

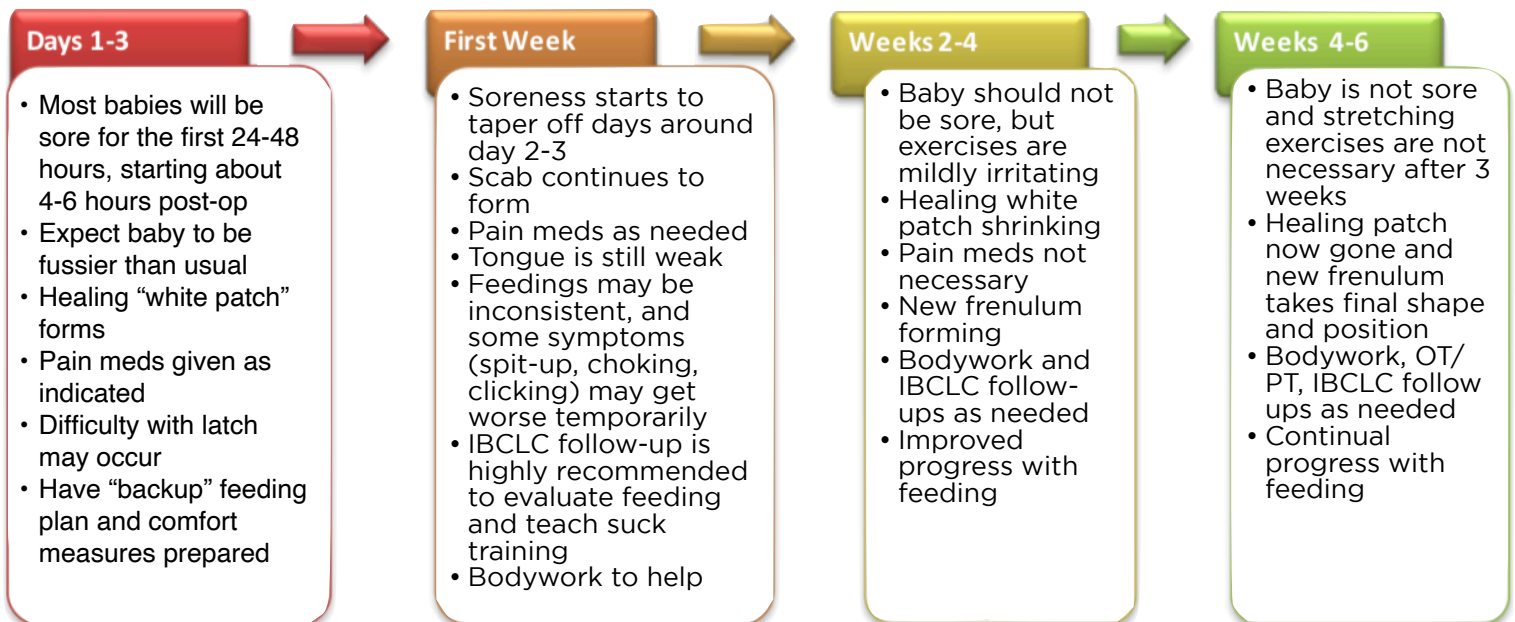
# Frenectomy Home Care Instructions

(Newborn to 1 year)

**IMPORTANT:** This packet includes information that will help you and your little one recover as best as possible. Please understand that sucking correctly and consistently after the procedure takes time. Improvements with feedings are usually gradual and may take anywhere from 2-8 weeks. In most cases, frenectomy alone will not cure all of the feeding problems and additional therapies may be needed. Therefore, it is critical to work with an IBCLC who has extra training in suck dysfunction in order to achieve an optimal end goal. Outcomes may vary from baby to baby.

## What you can expect after the procedure:

\*\*\*Please be aware that the healing timeline below may not apply to every baby.\*\*\*



## Pain Management Recommendations

**Under 6 months:**

**Infant Acetaminophen/Tylenol (160 mg/5 mL concentration) \*start 2 hours after procedure\***

- Dose based on weight ([see last page of packet for dosage](#)); given every 6-8 hours as needed for pain

**Over 6 months:**

**Children’s Ibuprofen/Advil/Motrin (50mg/1.25mL or 100 mg/5mL concentration)**

- If infant is older than two months and Tylenol is ineffective, get consent from pediatrician for Ibuprofen use.
- Dose based on weight; given every 6-8 hours for first few days as needed for pain

**Safe for all ages:**

**Breast milk/formula ice chips** - Can act as a natural numbing agent and help with pain. Freeze milk or formula flat in a baggie or in droplets on wax paper, break off tiny pieces, and place under lips, tongue, or cheek and let melt slowly.

**Homeopathic remedies** - Homeopathy is a system of holistic medicine that stimulates the body to heal itself. Homeopathy is ideal to use with infants, pregnant and nursing women, chemically sensitive individuals, and those seeking a more natural alternative to pharmaceuticals.

- *Rescue Remedy (stress & irritability)* - by Bach Kids. Spray into child’s mouth as directed.
- *Camilia drops (irritability & inflammation)* - by Boiron (available at Target and CVS) - up to 9 per day
- *Arnica Montana 30C (wound healing)* - Dissolve 5 pellets in 1 oz dropper bottle of water; give 5-10 drops every 2-3 hours as needed. Store chilled

**Soothing Gels/Oils \*no numbing gels or anything containing benzocaine\***

- *Orajel Baby Cooling Swabs* - break top of swab, apply directly to wound. Use up to 4x per day
- Other soothing gels: simply apply small dab to treated areas 4-6 times a day.
  - Recommended: Hyland’s Teething Gel, Orajel Naturals

# Wound Exercises

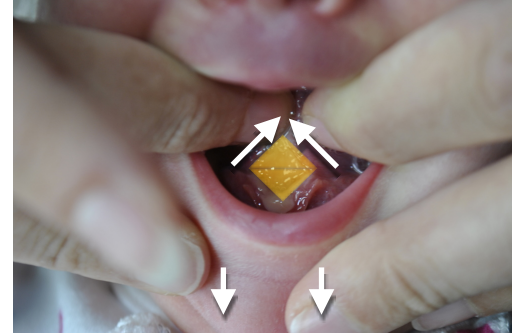
Post-procedure exercises are key to getting an optimal result. These exercises are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements. Get in and get out!

It is recommended that you purchase an affordable LED headlight (like a camping headlight) to allow you to get the best results. We highly encourage you to approach these exercises in a positive manner.

**These exercises should be done before every feed, starting the night of the procedure.**

## 1: Tongue Lift (2 seconds)

1. Position baby's head in your lap, with their feet facing away from you
2. Place your thumbs on baby's forehead and your middle fingers on the chin
3. Use your index fingers on both hands to reach under the tongue from each side
4. Touch your fingertips together at the top of the diamond-shaped wound
5. With your index fingers touching each other at the top of the diamond, and your middle fingers pushing firmly down on the chin, **FIRMLY** lift the tongue up as high as it can go, while also pushing back towards the throat
6. Hold this position for 1-2 seconds
7. Do this lift **once per session** for the first week, then **5x per session** for weeks 2-4.



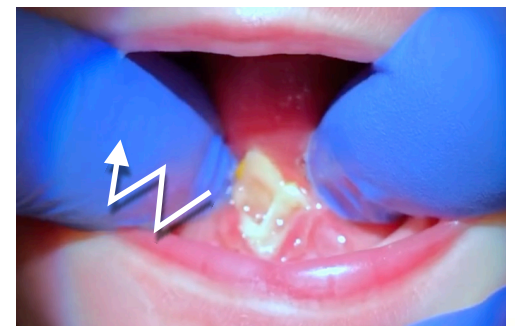
## 2: Finger Sweeps (5 seconds)

1. Use the same positioning as with the tongue lift
2. With one index finger, hold the tongue up
3. Place the pad of the other index finger against the bottom of the diamond
4. Using GENTLE force, sweep your finger over the diamond, going from the bottom of the diamond and moving upward towards the tip of the tongue
5. While sweeping gently upward, try to put gentle upward tension on the diamond
6. Sweep gently for **5 seconds per session**



## 3: Floor of Mouth Massage (10 seconds)

1. Keeping your fingers in the same position, use your index fingers to **FIRMLY** massage the floor of the mouth
2. Massage one side at a time, staying out of the wound
3. This is meant to help loosen the muscles on the sides of the wound
4. Massage for **5 seconds on each side** per session



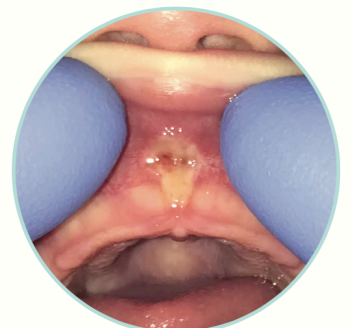
**When should I start the stretches?**

Let your baby rest today. Do one set of stretches tonight before bed. Do the next stretch once overnight (at the 4-6 hour mark) and then before every feeding starting the following morning.

## Lip Lifts

To stretch the lip, rest pads of index fingers on the upper jaw and flip the upper lip back towards the nose. Hold for 5 seconds and be sure you can see the entire wound site.

Gently swipe 1x with index finger from side to side in the fold under the lip.



## **Normal Things You May Notice After the Procedure**

### **Increased fussiness and inconsolable crying**

After the procedure, it is best to give 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. This is not a concern and it is safe to feed your baby.

### **Difficulty with latch during the first week**

Due to the initial soreness and re-learning of suck, feedings may be inconsistent during the first week. In some cases, latch or symptoms may worsen before it gets better. It is critical to follow up with your IBCLC for any feeding-related issues.

### **Increased choking, clicking and spitting up**

Initially, babies may have a hard time adjusting to the change in latch. This is usually temporary and should be addressed with your IBCLC.

### **Increased drooling and saliva bubbles**

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

### **Increased sleeping**

This may be due to medication, exhaustion, or that the infant is feeding better and is more satisfied. Sleep may also act as a coping mechanism for discomfort.

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

## **Helpful Tips**

- If your baby is extra fussy or inconsolable be sure to use lots of skin-to-skin contact. This increases oxytocin levels, which lowers pain.
- If your baby is fussy and struggling to latch, try feeding your baby while taking a nice warm bath.
- If your little one is extra squirmy during the stretching exercises and you do not have a second person there to help, try using a swaddle.
- Using good lighting and an LED head light during the stretches really helps visualize the diamonds and ensures accurate and precise technique.
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves.
- Frozen breastmilk can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie, chip off tiny pieces and place under lip, tongue, or cheek and let melt slowly, or scrape some with a spoon to create a breastmilk slush.
- The stretches can be done before, after or in the middle of a feeding- whichever seems to work best. It may be best to feed before the stretches during the first week, as the infant is most sore at that time.

## **WHEN YOU NEED TO CALL DR. HEIDI**

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

- Fever greater than 101.5° F
- Uncontrolled bleeding (lasting longer than 10 minutes)
- Refusal to feed (bottle or breast) for over 8 hours
- No wet diapers for 8 hours

# Suck Training

**Important: Suck training exercises are helpful for regaining proper tongue function.** The exercises below are NOT intended to replace the in-person help of a lactation consultant or health care professional. Any delay in seeking expert help may put the breastfeeding relationship at further risk. Always check with your IBCLC to see which exercises she recommends for your baby.

Use these exercises before feeding or as a playtime activity, and only once your baby is no longer in pain. Be sure to stop any exercise that your baby dislikes. It is not necessary to do every exercise; only use those that are helpful for your baby. Before beginning, wash your hands and be sure your nails are short and smooth.

## Exercise 1: Finger Sucking

Use a finger (with a trimmed and filed nail) that closely matches the size of your nipple. Place the backside of this finger against the baby's chin with the tip of your finger touching the underside of the nose. This should stimulate the baby to gape widely. Allow the baby to draw in finger, pad side up, and suck. The tongue should cover the lower gums and your finger should be drawn into the juncture of the hard and soft palate. If the tongue is not forward over the lower gums, or if the back of the tongue bunches up, gently press down on the tongue (saying "down") and use forward (towards the lips) traction.

## Exercise 2: Down and Out Stroking

Begin as in exercise 1, but turn finger over and press down on the back of the tongue and draw slowly out using downward and forward (toward lips) pressure on the tongue. Repeat a few times.

## Exercise 3: Lateralizing Side to Side

Gently stroke the baby's lips until the mouth opens, and then stroke the lower and upper gums side to side. The tongue should follow your finger.

## Exercise 4: Circular Strokes

Touch the baby's chin, nose and upper lip. When the baby opens wide, gently massage the tip of the tongue in circular motions pressing down and out, encouraging the tongue to move over the lower gums. Massage can continue back further on the tongue with light pressure as the finger moves back on the tongue and firmer pressure when the finger moves forward. Avoid gagging baby.

## Exercise 5: Desensitizing Gag Reflex

If a baby has a high or narrow palate and gags on the nipple or insists on a shallow latch, it may help to desensitize the palate. Begin by massaging the baby's palate near the gum-line. Progressively massage deeper, but avoid gagging the baby. Repeat exercise until the baby will allow a finger to touch his palate while sucking on a finger. It may take several days of short exercise sessions to be effective.

## Exercise 6: Sleeping Tongue Posture

While baby is sleeping, gently press up on the underside of the chin to encourage the tongue to suction to the roof of the mouth. Then gently press down on the chin and open the baby's mouth. The tongue should remain suctioned to the roof of the mouth. Continue to press down, encouraging frenotomy wound opening, until the tongue loses suction and releases from the palate. Repeat several times. (Note: this does not usually work when baby is awake) - THERE IS A VIDEO SHOWING THIS STRETCH ON OUR WEBSITE

## ***Want to learn more? Check us out online!***

Our website, [www.bostontonguetie.com](http://www.bostontonguetie.com), has more tongue tie information, such as photos, videos, articles, and other resources to help you during your tongue tie journey.



## Tips for the TIGHT and TENSE baby

If your baby does not open wide, a gentle massage may help relax the jaw and facial muscles. A skilled bodyworker such as a physical therapist, chiropractor, osteopath, or craniosacral therapist who specializes in infant care may also help your baby.

Begin with a light fingertip circular massage under the baby's jaw from back to front on both sides. Using fingertips, massage the baby's cheeks from the center toward the temple on both sides. Massage in tiny circles around the mouth, near the lips, clockwise and counterclockwise. Massage around the baby's mouth, near the lips, from center outward, on both sides of the mouth, top and bottom. Gently tap a finger over the baby's lips. Massage the baby's chin.

## Manual Therapy & Bodywork

"Bodywork" is the general term used to describe therapies that may help relieve and normalize structural issues in the body. When a tongue tie is released, there can be tension in other parts of the body that may continue to affect proper healing. Some babies need more bodywork than others. Babies who receive some form of bodywork seem to heal and rehabilitate better. For more info or to find a provider, go to [www.ankyloglossiabodyworkers.com](http://www.ankyloglossiabodyworkers.com). Some types of therapies are listed below:

### Occupational Therapy

Occupational Therapy (OT) helps ensure that infant reflexes are integrating appropriately to ensure proper development. In some infants, especially those who were premature or who experienced birth trauma, these reflexes may not develop or mature properly and the occupational therapist can help support proper reflex integration through exercise, movement, stretching, and support.

### Chiropractic Treatment

Chiropractic adjustments for babies involve gentle, soft touch to help release restrictions in the craniosacral system. This helps to improve function of the central nervous system.

### Craniosacral Therapy

Craniosacral Therapy (CST) is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction. It also improves whole-body health and performance. CST is usually performed by a chiropractor or an osteopath.

### Osteopathy

Cranial osteopathy is a set of utterly gentle and painless techniques to release existing tensions in the skull, spine and pelvis. The role of the osteopath is to relieve these tensions by applying gentle pressure. This pressure is done so subtly and softly that there is no painful sensation at all - many babies fall asleep during treatment.

## Feeding and Oral Motor Therapy

Oral Motor and Sensory Therapy are different than bodywork and takes a comprehensive approach to assess sucking, swallowing, and general feeding issues. You may ask your pediatrician for a referral to a highly skilled therapist. The following types of providers may help:

**IBCLC** - (International Board Certified Lactation Consultant) Some IBCLCs may have extra training in suck dysfunction.

**SLP** - (Speech Language Pathologist) - May help with speaking and/or feeding difficulties in infants/children.

**OMT** - (Orofacial Myofunctional Therapist) OMT is a relatively new and emerging field and this type of specialist helps restore proper muscle balance and function of the mouth.



**Q: Is it ok to use a pacifier after the procedure?**

A: Yes, but only for short periods of time for the first few weeks. We want to encourage the tongue to rest up against the palate to allow for the wound to heal as open as possible, and a pacifier holds the tongue down, which may increase tension in the wound. So it's fine to use for 5-10 minutes to soothe your child, but once they are calm, try to take it away whenever possible.

**Q: My child won't stop crying and won't eat. What should I do?**

A: It is totally normal for babies to be extremely fussy the day of the procedure. Try to stay as calm as possible, since babies pick up on their parents' emotions. See if you can take them in the tub or shower to help calm them down. Frozen milk, pain medication, or homeopathic alternatives may help as well. They will eventually stop crying, but do the best you can to stay calm!

**Q: Do we have to wake to stretch overnight?**

A: Sleep is a very important part of the healing process, so if you are able to get good wound management exercises during the day, there is no need to stretch every 4 hours overnight. If your child tends to sleep 10+ hours, I would recommend doing one set of exercises overnight, around the 6 hour mark. Some parents are able to do these exercises without even waking the baby.

**Q: Are there any videos that show the exercises?**

A: Yes! Our website, [www.bostontonguetie.com](http://www.bostontonguetie.com), has an infant post-op section that shows videos of the various wound management exercises and suck training that we discussed during your visit.

**Q: Do we need to come back for a follow-up visit?**

A: I always recommend following up with your IBCLC first, to make sure there are no issues with the latch or tongue function. If your IBCLC is concerned about reattachment or any other healing issues, you are welcome to call our office and schedule a no-charge follow up appointment. However, we will ask that you see your IBCLC first before returning to our office for a follow-up as most issues are related to tongue function, and not healing.

**Q: My baby was doing really well for a couple days, then started struggling again. What happened? What should I do?**

A: Sometimes releasing restrictive tissue allows for proper tongue function right away, and infants take off running with their new skills! But after a few days of using these new muscles, the fatigue sets in. This is very common, and most of the time resolves on its own in a week or so, especially if you incorporate suck training and bodywork.