Great Beginnings Pediatric Dentistry
Gentle Care for Growing Smiles

Frenotomies, Tongue & Lip Ties

Making breastfeeding a positive and rewarding experience for mothers and babies is an increasing focus for healthcare providers in a range of fields. And now more than ever, Great Beginnings Pediatric Dentistry can play an important role in this key part of your child's health.

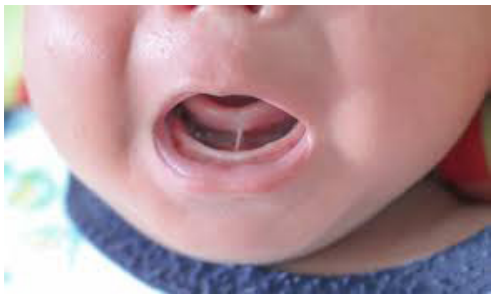
Our office is proud to have been the first pediatric dental office in the North Country to perform tongue and lip-tie releases with the use of a laser. Treating tongue and lip ties with a procedure called a frenotomy was once reserved for medical doctors in a hospital setting under general anesthesia. But now, thanks to Solea laser, this procedure is safer and faster than ever before, and can be performed in our office in a matter of minutes.

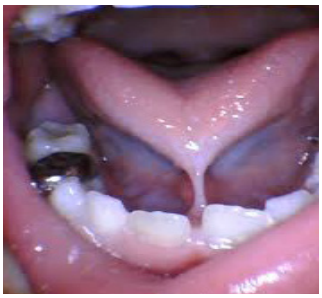
During the consultation appointment, we do a full examination and determine the patient's individual needs before giving the option of treatment. If treatment is recommended, we can perform the procedure the same day in many cases, especially because many of our patients drive from several hours away.

Because Dr. Ybarra has been extensively trained, she has the skill and experience needed to correctly diagnose and perform infant frenotomies on a regular basis, helping moms and babies bond through breastfeeding. We would be honored to care for your child and help you through understanding more about this condition.

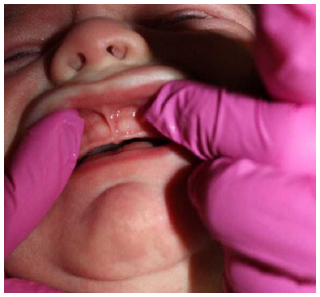
What are tongue and lips-ties?

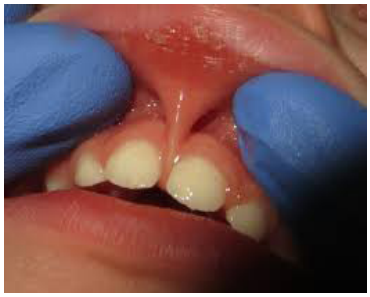
Before we are born, a strong cord of tissue that guides the development of mouth structures is positioned in the center of the mouth. It is called a frenum. As we develop in the womb, this frenum is supposed to recede and thin by birth, but in about 4-10% of children, this doesn't occur for the tongue and/or lip. This leaves the tongue and/or lip connected.





Tongue-tie (or ankyloglossia) is a condition that limits the use of the tongue.





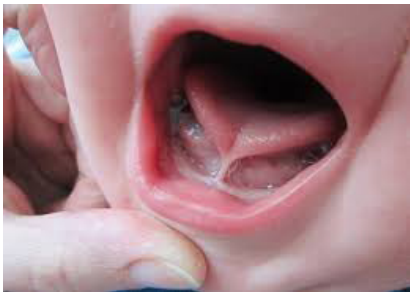
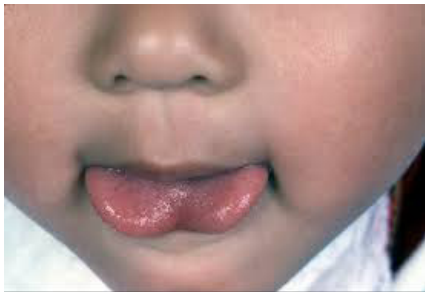
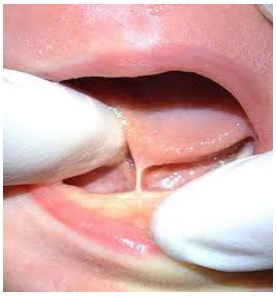
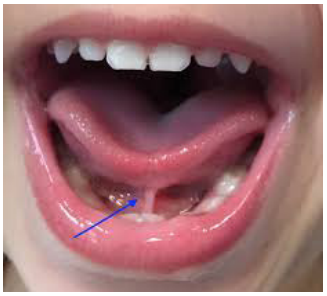
Lip-tie is a condition where the upper lip cannot be curled or moved normally.

The lingual (tongue) or labial (lip) frenum is visible and easily felt if you look in the mirror under your tongue and lip. Everyone has a frenum, but in some people, the frenum is especially tight or fails to recede and may cause tongue/lip mobility problems.

The tongue and lip are a very complex group of muscles and are important for all oral functions. For this reason, having a short tongue or lip frenum can lead to nursing, feeding, dental, or speech problems, which may be serious in some individuals. Problems can persist into adulthood with migraines, neck pain, shoulder pain, and speech problems.

TONGUE-TIE – WHAT DOES IT REALLY MEAN?

Ankyloglossia, or tongue-tie, is the restriction of tongue movement as a result of fusion or adherence of the tongue to the floor of the mouth. A tongue-tie is therefore caused by a frenum that is abnormally short or attached too close to the tip of the tongue.

Normal tongue function is important for multiple reasons. Among the many benefits, normal tongue function will allow a baby to latch adequately and breastfeed efficiently, promote normal speech development, make it possible for a child to self-cleanse the mouth during eating, allow adequate swallowing patterns, allow for proper growth and development, and it makes fun little things like eating ice cream, kissing or sticking your tongue out to catch snowflakes possible.

DOES MY INFANT HAVE A LIP OR TONGUE-TIE?

Does Your Baby Experience Any of These Symptoms?

- Baby seems unsatisfied despite long feeding and adequate milk supply
- No latch or poor latch
- Prolonged feeding
- Frequent feeding
- Baby falls asleep on the breast
- Colic and/or reflux symptoms
- Gums or bites the nipple rather than sucking
- Poor weight gain
- Inability to hold the pacifier

Do You Experience Any of These Symptoms?

- Creased or discolored nipples after feeding
- Flattened nipples after feeding
- Cracked, bruised, blistered or bleeding nipples
- Painful latch
- Incomplete drainage

- Infected nipples
- Plugged ducts
- Mastitis and nipple thrush

If you notice any of these symptoms, it's important to have your child evaluated for tongue or lip-tie. The sooner the tongue is released the better the child is able to adapt to the new mobility of the tongue. A 1-week old baby will do better than a 3-week or a 12-week old baby. A 4-year-old with speech issues will do better than a 7-year-old, etc.

WHEN DOES TONGUE AND LIP-TIE NEED TREATMENT?

In Infants

A new baby with a too tight tongue and/or lip frenum can have trouble sucking and may have poor weight gain. If they cannot make a good seal on the nipple, they may swallow air causing gas, colic, and reflux or spitting up. You may hear clicking noises when the baby is taking the breast or a bottle. It can also cause thrush, mastitis, nipple blanching, bleeding, or cracking in the mother and inability to hold a pacifier. The mother often reports it's a "full time job" just to feed their baby because they are constantly hungry, not getting enough milk, and spitting up what they do get.

Although it is often overlooked or dismissed by other medical professionals, a tongue and lip-tie can very often be an underlying cause of feeding problems that not only affect a child's weight gain, but lead many mothers to abandon breastfeeding altogether. Very often, after releasing the tongue and/or lip, mothers report immediate relief of pain and a deeper latch. The symptoms of reflux and colic almost disappear, and weight gain occurs rapidly. The sooner the tongue-tie is addressed the better the child will learn to use his or her tongue correctly.

In Toddlers and Older Children

Speech
By the age of three, speech problems can become evident, especially articulation of the sounds - L, R, T, D, N, TH, SH, and Z may be noticeable. An evaluation may be needed if more than half of a four-year-old child's speech is not understood outside of the family circle. The child with a tongue-tie may have a lisp or have difficulty speaking when tired. It can also lead to sleep apnea, mouth breathing, other airway issues and cause difficulty chewing and swallowing food.

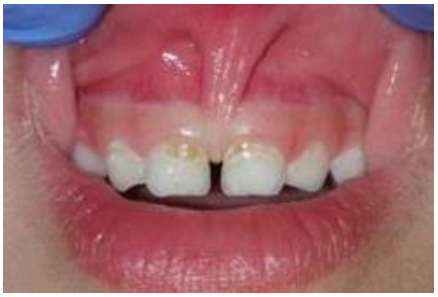
Feeding
Children that are tongue-tied often eat slowly (are the last one to finish a meal) and eat very picky, especially with textures. Often, they have trouble with nursing as a baby or taking a bottle and the problems persist into childhood and even adulthood. When transitioning to solids they may choke, gag, or spit food out. They may refuse to wean because they don't "like" or tolerate solid food. They can have difficulty swallowing, so they can get distracted while eating

further prolonging meal times and leading to grazing on food throughout the day. The textures that are often difficult are purees, mashed potatoes, meats, and other soft mushy foods, but sometimes chewy foods or hard foods can be difficult as well. Not every feeding problem is a result of a tongue-tie, but there are many that are, and it is likely the most common reason for feeding issues that is easily overlooked.

Dental

For older children with a lip-tie, it is common to have a gap between the two front teeth. This often closes if the frenum is removed (typically done before 18mo old, or later around age 8 when the permanent teeth erupt). The tongue-tie can also pull against the gums on the back of the teeth and cause recession. The tight lip-tie may trap food and make it difficult to brush off plaque from the front teeth, leading to cavities.

In Young Adults



For older children with a lip-tie, it is common to have a gap between the two front teeth. This often closes if the frenum is removed and the permanent canines erupt. Sometimes orthodontic treatment is needed for a full closure if the gap is too large. A tight lip-tie may trap food and make it difficult to brush off plaque from the front teeth, leading to cavities.

The tongue-tie can pull against the gums on the back of the teeth and cause recession, which can lead to gingival problems and loss of bone support for the teeth.

WHY HAVE THE TONGUE-TIE AND/OR LIP-TIES RELEASED FOR MY BABY?

- To help make breastfeeding more successful
- To help relieve the pain of breastfeeding and regain healthy nipples and breasts
- To stimulate milk production by adequate stimulation
- To help achieve satisfactory bonding between a mother and her baby
- To ensure adequate feeding and growth of the baby
- To avoid serious long term issues with palatal development, tooth spacing, dental caries, speech impairments, social stigma

WHAT IS A FRENOTOMY?

A frenotomy is a surgical procedure used to correct shor labial and lingual frenums and restore normal function. Approximately 5% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

LASER FRENOTOMY — HOW DOES IT WORK?

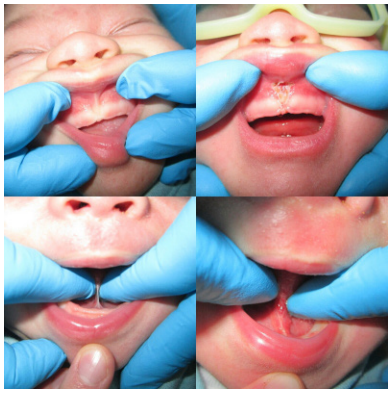
We use Solea lasers in all our frenotomy procedures. Solea laser is a soft-tissue laser that works by "vaporizing" the tissues, instead of cutting them. There is very little discomfort with the laser. Some babies and children sleep through the procedure. There is almost no bleeding from

the laser procedure. Lasers sterilize at touch therefore have less risk of infection. The healing is very quick – a laser stimulates bio-regeneration and healing. The result is beautiful tissue, less chance of relapse.

The benefits of using a laser (compared to a surgical frenotomy) are:

- Minimal to no bleeding allowing better visibility for the doctor
- Enhanced precision due to better visibility
- Complete removal of desired tissue
- Minimally invasive
- Short treatment time (1-2 Minutes)
- Less trauma to underlying tissue layers
- Rapid healing and recovery

Tongue-tie and Lip-tie Procedure



The removal of lip or tongue ties was previously only performed surgically. With the latest developments in laser dentistry, frenotomies can now be safely performed in office, with minimal or no discomfort, and with no need of general anesthesia or deep sedation.

Tongue-tie and lip-tie release is a simple procedure and there are virtually no complications when using the Solea laser with good technique. The procedure may be performed as early as a couple of days after birth and can be performed into adulthood. Typically, once a problem with a tongue-tie or lip-tie has been discovered, the sooner it is addressed the better the procedure will work, and the fewer issues the child will have.

Babies tolerate the procedure very well, and we try to ensure that discomfort is minimized. The revision can be performed in our office with some numbing jelly. Dr. Laura uses the highest quality, state-of-the-art laser technology to perform the release.

Older children who understand the procedure receive some numbing medicine and laughing gas and usually report no pain at all during the procedure. Younger children and babies usually cry more due to us working in their mouth than the pain.

For safety reasons, we are not allowed to have the parent in the treatent room while using the laser. We will carry your baby to and from the treatment room. Parents are encouraged to wait in the waiting room during the procedure. Your baby will be away from you for just about five minutes, of which the actual laser treatment takes two minute or less. The laser gently removes the tight tissue with virtually no bleeding and no stitches.

Crying and fussing are common during and after the procedure. You can soothe your baby in any manner that works, including breastfeeding or bottle feeding in our office. We won't rush you out–you can stay until both you and your baby have recovered and feel comfortable leaving.

Laser surgery is essentially risk free. The procedure does not involve medications, so there is no risk of an allergic reaction; no other complications have been identified at this time.

HOW TO PREPARE FOR THE PROCEDURE

The use of Infant's Tylenol Oral Suspension 2 hours prior to the procedure can help to minimize discomfort. Dosage: Using the dropper in the manufacturers packaging:

- 6–11 pounds: 1.25 mL every 4 hours as needed
- 12–17 pounds: 2.5 mL every 4 hours as needed
- 18–23 pounds: 3.75 mL every 4 hours as needed
- 24–35 pounds: 5 mL every 4 hours as needed

DO NOT GIVE MORE THAN 5 DOSES OF TYLENOL IN 24 HOURS.
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, 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

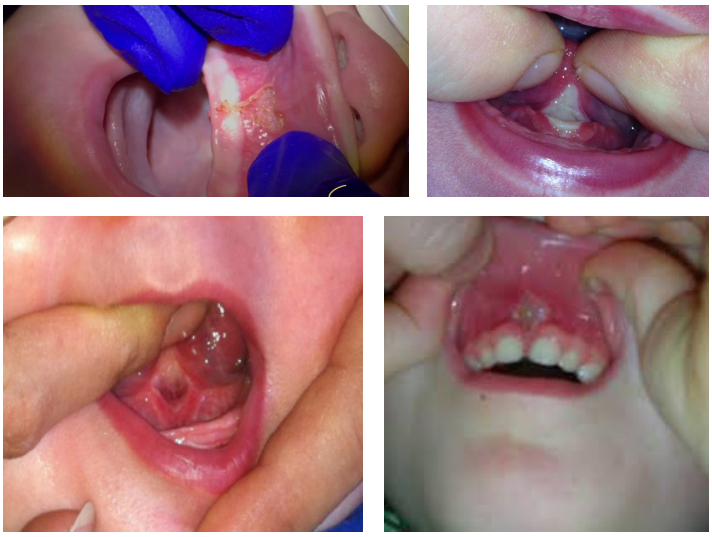
In general, the procedure is tolerated well by children. We take every measure to ensure that pain and stress during the procedure is minimized.

1. Infant and parent/s will be guided into the treatment room by an assistant.
2. Assistant will explain the procedure in detail to you and go over any questions you may have.
3. Dr. Laura will come into the room and evaluate your child, discuss your concerns and encourage you to look at the finding inside your baby's mouth with her. For this you will be asked to stand next to Dr. Laura by your baby's head and she will guide you through the findings.
4. Dr. Laura will explain to you why the procedure may be indicated or not at this time. You can also ask Dr. Laura any questions and bring up any additional concerns.
5. Intraoral photographs may be taken at that time if the baby is cooperative enough and parents are comfortable with this. Photographs can also be taken right before the procedure is performed. Photographs are taken for either insurance reasons OR for our records.
6. Dr. Laura will leave the room and let you decide whether you want to proceed with the treatment on that day or reschedule.
7. Your child will be placed in a stabilization device. These will depend on the child's size and can range from a soft swaddle to a papoose board. Please, rest assured that your child will be completely safe during this part of the procedure.
8. Two assistants will be present in the room, in addition to the doctor.
9. Your child will be fitted with special laser glasses to protect his/her eyes. This is a great opportunity for you to snap a quick picture of your baby (with our permission, please).
10. WE may give your child some all-natural sucrose solution (NICU grade quality). Administration of oral sucrose is the most frequently studied non-pharmacological intervention for procedural pain relief in infants.
11. Once we are ready to proceed, parents will be asked to LEAVE the treatment room and WAIT IN THE WAITING ROOM.
12. The procedure usually takes between 5 and 10 minutes.
13. Once the procedure is completed, we will bring you back immediately to reunite with your child.

14. Very mild bleeding is a possibility. This should stop within minutes.
15. You will be allowed to breastfeed if you wish. Please, remember that improvement may not be immediate, and may take from a few days to a couple of weeks.
16. Post op instructions will be given to you, both verbally and written.
17. Once you feel comfortable, you can check out. We would like to see the baby after a week or so to make sure that the healing process is going as planned.

AFTER THE PROCEDURE

The primary concern after the procedure is that the healing site will reattach due to the rapid healing capability of the mouth. This could cause a new limitation in mobility, and the return of symptoms. Therefore, it is recommended that you perform post-op stretching exercises for your baby.Post-op exercises and instructions will be provided after your baby's procedure.



The body's natural way to make a band-aid.

Follow-Up Care

There is a follow up appointment that is scheduled for you and your baby two weeks after the procedure to monitor healing. Dr. Laura implements a team approach, and highly recommends that patients also be followed up by a lactation consultant both before and after the procedure, to increase breastfeeding success.

If you have any questions, please contact us at (316) 681-6818.

Thank you for trusting us with the care of your infant!

—Dr. Laura and the Team

at Great Beginnings Pediatric Dentistry