

Over 2 Post-Op Care

What is a Frenectomy?

A frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum or buccal (cheek) is too tight. A restricted frenulum can cause significant difficulty with breastfeeding and other health problems like speech difficulties, digestive issues, transferring to solid foods, and sleep apnea. A restricted lingual frenum is commonly called a tongue tie, however, the medical term is ankyloglossia.

What to Expect:

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

1. General anesthesia and oral sedation are not utilized in our office for a frenectomy.
2. Prior to use of the CO2 laser we place a topical numbing gel to the area(s) that will be treated.
3. By age 2, the ties have gotten thicker, so an injected local anesthetic is used.

What about Discomfort?

Most children experience only minimal discomfort for the first 24-48 hours after the procedure. If your child seems uncomfortable, Tylenol (acetaminophen) can be given to help with the discomfort.

Please consult a qualified medical provider for homeopathic remedies. Please note that products containing Benzocaine (i.e. Orajel) should not be used due to health risks in children 2 years and younger.

One of the many benefits of using the CO2 laser for this procedure is that minimal bleeding occurs. However, the area treated by the CO2 laser causes an ulcer-like wound that will need time to heal. That is why you may see a white colored area where the procedure is performed. Cold water in a dropper placed on the wound every hour for the first day or two can be very soothing and cooling. Ice, popsicles and cold drinks can be soothing for children as well.

After the release please ensure your child refrains from eating or drinking anything acidic (orange juice, soda, ketchup) until the site is fully healed. Acidic foods/drinks can cause added discomfort.



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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. Separate the wound to guide healing and avoid reattachment.
2. If you have two open raw surfaces in the mouth in close proximity, they *will* want to reattach.



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Lifts/Exercises:

We feel that post-procedure lifts are essential in achieving an optimal result. These lifts are NOT meant to be forceful or prolonged. Your baby will likely be upset or uncomfortable during lifts; however, it is important to complete the lifts properly and as instructed.

The **main complication** of releasing a tie is the mouth heals so quickly that it may prematurely reattach at either the tongue site or lip site, causing a new limitation in mobility and the persistence or return of symptoms.

Wash your hands well prior to your lifts. Avoid having long nails or gloves.

A small amount of spotting or bleeding is common after the procedure as the site heals, especially in the first few days; However, in using a CO2 laser, the bleeding is minimized.

It is essential that you follow up with your lactation consultant, body worker, SLP, myofunctional therapist, or feeding specialist after the procedure to ensure optimal results.

Recommended Lifting Schedule:

Day of Procedure: Only do **ONE** set of lifts before bedtime. You will not do lifts the first night.

Next Day: Start your lifting routine. We recommend lifts be done 6 times in a 24 hour period. You do not have to perform overnight lifts *unless* your child is awake. **You will continue doing your daily lifts until your lactation consultant, body worker, speech or feeding therapist graduates you or until the white/open wound has fully healed. This should within 2-4 weeks.**

The Upper Lip is the easier of the two sites to lift so we recommend that you start with the lip. For the upper lip, lift the lip up to cover nostrils and hold for 5 seconds.

The Tongue should be your next area to lift. Place fingers in the upper outer edges of the “diamond” (**not in the wound bed**). Use both index fingers to lift under the tongue like a forklift. Hold it there for up to 5 seconds. The goal is to completely unfold the diamond so that it’s almost flat in orientation.

The Buccal is the last area to lift *if* your child had them released. Lift cheeks up and outward away from the midline like a fishhook and hold for 5 seconds. You will do this lift 6 times during a 24 hour period.

You will continue doing your daily lifts until your lactation consultant, body worker, speech or feeding therapist graduates you or until the white/open wound has fully healed.

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Call our office for any of the following:

- Uncontrolled bleeding
- Fever greater than 101.5 within the first 24 hours

Please schedule your 1-week and 2-week follow-up visits with our office to evaluate healing and signs/symptoms of improvement.



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