

## POST REVISION INSTRUCTIONS AND FAQ

**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 a Lactation Consultant 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:

Immediately following the procedure, you may notice a diamond appearance in the area that was revised. Sometimes this diamond is under the tongue and can only be seen when you reflect the tongue up or your little one cries. The border of this area may have a slight white appearance to it, which is completely normal. The inside of the diamond may appear pink or slightly red. Bleeding from the site is extremely rare BUT may occur during stretching or massage exercises which will be touched on later.

#### Days 1-3

Most babies will be very sore for the first 24-48 hours.

Expect baby to be fussier than usual.

Healing "white patch" forms.

Pain meds given as indicated.

Difficulty with latch may occur.

Have "back up" feeding plan and comfort measures prepare.

#### First Week

Baby's soreness starts to taper off days 7-10.

Baby may be fussy.

Healing white patch continues to form.

Pain meds given as needed.

Baby is re-learning how to suck.

Feedings may be inconsistent.

LC follow up is highly recommended to evaluate breast-feeding and teach suck training.

#### Weeks 2-4

Baby should not be sore but exercises are mildly irritating. Healing white patch shrinking.

Pain meds not necessary.

New frenulum forming.

Bodywork and LC follow ups as needed.

Improved progress with feeding.

#### Weeks 4-6

Baby is not sore. Stretching exercises are not necessary after four weeks.

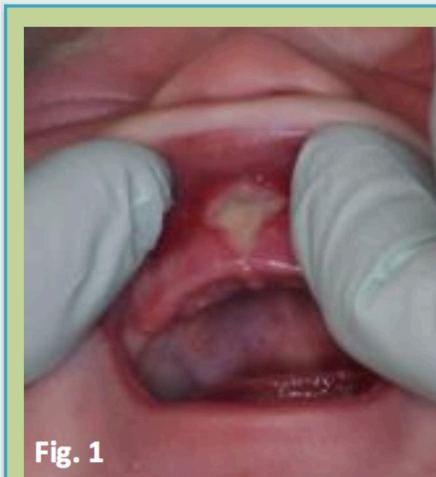
Healing patch gone and new frenulum takes final shape and position.

Bodywork, OT, PT or LC follow ups as needed.

Continual progress with feeding.

## Discomfort Management Recommendations:

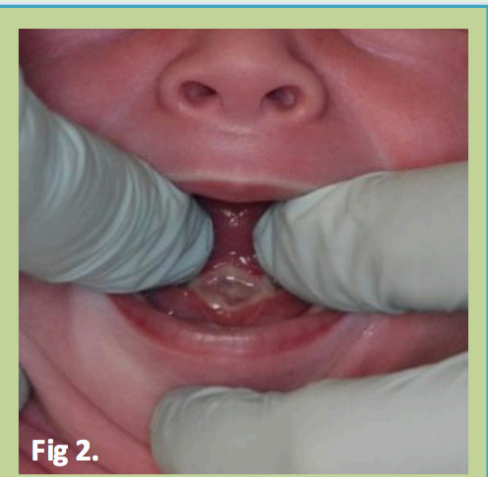
The day of the revision and the following day or so after the revision you may notice your infant is somewhat fussy or irritable. We strongly advise the use of Tylenol (for dosage and frequency, please refer to dosing chart on medication box). DO NOT use Motrin or Ibuprofen in any infant under 6 months of age. DO NOT GIVE ASPIRIN TO YOUR CHILD. Other methods to soothe the child can include: skin to skin contact, more frequent nursing, and a warm bath and rocking the child. If possible, try to freeze a bag of breastmilk and lay flat in the freezer. You can break pieces of the frozen breastmilk off to help soothe the revision site and help when doing the stretches. Aspirin should NEVER be given to infants. Teething gels with benzocaine (typically by Orajel) are NOT advised in infants due to health risks, also the medicine would cause a burning sensation to the revised area.



### STRETCHING PROTOCOLS:

Stretch and massage each area, six times a day for three weeks.

Starting fourth week, gradually taper off by removing one stretch per day



## Stretching Exercises:

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. 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 six hours in between stretches.

### Lip Stretch:

THE UPPER LIP is the easier of the two sites to stretch. If you must stretch both sites, we 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.

1. With clean hands, grasp the upper lip and lift up and back towards the nose.
2. Hold this position for no more than three seconds.
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 five times side to side and up and down. This step should take no more than five seconds.

## 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.
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 five 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 five times each way using moderate pressure. Breast milk or formula on the finger can help keep the infant calmer and help lubricate the stretching motion. Our office will also provide you with an all-natural, organic preparation of Vitamin E to apply to the wound area to keep it moisturized. It's important to remember NOT to start using the Vitamin E until 48 hours AFTER the procedure, since this preparation will accelerate the healing procedure.
6. Repeat this and then proceed to nurse or calm your child back down as needed.

## Why Do I Need to Do These Stretches?

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 open with exercises).
2. If you have two raw surfaces in the mouth in close proximity, they will re-attach.

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. If your baby is inconsolable, stop the exercise and renew it after a gap of 30 minutes or so. Getting an affordable LED light (like a camping headlight) allows you to visualize the placement of your finger.

The main risk of a frenectomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. The exercises are best done with the baby laying down with the feet going away from you.

## The “White Diamond Patch”

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.

## 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.

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 gum line 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.

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.

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## HELPFUL TIPS

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### 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 counterclockwise. 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.

### How Long Will It Take to Heal?

Most wounds will typically heal on the surface in 10 to 14 days. Depending on the size of the wound, which is determined by the initial presentation of the frenulum, it may take 2-3 weeks to heal. The wound will continue to heal underneath the mucosa over the course of the following weeks.

### What is NOT Normal During Healing?

If pain, bleeding or increased fussiness that is not controlled by Tylenol or "skin to skin" contact, try to back off pressure used or frequency and duration of stretching.

## When Should Symptoms Resolve for Myself and My Infant?

Younger children seem to adjust quicker and do not have to “re-learn” as much compared to an older infant (4+ Months old) who may have become accustomed to the restricted tongue movement. It is highly recommended you have your lactation consultant help with re-learning and possible repositioning to help with breastfeeding.

Improvement is rarely an instant phenomenon, it will take time for your child to learn how to manipulate the tongue and coordinate sucking. It may take 3 weeks to fully get adjusted. If sucking is still fairly uncoordinated and problematic after 3 weeks, you should be in touch with your lactation consultant to find exercises to use to work on getting into a better routine and always feel free to contact our office again.

### Call our office for any of the following:

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

## 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.

## Can My Infant Continue to Use a Pacifier?

Yes, we have no reservations with the use of a pacifier after the procedure. The use of a finger is ideal as well and will provide feedback to you as a parent as to how the tongue is moving, contact it is able to keep with the finger and motion the tongue is making as the infant sucks on the finger. You can do post-procedural suck training with your bare clean finger or the pacifier and stimulate the roof of the mouth and gently pull and tug on the pacifier. As the pacifier starts to come out of the mouth, the infant should suck more vigorously and allow them to suck the pacifier back into the mouth.

Prolonged use of the pacifier is not advised though. The use of a pacifier utilizes more facial muscles and can exert an increased inward force towards the jaws, while the tongue will not exert an equal force outward. Prolonged use through the day and excessive sucking force can be summative and cause the upper and lower jaw to narrow. The goal of the tongue is to rest on the roof of the mouth or palate and help widen and flatten the palate.

## Who Should I See After the Procedure?

You should absolutely revisit the lactation consultant you are most comfortable with anywhere from day 2 to day 5, depending on the age of the child and how critical the nursing challenges have been leading up to the revision. Newborns, under 2-3 weeks of age, should unsure that the baby is producing enough wet diapers.

Some infants will benefit from adjunctive therapy to help strengthen the help better coordinate the tongues movement. The post revision period can take some time to perfect.

## Why Is My Infant Drooling More After the Procedure?

Saliva has favorable properties with healing and drooling or excess saliva may be considered normal after a revision. The baby may also swallow less often in the days following the procedure compared to before the revision. With a new range of tongue motion and relearning that needs to occur to more fully control and coordinate the tongue, swallowing may occur less.

## Why Is My Infant Spitting Up More After the Procedure, When This Rarely Occurred Before?

Following the procedure milk intake from the mother may increase from prior intake levels. The infant may only be able to eat and retain a certain amount of milk in their stomach. When excessive amounts of milk are consumed, the baby may spit up extra milk.

Excessive spit up may also be a result of excessive air intake while nursing. With the new range of motion of the tongue and re-coordination that needs to occur to better control the suck-swallow and breathe cycle, some air may be ingested. When the infant is burped, the ingested air may push milk out and result in more frequent spit up.

## What Is Reattachment of the Tongue Tie?

Without proper management of the wound site with stretches, the healing will occur more rapidly and constrict or tighten the area under the tongue or lip that was already released. Some scar formation and healing must occur, but the goal is to limit the density and thickness

of a collagen that is formed and allow for it to be smoother and flatter once fully healed. Stretches are extremely important in the entire process of a tongue and lip revision and need to be done properly and with the recommended frequency, or the end result may not be ideal. If following a revision, you have improved nursing and a few weeks or months later notice a change in the baby's behavior or your symptoms returning you may need to have the revision site reassessed. If this issue is going to occur, the highest frequency of patients was those that were treated at a very young age (under 2 weeks of age) but can happen to other babies and children who were treated later.

If you have any questions, please contact us at **(315) 681-6818**.  
Thank you for trusting us with the care of your infant!

*—Dr. Laura and the Team  
at Great Beginnings Pediatric Dentistry*

### **Resources:**

Additional Therapies (copy Dr. Newman's Handout graphics)

Oral Motor and Sensory Therapy (copy Dr. Newman's handout graphic)

Videos to watch on You Tube:

1. Post-Frenotomy Care Ideas - Luna Lactation and Wellness by MelissaCole
2. Care after lingual and maxillary lip ties have been revised for breast feeding infants by Dr. Lawrence Kotlow