

FRENOTOMY POST-OP INSTRUCTIONS – INFANTS

Frenulum Procedures

What is a Frenotomy/Frenectomy?

A frenotomy or frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restriction in movement that can cause significant difficulty with breastfeeding, and in some instances, other health problems like dental decay or spacing, speech difficulties and digestive issues and improper development of the sinuses and airway. When it affects the lingual frenulum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 20% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

How to Prepare for the Procedure

The best way to prepare for the procedure is to have the medications that you will need on hand so you can focus on your child following the procedure. **None of these need to be given prior to the procedure.**

Tylenol– Dosage: using the dropper in the manufacturer's packaging. This can be given every 6-8 hours after the procedure.

- 6-11 pounds -1.25mL
- 12-17 pounds -2.5mL
- 18-23 pounds - 3.75mL
- 24-35 pounds- 5mL

For children 6 months of age or older, you may use **ibuprofen** instead (or with Tylenol). Please follow the dosing instructions on the package based on your child's weight. You may use any products that work for your family. This includes homeopathic remedies like arnica or Rescue Remedy, or coconut oil. **Please avoid products containing benzocaine as this medication is not safe for newborns and infants.**

What to Expect

In general, the procedure is very well-tolerated by children. We take every measure to ensure that pain and stress during the procedure is minimized. We utilize our Solea CO2 laser for these procedures.

- General anesthesia is not utilized in the office to perform the procedure. Nitrous oxide is an excellent adjunct to use with children over age 2 to reduce anxiety and aid in reducing pain.
- Parents are advised to remain in the consultation room during the procedure. I will bring your child to and from the room, and the approximate time away from you is about 3 minutes.
- For babies under the age of 12 months, a topical numbing cream is applied to the area that will be treated. This medication works very quickly.
- For children 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.
- Children will be swaddled and goggles/glasses placed on the eyes for safety.
- Crying and fussing are common during and after the procedure.
- Some bleeding may occur and usually subsides within a few minutes. It is safe to feed your child in these instances.
- You may breastfeed, bottle-feed, or soothe your child in any manner you would like following the procedure.

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Stretches

The main risk of a frenotomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. I feel that post-procedure stretches are key to getting an optimal result. Your goal is to have the frenum heal and reform as far back as possible. Begin the stretches the evening of the procedure, just before bedtime. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements. I feel that getting an affordable LED headlight (like a camping headlight) allows you to get the best results.

Begin with clean hand with nails trimmed. Gloves aren't necessary but are fine to use if you prefer.

You should do these stretches with the baby laying down on a bed or couch facing away from you like during the exam.

- Start with the upper lip, if it was release, by pulling the upper lip up as high as possible, so you can see the white diamond as the lip covers the nostrils. Hold for 3 seconds at this fully lifted/stretched position. Then, with firm but gentle pressure, take your index finger and roll it along the wound from the gums to the lip 3 times. The wound may bleed for the first few days; this is not a concern. It is normal for the lip to swell slightly. This is normal and should subside after a day or two.
- With one or two fingers, lift the tongue up as high as you can just above the white diamond to put tension on the wound and hold for 5 seconds. Then, with firm but gentle pressure, take your index finger and roll it along the wound from the bottom to the top of the diamond. The wound may bleed the first day or two; this is not a concern.
- The goal is to open the "diamond" all the way up on the lip and especially the tongue. If you notice it is becoming tight, then stretch a little more to open it back up.
- Repeat this ideally 6 times a day (4 minimum) (change up the time during the day).
- Repeat this for 3 weeks.
- During this time, play in your child's mouth a few times a day with clean fingers to avoid causing an oral aversion. Tickle the lips, the gums, or allow your child to suck your finger.
- Tummy-Time as much as possible. Visit www.TummyTimeMethod.com for helpful tips.
- The released area will form a wet scab after the first day. It will appear white and soft. It may change color to yellow or even green. This is not infection, but rather a scab in the mouth. The white / yellow area will get smaller each day lengthwise, but HEALING IS STILL HAPPENING! So even though the white scab will heal you must continue stretching or the new frenum will not be as long as possible and the surgery may need to be repeated. If you have any concerns, please contact our office. Drooling and a low-grade fever (under 101) are normal following the procedure. **The area(s) will be sore for a few days. At one week the wound(s) will look much better and at two weeks look almost normal.**

Follow up with a lactation consultant is critical if nursing. Bottle-feeding babies will also benefit from visiting a feeding therapist. A bodyworker (chiropractor, craniosacral therapist, etc.) can also be helpful. You should expect one better feed a day (two better feeds the second day, etc.). Sometimes you will notice an immediate improvement in feeding and other times it takes a few days. Skin to skin, warm baths/showers, and soothing music can be very beneficial to calm your baby. For those children who are able to, performing the post-operative stretches found on our website www.BridgerChildrensDentistry.com will be beneficial to improve range of motion while healing.

Please feel free to call the office with any questions or concerns.

If after hours, please follow the prompts to leave a voicemail for Dr. Aleagha and she will return your call.

