

New Generation Dental Center



Post-Operative Instructions: Tongue- and Lip-Tie Revision

Most infants do not require any pain medications. However, every child is different and responds in his or her own way. You may notice more irritability or fatigue depending on the severity of the treated ties or just individual sensitivity differences. If you feel that you must use medications, then Tylenol or Motrin may be used and may be given in single doses every 6-8 hours. However, after the first 36-48 hours, I would NOT expect you to require any pain medications.

As an alternative, you may also breastfeed as the act itself plus the sweetness of the breast milk will help calm the baby. If this is not possible for you, your IBCLC can instruct you how to hand express or pump milk to feed your baby. This will keep your baby hydrated, fed and you will be relieved of engorgement.

At home you may notice that the upper lip is now freed into a new fuller position. This is due to the tension release of the previously underlying frenum. If there is any swelling, it will be slight and would be under the nose where the lip and nose meet. This will go away in a day or so. It should not be significant and never distort the lip. This newfound lip and tongue mobility may also be a little confusing to your baby as he/she adjusts to this improved muscle freedom.

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 dilated open).
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.

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). Apply a small amount of coconut oil, breast milk, formula, or teething gel to your finger prior to your stretches. My recommendation is that stretches be done 4x/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.

The Upper Lip is the easier of the two sites to stretch. If you must stretch both sites, I 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. 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 – height, width, and depth – to minimize reattachment:

1. **HEIGHT:** 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 once more. The goal is to completely unfold the diamond-shaped wound so that it's almost flat in orientation (remember, the fold of the diamond across the middle is the first place it will reattach).
2. **WIDTH:** 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
3. **DEPTH:** Once that is done, turn your finger sideways and use a rolling 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 gumline 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.

You should notice an improvement in latching to the breast or sucking on the bottle. The feeding should become more efficient and less frequent. However, there is also the possibility that for a day or two your baby may be more resistant to nursing as the frenectomy procedure may cause a temporary rejection of nursing. **This is temporary!** Both you and your child should regain more energy and alertness due to better intake of food and calories and more rest with less struggling. Your breasts should feel better and discomfort should be less. You are also advised to monitor the increased efficiency and help your baby pace his/her nursing. If you were using nipple shields to help with nursing, you will want to try to stop using these (if possible) to allow more skin-to-skin contact and reduce the chance of nipple confusion. It is essential that you follow-up with your lactation consultant after the procedure to ensure optimal results.

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. If you think an infection exists, give our office a call. **Call our office for any of the following occurs:**

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

If you have any questions, please call the office at 781-431-9999 during regular office hours or send a text message and/or photo to my cell phone at 617-272-5613. Please remember to leave your name and a return phone number for me to get back to you.

It has been my privilege to be part of your baby's care.

Respectfully,

Heidi Aaronson, DMD