



KINGSTOWNE

DENTAL SPECIALISTS

Tongue-Tie and Lip-Tie Surgery (Frenotomy/Frenectomy)

A frenotomy or frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restrictions in movement that can cause significant difficulty with breastfeeding, and in some instances, other health problems like dental decay or spacing, speech difficulties and digestive issues. When it affects the lingual frenulum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 5% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

Medication to purchase prior to treatment:

Infant Tylenol (can repeat every 8hrs if needed)

How to prepare for the procedure:

The use of Tylenol 2 hours prior to the procedure can help to minimize discomfort.

Dosage: Using the dropper in the manufacturers packaging:

- △ 6-11 pounds - 1.25mL
- △ 12-17 pounds - 2.5mL
- △ 18-23 pounds - 3.75mL
- △ 24-35 pounds - 5mL

For children 6 months of age or older, you may use ibuprofen instead (or with Tylenol). Please follow the dosing instructions on the package or call your pediatrician.

You may use whatever works for your family. This includes homeopathic remedies like Arnica or Rescue Remedy, or nothing at all. Because the laser itself has some analgesic properties, and because we sometimes use numbing medication on older children, not everyone needs a medication beforehand.

What to Expect:

In general, the procedure is tolerated well by children. We take every measure to ensure that pain and stress during the procedure is minimized.

1. IV sedation is not utilized in the office for newborn babies.
2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure.
3. We will carry your baby to and from the room, and the approximate time away from you is about 5 to 15 minutes.
4. For babies under the age of 12 months, a topical numbing cream MAY BE applied to the area(s) that will be treated (this medication works very quickly). For children 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.
5. Crying and fussing are common during and after the procedure. In older children, we have the option of using other forms of anesthesia. We will speak to you about this if it is needed.
6. You may breastfeed, bottle-feed, or soothe your baby in any manner you'd like following the procedure. You may stay as long as necessary.
7. Skin-to-Skin contact between the baby and mother will soothe the baby as well as sitting in a warm bath at home with the baby will help calm the baby.

There are two important concepts to understand about oral wounds:

1. Any open oral wound likes to contract towards the center of that wound as it is healing (hence the need to keep it open with exercises).
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.

Post-procedure stretches are key to getting an optimal result. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements. If your baby is inconsolable and is in severe pain, stop the exercise and renew it after a gap of 30 minutes or so. Getting an affordable LED headlight (like a camping headlight) allows you to visualize the placement of your finger.

You may use Tylenol, Ibuprofen (if 6 months of age or older), Arnica, Rescue Remedy or other measures to help with pain management.

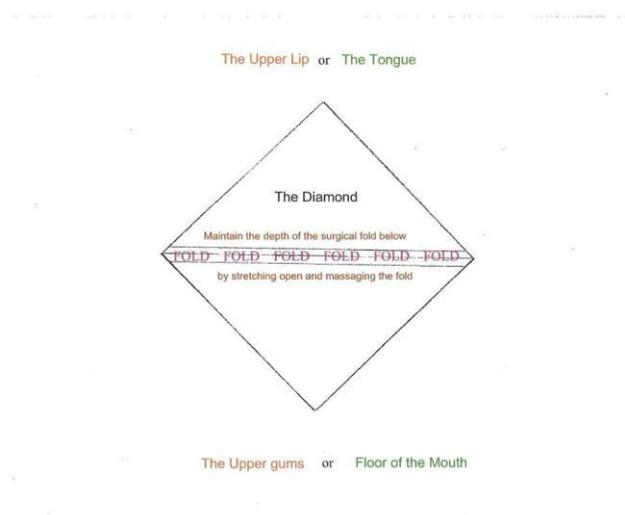
The main risk of a frenotomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. The exercises demonstrated below are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you.

How to approach your child when doing stretches:



Stretches

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). Our recommendation is that stretches be done 4 to 6 times per day for the first 3 weeks, and then spending the 4th week quickly tapering from 4 to 3 to 2 to 1 per day before quitting completely at the end of the 4th week.



Courtesy of Dr. Shervin Yazdi. The wounds created are typically diamond---shaped. This diamond has 3 dimensions - height, width and depth. This is especially important for the tongue wound, which is much deeper than the lip wound. Maintaining these 3 dimensions is the key to successful healing.

The Upper Lip is the easier of the 2 sites to stretch. If you must stretch both sites, we recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, simply place your finger under the lip and move it up as high as it will go (until it bumps into resistance). Then gently sweep from side to side for several seconds and you can do a roller pin motion to try and keep the diamond open. 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.

The Tongue should be your next area to stretch. Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and pick it up, towards the roof of baby's mouth. The tongue needs three separate stretching motions:

- Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the baby's mouth). Hold it there for 1-2 seconds, relax and do it four more times. The goal is to completely unfold the diamond so that it's almost flat in orientation (remember, the fold of the diamond across the middle is the first place it will reattach).
- With one finger propping up the tongue, place your other finger in the middle of the diamond and do a gentle circular stretch for several seconds to dilate the diamond
- Once that is done, turn your finger sideways and use a roller pin motion to try and keep the diamond as deep as possible. Make sure your finger starts within the diamond when doing this stretch. Once it's done, repeat the motion on either side of the diamond (outside the diamond) to loosen up the musculature of the remainder of the floor of mouth.

Sucking Exercises

It's important to remember that you need to show your child that not everything that you are going to do to the mouth is associated with pain. Additionally, babies can have disorganized or weak sucking patterns that can benefit from exercises. The following exercises are simple and can be done to improve suck quality.

1. Slowly rub the lower gum line from side to side and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue.
2. Let your child suck on your finger and do a tug of war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself.
3. Let your child suck your finger and apply gentle pressure to the palate, and then roll your finger over and gently press down on the tongue and stroke the middle of the tongue.

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. The white/yellow scab on the incision site will start to crumble around the edges, and eventually become loose or slough off. Do not let your child's regular doctor, lactation consultant, friend who thinks they're an expert, or anyone else make the determination for you; If you think an infection exists, give our office a call.

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

Call our office for any of the following:

- Δ Uncontrolled bleeding
- Δ Refusal to nurse or take a bottle
- Δ Fever > 101.5

Resources:

Videos to watch on You Tube:

1. [Post-Frenotomy Care Ideas](#) - Luna Lactation and Wellness by Melissa Cole
2. [Care after lingual and maxillary lip ties have been revised for breast feeding infants](#) by Dr. Lawrence Kotlow

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Patient Information

Patient Name _____ Date _____

Address _____ City _____ State _ Zip _____

Birthdate _____ Gender: **M F** Birth Weight _____ Current Weight _____

Family History of anyone with a lip or tongue tie? _____

Any family history of a blood/clotting disorder or keloid/excessive scarring? **Y N** _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Do you prefer to receive calls at: Home ____ Work ____ Cell ____

Email: _____

Responsible party and relationship to patient _____

Parents' names (both mom and dad) _____

Address if different from patient _____

Mother Symptoms: Please check all that apply:

- Painful feeding throughout session
- Painful feeding with initial latch, but improves during feeding
- Bruised, cracked, blanched, blistered, flattened or bleeding nipples
- Breast swelling/engorgement
- Mastitis
- Plugged ducts
- Thrush of the nipples
- Use nipple shield to breastfeed
- Low supply/Oversupply

Patient's Name _____

How many times daily do you breastfeed? _____

Additional information regarding your health that should be considered: _____

Did infant receive Vitamin K Injections?		Does your infant have any heart condition?	
Was your infant premature?		Has your infant had any surgery?	

If yes, please explain

Infant Symptoms: Please check all that applies to your child:

- Prolonged nursing (>20 min. each side)
- Incomplete nursing (not satiated)
- Baby falls off the breast and sleeps
- Lip or tongue feels weak
- Baby slides off the nipple
- Chronic burping or flatulence (gassy)
- Distended or bloated belly
- Signs of reflux such as chronic spitting up or vomiting
- Signs of discomfort/frustration such as arching of back or clenching of the hands
- Clicking noises while nursing
- Lip or tongue cycles through sucking and movement for a short time then stops and recycles
- Unable to maintain seal/flange lip
- Chomping motion

Have you consulted with a Lactation Consultant? Y/N

If yes, what are the name, phone # and email of the Lactation Consultant?

Name: _____ Phone #: _____

Email: _____

Is this your first child? Y/N

If this is not your first child, did you breastfeed your other child/children? Y/N

How long did you breastfeed your other children? _____

What are your breastfeeding goals?

Are there signs of gagging/choking? Y/N

Is weight gain a concern? Y/N

Do you supplement with a bottle to assist with proper feeding? Y/N

If yes, do you use breast milk, formula, or both? _____

Is your child able to hold a pacifier? Y/N

Patient's Name _____

Additional information regarding your child's health that should be considered (meds, allergies, etc.):

Referral Information: Whom may we thank for referring you to our practice?

Pediatrician's name/ Practice: _____

Phone: _____ Fax: _____

Pediatrician's Address: _____

Dental Insurance Company _____

Insurance Phone # _____

Subscriber Name _____

Subscriber DOB _____ Subscriber SSN _____

Member ID # _____

Medical Insurance Company _____

Insurance Phone # _____

Subscriber Name _____

Subscriber DOB _____ Subscriber SSN _____

Member ID # _____

It is crucial for the success of this treatment to follow up with trained professionals (lactation consultants, feeding specialists, pediatricians, etc.). Improving your breastfeeding experience will require a team to help you and your baby to maximize the benefits afforded by the baby's added mobility.

I attest that all above information is complete and accurate to the best of my knowledge.

Signature _____ Relationship _____ Date _____

Reviewed by _____ Date _____



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Informed consent for infant/toddler frenectomy

Please do not nurse your infant 2 hrs. prior to today's surgery

Prior to completing any oral care on your infant, we require your consent for treating your child. It is the philosophy of this office to provide children the highest quality of care in a manner which is as pleasant and safe as possible.

- During treatment on small infants, it may be necessary for your infant to be swaddled or placed in a similar protective appliance to control undesirable movements.
- In some instances, there may be the need for numbing the surgical area using a small amount of a local anesthetic.
- To provide adequate visibility and access to the surgical areas we may use a comfortable mouth prop.

The purpose of these procedures is to gain and maintain good oral health, primarily at this age, breastfeeding, reducing maternal discomfort and in many instances future problems that may be associated with lingual and/or lip-ties. Our practice anticipates good results; however, no guarantees as to the results are given. The healing of the patient may be variable/unpredictable in some instances with the possibility of scar tissue formation or reattachment which is out of the doctor's control. Health issues of the patient related to tissue healing should be discussed prior to today's anticipated procedure. **FAILURE TO FOLLOW THE PRESCRIBED INSTRUCTIONS MAY LEAD TO AN UNSUCCESSFUL RESULT WHICH MAY REQUIRE NECESSITY OF A REVISION.** Laser treatment usually proceeds as planned; however, as in all areas of medicine, results cannot be guaranteed, nor can all consequences be anticipated.

Post-surgical discomfort may be minimal or last as long as a week before our goals are met. Bleeding is always a rare possibility; however, the laser technology used greatly reduces any serious risks of the surgery. Successful breast/bottle feeding is our primary goal for today's surgery. Parents and guardians should understand recommended procedures, alternative options and anticipated results. All surgery in this office is completed using appropriate laser technology, which has proven safe for infants as well as all patients.

Successful results of this surgery are dependent on parents carefully following all post-operative recommendations for keeping the surgical sites from healing together, seeing their lactation consultant and if indicated a cranial-sacral therapist.

ACKNOWLEDGMENT OF INFORMED CONSENT

I hereby acknowledge that I have been fully informed as to the treatment considerations. I have read and understand this form. I understand the advantages and disadvantages of treatment as well as alternative means of completing these procedures. I understand that my infant will be treated while I remain in the waiting room. The purpose of the surgery has been explained to me, through a consultation involving videos, oral discussions and written information. I have been given the opportunity to ask all questions I have about the proposed surgical treatment. All questions and concerns have been discussed. I give my free and voluntary, informed consent for treatment to be completed. By signing this consent, I indicate that I have the legal authority to grant this permission. I also agree to pay all fees and have given a complete medical history of my child.

Child _____ Parent _____ Date _____
PRINT CHILD'S NAME PARENT'S or GUARDIAN'S SIGNATURE

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