**CONTRIBUTED BY**

**Roy D. Brewster, DDS**

**Revision of the Lingual Frenulum (Tongue-Tie)**Early diagnosis and treatment of an abnormal frenulum attachment with the simple and quick revision technique using a diode laser can help prevent, airway, sleep, snoring, speech and orthodontic problems.

**When Lingual Frenulum Needs Revision**

The lingual frenulum attachment is a membrane attaching the middle of the tongue to the floor of the mouth. When this membrane attaches too close to the tip of the tongue, revising the attachment may prevent the formation of:

|  |  |
| --- | --- |
|  | 1. Sleep apnea, snoring, airway problems 2. Swallowing problems with a sensitive gag reflex 3. Small upper jaw (maxilla) and large lower jaw (mandible). 4. Breastfeeding problems with infants.   Type I & II frenulums generally do not need revision. Type III & IV frenulums can be part problems listed above and need revision. |

|  |  |
| --- | --- |
| **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, Vaseline, or Emprizone** on the revision site in the morning and at bedtime. | **4.** At least 2 times per day, push into the wound **up and down** to prevent the reattachment.  **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. |

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

**Revision Treatment**

