



## Lingual Frenectomy Post op Instructions for infants

### What is a frenotomy / frenectomy?

Frenotomy is a procedure used to correct a congenital condition when the lingual (tongue) or labial (lip) frenulum is tight resulting in restriction of function. This may potentially result in difficulty of breastfeeding and other concerns such as dental, digestive and speech issues. If your lactation consultant or doctor feels that this procedure is warranted, then the following is what you can expect.

### **LIP TIE**

A tight upper lip frenum attachment may compromise full lip flanging and appear as a tight, tense upper lip during nursing. This can result in a shallow latch during breastfeeding. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle-feeding. If the frenum attaches close to the ridge or into the palate a future diastema (gap between the teeth) can also occur.

### **TONGUE TIE**

A tight lower tongue frenum attachment may restrict the mobility of the tongue and appear as a cupping or heart shaped tongue when the tongue is elevated. This can result in an inability to get the tongue under the nipple to create a suction to draw out milk. Long term a tongue tie can result in speech problems and/or issues later with transferring food around the mouth for chewing. Approximately 3-5% of the population presents with this condition.

It is important to be aware that it will take some time for your child to learn to use the muscles of the tongue and lips in a new, effective way. Some breastfeeding mothers notice immediate improvement in their comfort and in the baby's feeding and other mothers find that it takes a bit longer. At Phi Dental Care, we are here to support and comfort you through the treatment process. We are NOT lactation consultants. Your best resource for help with your baby's breastfeeding, cup or bottle use after surgery is a lactation consultant. **We cannot predict or guarantee results.** However, after years of experience, we find that a majority of breastfeeding mothers notice significant improvement in their comfort and the baby's effectiveness.

### **Pain Relief**

Most children experience some discomfort for the first 24-48 hours after the procedure. Your child may be fussy after treatment as they re-learn how to suck. Be patient and keep trying. Recommended pain relief options include:

- Skin-to-skin contact; quiet, familiar place
- Breastfeeding
- Homeopathic/all-natural analgesics and remedies (consult a homeopath)
- Tylenol or Tempra (Acetaminophen)
- Advil (not advised under the age of 2 months)

Dosages of any pain medications are always based on your child's weight. Analgesics are usually not required beyond the first 48 hours after treatment.

### **What to Expect**

Your child may refuse to nurse for a short period of time in the first 24 hours due to frustration, discomfort or loss of fine motor control. In very rare instances, this recovery period could take several days to several weeks. Don't despair. If this happens talk to your lactation consultant for help and an alternative method of feeding until your child is once again ready to breastfeed. You may also notice some dark streaks in your baby's diaper after the surgery, and for several days thereafter. This is from a small amount of blood that your baby may swallow. It is not a cause for concern. Your child may develop an infection of the treated area or have a fever following treatment. Years of experience have shown these events to

be extremely rare. Should a fever develop, contact your physician, as it is possible that an unrelated infection may be present. Call this office if you have questions or concerns about how your child's tongue or lip is healing. If you continue to have any feeding issues following surgery, please contact your lactation consultant directly for ongoing support.

### **Wound Management and After-Care**

Your child's mouth heals quickly. Stretching exercises are crucial to ensure that the released areas do not heal back together. Before starting the exercises, make sure that your hands are clean, and your fingernails are short and smooth. We recommend using coconut oil or Hyland's Teething Gel (all-natural) on your fingers to provide temporary relief for your child. Hyland's Gel can be found at your pharmacy in the natural products section. If not, it can be ordered. Begin the exercises at the second feed after surgery, or 3-4 hours following the procedure.

The exercises are to be done vigorously every 3-4 hours thereafter, for a minimum of 8 times in 24 hours, for a minimum of 2 weeks. Healing is usually complete after 2 to 4 weeks. These exercises must be done regardless if your child is asleep and also throughout the night. Your child will probably cry or fuss during the exercises but should calm down soon after the exercises are done. Stretching can be done before or between feedings, depending on what works best for your child. You will notice a whitish-grey film on your fingers or breasts. It is from the surgical area as it heals. This is quite normal and is to be expected. For the success of the treatment, **DO NOT STOP** the exercises unless you contact your lactation consultant or this office.

### **To Do the Exercises**

Lay your baby on his/her back with the head toward you and feet away from you. Place your index fingers under your baby's tongue on either side of the incision.

Remember to use a minimal amount coconut oil or Hyland's teething gel. Lift your baby's tongue so that you can see the diamond-shaped area where the release was made. You can also pull your fingers apart slightly to stretch the opening in all directions. Stretching should be done quickly and only needs to be held for 5 seconds. You may see some oozing of blood but this is normal. To prevent the lip from re-attaching grasp it and pull out and up (or down, if bottom lip), and hold the

stretch for 5 seconds. Do this each time you stretch the tongue. To finish, gently massage the surgical site with a back-and-forth rubbing motion using your index finger. We encourage parents to begin the massage (along with the stretching) the day after the procedure to minimize discomfort.

**There can be other factors that may lead to problems in breastfeeding, which may not be at all related to oral restrictions.** For some babies, further support in the form of gentle bodywork may be necessary to support effective sucking. Tongue and lip-tied babies often adapt to cope with their restricted function and these adaptations can continue to cause sucking issues even after the tie is released. Gentle bodywork can help your baby to release these adaptations and learn to suck effectively. Examples of bodywork include craniosacral therapy (CST), osteopathy, chiropractic care, physiotherapy, or massage therapy. It is important to find a practitioner who is knowledgeable and experienced with babies. Speak to your lactation consultant for a recommendation in your area.

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If You Have Any Concerns or Questions,  
Please Do Not Hesitate To Call our Office at 705.450.4000  
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