



GREAT SMILES

PEDIATRIC DENTISTRY & ORTHODONTICS

Frenectomy Pre and Post-Operative Instructions

Thank you for having confidence in our office and staff to provide your infant's oral health care today. It is extremely important for you to recognize the importance of following all the post-surgery care exercises to make sure the final results are successful.

Team Approach to Care

Follow-up care is essential for optimal results. This procedure will not fully resolve all symptoms that are being experienced. Further care with your Lactation Consultant (IBCLC), OT, or SLP is necessary to help retrain your child's new freedom of movement. You may also need to see a person knowledgeable in craniosacral therapy (CST) on infants, such as a pediatric chiropractor, CST, or osteopath who can aid in restoring full oral function and mobility. If there is no one knowledgeable in your area, please ask our doctors or our staff for more information on possible IBCLC's who can render services for you.

Pain Management

1. Coconut oil can be applied to the surgical site as needed after surgery. Baby can suck on a cold moist wash cloth or place shavings of frozen breastmilk in their mouth.
2. Baby Tylenol can be given every 6 hours if needed for the first two days. Use clear Tylenol if at all possible.
3. Tylenol dosing may be found at http://assets.babycenter.com/ims/Content/acetaminophen_dosage_chart.pdf.
4. Motrin may be used for children over 6 months of age

Physical Therapy Post-Surgery

This is the most important part of your child's successful healing after we complete the surgical procedure. Failure to follow these stretching methods may lead to reattachment and the need for additional office visits and further surgery. Use enough stretching force to make sure the area does not close on itself.

If possible, we suggest you practice the stretches on your baby **before** the procedures are done.

The following stretches need to be performed for 2 ½ -3 weeks until everything is healed. For the first 7-10 days, you will need to perform these stretches 5x per day, roughly every 2-3 hours. You will start approximately 4- 5 hours after the procedure. Sufficient gentle force is required to stretch the surgical site open to prevent re-attachment. Some bleeding may occur and this is not a concern. Any bleeding should be able to be controlled by firm pressure with gauze or a washcloth on the surgical site for 1-2 minutes.

Do not wake your baby up at night to do your stretches.

Stretching should take about 10-20 seconds for each site. Remember, the main goal of this procedure is to separate the raw, opposing surfaces of the lip and gum so they cannot stick back together.

Some parents will nurse the infant first and then do the stretches. Other parents will do stretches first and then nurse. Do whatever works best for you and your baby. Trying to make a game of it with your baby can be helpful.

Position yourself overhead of your baby and not to the side or front. Ideally, you will sit on the floor with the child's head either in your lap or between your legs with them straight out.

Wash hands with soap and water. Do not use hand sanitizer. Make sure index finger nails are trimmed back. We can provide you with some gloves to use as well.

Where to start: The upper lip is the easiest to stretch. If you have two sites to stretch, I recommend that you start with the lip. Typically, babies do not like either of the stretches and will cry, so starting with the lip allows you to get under the tongue more easily once the baby starts to cry.

Upper Lip (5 stretches per session to be completed 5 times per day)

1. Apply coconut oil to the surgery sites using a finger or with a Q-Tip. (Do not use coconut oil if you have a family history of allergy to coconut oil)
2. Gently grab the upper lip, close to the center, with thumb and index finger of both hands and roll the lip up and out until you cover the nostrils of the nose. Do the lift 5 times.

The Tongue should be your next area to stretch. Insert both index fingers into the mouth (insert one into the mouth and move towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and push the front half of the tongue towards the back of baby's throat. The tongue needs a stretching motion that resembles the tongue doing a back bend.

- Once you are under the tongue, the tongue should stretch back about 135 degrees. Hold it there for 3 seconds, relax and do it once more. Complete the stretch a total of 5 times. The goal is to unfold the diamond so that it has a flat orientation (remember, the fold of the diamond across the middle is the first place it will reattach). **The key to the success of this stretch is that your fingers are placed deeply enough prior to pushing the tip of tongue backwards.** I recommend placing your fingers on either side at the top of the diamond and pushing **past** the diamond on the tongue.
- If the patient has teeth, use a large handled toothbrush or other utensil that has some soft rubber that can be used as a mouth prop so that the patient does not close down and bite your fingers.

Breastfeeding is important therapy. Breastfeeding requires lots of breast tissue in the mouth. The more baby extends the tongue during nursing, the more the diamond will be pulled in the desired direction of healing and provide the most improvement in final tongue extension. A nipple shield does not do this as well as the breast. Using a bottle, pacifier, or finger does little to help the tongue extend further.

Follow through on follow-up! We will see you 2 weeks after the procedure. **You are encouraged to see your Lactation Consultant (IBCLC) 2-3 days after surgical release.**

IT IS ESSENTIAL THAT YOU FOLLOW-UP WITH YOUR LACTATION CONSULTANT AFTER THE PROCEDURE TO ENSURE OPTIMAL RESULTS.

What to expect the first few days: Most babies will experience some discomfort while extending their tongue during nursing and may complain before settling down. This typically peaks the night of the procedure, and then slowly improves over the next 24-48 hours. Most infants are nursing very well around 48-72 hours after the surgical release, but some babies can take one to three weeks to see improvement. Tylenol and/or Homeopathic Tongue Tie Remedy can help reduce discomfort.

STARTING SEVERAL DAYS AFTER THE PROCEDURE, THE WOUND(S) WILL LOOK WHITE AND/OR YELLOW, VERY SIMILAR TO PUS. This is a moist or wet scab and is part of a completely normal healing response. We would prefer to make that determination for you rather than someone else less familiar with how the mouth heals.

If you think an infection exists, call our office.

CALL OUR OFFICE FOR ANY OF THE FOLLOWING:

- Uncontrolled bleeding
- Refusal to nurse or take a bottle
- Fever > 101.5