

Frequently Asked Questions or Concerns

Begin Stretching exercises tonight. You do not have to wake infant up during the night. Do the stretching during awake time. You do not need to wear gloves.

1. Massage the surgical sites at every nursing session. Massage the face externally as often as you want.

2. How often do we need to stretch the tongue and lip?

a. At least **2-3 times a day for 10-14 days** starting tonight. Gloves are not needed at home.

b. Stretching can be completed before you breastfeed, after nursing on one breast and before nursing on the other breast or after breastfeeding.

3. How hard do we stretch?

a. Use enough force to make sure the area does not close. If you see a red line in the healing area, you are not stretching adequately. A red line means the area is reattaching. Bleeding may occur if re-healing is occurring.

4. How long do I stretch for each time we open the area?

a. Long enough to make sure the entire diamond is opened up. Usually **5-10 seconds**.

5. It is not uncommon for the upper lip to begin to swell after the lip-tie is revised. If this occurs, you can place a cold compress on the outside of the upper lip. Do not place ice directly on the lip. This should gradually disappear after a few days. It is not a sign of an infection!

6. If your infant has any post-surgery bleeding, it is not an emergency. Place a regular teabag on the area for three to five minutes. Herbal tea does not work.

7. Please keep in contact the day after surgery and for a few days post-surgery with [INSERT PROVIDER OFFICE INFO].

8. If your infant appears to have excessive drooling, this is normal after surgery due to your infant's increased tongue mobility, which will stimulate salivary flow.

9. If your infant cries about three hours after surgery, it is normal. This may occur when the analgesic effects of the laser wear off. You can use an infant pain medication if desired. You may apply the teething gel if discomfort continues

10. When should we see improvements in breastfeeding?

a. Many infants will show an improved latch on the breast immediately after surgery, however in some instances this may take as long as a week. If you see immediate improvement and then a week or so discomfort returns, you may not have used adequate force when opening the surgical sites and the sites may need to be re-treated by Dr. Brewster. In many instances, you will not experience full improvement unless you have scheduled follow-up care with craniosacral therapy (CST).

b. Some newborn infants may take a few days to develop a good latch on, as they begin to gain strength.

c. You cannot make the surgical sites bigger or cause any damage when you stretch either the lip or the tongue revisions.

d. The white area that develops within the surgical site is normal, this is not an infection. Lasers kill bacteria during the procedure.

11. After revision of the lip-tie, you may also assist in improving the latch by pulling up the upper lip outward when your infant first starts to latch-on.

12. After surgery, it is important to see your Lactation Consultant (IBCLC) and specialist in infant craniosacral therapy (CST).

******It is not often, but for a variety of reasons, EITHER THE LIP OR TONGUE AREA MAY NEED TO BE REDONE DUE TO RE-GROWTH OR ATTACHMENT DURING THE HEALING PROCESS.** If there is such a need to redo the surgery within the **six months post-surgery** for any area previously charged there will not be any additional fees charged. After nine months, there will be an additional fee for redoing the same area.

Your Child's Post-Surgery Nursing

Patient Name _____ Date responding to questions _____

Since your infant has had surgery to release the maxillary and/or lingual frenum, please indicate progress by checking the appropriate area:

- | | | |
|--|--------------|----------------------|
| 1. Infant's latching on to your breasts | ___ Improved | ___ remains the same |
| 2. Infant falling asleep while attempting to nurse | ___ Improved | ___ remains the same |
| 3. Sliding off the nipple when attempting to latch | ___ Improved | ___ remains the same |
| 4. Colic symptoms | ___ Improved | ___ remains the same |
| 5. Reflux symptoms | ___ Improved | ___ remains the same |
| 6. Poor weight gain | ___ Improved | ___ remains the same |
| 7. Gumming or chewing your nipple | ___ Improved | ___ remains the same |
| 8. Unable to hold a pacifier in his or her mouth | ___ Improved | ___ remains the same |
| 9. Short sleep episodes feedings every 2-3 hours | ___ Improved | ___ remains the same |

Mother's Post-Surgery Nursing

- | | |
|--|---|
| <p>1. Do you Continue to have any of the following signs or symptoms?</p> <p>___ Creased, flattened or blanched nipples after nursing</p> <p>___ Cracked, bruised or blistered nipples</p> <p>___ Bleeding nipples</p> <p>___ Severe pain when your infant attempts to latch</p> <p>___ Poor or incomplete breast drainage</p> <p>___ Infected nipples or breasts</p> <p>___ Plugged ducts</p> <p>___ Mastitis or nipple thrush</p> | <p>2. Y N Did you continue to separate the surgical sites for two weeks??</p> <p>3. Y N Did your infant receive any craniosacral therapy?</p> <p>4. Other Comments?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

General Comments

Additional comments concerning your experience at Mountain View Dental. Any thoughts about helping other Parents with breastfeeding difficulties?

Introduction

Thank you for having confidence in my 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 exercises to make sure the final results are successful.

1. **Hyland's Teething gel** can be applied to the surgical site as needed after surgery.
2. **Tylenol or Motrin** type medications can be given every four hours if needed, the usual amount would be **(80mg) $\frac{1}{4}$ the dosage** recommended for a two year old. (infants over 1 month)
3. After today's surgery: Consult with your Lactation Consultant (IBCLC) and in many cases 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.

Facial Massage



Use facial massage as often as you want. Using your fingers will also help relax and aid your infant in learning a new sucking method.



Your finger should feel pressure at the fingernail, not the knuckle during sucking.

Post Surgery Appearance of the Surgical Areas

White appearing diamonds are the normal appearance 24 to 48 hours after surgery.

The white color is not any type of infection.



Daily Stretching Exercises

The Tongue-Tie



Stretching exercises: This is the most important part of your infant's successful healing after I complete the surgical procedure. Failure to follow these stretching methods may lead to reattachment and the need for additional office visits and redoing the surgery if the area heals back together. Use enough force to make sure the area does not close. Begin this tonight and continue for at least 10-14 days.

Place your index fingers on each side of the tongue and forcefully open the diamond shaped area. You need to use sufficient gentle force to totally reopen the surgical site to prevent the reattachment. Gently push or pull downward towards the infant's throat. Some bleeding may occur and this is not a concern.



TIP: (*This is often easier for parents*)

Reopen the surgical area by placing a tongue blade above the area and push the lower jaw down and the underside of the tongue backward and upward using sufficient force to open the entire surgical area.

The Upper Lip-Tie



Grasping the upper lip with two hands, gently pull the upper lip upward until it touches the infant's nose using enough force to open the entire surgical site and prevent the lip from becoming tied again.



Stretching Posture

The correct way to do stretching is with your infant's head in your lap facing the same direction as your head.



Phases of Wound Healing

Many wonder why frenulums grow back. One primary underlying reason is the body tenaciously and persistently attempts to close a wound it has experienced for as long as 7-12 months. Here is a synopsis on wound healing phases:

1. First 3-4 days - Inflammatory Phase - Fast and Furious First Responders



Immediately, Tissues remaining in the wound get leaky, swell (edema) and a high protein fluid combined with water and some other chemicals form a gel that coagulates into a scab.

Within 6 hours, blood vessels and cells are proliferating and crossing the wound to close it down.

After 24 hours, small blood vessels sprout around the edge of the wound creating a pinkish-reddish appearance of the developing scar.

By Day 4, As the scar matures, capillaries stop forming and the wound develops a pale look. **This "white" look is normal and IS NOT an infection.**



Frenulum note: Most of this time, not enough fiber has formed to restrict the frenulum. The patient still usually enjoys the freedom of movement that the initial surgery provided.

2. Day 4-20 - Proliferation Fibroblastic Phase - Frenulum Filament Forming Factory (FFFF)



1 Week



10 Days

An all-out attempt at wound contraction is going on. The frenulum now has a white look as the original scab has matured in to well-connected roof of “granulation tissue” that is a furnace of activity.

The next two weeks, an army of chemicals and tissue cells on missions get busy.



21 Days

Little pain is present during stretching after a week.

Of interest to the **frenulum** is **The frenulum filament forming factory (FFFF)**. This is a collection of fibroblasts and accompanying vessels (blood and lymph) that spin a web of collagen that is now crisscrossing the surgical wound and attempting to close it.

Frenulum note: This is when the symptoms that existed before surgery may start to return. The frenulum is starting to re-attach itself. Stretching exercises are critical here to breakup these filaments and keep the FFFF from closing this wound and taking away the new found freedoms of the lip and/or tongue.

3. Next 6-12 Months - Maturation “Remodeling” Phase



30 Days



6 Months

Stretching exercises are still important.

At a month, the scar has matured with no inflammation (edema/pain) present. This scar is complete with a skin (epithelial) cover now. Underneath this scar look what’s happening!

Wound contraction persists! Collagen filaments are replaced by a stronger interwoven type tissue. Granulation tissue slowly disappears, and the resulting healed tissue is a product of adaptations stresses and tensions during this phase.

Frenulum note: Stretching and supportive habits are critical here to resist the body’s persistent will to close the wound. Coupled with growth factors present in a growing child these frenulums want to close!

A footnote on fibrotic tissues: Emotions play a role!

“Always think of the emotional component with fibrotic patients. Preliminary results from clinical emotional therapy suggest that **the more the patients feel insecure, threatened, or hopeless, the more likely they are to “armor” themselves with fibrotic tissue.**”*

Frenulum note: All therapists, surgeons and teams need to promote a respectful, supportive atmosphere to give the frenulum patients best chance for successful healing.

REFERENCE:

*Silent Waves – Theory and Practice of Lymph Drainage Therapy, an Osteopathic Lymphatic Technique, 2nd Edition, Bruno Chikly, M.D., D.O. (hon) © 2001, 2002, 2004 I.H.H. Publishing. 288: 350

Frenectomy Post-Operative Instructions

1. It is normal for swelling to occur in the lasered areas. This will usually go down after about a day and a half.
2. The baby can be fussy the afternoon and evening following the procedure and may not nurse as much. This is normal and will subside.
3. Apply the aloe 2-3 times a day until all gone. It is okay if you forget to apply.
4. If the lip is bumped the area may bleed again. Just apply pressure to the area to stop the bleeding.
5. Stretching Information:
 - a. Place the baby's head in your lap to aid in proper direction and force.
 - b. The stretching process should not take more than 5-10 seconds.
 - c. If your fingers do not fit well in the baby's mouth for the stretches then you can use the plastic tongue depressor.
 - d. For the lip: lift the lip up to full extension with mild to moderate force.
 - e. For the tongue: lift the tongue up from the sides to the full extension with mild to moderate force.
6. When nursing, get as much of the nipple/areola/breast in the baby's mouth as possible. This will help the baby use suction by creating a vacuum rather than pinching.
7. Compress the breast a little when the baby gets the latch right. This will help the milk flow and lets the baby know that this is a better and easier way to nurse.
8. When nursing hold the baby at a 45-degree angle and watch below the chin. You can confirm the suckling and swallowing. The lower lip should be next to the breast, and the nose is free to breath. YouTube is a good source for visual examples of a proper latch.

Post Treatment Care of Frenectomy

The **laser frenectomy** which was just completed for your child, is currently the most up to date way of surgically removing frenular tissue. It was treated because it was:

1. Anatomically : impeding normal growth and eruption of teeth.
2. Causing a limit to proper lip or tongue mobility.
3. Causing speech or feeding problems.
4. Causing a periodontal defect in the gingival and bone support.

Recovery from this bladeless procedure is usually rapid and causes minimal discomfort.

Immediately after the procedure you should bring your child home and give an **age appropriate** dose of **non-prescription** pain medication (Tylenol, Motrin, Advil brand name **OR** Generic equivalent is of course adequate- BUT **NOT** Aspirin). *It is very rare to require a prescription pain control medication.* One dose is usually adequate but if you feel that your child requires a second dose 6-8 hours later please give your child a second dose. (or call me if there are ever any questions...).

There are minimal food and activity restrictions. However, it is advised **not** to give you child any **spicy** foods, large seeds or crunchy pieces or acidic drinks (i.e. orange juice, tomato juice or pineapple juice) for the first 24-48 hours because these foods may irritate the treated area.

You must keep the area **clean** with salt water rinsing. This needs to be done **3 times a day for 4 days**. Either rinsing the treated area or apply a cotton ball soaked in salt water to the treated area for approximately 30 seconds.. **Or**, you may wipe the treated area by using vitamin E from a vitamin E capsule. Please pierce the capsule and squeeze an **apple seed size** amount on the gel onto your finger and apply to the treated site. You may also use olive oil or coconut oil.

Additionally, at that time your child should press his tongue into the area for an additional 30 seconds or else pull up on the lip after these cleaning times to stretch the area and keep the tissue loose. This should be done for **10 days**. It is extremely rare to have complications, but if you feel that the area is not healing (it **will** look white for the first few days and should **not** be swollen) please call my office for advice and answers.

If we treated a tongue tie, then you must perform **tongue stretching** exercises. Practice *pointing the tongue* out for 15 seconds, then, *lift the tongue* to the roof of the mouth and press behind the gums of the top front teeth for the same time allotment. Then complete this exercise by practicing sticking the tongue out then *tapping the corners* of the outside of the mouth for 15 seconds on each corner. This must be completed 3-5 times a day for **14 days**

Post-op instruction after your baby's laser frenulum treatment

Most infants do not require any pain medications. However, every child is different and responds in his or her own way. You may notice more irritability or fatigue depending on the severity of the treated ties or just individual sensitivity differences. If you feel that you must use medications, then over the counter brand name or generic Tylenol may be used and (you will be provided with a specific dose for your baby's weight).....may be given in single doses every 6-8 hours. However, *after the first 36-48 hours, I would **NOT** expect you to require any pain medications.....*

As an alternative, you may also breastfeed as the act itself plus the sweetness of the breast-milk will help calm the baby. If this is not possible for you, your IBCLC can instruct you how to hand express or pump milk to feed your baby. There are a variety of methods. This will keep your baby hydrated, fed and you will be relieved of engorgement. *At home you may notice a slight swelling of the lip after the laser surgery.* This will go away in a day or so. It should not be significant and **never distort the lip**.....

Beginning on the first day, for 3-4 times daily and prior to nursing..... You **can** do face and cheek massage to stimulate the facial muscles.... using just gentle touching or very slight pressure. After a minute or so of this, you may also practice rooting skills with your baby by outlining your child's lips with a fingertip in a tapping fashion around the entirety of the lips (upper and lower and corners). This stimulation exercises the natural rooting reflex of the lips to seek out the breast for food and sucking..... (This should be followed by nursing, a pacifier or bottle to complete this exercise)..... **Your IBCLC is your best personal source of post frenectomy breastfeeding care to provide you with additional exercises.** *This new found lip and tongue mobility may be a little confusing to your baby. In some cases your baby may be so hungry that he/she may go into panic mode and be difficult to calm down. Therefore this exercise may need to be delayed until after his/her meal. Or, you may not even require this exercise at all.*

The day after treatment: You will begin to notice a white diamond or triangle shape in the area *under the upper lip* or a white line under the tongue (if there was a tongue tie release). This is *normal* and expected to last for 7-14 days. The mouth does not form a dry scab as is normal on dry skin..... *You will position your baby on his/her back on a safe, firmly supported surface such as a changing table with you at the head position and feet away from you, as previously instructed. It can be helpful to place a small face cloth or other smaller towel under your baby's neck for support and easier access to get into his mouth.* You will then **stretch** under the upper lip with your finger for **10-20 seconds** with a clean and washed finger that has a *small amount* of **breast milk on the finger pad**, formula, or a small amount (*to lightly wet the finger tip*) of coconut oil (if there is no allergy) or olive oil to create a glide. *Some friction is necessary to obtain the stretch.* This is to allow a smooth passage of your finger over the treated area. This should be done **4 times a day for 10-14 days.** *If the tongue was also treated than you may do this for the tongue also.* However, you will need to press more firmly and push down, back and up in a sweeping motion with your **thumb or finger (as was demonstrated)**. It is natural for your child to resist, however you do want to keep the treated area stretched so that healing will not allow a tightened tissue. (It will not reattach to the original position but the area can shorten a little). *You should notice an improvement in latching to the breast or sucking on the bottle. The feeding should become more efficient and less frequent. However, there is also the possibility that for a day or two your baby may be more resistant to nursing. This is temporary! Both you and your child should regain more energy and alertness due to better intake of food and calories and more rest with less struggling. Your breasts should feel better and discomfort should be less.....* If you have any questions, please call the office at [PROVIDER PHONE #] during regular office hours or call my cell phone at [PROVIDER PHONE #] and leave a message or take a picture of the area of your concern and send it to me. Please remember to leave your name and a return phone number for me..... It has been my honor to have been part of your baby's care.....

INFANT POST-OP VISIT

Name: _____

Date: _____ DOB: _____

Infant:

Child more alert: Y / N

Feeding times more efficient (better transfer): Y / N

Weight Gain: Y / N If changed, by how much? _____

Longer Sleeping Times: Y / N

If changed, by how much? _____

General feeling of a happier baby: Y / N

Less burping: Y / N / Never was a problem

Less spitting up: Y / N / Never was a problem

Milk leaks from corners of the mouth: Y / N / Never Did

Less Flatulence: Y / N / Never was a problem

Nursing blister gone: Y / N / Never Had One

Nasal breathing during nursing improved: Y / N / Never a Problem

Tongue movement improved: Y / N / Not Applicable

Baby does rhythmic drinking instead of gulps: Y / N

Tongue: Moves side to side: Y/N

Tongue: sticks out more Y/N

Mother:

Less discomfort: Y / N / Never was an issue

If there were nipple shape changes pervious to treatment, are they better now? Y/N If yes, how: _____

Using shields: Y / N / Never Did

Lip curls up and out during nursing: Y / N

Breast milk production better: Y / N / Never was a problem

Latching efficiency improved: Y / N / No change

More baby/ mother eye contact during nursing: Y / N / Never was a problem

Are you happy with the results of your baby's treatment? Please share any comments you may have.

INFANT FRENECTOMY POST-OPERATIVE INSTRUCTIONS

Most babies appear to experience only minimal discomfort for the first two (2) days after procedure. If your baby seems uncomfortable, Tylenol (acetaminophen) can be given to help with discomfort; ibuprofen (Motrin or Advil) is NOT approved for babies under the age of two (2) months of age. The healing site will change colors (off white, yellow, green, pink), but if you detect very white or red, it may be infected. If you are concerned about anything call our Office

[OFFICE OR EMERGENCY PHONE #]

STRETCHING AND MASSAGEING EXERCISES

Doing the exercises as instructed, allows for proper healing by reducing the risk of re-attachment and therefore the need for repeat surgery.

- These exercises must be done at least **3 times a day for 3 weeks.**
- **Make sure that hands are clean, and your fingernails are short.**
- Your baby may cry or fuss during the exercises, but should calm down quickly after.

EXERCISE DETAILS

Lay your baby on his back with their head towards you and their feet pointing away.

STRETCH: Place your index fingers under your baby's tongue on either side of the incision. Lift your baby's lip or tongue so that you can see the diamond shaped area where the release was made. Stretching should be swift and only needs to be held for 3 full seconds.

MASSAGE: After the stretching exercises, directly massage by rubbing the wound for 30 seconds. Wipe infants mouth with Spiffies Xylitol wipes.

There may be a few drops of blood as the area stretches, but that is normal. Breastfeeding is one way to stop the bleeding. In the unlikely event that bleeding continues, using gauze apply pressure on the wound for 5 to 10 minutes, which should stop the bleeding. If the bleeding doesn't stop, then press the gauze without peeking for 20 minutes. A moistened tea bag (dark tea) can be used instead of gauze.

[AFTER HOURS / EMERGENCY CONTACT #]

Infant Frenectomy Post-operative Instructions

Most babies appear to experience some discomfort for the first two days after the procedure. **Tylenol** (acetaminophen) may be given to help with discomfort; ibuprofen (Motrin or Advil) is NOT approved for babies under the age of two months. The healing site will change colors (off white, yellow, green) but if you detect very white or very red it may be infected. If you are concerned about anything contact us for help.

Stretching and Massaging Exercises:

Doing the exercises as instructed allows for proper healing by reducing the risk of re-attachment and therefore the need for repeat surgery.

- These exercises must be done at least **5 times a day** for **3 weeks**.
- Make sure that your hands are clean, and your fingernails are short.
- Your baby may cry or fuss during the exercises but should calm down after.
- Exercise details:
 - Lay your baby on his back with his head towards you, and feet pointing away.
 - **Stretch:** Place your index fingers under your baby's tongue on either side of the incision. Lift your baby's lip or tongue so that you can see the diamond shaped area where the release was made. Stretching should be swift and only needs to be held for a few seconds.
 - **Massage:** after the stretching exercises, directly massage by rubbing the wound for about 15 seconds; you may use cooking oil to lower friction/sooth.
 - There may be a few drops of blood as the area stretches but this is normal. Breastfeeding is one way to stop the bleeding. In the unlikely event that bleeding continues, using gauze apply pressure on the wound for a few minutes which should stop the bleeding. If the bleeding doesn't stop: press & don't peek for 20 minutes. Moistened tea bag (dark tea) can be used instead of gauze.
 - Try these helpful after-care **videos** online:
Google: "**laser tongue tie revision healing**"; or enter: "**bit.ly/111BdJt**"
Google: "**care after lingual lip ties**"; or enter: "**tiny.cc/wkfqww**"

Please adhere to these post-operative instructions to avoid further surgery, risks, and expenses you can do without.

Your **1 week check** is scheduled on: _____

Your **3 week check** is scheduled on: _____

Infant Frenectomy Pre-operative Instructions

You are considering the frenulum release of your child based on the recommendation of your lactation consultant (LC) as well as our oral examination of your baby. It is imperative that you have already started and that you complete your treatment with your lactation consultant; as your appointment with us depended on this referral, so does the proper healing of the baby's wound, and ultimately our success in providing you the benefits that you seek and deserve.

We cannot be confident in our success if we cannot be confident in your follow up requirement with your LC. No dental procedure can provide you with what your lactation consultant can.

We only schedule frenectomy appointments on newborn infants with a recommendation from a lactation consultant with whom we have a professional relationship of mutual understanding, proven competence, and constant communication. Your LC will fill out a form referring you to Dr. Yazdi.

If your follow up care was insufficient and leading to further treatment there will be additional charges.

An often occurring post-procedure problem is re-attachment of the frenum. Re-attachment is of varying degrees and may become a big problem to the functional success you seek. We are eager to help you prevent this issue. Please refer to the "Infant Frenectomy Post-operative Instructions" to tackle this troublesome issue. Your lactation consultant will be of immense value in this matter also.

WE URGE YOU TO VISIT YOUR LACTATION CONSULTANT WITHIN 3 DAYS OF THE PROCEDURE

Certified LC Name: _____

Patient Name: _____

Parent Signature: _____

Date: _____

PLEASE DO NOT FORGET TO BRING IN YOUR WRITTEN REFERRAL FORM

advocates for

tongue**tie**
education

PROVIDER TOOLKIT

CONTRIBUTED BY

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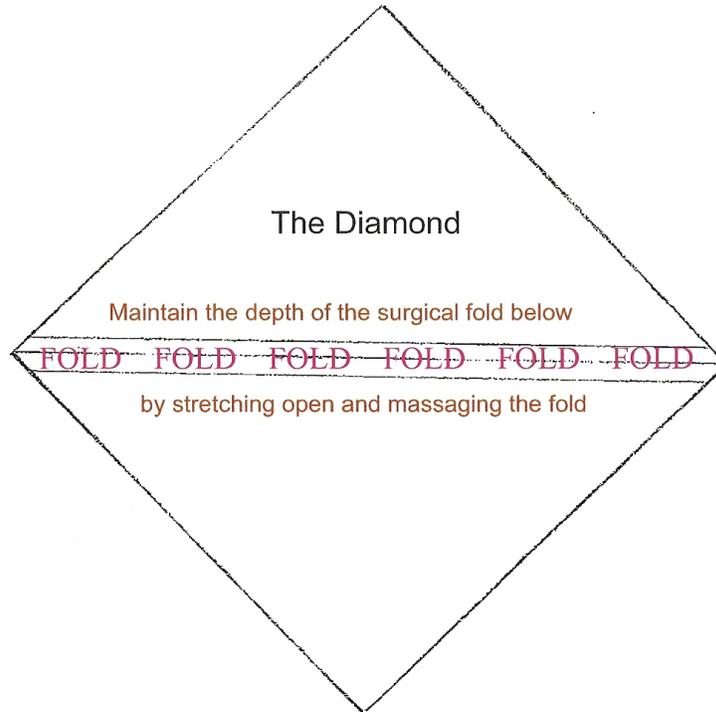


PRE-REVISION PHOTO



POST REVISION PHOTO

The Upper Lip or The Tongue



The Upper gums or Floor of the Mouth