



Infant 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. We focus on the youngest population and our office includes an "Infant Oral Health" room for equipping parents with the skills and knowledge for their infant's oral health care.

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 infant 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 that a functional assessment by a certified lactation consultant is critical prior to frenectomy.

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.

How to prepare for the procedure?

1. Please take a video of your child crying. This sounds odd but the video will show us how the tongue moves up when the baby cries and illustrates better the elevation deficit. Then you can show this video to us when you arrive.
2. Bring a small (<1 oz) container of breastmilk – this will be used for the pre-op assessment of sucking and post-op soothing.

3. Please do not over dress your infant, as we typically like to wrap them in a soothing swaddle during the procedure. We have one but you can bring a swaddling blanket from home that your child likes best.
4. Every infant is unique and will display varying levels of discomfort after the procedure. In most cases, skin-to-skin contact is enough to comfort your baby. You may consider, however, using Infant Tylenol (160mg/5ml) 30 minutes prior to the procedure which may help to minimize discomfort. Proper dosages should be based on your child's weight, not age:
 - 6-11 pounds - 1.25 mL
 - 12-17 pounds - 2.5 mL
 - 18-23 pounds - 3.75 mL
5. For children 6 months of age or older, you may use ibuprofen instead. A mild topical numbing medicine is used during the procedure and the laser itself has some analgesic post-op properties, so not every child needs a medication beforehand.

What to Expect?

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

1. General anesthesia is not utilized in the office. -
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 we will carry the baby to you immediately afterwards so you can nurse right away. The actual time of the lasering 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.
6. Crying and fussing are common during and after the procedure.
7. You may breastfeed, bottle-feed, or soothe your baby in any manner you like following the procedure. You may stay in our private consultation room as long as necessary. We encourage skin-to-skin contact.

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. 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, however, your baby may need something for pain if they are extremely fussy or refusing the feed in the first 24 hours. Children under the age of 6 months should not be given ibuprofen (Motrin/Advil). Topical numbing ointments containing benzocaine like Orajel/Anbesol should not be used either. Acetaminophen (Tylenol) may be given if necessary and should follow the correct dosing instructions as listed above, every 4-6 hours. Many families choose to use holistic, homeopathic alternatives such as arnica. Arnica is for bruising, inflammation, & pain. Arnica Montana (3-5 pellets swirled into 1-2 ounces breastmilk, give few drops from this solution) is given every 60 minutes when baby is awake, day 1 & 2 after release. After that, it is given every few hours if baby still seems uncomfortable, for the next few days. Keep this solution cool in your fridge for 5 days.

Post-Procedure Care

It is very important for you to continue working with your lactation counselor and bodyworker after the frenectomy. 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 **lifts**. They need to occur 4x per day for at least 3 weeks. Consider doing after feedings when the baby is content and happy.

These lifts are not meant to be forceful or prolonged, but rather gentle and brief. They are best done with the baby placed in your lap (or lying on a bed) 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). You can lubricate your fingers with breastmilk and have a playful voice as you do it. Stretching should be done 4x/day for the first 3 weeks.

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 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. Search for "[Luna Lactation post frenectomy](#)" on youtube for great videos of how to do this.

Sucking Exercises are important to provide stimulation to babies who often have a disorganized or weak-sucking pattern. It is important that you work with your lactation counselor to learn and do these exercises prior to the frenectomy as well. The following exercises can be done to improve suck quality.

1. Slowly rub the lower gumline from side to side (place it back where the molars should be) and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue (see Luna Lactation's videos again). You can wait 3 days post-op before starting sucking exercises.
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. Tummy time is also part of exercises. It is needed to gain strength & balance, helping with suck retraining & upper body control. Try to do this with your baby (lying on the floor next to them) for at least 3 minutes after every diaper change. You may contact Annika Suarez, a Certified Tummy Time! Method Instructor, for information about classes.

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

nursing or sucking 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 babies will learn this automatically and lactation consultant support is essential for an ideal outcome. If you have been pumping and/or supplementing prior to the release of your child's tongue or lip tie, any changes to your routine should be made gradually under the guidance of a lactation consultant. Our office has several great resources in the community so please do not hesitate to ask for a referral to a lactation consultant. 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 a few 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 an International Board Certified Lactation Consultant (IBCLC). Locally, we recommend [Sarah Ward](http://www.tallylactation.com) (www.tallylactation.com) and [Annika Suarez](http://www.infantfeedingtherapy.com) (www.infantfeedingtherapy.com). If particularly tight all over (i.e., torticollis) your lactation consultant may recommend that you see a bodyworker, [Jodi Lawson](http://www.jodilawson.com) 850-559-0080, for craniosacral therapy to decrease tension and restriction patterns.

For an example of the laser frenectomy and post-op care demonstrations, please see:
<https://www.youtube.com/watch?v=AXiB8ODw45s&t=29s>

Remember: initially it's a few days of hard work but will get easier and quicker as you become more comfortable with lifts and exercises. Practice makes perfect! Improvement will be steady. Ask for, expect, and take help from friends and family. You got this momma!

Please let us know if you have any further questions!

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