

Frenectomy Home Care Instructions

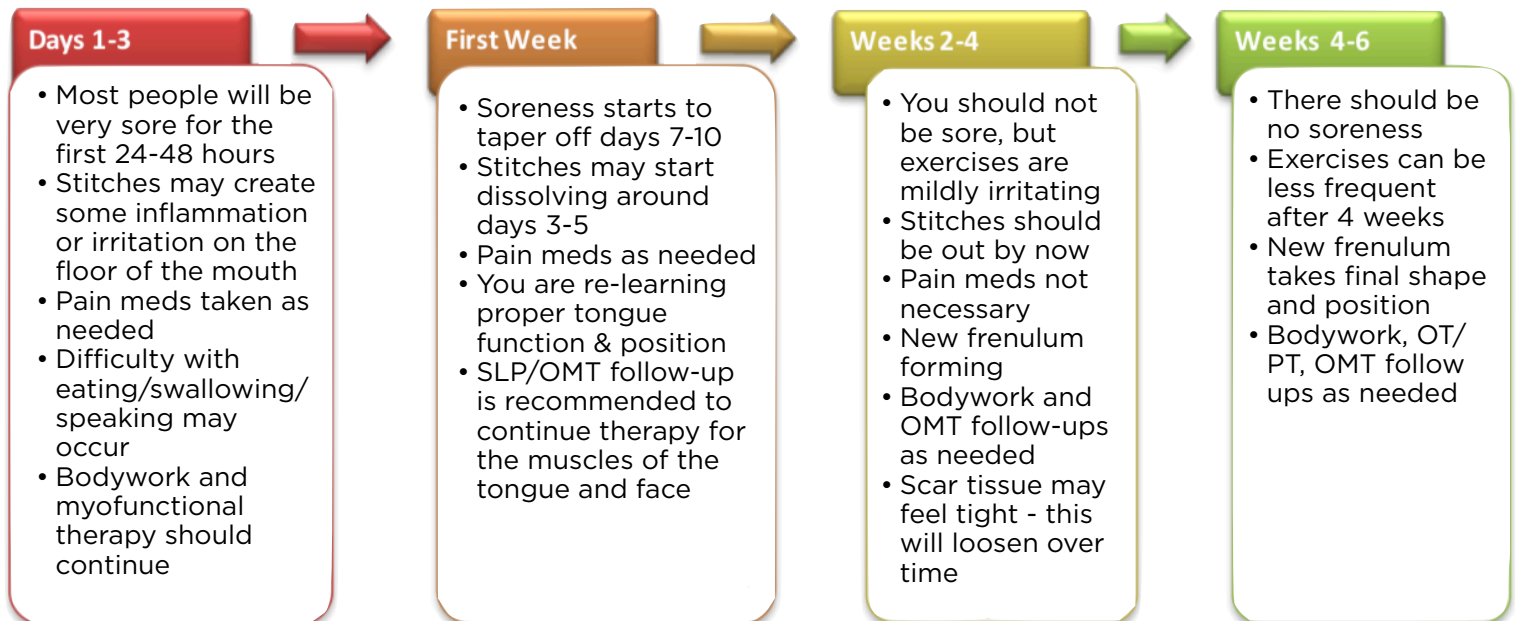
(Child & Adult)

Emergency Contact: Dr. Heidi Aaronson (617) 272-5613

IMPORTANT: This packet includes information that will help you recover as best as possible. Please understand that proper tongue function after the procedure takes time. In most cases, frenectomy alone will not cure all of the speech and functional problems, and additional therapies may be needed. Therefore, it is critical to work with a specialist who has extra training in speech therapy and/or orofacial myofunctional therapy in order to achieve an optimal result. Outcomes may vary from person to person.

What you can expect after the procedure:

Please be aware that the healing timeline below may not apply to every patient.



Pain Management Recommendations

Pain Medication:

- Acetaminophen/Tylenol (500 mg) & Ibuprofen/Advil/Motrin (600 mg)
- Combine 1 extra strength Tylenol (500 mg) and 3 ibuprofen (200 mg each) every 6 hours
- If stomach upset occurs (likely from the ibuprofen), discontinue use

Homeopathic Alternatives:

- [Arnica Montana 200C, Hypericum 200C, Aconitum 200C, Bryonia 200C], Rescue Remedy - Homeopathic remedies used to treat pain and inflammation
- Instructions: Dissolve 5 pellets of each, plus 7 sprays Rescue Remedy in 1 ounce pure water.
- Take approximately 3-4 drops every 15 minutes as needed the first few days, then every 90 minutes or as needed.

Other:

- **Frozen Treats (Popsicles, ice cream)**
 - Hold the cold treat under the tongue and/or lip to soothe the sore areas. This also helps with inflammation
- **Soothing Gels/Oils**
 - Simply apply small dab to treated areas 4-6 times a day as needed for pain
 - Numbing gels (with benzocaine) such as Orajel and Anbesol are safe to use. Use sparingly and not before meals. It helps to gently dry the area first to limit the spread of the gel to other parts of the mouth

Post-Op Instructions

Patients should expect some mild swelling, pain, and/or discomfort as a normal process of wound healing. Pain is often controlled with over-the-counter pain medications, and other symptoms usually self-resolve over the course of 1-2 weeks with proper rest and myofunctional therapy. Possible (but very rare) complications of frenuloplasty may include bleeding, pain, numbness, failure of procedure, scarring, and injury to adjacent structures which may result in salivary gland dysfunction.

1. **Bleeding:** It is normal to experience some bloody oozing during the first 1-2 days. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Dr. Heidi, or go to your local emergency department.

2. **Swelling and Inflammation:** It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. Your tongue may feel larger than usual and more painful to move. We recommend using Tylenol and Ibuprofen as needed for pain. We also recommend holistic options such as arnica, turmeric, ginger, and CBD oil.

3. **Wound Care:** You will be provided with topical oral analgesic gel and gauze. Apply a small amount of gel to the gauze, place on surgical site, and replace as needed every 1-2 hours, up to 4 times daily.

4. **Oral Hygiene:** Please continue brushing teeth as usual. We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection.

5. **Food/Drink:** During the first few days, you may find it helpful to have soft, cool foods. You may find it challenging to consume hot or spicy foods, or foods that require a lot of chewing.

6. **Sutures:** We use absorbable sutures that will usually fall off or dissolve on their own within 3-5 days and sometimes anywhere from 1-10 days after surgery. As the sutures fall out, granulation healing tissue will fill the open wounds. As the granulation tissue heals, this tissue will begin to contract by around day 5-7. This is when the myofunctional therapy exercises become the most important.

7. **Myofunctional Therapy Exercises:** We recommend that you rest for the first 3 days after your procedure and focus on minimizing your pain. Once the pain is well-controlled, we encourage you to do light movements with your tongue by sticking it up to the front teeth with your mouth wide open, side to side inside the cheek, around the teeth, and suction hold. Avoid sticking your tongue out during the first 5-7 days and begin these more advanced exercises only once you have been cleared by your myofunctional therapist. It is extremely important to perform the stretches and exercises as prescribed by your therapist to obtain the most optimal results.

8. **Wound Stretches:** Wound stretches are only recommended for wounds that are left open to heal by secondary intention (no stitches), or if the patient is unable to comply with the myofunctional therapy exercises with maximum efficacy due to pain or contraction. Wound stretches involve wrapping the tongue in a paper towel or gauze, and pulling the tongue outwards, downwards, upwards, and to each side, to feel a stretch for 10 second holds.

9. **Lip and Buccal (Cheek) Ties:** We recommend that you take it easy for the first few days. Afterwards, run your tongue around the oral vestibule several times a day. We also recommend air puffs. After one week, you can do lift stretching and manual intraoral massage.

10. **Bodywork:** Many patients benefit from fascia physical therapy, craniosacral therapy, osteopathic manipulation, and other forms of physical therapy post-operatively depending on the clinical circumstance.

Normal Things You May Notice After the Procedure

Increased discomfort and irritability

Many people do not want to use their tongue, as it is sore and weak. Immediately after the procedure, it is best to take pain medication(s) in order to stay ahead of any discomfort. This may be necessary during the first few days, and sometimes up to one week.

Bleeding after doing the stretches

Keep in mind that a little bit of blood in a pool of saliva is not as bad as it looks. If the bleeding does not stop after 10 minutes, call Dr. Heidi.

Difficulty with speaking, chewing, and swallowing during the first week

Due to the initial soreness and re-learning of tongue function, speech sounds and tongue function may be somewhat different. In some cases, symptoms may worsen before they get better. It is critical to follow up with your SLP for any speech- and feeding-related issues.

Increased drooling

The healing process increases saliva production. Additionally, the new movement of tongue creates a surplus of saliva. This is usually temporary.

Numbness in the tongue

Some people may experience a temporary numbness in their tongue. This is due to the nerves stretching more than they are used to. In most cases, this is temporary and resolves within a few weeks.

Thank you so much for choosing us! We truly wish you a fast and easy recovery. If you have any questions or concerns, feel free to call us at 781-431-9999.

Helpful Tips

- For the next week only eat food that is soft, cool (or at least not hot), and easy to chew and that too in small quantities (e.g. mashed potatoes, mac and cheese, pudding, yogurt, cottage cheese)
- Avoid any foods that have sharp corners (such as potato chips or toast) or small seeds (such as berries or seeded bagels).
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves.
- Frozen novelties (ice cream, popsicles, etc.) can act as a natural numbing agent and help with pain. Place under lip, tongue, or cheek and let melt slowly, or scrape some with a spoon to create a slush.
- It is normal to not want to move a muscle (in this case, the tongue) if it is sore. However, moving the tongue will speed healing and will help with the pain. The more you move the tongue, the sooner it will regain its strength!

WHEN YOU NEED TO CALL DR. HEIDI

Although rare, please do not hesitate to call us if you experience the following:

- Severe pain that does not improve with medication
- Brisk bleeding
- Severe swelling at the site of surgery
- Difficulty breathing (if severe, go to the Emergency Department)
- Fever higher than 102° F

Orofacial Myofunctional Therapy

Important: Myofunctional exercises are helpful for regaining proper tongue function and to ensure the proper vertical healing of the scar through manual techniques to help lengthen and achieve the tongue-to-palate resting position. The exercises below are NOT intended to replace the in-person help of an SLP or health care professional. Any delay in seeking expert help may put ideal healing at further risk.

Always check with your SLP/OMT to see which exercises he or she recommends for you.

Exercise 1: Snake Exercise

Make a point with your tongue. Extend the pointed tongue out of your mouth and pull it all the way back in. Make sure the tip of your tongue does not touch your lips. Try to relax your lips and only move your tongue. Avoid pushing your jaw forward. Repeat 25 times.

Exercise 2: Caves

Suction your tongue to the palate. While maintaining suction, open your mouth. This will put tension on the diamond-shaped wound and will encourage proper wound healing. Hold for 5 seconds.

Exercise 3: Waggle Flap

Place the tip of your tongue against your upper lip. Move the tip of your tongue to press against your lower lip. Move the tip of your tongue up and down, alternating between the upper and lower lips. Repeat 10 times. You can make this more interesting by placing a dab of food (peanut butter, honey, chocolate sauce) in various positions around the mouth and the tongue should touch each spot.

Exercise 4: Waggle Spot

Move the tip of your tongue from side to side. Touch it to the left corner of your mouth, then the right corner of your mouth. Then touch the tip of your tongue to "the spot" just behind the top two front teeth. Left - Right - Spot - Left - Right - Spot, etc. Repeat 10 times.

Exercise 5: Jaw Breaker

With lips closed, point the tongue into the inside of the right cheek. It should look like you are hiding a jawbreaker in the side of your cheek. Hold for 10 seconds. Move it to the left. Hold for 10 seconds.

Exercise 6: Tongue Clicks

Place the blade of your tongue against your palate and click. Try to get the full tongue blade up. The clicks will get louder as the tongue gets stronger.

Exercise 7: Peanut Butter Rub

With the tip and middle of your tongue, rub back and forth (front to back and back to front) across the hard palate, as if you are licking peanut butter with your tongue. Repeat 25 times.

Exercise 8: Spoon Hold

Stick your tongue out and make a point. Push a spoon against your tongue. Resist with your tongue for a count of 5.

Exercise 9: Dar-Dar-Dar

Look in the mirror and open your mouth as wide as you can. With your mouth open wide, say dar-dar-dar, now say nar-nar-nar, now say tar-tar. Look in the mirror to see what your tongue is doing. Can you FEEL where it is?

Exercise 10: Lip Licker

Lick your upper lip all the way across. Now lick your lower lip all the way across. See how many times you can lick an entire circle around your lips.

Want to learn more? Check us out online!

Our website, www.bostontonguetie.com, has more tongue tie information, such as photos, videos, articles, and other resources to help you during your tongue tie journey.



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