

Under 2 Post-Op Care



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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 infants. 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. Prior to use of the CO2 laser we place a topical numbing gel to the area(s) that will be treated.
2. Crying and fussiness are common during the procedure and initially after. Some infants bounce right back into their routines and others may remain fussy for a day or two.
3. We provide a private room to soothe and/or feed your baby after the procedure is completed.
4. Remember, all babies are different and some may need a little extra time adjusting to the new sensations or movement. Sometimes, there's an immediate difference in feeding, and sometimes it takes a few days to weeks.



What about Discomfort?

Most babies experience only minimal discomfort for the first 24-48 hours. Breastfeeding and skin-to-skin contact provide natural pain relief. If your baby seems uncomfortable, Tylenol (Acetaminophen) can be given.

Dosage: Using the dropper in the manufacturer's packaging:

- 6-11 pounds 1.25 ml
- 12-17 pounds 2.5 ml
- 18-23 pounds 3.75 ml
- 24-35 pounds 5ml

For infants under the age of 2 months, please consult your pediatrician. Please note that Ibuprofen (Motrin or Advil) should NOT be used for babies under the age of 6 months.

Please consult a qualified medical provider for homeopathic remedies. Products containing Benzocaine (i.e. Baby Orajel) should not be used due to health risks in young children.

One of the many benefits of using the CO2 laser for this procedure is that minimal bleeding occurs. However, the area treated by the laser causes an ulcer-like wound that will need time to heal. This is why you may see a white colored area where the laser was used. Cold breast milk in a dropper, placed on the wound, every hour for the first day or two can be very soothing and cooling. We also encourage skin to skin contact with your infant.

Please call our office if your child develops a fever of 101.5 or higher or has uncontrolled bleeding.



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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.

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.

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.

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

The following strategies are recommended for the lifts below:

- Sit on the floor or bed and place your child's head in your lap with their feet pointed away from you.
- If you have a partner, form a knee-to-knee position with your child's head in the lap of the person doing the lifts.

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 going down for the night. Don't wake up your infant in the night this first night, let them sleep.

Next Day: Start your lifting routine. We recommend lifts be done 6 times in a 24 hour period. You do not have to do overnight lifts unless your baby 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. You will do this lift 6 times during a 24 hour period.

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. You will do this lift 6 times during a 24 hour period.

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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