Summary of the method of primary plasty of the lip, nose and maxilla in the superior and palatine cleft lips to teenagers consists in the preparation of flaps on the cleft lip fragments. On the medial fragment, an incision in the form of an arch is made from the middle of the columella base up to the top of the Cupid arch, with prolongation thereof on the vermilion border in the form of a triangle and vertically on the mucosa up to the nasal base. The superior incision is laterally made from the columella base to the mucosocutaneous border and on the nasal base. Supplementary, on the medial fragment, it is prepared a superior pedicellated flap with the anterior incision on the columella and the nasal wing margin, and the posterior incision is continued on the nasal septum for columella elongation and nasal wing correction. On the lateral fragment the incision begins at the nasal base level, then it is continued on the mucosocutaneous border downwards up to the further top of the Cupid arch, on the vermilion border in the form of a laterally open triangle and then vertically upwards on the mucosa up to the nostril base, and at its base it is horizontally made another incision, which is medially joined with the previous incision. By the intercartilaginous access it is carried out correction of the nasal septum. Afterwards it is mobilized the orbicular muscle of the mouth, the perinasal muscles, it is sutured the lip in three planes, the alar cartilages and the soft tissues. Concomitantly, it is carried out the supraapical osteotomy with the formation of a frontal fragment with the incision passing between the 13th and 14th tooth, reaching the pyriform aperture border and it is medially directed towards the cleft margin, and further on the palatine apophysis up to the incipient part of the incision. The frontal fragment is moved up to contiguity with the lateral fragment for closing the alveolar defect and it is fixed with a metallic splint.