

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. Due to laser safety regulations, we ask that parents wait outside the treatment room during the procedure. We will have you wait in our waiting room or nursing room next door when the laser is in use and we will immediately have you return to your baby afterwards so you can nurse right away. The actual time of the lasering is 30-60 seconds for each frenum.
3. All children and dental staff members wear laser protective eye wear.
4. For babies under the age of 12 months, a topical numbing cream is applied and this medication works very quickly. In some instances an injected local anesthetic may be applied for additional anesthesia.
5. For children 12 months of age or older, numbing cream is applied. Then an injected local anesthetic may be applied for additional anesthesia.
6. Crying and fussing are common during and after the procedure. In older children, we can discuss the option of sedation / general anesthesia.
7. You may breastfeed, bottle-feed, or soothe your baby in any manner you like following the procedure. You may stay as long as necessary.

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 revision was performed. Breastfeeding 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. We find that very cold breast milk given in a dropper or breast milk frozen thinly as ice chips / slush are great for managing discomfort. We also recommend Epsom salt baths for relaxation and discomfort management.

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. We find that very cold breast milk given in a dropper or breast milk frozen thinly as ice chips / slush are great for managing discomfort. We also recommend Epsom salt baths for relaxation and discomfort management.

Post-Procedure Care

There are two 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.
2. If you have two open surfaces in the mouth in close proximity, they will try to heal back together.

After Wound Management (AWM) / Exercises

The goal of after visit wound management (AWM) or exercises is to allow the site of the release to heal apart and open (with greater range of motion) rather than heal back together over the site of the released frenum.

Post-procedure stretches / exercises are critical to achieve optimal results. These exercises are not meant to be forceful or prolonged, but rather quick and precise. The stretching exercises 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. The first exercise in the morning after a long stretch of sleep may feel “tighter” and that is normal. It is important that this particular exercise is done completely and effectively. Wash your hands prior to your stretches (gloves are not necessary). Stretching should be done 4-6x/day for the first 2-3 weeks tapering off during the 3rd or 4th week.

The Upper Lip is the easier of the two sites to stretch. If you must stretch both sites, we recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, simply place your finger under the lip, holding it gently and move it up as high as it will go (until it bumps into the nose). Then, gently sweep from side to side for several seconds. Remember, the main goal of this procedure is to insert your finger between the opposing surfaces of the lip and the gum where the surgical site is so they can't heal together.

The Tongue should be stretched by inserting both index fingers and diving under the tongue to pick up the center of the tongue towards the roof of your baby's mouth. 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. Also use a sweeping motion to rub your finger under the tongue completely from left to right (starting week 2 and only after your first post-op visit). The goal is to visualize diamond shaped site at the center of the underside of the tongue.

Dr. Kate has shown these exercises on the post-operative photos. If you need any additional information please call/text her at 336-745-1124.

Sucking Exercises are important to provide stimulation to babies who often have a disorganized or weak sucking pattern. The following exercises can be done to improve suck quality.

1. Slowly rub the lower gumline from side to side and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue.
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.

I also recommend Michelle Emmanuel Youtube Channel for tummy time strengthening exercises and the sleeping baby posture hold.

Expectations & Improvement

Please understand that once your child has a tongue/lip revision, the improvement may not be immediate. The revision of the frenulum 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 learn how to use their tongue now that the restriction is gone. 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.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus. 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, 2/3 weeks and 1 month. You may also send photos to xrays@happykidssmiles.com or Dr. Kate's cell phone if you have any questions between visits.