**CONTRIBUTED BY**

**Roy D. Brewster, DDS**

**Does Your Child Need a Revision of the Lip Frenulum?**Early diagnosis and treatment of an abnormal frenulum attachment with the simple and quick revision technique using a diode laser can prevent misdirection, spaces, and decay of maxillary teeth and does not present any significant risks to the child.

**When Maxillary Frenulum Needs Revision**

The maxillary frenulum attachment in most individuals is positioned above the upper front teeth. When the tissue inserts or attaches between the two central incisors or just in front of the incisors, revising the attachment may prevent the formation of a gap as the permanent teeth erupt. In some cases, the tightness of the lip to the teeth may also be a contributing cause of:

1. Decay formation on the front surfaces of the upper teeth.
2. Gaps (diastemas) forming between front teeth with crowding of neighbors.
3. Breastfeeding problems with infants.
4. Periodontal or gum disease in adults.

|  |  |
| --- | --- |
|  | Pictures A & B are type I & II frenulums and generally do not need revision. Pictures C & D are type III & IV frenulums. They are dropping between the teeth making them hard to brush. Space is starting to occur between the teeth and brushing can be difficult. |

**Revision Treatment**

The procedure is completed easily using a local anesthetic to numb the area followed by the laser energy to vaporize and remove the abnormal attachment**.**

Using the laser allows for faster healing, very little or no post-operative discomfort and in most cases no stiches.

**Post-Operative Care**

Successful revision of the frenulum depends on care after the completion of the office procedure

|  |  |
| --- | --- |
| **1.** After numbing is gone, use Tylenol or similar medications if there is some slight discomfort.**2.** The Front teeth **must be brushed** daily to remove plaque or the tissue will not heal correctly **3.** Place **Vitamin E or Vaseline** on the revision site in the morning and at bedtime. | **4.** At least 2 times per day, pull the lip **upward** to prevent the reattachment of the lip to the gum.**5.** 1-2x a day use peroxide rinse (Peroxyl) or warm salt water rinse on the surgical site.**6.** Return to the office in **one week** for a post treatment evaluation.  |

**  **