE RESULTS

The methodological approach for the translation of the first chapter of the Book Head and Neck Surgery was designed to capture the idea of how important would be the translation of the book for doctors and surgeons in order to facilitate surgeries on cleft lips and palate. Since it is a unique book in Ecuador and the information it contains is in English, our work is a pioneering project. The book lies in the bookshelf in the library of Roberto Gilbert Elizalde Pediatric Hospital. Doctors and interns consult the information it contains to manipulate patients. In this sense, the research techniques are thought to capture the subjective experiences of doctors who have checked the Head and Neck Surgery Book, how important is this book for them on a daily basis and, in particular, the effects that the translation of the book and the facility to read the information in Spanish would have in their work. The focus of our research, therefore, is the multidimensional benefits the translation of the first chapter of the Head and Neck Surgery Book would have in both doctors and patients. On the basis of the encountered effects, we will build indicators to measure them.

As mentioned earlier, this approach is based on the perspective of doctor's experience using the book. Thus, the use of qualitative and participative methodologies will allow us to have a deeper notion of how important is the book and its translation for doctors in the field.

The research technique to be used is:

- One-on-one Surveys with experts.

By using qualitative methodologies, the potential value of the selected interviewees is more important than the concrete number of interviews. In this sense, the current research does not aim to be representative but to search for quality and to provide an in-depth insight on the importance the information of the first chapter of the book to be translated has for doctors. For this reason, interviewees are only doctors who manipulate patients with cleft lip and palate at Roberto Gilbert Elizalde Pediatric Hospital.

### **3.1. In-depth interviews with Doctors and Interns**

In-depth interviews can be defined as “face to face meetings between the interviewer and the interviewee addressed to the understanding of the interviewee’s perspectives in relation with their lives, experiences or situations, according to their own words”

.The interview is thought to create a room for a dialogue between interviewee and interviewer, but where the real actor is the interviewee. Thus, interviewed women will have freedom to stress the important issues, raise new ones, voice their experiences, etc. In this way, this technique will allow us to collect comprehensive information and to understand if doctors would benefit from the translation of the book and how important this pdf file would be for them.

### **3.2. Target group**

The target group of the project Annotated translation of the first chapter of the Head and Neck Surgery Book research is constituted by doctors and interns specialized in repairing cleft lip and palate in kids at Dr. Roberto Gilbert Elizalde Pediatrics Hospital.

### **3.3. Sample and criteria for doctor's selection**

The **sample** of our project was constituted by Doctors and interns who will remain anonymous. Taking into account the project is a pioneer work and due to this, there is a general recognized necessity for the information to be able to manipulate patients, we interviewed 40 people specialized in surgery of facial anomalies.

The **criteria** selected were:

**Frequency of usage of the information in the library of the hospital.**

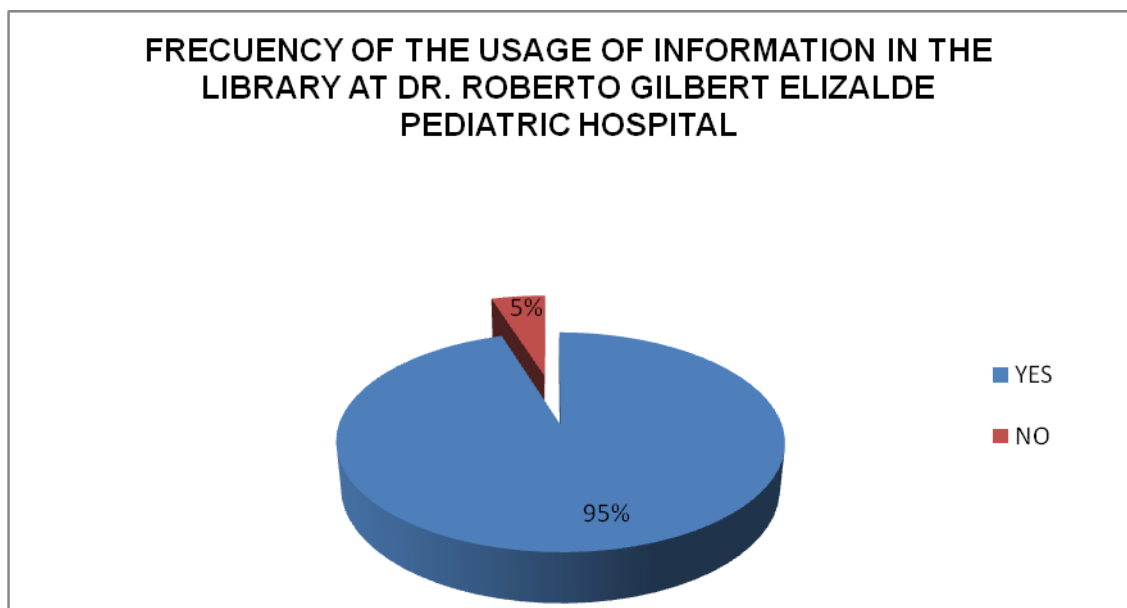
95% of the respondents frequently use the information available at the library from Dr. Roberto Gilbert Elizalde Pediatric Hospital, 5% do not.

**Table Nº 1**

DO YOU FRECUENTLY USE THE INFORMATION IN THE LIBRARY AT DR. ROBERTO GILBERT ELIZALDE PEDIATRICS HOSPITAL?	
YES	95%
NO	5%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure Nº 1**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Frequency of using the books in the library.**

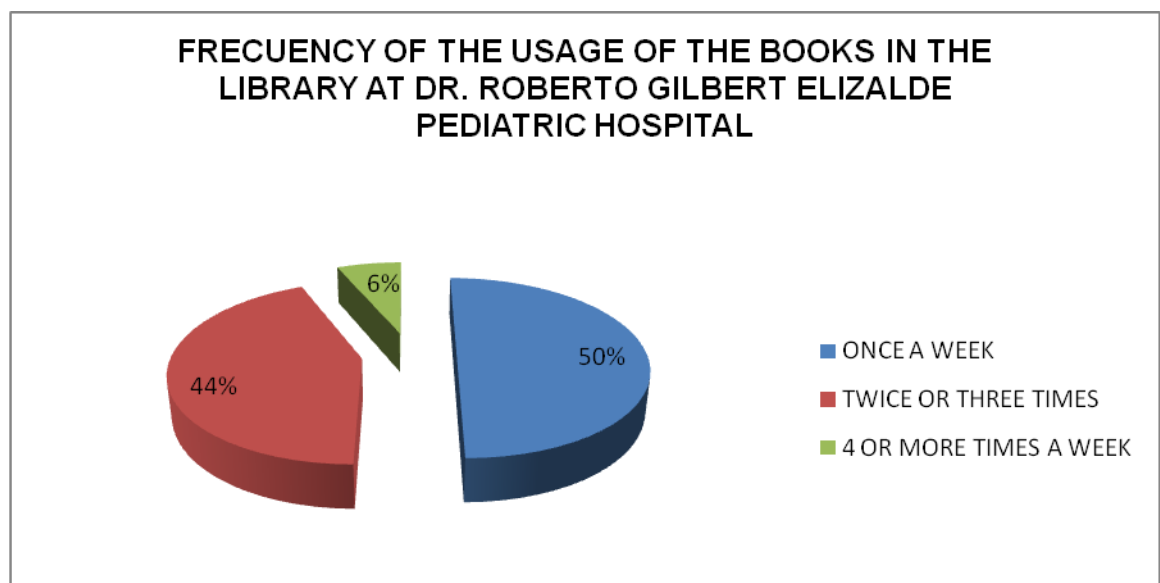
50% of the respondents use the books available in the library at Dr. Roberto Gilbert Elizalde Pediatric Hospital once a week meanwhile 44% use it twice or three times a week and 6% use it 4 or more times a week.

**Table N° 2**

HOW FREQUENTLY DO YOU USE THE BOOKS IN THE LIBRARY AT DR. ROBERTO GILBERT ELIZALDE PEDIATRICS HOSPITAL?	
ONCE A WEEK	50%
TWICE OR THREE TIMES	44%
4 OR MORE TIMES A WEEK	6%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure N°2**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Analysis of people who have read the Head and Neck Surgery Book**

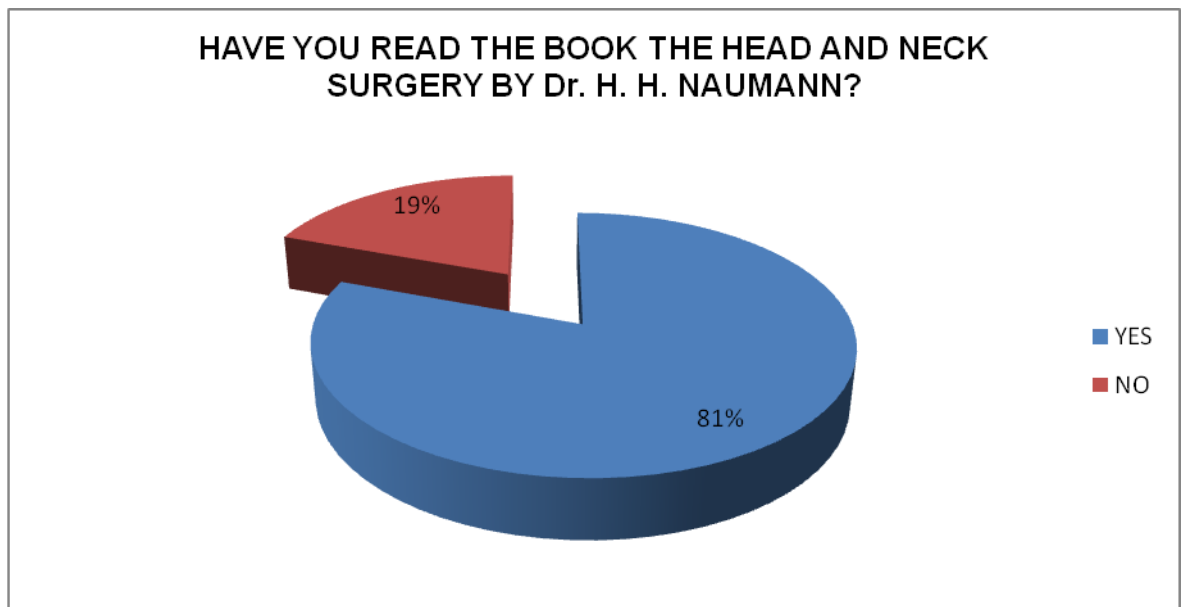
81% have read the head and neck surgery book; the 19% have not read the book.

**Table N° 3**

HAVE YOU EVER READ THE BOOK THE HEAD AND NECK SURGERY BY DR. H. H. NAUMANN?	
YES	81%
NO	19%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure N° 3**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez



**Difficulty understanding the information because of the language.**

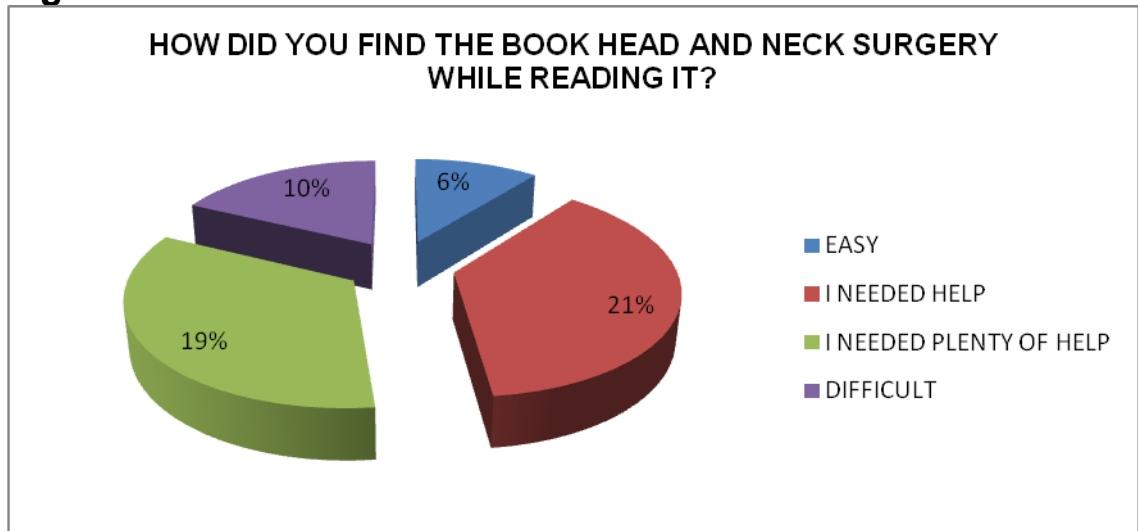
The 21% believe they need help in order to read the book successfully, the 19% request plenty of help, the 10% have difficulty reading and the 6% believe they are difficult.

**Table Nº 4**

HOW EASY DID YOU FIND THE BOOK HEAD AND NECK SURGERY WHILE READING IT?	
EASY	6%
I NEEDED HELP	21%
I NEEDED PLENTY OF HELP	19%
DIFFICULT	10%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure Nº 4**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**How many people apply the information of the Head and Neck Surgery in their work and surgeries?**

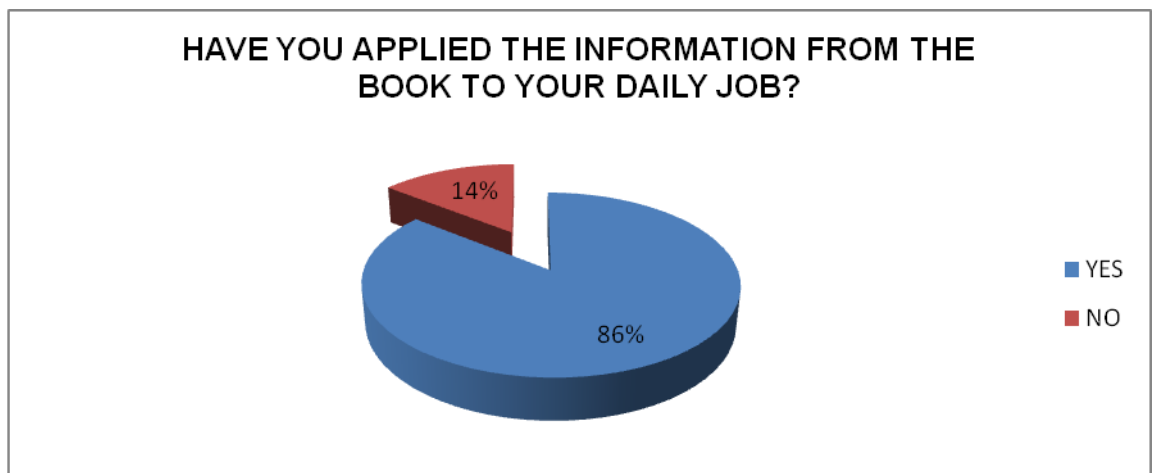
Most of the respondents, 86%, claim they apply the techniques the book provides, even though it would be much better if it was in Spanish. Just a 14% of them did not apply the techniques, and it was because they do not understand the language.

**Table Nº 5**

HAVE YOU APPLIED THE INFORMATION FROM THE BOOK TO YOUR DAILY JOB?	
YES	86%
NO	14%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure Nº 5**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Percentage of people who want a Spanish translation of the book Head and Neck Surgery.**

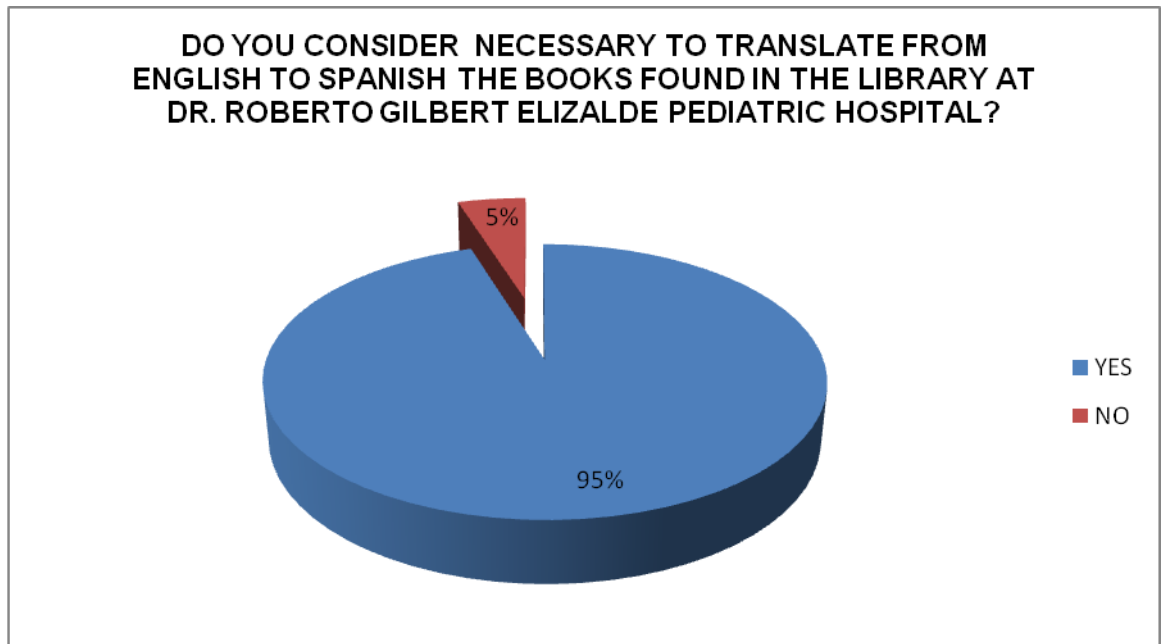
The majority of the staff, which is the 95%, works with the book and demands a translation of the book. The 5% of them know English and can understand it perfectly.

**Table N° 6**

<b>DO YOU CONSIDER IT TO BE NECESSARY THE TRANSLATE FROM ENGLISH TO SPANISH THE BOOKS FOUND IN THE LIBRARY AT DR. ROBERTO GILBERT ELIZALDE PEDIATRICS HOSPITAL?</b>	
YES	95%
NO	5%

Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Figure N° 6**



Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez

**Necessity for the first chapter of the Head and Neck Surgery to be translated.**

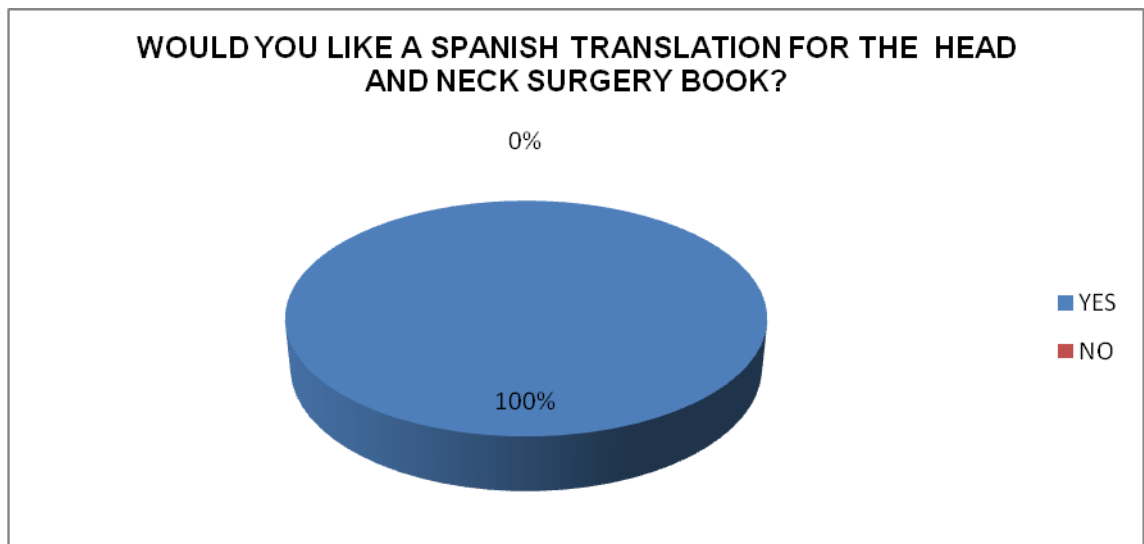
There was a 100% affirmative answers from the respondents.

**Table N° 7**

<b>WOULD YOU LIKE A SPANISH TRANSLATION FOR THE HEAD AND NECK SURGERY BOOK?</b>	
YES	100%
NO	0%

**Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez**

**Figure N° 7**



**Source: Surveys at the Library of Dr. Roberto Gilbert Elizalde Pediatric Hospital.  
By Louise Jimenez**

### **3.4. Approach to Doctors and Interns.**

All surveys were made to doctors and interns during working hour at Dr. Roberto Gilbert Elizalde Pediatric Hospital. We will give some indications for the process of reaching, contacting and interviewing our target group.

As a research conscious of the busy roll of doctors, their rights and respect will be guaranteed throughout the research process. In this sense, doctors and interns will participate voluntarily and will set the conditions for carrying out the survey (e.g. the place). We thank all doctors who in spite of being busy in their daily activities gave us a few minutes to work with them.

- The technique to be used is face-to-face survey. An interview guided with direct and specific questions. Considering doctors are occupied most of the time, the information to be explored within the interview will be facilitated.

Surveys will be copied and analyzed.

- Confidentiality and anonymity will be guaranteed.

- The survey will have in mind, and work according to, the aims of the research.

- Flexibility will be a key in the development of the interviews: it means that sometimes it will be necessary to book an appointment with the experts in the hospital,

- The results of the surveys and questions, tables, and figures will be provided in the appendix of this project.

Taking into account that the methodological process will be quite flexible and adapted to the hospital realities, once the sample selection was done and the surveys were taken, they were evaluated, analyzed and attach to the project.

### **3.5. Guide for the interview**

The concrete form of surveying interviews to be used in Annotated Translation of the First Chapter of the Head and Neck Surgery Book project is the one-on-one interview. This form requires an extensive amount of labor due to the face time required to complete these surveys. These interviews also take a significant amount of time to arrange and complete, clearly affecting the overall timeframe to get results back. This methodology is effective for more in-depth surveys. In this case, we, the researcher, had a list of questions to guide the interview and our role was to focus the interview on the expected subjects. Thus, the sample presented in this section includes the dimensions that should be covered during the interview. As it is a qualitative research, each interview will take its own pace and development.

For achieving the aim of the in-depth interview and guaranteeing the stress on the interviewee, it was important not to start the interview with very direct questions about what doctors consider important and relevant. Once the interviewer has information about the general context, she/he can focus on concrete subjects or asking more directed questions. The interviewer will

decide how to ask the questions and when to ask the interviewees for them during the interview.

The dimensions/variables to be explored are the following:

- 1) **Health:** this dimension covers both physical, psychological effects of a well rendered translation of the first chapter of the book for the patients. The information provided in Spanish will have a great impact in the health field, since patients are going to be manipulated by doctors with the best source of information the first chapter of the book contains.
- 2) **Children:** this dimension deals with the effects that the translation will have on children with anomalies on the face so that, they will be operated and cured in a way they can grow up as normal kids  
.
- 3) **Economic:** this dimension refers to the economic effects that the translation of the first chapter of the Health and Neck Surgery Book will have for the hospital. A Medical translation is expensive. This project, being a non-profitable one, will benefit the hospital by providing of the pdf Spanish file. The hospital is a non-profit organization itself and by getting the information of the book the hospital will not need to ask for economic or financial help.

4) **Labour:** this dimension deals with the consequences that our project will have in the labour sphere, both for doctors and interns. The project will facilitate the practice of surgery and it is a good guide for interns who are learning the techniques. Mainly, the doctors who operate the kids will benefit to carry out a better job with the information provided.

5) **Social relationships:** this dimension focuses on the effects that the translation of the First Chapter of the Book Head and Neck Surgery might have on the social sphere for women. As it has been mentioned during the project, cleft lip and palate is a facial anomaly which can be clearly seen in kids who are born this way. Some problems that we intend to avoid by rendering the translation and that can arise for the kids are:

-Loss of friends and social relations, Social/familiar isolation.

--Relationships questioned (family/friends).

-Feeling of being questioned by family and friends.

-Difficulties to communicate and mix with people.

-Difficulties in ordinary conflict resolution.



## CHAPTER IV

### 4. RECOMENDATIONS AND CONCLUSIONS

Birth defects like cleft lip and palate occur when there is a malformation of the baby's lip or mouth. They happen during the first days of a baby's life in his mom's uterus. This type of malformations can be of lip, palate or both at the same time. If the tissue that raises the lip does not stick together completely before the baby is born causes a cleft lip. The cleft can be a small split or a large opening that goes through the lip into the nose. It can occur on either on the left or right side of the lip, and in a few cases in the middle of it. A child can have a cleft palate due to the cleft lip. The solid and rough upper side of the mouth is the palate. If the child has a cleft palate, his roof of the mouth will not be joined perfectly. This malformation could also have an opening on both the front and back parts of the palate, or just one part open. It is difficult to eat with a cleft lip and palate, and in the coming future there will be problems when trying to speak. A cleft lip and palate may also come along with serious ear infections, loss of the hearing sense, and problems with their teeth. A well-performed surgery can solve this problem, but it needs to be done before age 12 months, and cleft palate should be done up to 17 months.

Dr. Roberto Gilbert Elizalde Pediatric Hospital has dealt with this rare malformation since 1998 putting a smile in the face of this children and their family. Doctors need the best information about techniques and procedures

to manipulate kids with this problem and the Head and Neck Surgery about Surgery of Common Anomalies in the face (Cleft Lip and Palate Repair) greatly contributes to their work. Since this book was translated from German to English, it is a great unique book which is consulted but it is hard to understand for doctors and interns in the hospital who do not speak English. All professionals at the hospital would love a Spanish translation of this important book which will be benefiting not only for the Medical Staff in the hospital, but especially for the children and their families who will live happier lives.

The contribution that Medicine provides to our society is vital for the survival of humanity. Doctors rely on scientific knowledge which is acquired from important medical books that inform them about diagnosis, procedures, medical treatment, medical administration, surgical intervention and patient safety. Medical Science is always developing and its information is always been transferred from country to country, from lab to lab, from Doctor to patient, from patient to nurse, from hospitals to the world. English Language, being the number-one-language of the world, is vital for doctors and medical science professionals worldwide. It would be a good idea to train Doctors in English as well to better approach this information, but most important, here is a great field in which translators can benefit Medicine with their services. Nowadays that we are all connected by the world wide web and being a globalized culture, the information is at hand-reach for anyone, but not just anyone can work with all this information due to most of it is in English. Translators play a vital role in the development of the world these days

specially in the Medical field. In order to make a living with the profession, a translator facilitates the work of many people by building communicative bridges.

In our experience translating the First Chapter of the Head and Neck Surgery Book, we are sure our translation will benefit many kids born with facial anomalies live normal lives and this will greatly contribute to a better society.

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## GLOSSARY

1. **Cleft**= a fissure or crevice; an indentation or split in something, such as the chin, palate, etc

**Translation**= Fisura.

2. **Flap**= a piece of material, etc, attached at one edge and usually used to cover an opening, as on a tent, envelope, or pocket

**Translation**= colgajo.

3. **Septum**= a dividing partition between two tissues or cavities.

**Translation**= tabique

4. **Palate**= the roof of the mouth, separating the oral and nasal cavities.

**Translation**= paladar.

## **APPENDICES**



## **APPENDIX I: Letters of approval From Tutor and Reviewer**

Guayaquil, Agosto 8, 2013

Lcdo.

John González

Director de la Carrera de Lengua Inglesa

Facultad de Artes y Humanidades

Presente

De mis consideraciones:

Con la presente remito a usted el informe correspondiente a la Revisión de Formato de la Tesis de Grado, previa a la obtención del título de Licenciado en Traducción de los egresados: LUISA MIRELLA JIMÉNEZ LEÓN y DANNY XAVIER PONGUILLO DÍAZ, titulada: “ANNOTATED TRANSLATION OF THE FIRST CHAPTER OF THE BOOK HEAD AND NECK SURGERY FROM ENGLISH TO SPANISH”:

**1. Estructura de la Tesis:**

La tesis ha sido estructura en forma adecuada. Sin embargo, los autores deben considerar los siguientes puntos:

- Las tablas y gráficos que aparecen en los anexos son los mismos que han incluido en el capítulo 3, por lo tanto ya no pueden ser considerados anexos.
- Hay algunos anexos que no tiene la información que se detalla en el título.

**2. Presentación Física:**

Se recomienda revisar la guía de paginación en el momento de incluir la numeración en la tesis:

- La parte protocolaria (portada, contraportada, declaración y autorización) no se numera pero se tiene que considerar.
- Se numera en romanos a partir de la página de agradecimiento hasta el resumen
- Para la respectiva numeración del contenido, (parte expositiva y complementaria), se utilizará numeración arábica.
- Sólo se registrará el número sin ningún detalle adicional, es decir no se pondrá palabra alguna que acompañe la

numeración (ej.: página #) o símbolo alguno (líneas, círculos, etc.)

Algunos de los párrafos escritos por los autores están muy largos (Pg. 13, 29, 30, 31, 34, 37, 38, 39, 41, 61, 62), por lo tanto, deben revisar dichos párrafos y poder dividirlos en párrafos no tan extensos.

También se recomienda revisar los espacios que están dejando entre párrafos y nuevos temas o subtemas, ya que para mejor presentación de la tesis, deberían usar la misma cantidad de espacios en todo el trabajo.

### **3. Metodología empleada:**

El diseño, justificación de la metodología, instrumentos, análisis, y desarrollo son adecuados y válidos.

### **4. Técnicas bibliográficas:**

No hay citas bibliográficas suficientes (en el contenido de la tesis) que sustenten la investigación hecha por los autores en relación con la cantidad de referencias bibliográficas que han sido mencionadas en la Bibliografía

### **3. Presentación**

El trabajo ha sido realizado en forma clara y formal, sin embargo, se recomienda revisar más detenidamente el contenido para corregir ciertos errores ortográficos que puedan haberse cometido en el momento de elaborar el documento.

La nota asignada a este trabajo de tesis es de: 9 (nueve).

Atentamente,

Lcda. María de Lourdes Alvarado

Guayaquil, septiembre 9, 2013

Lic.  
John González  
Director de la Carrera de Lengua Inglesa  
Facultad de Artes y Humanidades  
Presente

De mis consideraciones:

Por la presente remito a usted el informe correspondiente a la Revisión de Contenido de la Tesis de Grado, previa a la obtención del título de Licenciado en Traducción de los egresados: LUISA MIRFLA JIMÉNEZ LEÓN y DANNY XAVIER PONGUILLO DÍAZ, titulada: "ANNOTATED TRANSLATION OF THE FIRST CHAPTER OF THE BOOK HEAD AND NECK SURGERY FROM ENGLISH TO SPANISH":

**1. Tema:**

El tema es factible, concreto y claro, es además relevante para el campo de la traducción.

**2. Planteamiento del Problema:**

El problema planteado es válido y actual; tiene además sustento lógico.

**3. Objetivos Planteados**

Tanto el objetivo general como los objetivos específicos han sido planteados de forma acertada y fueron alcanzados a lo largo del desarrollo del documento final.

**4. Marco teórico:**

El marco teórico provee un sustento razonado y documentado que evidencia los conocimientos alcanzados a lo largo del curso de estudios en traducción. Guarda además relación con los objetivos y el problema planteado. Sin embargo, las referencias bibliográficas no son actuales, aun cuando los autores citados tienen publicaciones más recientes. Adicionalmente se debe mejorar la estructura gramatical que en ciertos casos va en detrimento de lo expuesto.

**3. Propuesta final**

La traducción comentada resultante del trabajo de investigación es válida y contempla los diferentes procesos de transferencia de comunicación considerando el tenor el campo y el modo de comunicación.

La nota asignada a este trabajo de tesis es de: 9.50 (nueve punto cinco).

Atentamente,



Lic. Sara Rivadeneira Enríquez  
Lectora de Contenido

## **APPENDIX II: Photos**



Figure 1. Dr. Roberto Gilbert Elizalde Hospital in Ecuador



Figure 2: The head and Neck Surgery Book need a Spanish Translation.

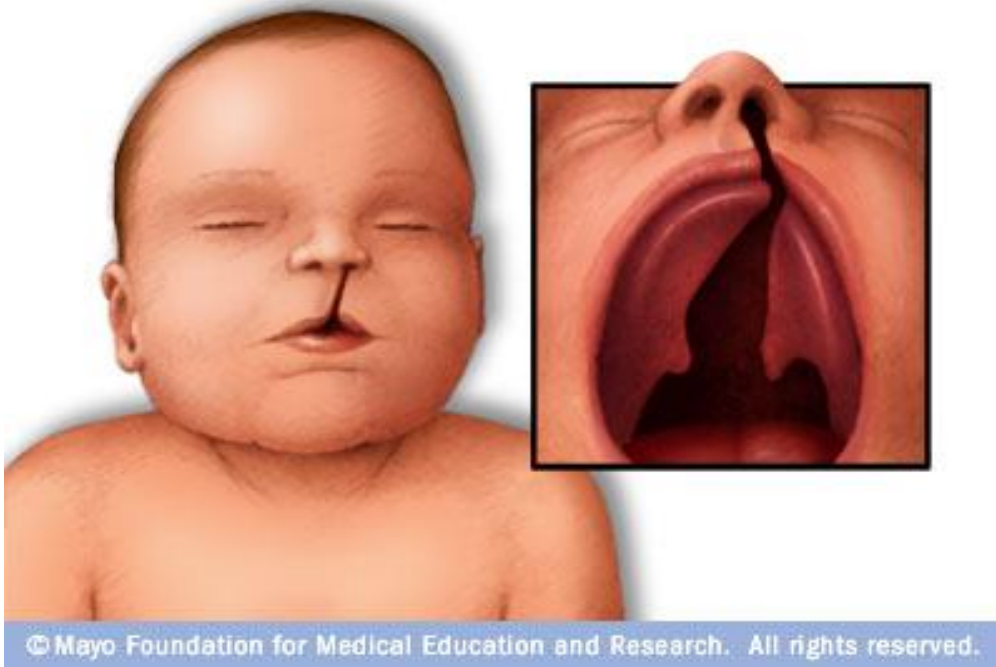


Figure 3: Cleft of the lip. Observe the separation or a gap within the upper lip.

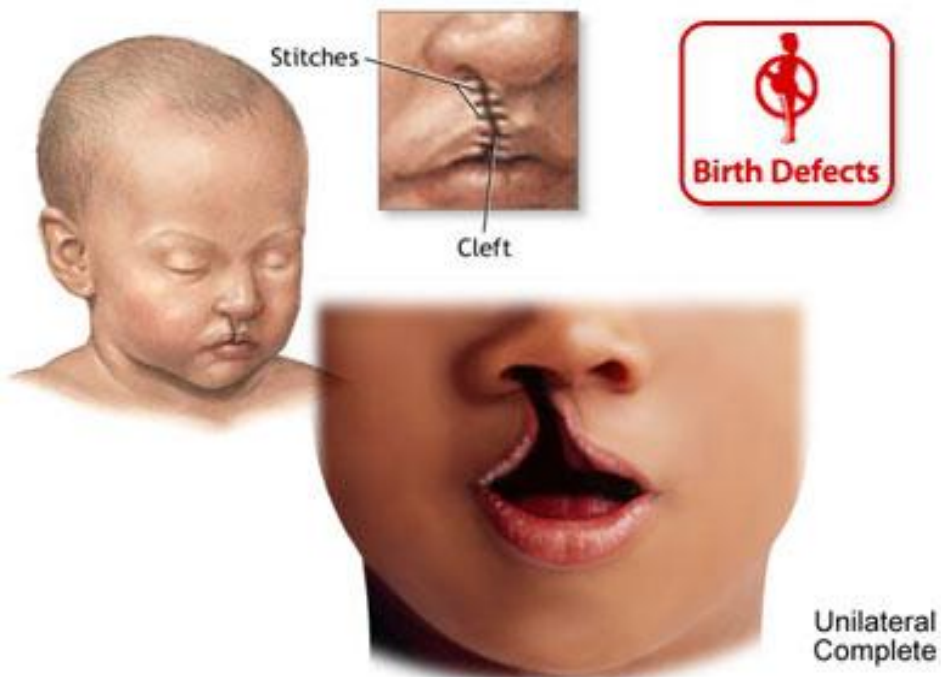


Figure 4: The stitches will be very small so that the scar is as small as possible.



Figure 5: Interpreter is not a translator



Figure 6: Medical Translator working with documents





Figure 7: Curriculum does not include an intensive English program



Figure 8: Surgeon in the surgical room of the hospital Roberto Gilbert, they are benefited with the Spanish translation file.

### **APPENDIX III (A)**

Translation from English to Spanish of the First Chapter of the Book Head and Neck Surgery “*Surgery of the Common Anomalies of the Face*”.

## **APPENDIX IV (B)**

Source text in English of the First Chapter of the Book Head and Neck Surgery.