Infant Frenectomy Information

Frenectomy is a fancy word for release of frenum. Frenums (frena) can present in the oral cavity as tongue or lip ties. You may have even heard of the word “ankyloglossia” which means tongue-tie. This tight string of tissue under the tongue can prevent the tongue from functioning properly. Releasing the tie can improve nursing, feeding, speech, and sleep for a child.

The most important thing to do before we evaluate whether your little one has a tongue-tie is to see an IBCLC who can perform a functional assessment they send to our office. Then we can do our structural assessment and go over with you the pros and cons of the release. We will perform a lap exam and take photos to explain with you our best recommendation for your baby which then we share back to the IBCLC and pediatrician.

Q) What instrument do you use to perform the frenectomy?

In our office, we use a carbon dioxide laser, which maximizes precision and minimizes bleeding, inflammation, and post-operative discomfort.

Q) How do you decide whether to treat a lip, tongue or buccal tie?

First, we consider recommendations from the IBCLC, bodyworker, OT, CST and feeding therapists. Second during our oral evaluation, Dr. Shawn will assess peristalsis, extension, elevation, and lateralization of lip and tongue. If we see restrictions in the range of motion lining up with the signs of symptoms of mom and baby, we will likely recommend the release.

Q) Do you have a network of IBCLCs, bodyworkers, SLP's to make sure this is a procedure my baby needs?

Yes, we can provide you with a roadmap of providers who are trained and invested in treating tethered oral tissues (TOTs) and breastfeeding infants. In order to have the best outcomes, we rely on the input of the whole team.

Q) Are parents allowed in the room?

No, we recommend parents stay in the “baby and me” room next door so the doctor and assistant can focus on making the procedure precise and swift. Also, it keeps momma from stressing which can affect her milk supply. We want her as calm as possible and ready to nurse afterwards.

Q) How do I prepare for the procedure?

Bring another adult with you, someone supportive and who can sit next to baby for drive home. Dress baby in something light because we will be swaddling them. You may give Tylenol beforehand, but it is not necessary for every baby. See post-op information at bottom for Tylenol dosing. Plan a “staycation” for next two days so you can be home with baby. Shop ahead of time for your choice of pain management so it’s already with you. Purchase gloves if you’d like for stretches (also not necessary, washing hands is sufficient but some feel better with gloves and the grip/hygiene).

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Q) Do you administer anything for pain during the procedure?

For infants 12 months and younger, we do not use any topical anesthesia with risk of swallowing too much. For children over age 1, we will use topical and local anesthesia, as needed. The release with laser happens in just a few seconds. Crying and fussing is expected and age appropriate; as soon as they are back to momma they calm down quickly and self-soothe with nursing.

Q) Will my baby be in pain afterwards?

The laser has a numbing effect so at first, it will seem baby is pretty comfortable. Discomfort usually kicks in a few hours later so we recommend to do Tylenol once you get home so it can already be on board and starting to work. You can expect a fussy first 24-48 hours. Breastfeeding, **breast milk chips** (freeze a few ounces of breastmilk in ziplock bag and lay flat to freeze in freezer...then break off tiny chips) and skin-to-skin contact provide a natural pain relief; you can also consider arnica (3-5 pellets swirled into 1-2 ou breastmilk, given with dropper when you do stretches). Keep solution cool in fridge for 5 days.

Q) Is there a place for me to feed baby after the procedure?

Yes, we have a “baby and me” room with nursing pillow that will be yours for 15-30 minutes post-operatively for you to feed and then we can check on baby one more time before you leave.

Q) When can we expect to see improvement? When should we follow up?

For some, mom can feel and sense improvement immediately. For others, it may be until week 3 that we see major progress and changes. For the best chance of success, it is imperative to follow up with your IBCLC 3-5 days post-operatively as well as any bodyworkers, as needed. Similar to an orthopedic procedure, the tongue needs to be retrained after the release for the new range of motion. We want to see baby week 1 and 2 to check on healing and catch signs of reattachment.

Q) What are possible complications?

Pain, swelling, drooling, bleeding, infection, reattachment – all of which are minimized or eliminated by 1) using a laser 2) sticking to the after-wound care/stretches and following up with therapies

Q) Why is TummyTime!™ beneficial?

Prone makes tone! TummyTime!™ is a great whole-body approach to oral function. The method uses gravity as an assistant to improve tongue function, helping to unwind baby from physiological flexion or "fetal position". The position of tummy time facilitates the tongue's greatest range of motion and MOVEMENT helps to free restriction. Helping babies to feel comfortable in tummy time allows them to spend more time maximizing their tongue function. After a diaper change or nap, place your baby on his or her stomach on the blanket for 3-5 minutes. Try doing this 2-3x a day. Sunny Services offers free TTM classes Wednesday 9:30AM

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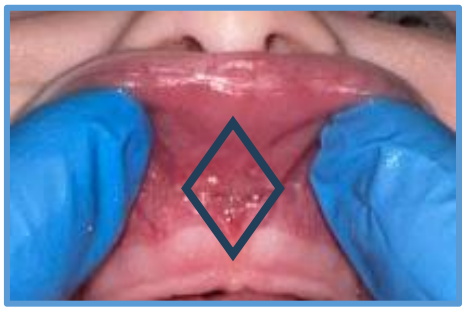
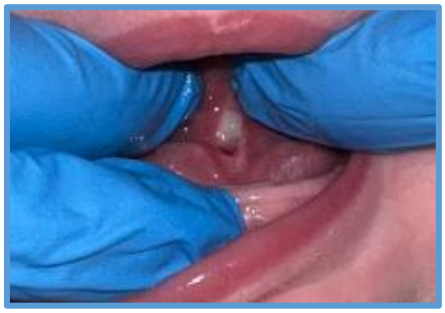
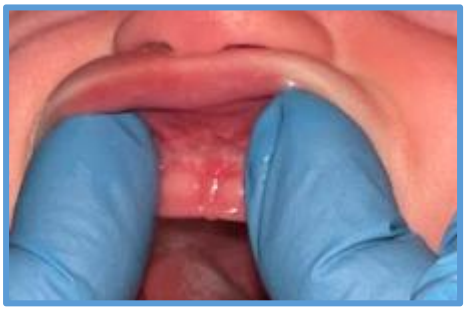
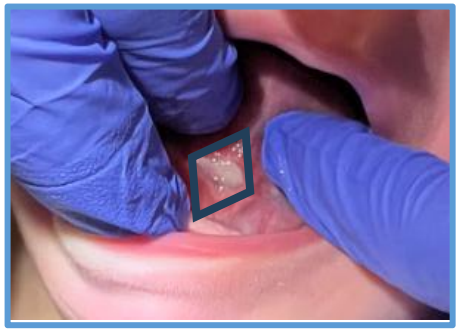
Q) How do I do the lifts/stretches and how often?

These lifts are not meant to be forceful or prolonged, but rather *gentle and brief.* They are best done with the baby laying on ground and you straddling behind their head with the feet going away from you. A small amount of bleeding is common after the procedure in the first few days. Wash your hands prior to your stretches (gloves are not necessary, but use them if makes you feel better). You can lubricate your fingers with **breastmilk** or **coconut oil**. Have a playful voice as you do it. Stretching should be done **4x/day for the first 2 weeks.**

The Upper Lip is the easier of the two sites to lift. 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 inserting both index fingers and diving under the tongue to pick it up towards the roof of your baby's mouth. Do a rolling pin motion of your finger under tongue to get them to lift. Then hold one finger down on ridge and use other finger to lift tongue up - focus on lifting the tongue up as high as it will go and holding it for 1-2 seconds. Relax and do it once more. The goal is to reopen the raw diamond shaped area at the center of the underside of the tongue. Click here for a video that demonstrates the exercises. You can alternate with these sleeping posture holds as well.

Parent Checklist

- □ See lactation who is trained in tethered oral tissues for functional assessment; they will determine if bodywork or CST (craniosacral therapy) is needed; IBCLC may recommend some oral motor functional therapy
    - At least one session with lactation before dental consult (older babies may need more feeding therapy to establish better function before moving forward with the release)
    - Practice home oral motor exercises
    - Sarah Ward (850)-764-5517 www.tallylactation.com
    - Annika Suarez (850) 909-5521 sunnyspeech.com
    - Libbie Stroud (850)-270-8765 www.nurturelovegrow.com
- □ Set up sessions with craniosacral therapist
    - Usually requires a session before and after release
    - Jodi Lawson 850-559-0080 (text her)
- □ Prepare for release (purchase your pain control methods, find childcare for older kids, practice your exercises)
- □ Consultation with Dr. Shawn +/- same day treatment
    - Tylenol when you get home (alternatives include arnica, breast milk chips)

	Early morning	Lunch	Afternoon	Night
Lip				
Tongue				

- □ Next day: Start your after care lifts
    - *you can use breast milk, coconut oil, hyaluronic acid during stretches
- □ Return to lactation +/- bodyworker 3-5 days post-op
- □ Return for 1 and 2 week follow up with Dr. Shawn