

POST-OP INSTRUCTIONS FOR FRENECTOMY

Pain Relief

You may notice more irritability or fatigue depending on the severity of the treated ties or just individual sensitivity differences. You may use Tylenol, Ibuprofen (if 6 months of age or older), Arnica, Rescue Remedy or other measures to help with pain control. If you sense your child is in pain, do not hesitate to give pain medication. Most babies need medication for the first 24 hours, and a small percentage need it for an additional day or two.

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. This will keep your baby hydrated, fed and you will be relieved of engorgement. Frozen breast milk may be fed to your baby (i.e. scraped into a “slush” and spoon fed) or placed under the lip or tongue to help with pain and swelling.

Other ways to help keep your baby calm is skin-to-skin time, a warm bath, low lights and soft music. Skin-to-skin can be with either parent, though it is always encouraged for mom to allow the baby to rest against her bare breast to encourage nursing. Always make sure your baby is calm and not crying when attempting to nurse, as a crying baby will not be ready to latch and may end up swallowing air, which leads to gassiness and fussiness.

Lip Swelling

You may notice that the upper lip is now freed into a new, fuller position. This is due to the tension release of the previously underlying frenum. If there is any swelling, it will be slight and under the nose where the lip and nose meet. This will go away in a day or so. It should not be significant and never distort the lip. This newfound lip and tongue mobility may also be a little confusing to your baby as he/she adjusts to this improved muscle freedom.

Post-Operative Concerns

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! It is essential that you follow-up with your lactation consultant after the procedure to ensure optimal results.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus. This is a completely normal inflammatory response and is not a sign of infection.

If you have any questions, please call the office at 781-431-9999 during regular office hours.

The most important thing to look for after the procedure is wet diapers. As long as your baby is peeing, then he or she is eating enough. Nursing may be all over the place and your symptoms may take days or weeks to fully improve, but you should start to see an improvement over time. Please be patient and take it one day at a time!

Stretches

The main risk of a frenectomy 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. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements.

A small amount of spotting or bleeding is common after the procedure, especially in the first few days. Because a laser is being used, bleeding is minimized. Wash your hands well prior to your stretches (gloves aren't necessary). Apply a small amount of coconut oil, breast milk, or formula to your finger prior to your stretches.

Do one stretch on the evening of the surgery. Then, skip ahead to the next morning. My recommendation is that stretches be done 6 times a day for the first 3 weeks, and then spending the 4th week quickly tapering from 6 to 5 to 4 to 3 to 2 to 1 per day before quitting completely at the end of the 4th week. I find it's easiest for parents to do 5 of the stretches during waking hours, and one of the stretches in the middle of the night, taking care not to go more than 6 hours between stretches. Diaper changes are a good time to do the exercises.

Pre-Stretch Exercises

1. Gently massage your baby's cheeks and lips for 15-30 seconds. The purpose of this exercise is to prevent your baby from associating your fingers in or near his or her mouth as something uncomfortable.
2. Run your finger along the baby's gums. Try to get your baby's tongue to follow your finger.
3. Massage the roof of the mouth with your finger - start towards the front and continue gently massaging until you reach the spot where the hard (bony) palate ends and the soft palate begins. Then turn your finger over and massage the back portion of the tongue.
4. Let your baby suck on your index finger (with your fingernail against the tongue), between your first and second knuckle. The more the tongue moves, the less chance the wound will stick back together.

Upper Lip

1. Place your index fingers under the lip on either side of the wound and lift it up until it reaches the nose, and hold for 3 seconds. Make sure you lift the middle of the lip and not just the sides so the wound opens.
2. Gently sweep from side to side for several seconds. Remember, the main goal of this procedure is to insert your finger between the raw, opposing surfaces of the lip and the gum so they can't stick together.

Tongue

1. Place two index fingers under the tongue on either side of the incision site. The tips of your fingers should be touching at the top of the wound. Lift the tongue upward and away from the floor of the mouth. This should stretch open the incision site and the diamond-shaped wound should be visible. Hold for 3 seconds.
2. Gently press on the diamond-shaped wound to ensure that it feels soft and squishy. If you feel any resistance (like a rubber band), lift the tongue further until the resistance breaks. You may see a small amount of bleeding. Do not rub hard or scrub the wound.
3. Massage on either side of the diamond (not directly in the wound) to loosen up the musculature of the remainder of the floor of the mouth.

There are wonderful resources online, such as blogs and Facebook groups, that might have additional information and support from other parents to help you through some of the highs and lows post-operatively. I highly recommend Dr. Ghaheri's blog (www.drghaheri.com) and Dr. Kotlow's website (www.kidsteeth.com). There are also Facebook groups - search for "tongue tie support group" or "tongue tie lip tie support group" - there are some specifically for New England parents, as well.

I would like to see your child 1-2 weeks after frenectomy to ensure the site is healing properly and to answer any questions you may have. There is no charge for follow-up visits and you are welcome to return as often as necessary.

It has been my privilege to be part of your baby's care and please feel free to follow up any time! I wish you the best of luck in the parenting journey that lies ahead!

Respectfully,

Dr. Heidi Aaronson