



Laser Frenectomy Information

About Our Office

Dr. Shawn Hanway is a Board Certified Pediatric Dentist and Diplomate in the American Academy of Pediatric Dentistry, which is a respected qualifying status earned by fewer than three percent of all dentists. She has several courses and certifications from the American Board of Laser Dentistry for knowledge and safety of using lasers.

In regards to frenulum evaluations, as a Pediatric Dentist, Dr. Shawn is comfortable and experienced in working in small mouths and has all the necessary equipment to perform a proper evaluation, including proper lighting, magnification and proper positioning. Our office is equipped with a soft tissue laser, which maximizes precision while minimizing bleeding, inflammation, and post-operative discomfort.

Most importantly: parents should understand our decision to release a lip or tongue tie is a team decision made by working with orthodontists, speech therapists, occupational therapists, bodyworkers, and/or feeding therapists who have found a functional impact to justify treatment.

What is a Frenectomy?

Frena are small folds (also called "bands") of tissue located in the mouth: under the tongue, inside the upper lip, inside the lower lip and connecting the cheeks to the gums. If the lingual (tongue) or labial (upper lip) frenulum is too tight, they can cause restrictions in movement that affect breastfeeding, eating, speaking, and swallowing. Occasionally the anatomical restriction of a frenulum contributes to problems like tooth decay, excessive dental spacing or gum recession. When it affects the lingual frenulum, this condition is often called a tongue tie (or ankyloglossia). A frenectomy is a simple surgical procedure to release these bands. A surgeon (OMS, ENT, pediatric dentist) typically performs a frenectomy to increase the range of motion of the tongue (removing the lingual frenum) or to close a gap in a patient's upper front teeth (removing the labial frenum). Frenectomies can be performed via scalpel, electrosurgery or laser surgery.

Pre-operative

1. Visit your speech/occupational therapist or orthodontist to be evaluated with a functional assessment. Your therapist/orthodontist will send this report to Dr. Shawn and then you can schedule the consult and frenectomy.
2. Depending on your child's pain tolerance, you may consider giving Motrin (ibuprofen) 1 hr before the appointment to help with intra-operative discomfort. Local anesthesia is used during the procedure and the laser itself has some analgesic properties afterwards, so not every child needs a medication beforehand.

3. Practice the post-op exercises ahead of time (flipping the lip to nose, lifting tongue and moving side to side) so your child is ready for what it should look like.

What to Expect?

In general, the procedure is very well-tolerated by children. We take every measure to ensure that pain and stress during the procedures is minimized. 1. General anesthesia is not utilized in the office. IV sedation or nitrous oxide is sometimes used on older, more active children. 2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure. We will have you wait in our Consult Room when the laser is in use and bring you back as soon as we are finished. The actual time of the laser is 30-60 seconds. 3. All children and dental staff members wear laser protective eyewear. 4. For babies under the age of 12 months, a very conservative amount of topical numbing cream is applied. 5. For children 12 months of age or older, numbing cream is applied and in some instances, an injected local anesthetic may be applied for additional anesthesia.

Risks and Complications

The following risks and complications are very unlikely to occur; however, without proper therapy, exercises and active wound management, these are a possibility:

- Pain
- Infection
- Bleeding
- Numbness
- Damage to the saliva glands
- Damage to the underlying muscle
- Aversion to feeding
- Reattachment of "bands" causing return of symptoms
- Failure to improve
- Need for repeat frenectomy

Discomfort

Discomfort usually lasts for about 12-24 hours, although sometimes it may last longer. Mild swelling of the lip will also occur if a lip release was performed. Ibuprofen (Tylenol) or Acetaminophen (Tylenol) may be given if necessary and should follow the correct manufacturer dosing instructions, every 4-6 hours. Do not use Aspirin. Topical numbing ointments containing benzocaine like Orajel/Anbesol should not be used. It will feel nice to have cool snacks such as popsicles and ice cream the first few days. Avoid spicy, acidic (citrus or tomato base), very salty, very sharp snacks (think Doritos) for the first 3 days.

Post-Procedure Care

We recommend swishing with warm salt water rinse 3x a day for 4 days to keep the area clean.

To minimize undesired healing (reattachment), the newly freed areas will need to be regularly separated & assessed (put on a head-lamp or do in place of the house where there is good lighting). We call these **stretches**. They need to occur 3-4x a day. This means before school, after school, and before bed.

These stretches are not meant to be forceful or prolonged, but rather gentle and brief. They are best done with the child looking in the mirror and copying you. A small amount of bleeding while you stretch is common after the procedure in the first few days.

The Upper Lip is the easier of the two sites to lift. If you must lift both sites, we recommend that you start with the lip. For the upper lip, simply place your finger under the lip and move it up as high as it will go (until it occludes the nares). The goal is to lift high enough to see the fold of the diamond is greatly spread.

The Tongue should be stretched by lifting it to the roof of the mouth and moving to back molars, side to side. The following "fun" stretches may be done as well to encourage tongue movements:

1. The "peanut butter trick"- place small dollops of peanut butter or marshmallow fluff on outside of mouth (on the corners of the upper lip) and have your child try to lick it off sides of their lip. You can also try this by placing peanut butter on their upper and lower teeth and try to have them lick it off.
2. The "jelly in a glass game" - place jelly in the bottom of a shot glass and have them lick it out.

Tongue Exercises are important to retrain children who often have a disorganized eating or speaking pattern. It is imperative that your child continue to work with his/her speech therapist and/or occupational therapist. We recommend that you are taught how to do tongue exercises with your child prior to the frenectomy

Expectations & Improvement

Please understand that once your child has a tongue/lip release, the improvement is rarely immediate. The release of the frenum is usually just the first step. Your child will now need some time to gain control and coordination of their newly mobile lip and/or tongue. Sometimes there is a small amount of regression in swallowing or speech for a day or two as your child's brain tries to re-learn how to use their tongue now that the restriction is gone. Not all children will learn this automatically and therapy support is essential for an ideal outcome. Our office has several great resources in the community so please do not hesitate to ask for a referral to a therapist.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus. Do not try to scratch or pick this area away. This is a completely normal inflammatory response and not infection. Just like a scab will turn white when you swim in a pool, when a wound is constantly wet it will take on this white/yellow appearance. Full healing takes 2-3 weeks. Post-operative visits are scheduled at one week. You may also send photos to office@tallahassee pediatric dentistry.com Best results are achieved with daily stretches and support from speech therapy/bodyworker.

Please let us know if you have any further questions!

Dr. Shawn and Team

850-666-5365

