



Woombie- would order in all sizes: newborn, small, large, and Mega baby.

http://www.amazon.com/s/?ie=UTF8&keywords=woombie&tag=googhydr-20&index=baby&hvadid=31418530125&hvpos=1t1&hvexid=&hvnetw=g&hvrnd=14205630162130829884&hvpon=&hvptwo=&hvqmt=e&hvdev=c&ref=pd_sl_62zw2fsjud_e

Grooved Directors: Order in three different sizes.

<http://www.medplusmedicalsupply.com/miltex-grooved-director-with-tongue-tie-6-152-cm-miltex-10-74>



Dispensed in a Curved Monojet 10 ML Syringe about ¼ in each.

<http://www.drwolfe.com/products/detail/12>



This is the topical anesthetic we use for babies 6 months and older unless parents request it.

TAC 20% ALTERNATE TOPICAL ANESTHETIC GEL

Tetracaine 4%, Phenylephrine 2%, Lidocaine 20%

<http://www.perronerx.com/>

Retail Pharmacy Services

Perrone Pharmacy, Inc.
3921 Hwy 377 South
Fort Worth, TX 76116

Phone: 817.738.2135 retail store
Fax: 817.763.8784 retail store fax line

advocates for

tongue**tie**
education

PROVIDER TOOLKIT

CONTRIBUTED BY

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There is a variety of sizes we use the small.

http://www.amazon.com/s/?ie=UTF8&keywords=tic+tong&tag=googhydr-20&index=aps&hvadid=7135112259&hvpos=1t1&hvexid=&hvnetw=g&hvrnd=1845774281313026312&hvpone=&hvptwo=&hvqmt=b&hvdev=c&ref=pd_sl_1hkcwl1ggb_b

Googles for eye protection for the babies:



Innovative Optics.com

Innovative Optics

6812 Hemlock Lane

Maple Grove, MN 55369

800-990-1455



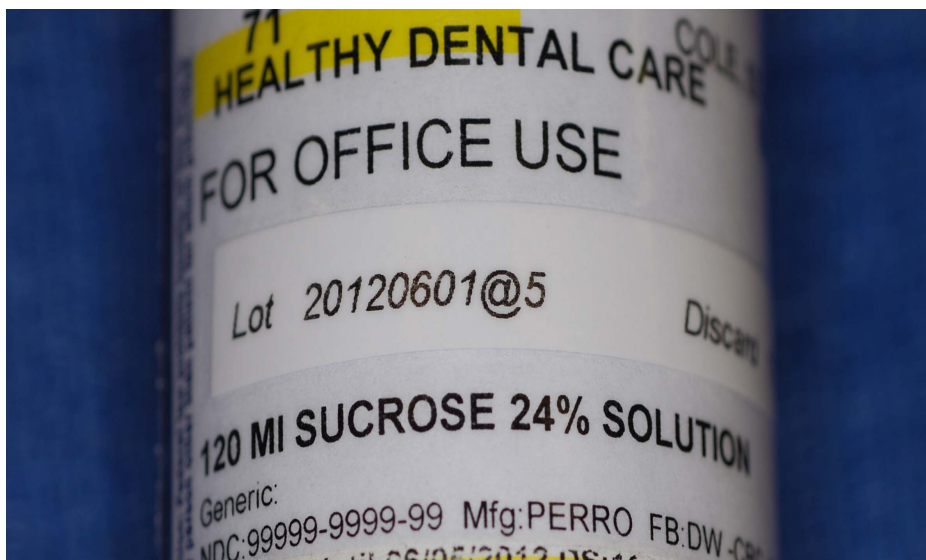
Small and extra small mouth props for the kiddos

<http://www.amalgadent.com.au/SearchByCategory.aspx?CategoryCode=229>



http://www.quickmedical.com/olympicmedical/circumstraint/papoose_boards.html

We dispense **sugar water** to help calm the babies if parents choose to:



The Tenders are helpful with stretching and massaging exercises. <http://practicon.com/Tendersreg-Bulk-Packages/p/70-85411/>



This is an example of the clinical notes for frenectomies.

"-----Wednesday, December 04, 2013 at 11:25:20 AM-----"

BABY FREN: BABY girl, 1 mo. OLD HAVING ISSUES with poor latch, slides off the nipple, colic, reflux (some), gumming and chewing, unable to hold pacifier, unable to hold bottle. Mom has issues with creased, flattened, blanched, cracked, bruised, blistered nipples, severe pain, poor or incomplete breast drainage, plugged ducts, mastitis. This is moms second and can feel the difference, seeing Mel Sheppard. Explained procedure and POI. Mom understands. No topical placed. Dr. Cole exam and photos taken, LT is thick and broad class III and PTT is about 60% tied. Amanda held baby while Dr. Cole lasered LT and PTT, no bleeding, aloe placed on sites. Baby did very well. Mom bf after, explained stretching and retraining exercises. Mom understands.

Disp: aloe, tender, tic tong, written poi

NV: check heal (set) ER

Breastfeeding Information Letter

Many health professionals regard treatment of infant lip and tongue ties as controversial. The reasons are based on misconception, lack of understanding of the condition, little to no training, exaggerated concerns regarding possible complications, the belief that the “ties” will stretch, and the feeling that breastfeeding is a natural process that should be free of any problems, to mention just a few. I have been employing laser procedures and taking continuing education classes for the past ten years. I have also been teaching laser procedures at Tufts University School of Dental Medicine at New England Medical Center and have lectured at several professional meetings.

There definitely are congenital problems that hinder effective breastfeeding. Tongue ties and lip ties exist with recognized classifications of Types 1, 2, 3 and 4 and degrees of severity (i.e. thick, thin, tight, loose, webbed...). The baby’s lips should flange out as this is necessary for a good latch. Lip ties can inhibit the lips from their natural ability of flanging by pursing down, which affects the latch necessary for proper breastfeeding. This effect can cause pain for the mother because the nipples will be gummed, flattened, blistered or chewed, instead of a proper compression and suck. If the mother’s nipples are flat, inverted or not elastic enough this can also compound the effectiveness of the latch. Pursing of the lips may also affect the baby’s ability to breathe normally as the upper lip is pushed up against the nose, resulting in a reduction in the size of the nostrils and reduced airflow.

In the case of a tongue tie, the natural movement of the tongue will be less effective as it will not compress the mother’s nipple against the roof of the mouth (palate). The tongue may also have either an anterior or posterior (more difficult to diagnose) tie, which can cause abnormal shaping of the tongue, such as notching or forking of the tip of the tongue. There can be a folding down of the tongue with attempts to extend it out, with cupping, or a heart shape when lifting up. This may also cause blanching of the tip of the tongue of the lower jaw gum line where the tongue tie inserts. A callus may also exist.

Should there be a combination of lip tie and tongue tie (that is, they co-exist), there is an increased impact on the ability to nurse. The shape of the palate may further compound this

coexistence: if it is high arched or narrowed, it also affects the latch and compression of the mother's nipple to express milk. Your lactation consultant can help you identify this problem and also help with corrections.

Have an evaluation for the possible existence of lip and tongue ties (anterior or posterior):

- If your baby has a nursing blister on his /her lip, chronic burping, belly distention, arching back, clenching hands, milk coming out of his/her nose, or frequent clicking noises with a loss of breast suck
- If YOU have blistered, bleeding, raw, gummed, flattened nipples, thrush or mastitis

The reasons for treatment can be singular or multiple. A properly trained physician or dentist, who is aware of the anatomy of the mouth of an infant, and the location of the important anatomy of the jaws and floor of the mouth, can perform the treatment. Treatment, if required, is medically necessary for care of the existing condition. Whether the malformation is congenital or developmental, treatment is necessary to provide for optimal quality of life, with therapeutic and preventive oral care. The decision to treat is always the parents'. After a thorough evaluation of your baby's mouth, you will be presented with objective details regarding the oral conditions present.

Treatment in this office is provided with soft tissue lasers, offering a kinder treatment than scissors or scalpel, and is ultimately safer. There is little to no bleeding, and the chance of an inadvertent cut is significantly minimized due to the extremely precise control, which the laser provides. After the procedure, the recovery is relatively quick and in many cases, immediate. However, if discomfort or pain is a post-treatment problem, nursing or bottle-feeding can be very comforting and eliminates the discomfort. You may also dip a pacifier, or your finger, into breast milk, formula or a solution of sugar water and have your child suck on it for comfort. If you feel there is moderate pain, you may use "Infant Tylenol" by dosing according to weight as written on the medication instructions. You may also notice a resistance or behavior change to nursing after the procedure as there may be oral confusion with the new oral freedom.

You will be expected to help with the healing of the treated area by keeping the site open, which allows for a natural healing of the skin into the treatment site. If the lip was treated, the tissue will look white and diamond-shaped which will shrink down in size to a triangle shape, then a line, and finally, a dot of white. (The mouth is moist and does not allow for a dry, dark scab.) You should think of this as a natural healing patch, which allows new skin to fill in the treated site. If the tongue was treated for an anterior tie, there will be a white line, and if a posterior tie was treated the area will initially appear diamond-shaped. You will receive instructions on how to keep the area stretched and clean to allow for proper healing. By following the post-treatment instructions, the chance of requiring a revision due to reattachment is very slight.

Our goal is to provide you with the ability to enjoy a happy breastfeeding experience, and to allow you and your baby to bond and enjoy the natural health benefits which breastfeeding can provide your family. The treatment is necessary care; it is not a fad treatment or a myth that tongue ties and lip ties do not exist and will self-correct. I hope that my attempt to provide you with realistic and factual information helps you to make an informed decision regarding the well being of your new baby.

Respectfully,

[PROVIDER INFO]

Post Frenectomy Pain Meds Dosing: Date: _____

Patient: _____ Medical History _____ Allergy _____

Tylenol (Acetaminophen) Dosing: (*no dyes or additives is ideal*)

infant bottle----- 160 mg/ 5cc (1cc= 32 mg.)

Dosing is 10 mg. / kg for infant OR 10mg./2.2 lbs.

Your baby weight: _____

Dose for weight is _____ every 6-8 hours if needed but **NOT**
for more than 2 days

Conversion Table for 160 mg. / 5cc bottle:

6 lbs. = 2.7 kg = 27 mg. = 0.8 cc

8 lbs. =3.6 kg. =36 mg. = 1.1cc

10 lbs. = 4.5 kg. =45 mg. =1.4 cc

12 lbs. =5.4 kg. =54mg. = 1.7 cc

14 lbs. – 6.3 kg. =63 mg. = 2.0 cc

16 lbs. =7.2 kg. =72 mg. = 2.3 cc

18 lbs. = 8.1 kg. = 81 mg. = 2.5 cc

20 lbs. = 9.0 kg. =90 mg. = 2.8 cc

22 lbs. = 10kg. =100 mg. = 3.0cc

PEDIATRIC DENTISTRY: REFERRAL FORM

Patient's Name _____ DOB ____/____/____

Parent's Name _____ Tel. # _____

Referring Provider Contact Info:

Reason for Referral: (Please Summarize Below)

Latch Quality: _____

Pain Level: _____

Other Concerns:

Signature _____

Date of Referral _____