

POST-OP INSTRUCTIONS FOR TONGUE & LIP TIE RELEASE > 1 Y.O.

TONGUE-TIE RELEASE

Your goal is to have the area heal and re-form as far back as possible to give the most mobility.

1. **STARTING TOMORROW:** With a clean or gloved finger, push down behind the teeth in the floor of the mouth, and swipe/push into and up the tongue (on the diamond), lifting the tongue at the top of the diamond in the middle of the tongue. Your goal is to see the whole diamond open up and lengthen. It may bleed slightly when it is stretched or re-opened. This is not a concern. Try to make a game of it possible and keep it playful, or bribery can work too.
2. Repeat this **3 times a day for 3 weeks. Quality stretches are the key.**
3. Encourage the child to move the tongue as much as possible by sticking it out and holding for 10 sec, out of the left, right, open wide and lift up and paint the roof, make clicking noises, and clean off the teeth. Do these exercises as often as possible, but try 3 times a day or as directed by your therapist.

LIP TIE RELEASE

The goal is for the lip to heal and be able to lift as high as possible.

1. **STARTING TOMORROW:** Pull the lip as high as possible, high enough to press against the nose. You want to see the whole white diamond open up. Press gently but firmly right on the wound to massage it and keep the diamond open. It may bleed slightly when this is done, but this not a concern. Try to make a game of it, and keep it playful, or bribery can work too.
2. Repeat **3 times a day for 3 weeks.**

The release area will form a wet scab after the first day. It will appear white or yellow and soft because it is wet (not infected). This area is what you will be pressing against. The healing will be happening under the scab, just like a scrape anywhere else on your body. The white area will get smaller each day, but healing is still happening. So even though the white scab will heal you **MUST** continue the stretching or the new frenum will not be as long as possible and the surgery may need to be repeated.

The child can eat whatever foods he or she can tolerate. Pain relief is needed the first few days. Give Motrin (ibuprofen) or Tylenol as directed on the package based on weight. If the lip tie was released, the child's lip may swell up slightly that evening or the next day. It is normal and will go down after a day or two. The wound will be sore for a few days, at one week look much better, and at two weeks look almost normal. A slight fever is normal the first day. They should eat and sleep normally. If you're concerned it is growing back together, come back for a visit or email a picture. Treatment with a myofunctional therapist and bodyworker (Chiropractor, CST) is recommended for full rehabilitation.

If you have any questions, please call us at (905)-709-3888

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POST-OP INSTRUCTIONS FOR INFANT FRENECTOMIES

Your goal is to have the area heal and give the most mobility possible. You should do the stretches with the baby lying down on a changing table, bed, or couch facing away from you, like during the exam. Please follow up within 7-10 days in person or virtually. Begin doing the stretches the DAY AFTER the procedure. Gloves (preferred) or clean hands with nails trimmed should be used for stretches.

1. If the lip or cheeks were also released, first put your fingers all the way in the fold of the lips and pull the lip or cheek up and out as high as possible so you can see the white diamond(s) open. Push right on the area(s), in and up gently but firmly. It may bleed slightly (occasionally), but if you notice concerning bleeding, call us.
2. For the tongue, use your non-dominant thumb to push down on the lower gum pad and hold the mouth open. With one index finger, push down right behind the gum pad in the floor of the mouth, and push slowly and firmly up and down the wound to put tension on the wound for a few seconds and repeat 3 times. It may bleed slightly the first day or two, but this is not a concern.
3. The main goal is to open and see the “diamond” on the lip and especially the tongue. If you notice it is becoming tight, then stretch/push a little more to open it back up.
4. Repeat this 3 times a day for 4 weeks.
5. If you can’t follow up in person, please do a “deeper stretch” and push twice as hard one time at 7 days to ensure it isn’t growing back together. There is a video on our website or YouTube Channel. You will notice some bleeding if it reopens or stretches out, which means it was growing back a little bit and now it’s reopened. Hold pressure with a gauze or a paper towel for 4-5min, and it will stop. Symptoms should improve after the stretch.
6. Play in your child’s mouth a few times a day with clean fingers to avoid causing an oral aversion. Tickle the lips, the gums, or allow your child to suck your finger.
7. Watch Michelle Emanuel’s YouTube channel for tummy time and guppy exercises. Do them daily.
8. The released area will form a wet scab after the first day. It will appear white and soft. It may change color to yellow. This is not an infection but is just a scab in the mouth. The white/yellow area will get smaller each day lengthwise, but HEALING IS STILL HAPPENING! So even though the white scab is not as visible, you must continue stretching or the surgery may need to be repeated. If you have any concerns, please contact our office.

Follow-up with a lactation consultant is critical if nursing. Bottle-feeding babies will benefit from visiting a feeding therapist. A bodyworker (chiropractor, CST, etc.) is also very helpful, and tight babies may not see as many changes. You should expect one better feed a day (two better feeds the second day, etc.) Sometimes, there’s an immediate difference in feeding, and sometimes it takes a few days to weeks. Skin-to-skin, warm baths, and soothing music can be very beneficial to calm the baby.

For pain, give CHILDREN'S TYLENOL or GENEXA (organic) (160mg / 5mL) starting WHEN YOU GET HOME and for the next 2-3 days every 4-6 hours. For babies who weigh 6lbs give 40mg or 1.25mL, 7lb give 1.5mL, 8lb give 1.75mL, 9lb give 2mL, 10lb give 2.25, and 11lb give 2.25mL. Babies 12-14lb can have 80mg or 2.5mL, 15-17lb give 3mL. 18-23lbs give 3.75mL, 24lbs+ give 5mL. If your child is 6mo old and 12-17lbs, you can give INFANT's Motrin (ibuprofen) at 1.25mL (50mg) or 1.875mL if 18lbs+. If your baby is refusing to nurse or seems to be in pain, please check the Tylenol dose is correct, and find an alternative way to get milk in the baby (bottle, syringe, cup).

Your child's lip will swell up slightly for a few days, and the released areas will be sore for a few days. At one week, it will look much better, and at 2-3 weeks look much better and almost normal.

If you have any questions, please call us at (905)-709-3888

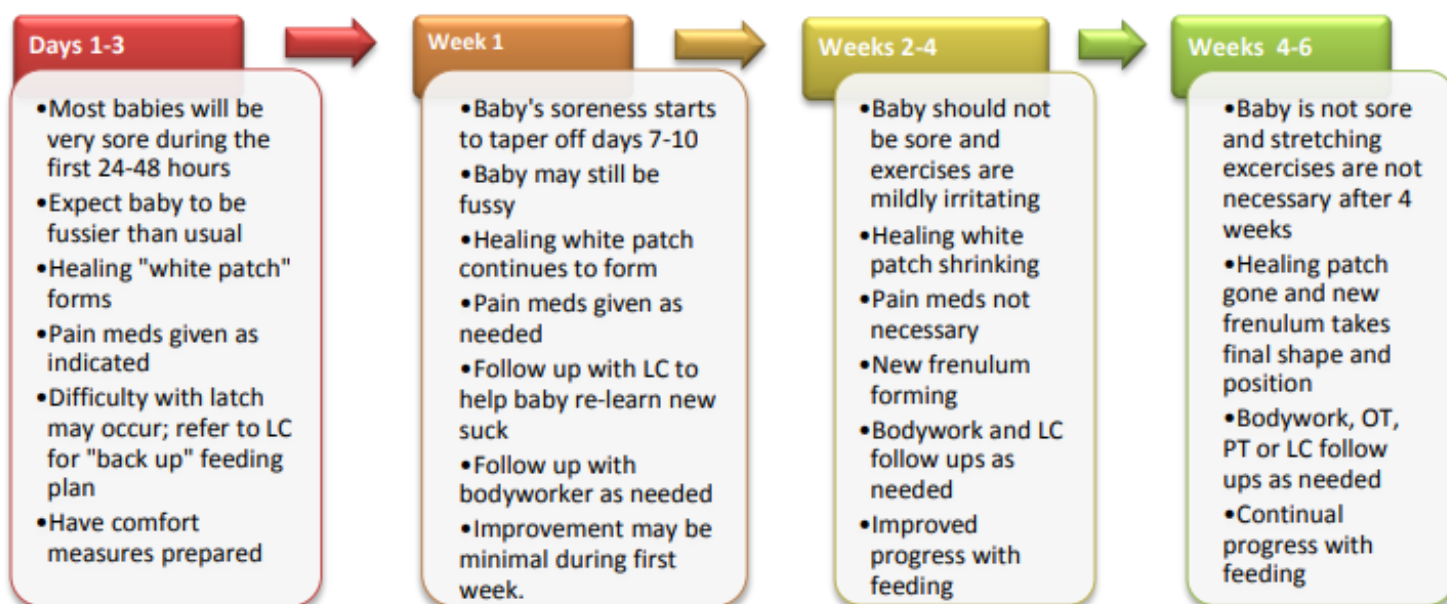
For emergencies, please call 911.



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 **2-4 weeks**. In most cases, frenectomy alone will not fix 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 may 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/5mL concentration)
Dose based on weight. Give every 4-6 hours for first few days as needed for pain.
- If infant is older than 2 months and Tylenol seems to be ineffective, get consent from pediatrician for ibuprofen use.
- Arnica Montana 30C tablets** – Homeopathic remedy used to treat inflammation.
Instructions: Dissolve 10 pellets in 2-3 ounces of breast milk or water. Store chilled. Give approximately 2 mL every 1-2 hours for the first few days and then give as needed. May be given every 15 minutes during an acute episode.

mL

Over 6 months

- Children's Ibuprofen/Advil/Motrin**
Infant's drops (50 mg/1.25 mL) or children's concentration (100 mg/5 mL)
- Dose based on weight every 6-8 hours as needed for pain
- OK to give with tylenol for additional pain relief

mL

Normal Things You May Notice



After the Procedure



Increased fussiness and inconsolable crying during the first week

Immediately after the procedure, it is best to give pain medication(s) around the clock 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, symptoms may worsen before it gets better. **It is critical to follow up with your IBCLC for any troubleshooting issues.***

Increased choking 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.

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. Make sure gloves fit well.
- Frozen breast milk 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.
- 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 the doctor

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

- Fever greater than 101.5° F
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for over 8 hours

Suck Training Exercises

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.

Use these exercises before feeding or as a playtime activity. 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. It is best to work directly with a lactation consultant to determine which exercises are best for you and your baby.



Exercise 1: Finger Sucking

Use a finger 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.

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 (905)-709-3888

Kids Dental
Pediatric & Orthodontic Specialists