

Po Dentistry LLC

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Lip and Tongue Release Informed Consent

Post Op Instructions

Following the procedure, the baby maybe fussy and may not nurse much at first. Breastfeeding will have to be restrained so maybe difficult at first. Some swelling and/or a fever may occur during the first 24 hours but then should go down. Children's Tylenol can be given to help with this. Some coconut oil maybe applied on the wound area 2-4 times a day. Keeping the lip and tongue mobile is important during the healing time. When nursing, make sure to flange the upper lip up and over the breast to stretch the area and lift the tongue with your fingers to keep the tongue mobile. Doing this at least three (3) times a day is sufficient. A way to help retrain the nursing can be to use a bottle nipple, which is more rigid than the breast. Pushing the bottle deeper in the baby's mouth and flanging the lips over will force the tongue forward and create a proper sucking habit. A white patch around the lasered area is normal and this is the clotting material in the mouth. Keep the area stretched and mobile until all the white is replaced by pink tissue.

Risks of Procedure

While the majority of patients have an uneventful procedure and recovery, a few cases may be associated with complications. There are some risks/complications, which can include:

- Bleeding
- Infection
- Pain
- Damage to sublingual gland, which sits below the tongue
- Injury to the teeth, lip, gums or tongue
- Burns from the equipment
- The frenum can heal back and require further surgery
- Swelling and inflammation, especially the upper lip
- Scarring is rare but possible
- Eye damage if baby or parent looks directly into the laser beam. Eye protection is available for use.

Parental Consent

I acknowledge that the doctor has explained my child's condition and the proposed procedure. I understand the risk of the procedure, including the risks that are specific to my child and the likely outcomes. I was able to ask questions and raise concerns with the doctor about my child's condition, the procedure and its risks, and treatment options. I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my child's condition worse. On the basis of the above statements, I request that my child has the procedure.

Name of Patient: _____

Date: _____

Signature of Parent/ Substitute decision maker: _____

Witness: _____

Doctor: _____



Po Dentistry

Frenectomy Post-Operative Instructions

1. It is **normal for swelling** to occur in the lasered areas. This will usually resolve after about a day and a half.
2. The baby **can be fussy** the afternoon and evening following the procedure and may not nurse as much. This is **normal and will subside**.
3. If the lip is bumped the area may bleed again. Just apply pressure to the area to stop the bleeding.
4. **Stretching Information: Very Important, can determine the success of Surgery**
 - a. Place the baby's head in your lap to aid in proper direction and force.
 - b. The stretching process should not take more than **15-20 seconds**.
 - c. **For the lip:** lift the lip up to full extension GENTLY with mild to moderate force and roll your finger across the wound gently 1-2x.
 - d. **For the tongue:** lift the tongue up from the sides to the full extension GENTLY with mild to moderate force and roll your finger across the wound gently 1-2x.
5. Apply coconut oil with washed fingers to the lasered sites when you do the exercises at every feeding for the first 4 weeks (see below). It is okay if you forget to apply.
 - a. Do 1 stretch on the evening of surgery, then SKIP ahead to the NEXT morning (this is the ONLY time you ever should skip the overnight stretches).
 - b. Do the lip and tongue stretches for at least 6x/day (or at every feeding or diaper change) for the first 3 weeks. Recommendation: You can do all 5 of the stretches during waking hours and then only ONE stretching session overnight. Do NOT go over more than 6 hours between stretches.

The 4th week's stretching schedule:

Day 1 (4 th wk)	Day 2 (4 th wk)	Day 3 (4 th wk)	Day 4 (4 th wk)	Day 5 (4 th wk)	Day 6 (4 th wk)	Day 7 (4 th wk)
6x/day	5x/day	4x/day	3x/day	2x/day	1x/day	Done! 😊

6. When nursing, get as much of the nipple/areola/breast in the baby's mouth as possible. This will help the baby use suction by creating a vacuum rather than pinching.
7. Compress the breast a little when the baby gets the latch right. This will help the milk flow and lets the baby know that this is a better and easier way to nurse.

8. When nursing hold the baby at a 45-degree angle and watch below the chin. You can confirm the suckling and swallowing. The lower lip should be next to the breast, and the nose is free to breath. YouTube is a good source for visual examples of a proper latch.

9. **Review** Google Dr. Kotlow stretching video

Please review this blog for more information and videos: <http://drghaheri.squarespace.com/aftercare>.

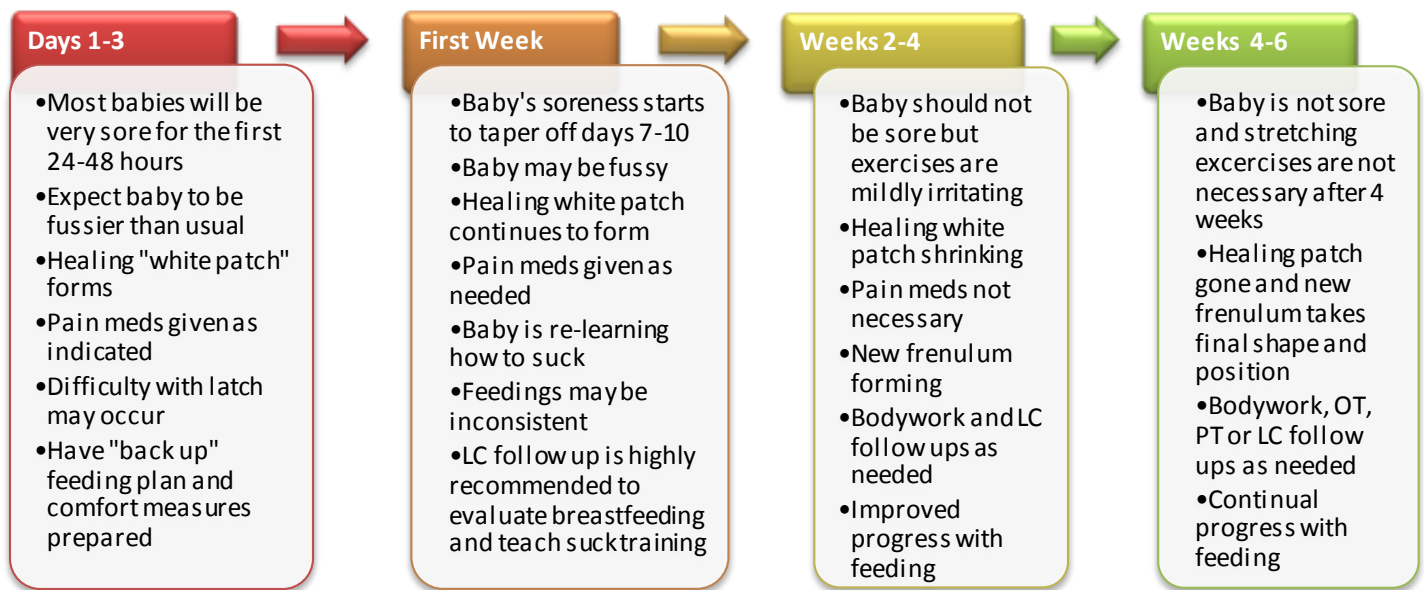
Home Care Information for Post-Op Frenectomy (Newborn to 1 year)

Emergency Contact: 717-884-9862, Dr. Baird

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 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 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. mL
- **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.





Over 6 months

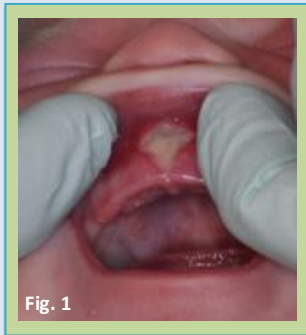
- **Children's Ibuprofen/Advil/Motrin**
Infant's drops (50 mg/1.25 mL) or children's concentration (100 mg/5 mL)
- *If infant is older than 2 months and Tylenol is ineffective, get consent from pediatrician for ibuprofen use.*
- Dose based on weight every 6-8 hours as needed for pain mL

Soothing Gels/Oils

- Helps to lubricate sites and offer localized relief
- Best if kept chilled
- Safe for any age
- Simply apply small dab to treated areas 4-6 times a day
- Recommended Options: **Hyland's Teething Gel, Orajel Naturals, Organic Coconut Oil, Camilia Teething Drops**

Stretching Exercises:

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The purpose of the stretching exercises is to ensure that a new frenulum heals with increased flexibility. We highly encourage you to approach these exercises in a positive manner. Your technique AND positive demeanor are EQUALLY important.

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Please do one round of exercises before bed on the day of the procedure. On the following day, you may start the stretching protocols listed below. Consistency is key. Do NOT exceed more than 6 hours in between stretches.




Lip Stretch

1. With clean hands, grasp the upper lip and lift up and back towards the nose.
2. Hold this position for no more than **3 seconds**. (see Fig. 1)
3. Then use the pad of your index finger to massage **along the gum ridge** as if you were brushing imaginary teeth. Be gentle and make sure you rub **high into the fold under the lip**. Rub about **5 times** side to side and up and down. This step should take no more than **5 seconds**. (See Fig. 3 for right picture)



drmikelneman.com

Stretching Protocols:
Stretch and massage each area **6 times** a day for **3 weeks**

Starting 4th week, gradually taper off by removing 1 stretch per day

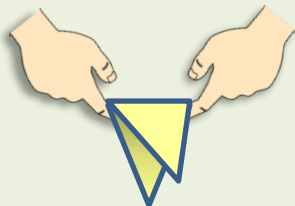


Tongue Stretch

1. With clean hands, place both index finger tips at the left and right corners of the diamond.
2. Allow fingers to **sink down** into the floor of mouth (the “squishy” area) and engage closer together. (see Fig. 2)
3. It is helpful to use the other remaining finger(s) to push down on chin to help keep mouth open.
4. Use both index fingers to lift the tongue up and down for **5 repetitions**. Your fingers will do an upside down “come here” motion. When done correctly, tongue should lift and diamond will unfold.
5. **Gently** massage *into* the diamond up and down and side to side about **5 times** each way using moderate pressure. (See Fig. 3)

Please take note of the “white diamond patches”. The released area will form a wet scab after the first day. It will appear white and soft because it is wet. This is nature’s “band aid”. It is not always white, and in some cases it can be yellow, bright yellow, green, or grey. The diamond will usually peak in size by day 7 and then shrink from day 7 to 21. **Make sure you are gently rubbing into this scab because the healing is occurring underneath it.** After one week, the white area will get smaller each day, but **HEALING IS STILL HAPPENING!** So even though the scab will heal you **MUST** continue the stretching or the new frenulum will not be as long as possible and the surgery will need to be repeated.

Fig 3. Summary of Stretching and Massaging Technique



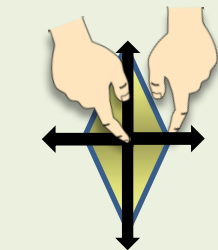
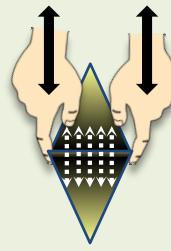
Start: Tongue or lip at rest and halves are resting on top of each other. This is the “closed” position. Fingers placed at corners behind diamond.



Lift and unfold opposing halves to create the “open” position. Hold “open” position for a couple seconds



Lift tongue up and down 5 times. You should see and feel slight tension being generated in the middle of the diamond.



Use gentle pressure to massage up/down and side to side about 5 times into the diamond.

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) 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 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.



- 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 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



Understand that feeding problems are quite common and that you are not alone. Please reach out for emotional support from others who can understand.

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 the office at 717-569-7319.

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 (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.

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 body-worker such as a 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 counter clockwise. 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.

Additional Therapies

Body Work

Body work is the general term used to describe therapies that may help relieve and normalize structural issues in the body. Some babies may need more body work than others. Babies who receive some form of bodywork seem to heal and rehabilitate better. For more info or to find a provider please go to [www. ankyloglossiabodyworkers.com](http://www.ankyloglossiabodyworkers.com). Some types of therapies are listed below:

Tummy Time

This is a simple at-home therapy you can perform a few times a day for 5-20 minutes. This may help your infant gain strength in the neck muscles that support proper sucking.

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.

Myofascial Release Therapy

Myofascial Release Therapy is a safe and very effective hands-on technique that involves applying gentle sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion. Myofascial Release Therapy is usually performed by a physical therapist or massage therapist.

Oral Motor and Sensory 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.

OT/PT – (Occupational or Physical Therapist) May help with feeding difficulties in infants and children.

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.