

## **Frenectomy Aftercare Information:**

We understand firsthand the challenges that follow a tethered oral tissue release.

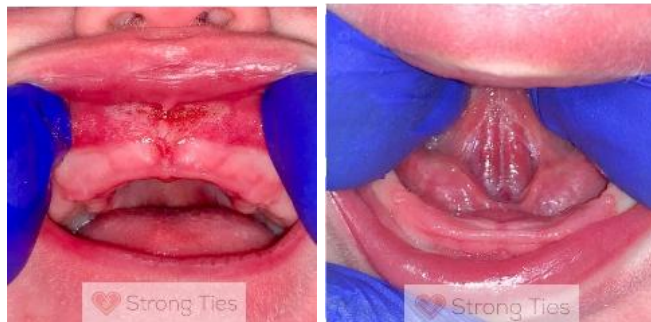
During this time, it is very important to follow the aftercare instructions provided to you, at your visit, for optimal recovery. We are committed to guiding you through the process and helping you accomplish your feeding goals. Thank you for entrusting us with your baby's care.

### **What to Expect Following the Procedure:**

Every patient responds to treatment differently; after surgery, your baby may either be visibly upset, fatigued, not willing to feed or even sleep. During this time, it is important to remain calm. On treatment days, Strong Ties partners with an IBCLC who offers postoperative wound management and feeding guidance during your visit.

### **The Surgical Site (Immediately Following the Procedure):**

Immediately following the procedure, you may notice a triangular wound beneath the lip and a diamond shape beneath the tongue. The size and shape of the wound will vary among patients. It is important to note that no two surgical sites in different patients are exactly alike.



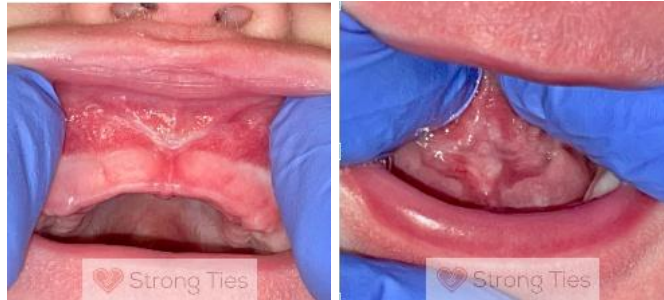
The edges of the wound may have a slight white or red appearance; this is completely normal and to be expected. Within the triangle or diamond, the area may appear pink or slightly red. Mild swelling and inflammation is also expected. Bleeding from the site is rare, but some spotting may occur during stretches and feeds in the days following the procedure.

Typically overnight, the surgical site will develop a white or yellow appearance as this is a "wet" scab; do not try to rub it off. Please do not be alarmed as this is NOT a sign of an infection, but rather, the normal healing process.



### **The Surgical Site (5-7 Days Following the Procedure):**

Depending upon your baby's surgical release, the wounds (both the triangle and diamond) will heal over approximately 10-14 days as the new frenum forms. There will be a new frenum formed under the tongue; the new frenum forms in an area that allows your baby to gain mobility, allowing for more efficient feeds. The formation of the new frenum does NOT mean there is a reattachment.



### **Management of Discomfort:**

As mentioned above, every patient responds to treatment differently. Some babies may experience extreme irritability and fussiness, whereas others may seem completely unphased by the procedure.

Discomfort is typically noticed within the first 24 to 48 hours. During this time, it is not uncommon to notice changes in behavior and feeding patterns.

Immediately following the release, your baby will attempt to feed in our office with the support of a lactation consultant. Once fed, we **STRONGLY** encourage you to administer the first appropriate weight-based dose of Tylenol within 30 minutes of completing that feed.

#### **Infant (Age 0-23 months) Tylenol/Acetaminophen Dosing**

<b>Weight</b>	<b>Age</b>	<b>Oral Suspension (160mg/5mL)</b>
6-11 lbs	0-3 months	1.25 ml
12-17 lbs	4-11 months	2.5 ml
18-23 lbs	12-23 months	3.75 ml

Tylenol should then be administered every 5 hours as needed for discomfort for the next 24 to 48 hours following the procedure. If your baby spits up after a dose, please do NOT immediately administer another dose; you **MUST** wait 5 hours before another dose of Tylenol can be given.

Breastfeeding parents may freeze breastmilk in a small cup to a slushy consistency. Use a small spoon and place it in your baby's mouth to provide cooling relief in the areas of discomfort or freeze 1-1.5 ounces in an ice cube tray and allow the baby to gum on it, while you hold it. This provides a nice cooling sensation in the mouth, providing relief in areas of discomfort.

We encourage comfort measures including lots of skin-to-skin contact and snuggles, walks, bouncing on a yoga ball, and even taking a warm, relaxing bath with the baby.

**Things to AVOID:**

Ibuprofen (Motrin and Advil) should be AVOIDED in children **under 6 months of age**.

Aspirin should NEVER be given to infants.

Topical medication with benzocaine (Orajel or Anbesol) or belladonna should NOT be used in infants due to severe health risks.

Please call and consult the Infant Risk Center for any additional medication questions:

[www.infantrisk.com](http://www.infantrisk.com)

806-352-2519

Monday through Friday, 8AM to 5PM CST

**What to Expect on the Day of the Release:**

Your baby may seem uncomfortable or more fussy than usual; this is VERY common during their recovery. Please be patient and continue to manage discomfort using the options listed above.

If released, swelling of the upper lip is common and usually gets better within 12 to 24 hours. Inflammation under the tongue is also common; however, this will not negatively impact your baby's ability to swallow. Though minor, a tethered oral tissue release is still considered surgery where inflammation is expected, common and a normal part of the healing process.

Pacifier use is okay (and encouraged) during this time for both self-soothing and suck training. Our team recommends the Avent Soothie and JollyPop as our preferred brands and style of pacifier. We strongly discourage the use of 'orthodontic' pacifiers that exhibit either flattened or grossly enlarged nipples. *On a side note, in accordance with the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, our team recommends ceasing pacifier use no later than 12 months of age to avoid dental and skeletal malformations.*

Your baby's feeding habits and duration of feeds may change in the first few days. Your baby may be reluctant to feed regularly, or even stage a brief nursing strike. This is rare, but also temporary. They will eventually eat once their discomfort and/or irritability begins to subside; try not to be alarmed. We recommend you continue your normal feeding method and schedule as established between you and your IBCLC prior to the surgery date. You may offer a bottle instead of the breast (and vice versa), explore finger feeding, or contact your IBCLC for additional support. If you feel there are changes with your baby's diaper output please contact the office.

## **What to Expect the Week after the Release:**

Your baby is trying to readjust and learn how to correctly and efficiently use and strengthen the muscles under their tongue. With improved range of motion, feeding and non-nutritive sucking may feel different; please be patient during this recovery process. Sometimes feeding can get worse before it gets better; this is very normal, do not be alarmed. Staying consistent with aftercare and working closely with your IBCLC in person will help with this process and promote optimal healing with positive results. If you are also working with a chiropractor, craniosacral therapist, or speech language pathologist follow-up per their guidance.

### **These stretches should begin 24-hours AFTER the procedure.**

Crying and irritability during the postoperative stretches and wound management is VERY normal and to be expected.

Excessive drooling is normal and expected. An increased range of motion will stimulate the salivary glands producing more saliva in the mouth.

More efficient feeding may result in an increase in spitting up, this is also normal in the first few days after the procedure. If this behavior persists, we strongly encourage a postoperative lactation consultation to reevaluate the baby's latch to ensure an appropriate seal and the passive transfer of milk.

Scheduling an in person follow up appointment with your IBCLC approximately 2 to 5 days after surgery is a requirement for our patients. If you have already established a relationship with a speech language pathologist, please schedule a consultation with them as well. This hands-on support allows for additional guidance towards you and your baby's specific feeding needs and goals. These visits allow our collaborative team members to monitor your child's progress.

*Although rare, contact our office to speak with our provider on-call if your child exhibits a temperature greater than 100.3 degrees, excessive bleeding or signs of dehydration (decreased output noted by significantly fewer wet diapers).*

## **Exercises, Stretches and Suck Training:**

**Please refrain from stretching and/or touching the wound(s) for 24-hours post-procedure.**

Crying and irritability during the postoperative stretches and wound management is VERY normal and to be expected. While your child may appear distressed, rest assured the entire series of stretches should take no more than 30 seconds to complete at a time. These stretches are crucial to avoid reattachment and to ensure optimal healing with supple/elastic tissue growth. The stretches should begin 24-hours AFTER the procedure.

## Exercises:

The exercise, stretch and suck training regimen should be completed **6 to 8 times a day and once overnight for 4 weeks.**

You may elect to complete the regimen in a number of ways:

- 1.) Prior to a feeding.
- 2.) Immediately following a feed.
- 3.) In the middle of a feeding (between breasts or halfway through a paced bottle feed).
- 4.) During a diaper change.
- 5.) When the infant is asleep.

## Regimen:

Remember that in order to get the maximum benefit of mobility from the stretches, you must focus on truly lifting the lip and/or tongue and see the surgical sites. Position yourself behind your baby's head and rest your baby on a flat surface or on your lap with the baby looking up at you.

Lip:

- 1.) With both index fingers, gently insert your fingers from both sides of the corners of the baby's mouth into the baby's cheeks. Sweep your fingers up towards the upper lip, attempting to touch the lip to the baby's nose in order to visualize the triangle.

Note: *It is important, when doing the stretches, to lift and "pick" up the upper lip with your thumb and index finger and touch the baby's nose, rather than just flicking it upward quickly.*

- 2.) With a single index finger, gently sweep under the lip once from side to side.
- 3.) The Series should go as follows: Lift - Lift - Lift - Lift - sweep across. Repeat this for 3 additional sets (total of 4 sets; i.e. 16 lifts of the lip and 4 sweeps total).

Tongue:

- 1.) With both index fingers, gently lift the tongue upward and back - holding for 4 seconds.

Be sure to brace against the baby's chin with your middle finger to allow for resistance against your lifts; otherwise, your baby's head will simply tilt upwards as you attempt to elevate the tongue. To ensure you are getting it lifted enough, your fingers should straddle the side edges of the wound. You will then push back and gently roll your fingers to open the wound.

Note: *To ensure a proper lift of the tongue, it is important to put your index fingers at the two corners of the diamond and pick up the tongue, almost like a forklift, and move it up and back and hold this lift for 4 seconds.*

- 2.) With a single index finger, gently sweep under the tongue upwards in a rolling-pin motion.

Note: This is to help break up any potential fibers forming that may cause the area to start reattaching.

## **Timeframe for Healing and Improvement of Symptoms:**

Be sure to give yourself and your baby some grace. While some breast and bottle feeding dyads experience immediate relief, others may take some time. Like any surgery, recovery takes time. Improved feeding is not always instantaneous. The surgical sites will close up in 2 to 4 weeks, with many underlying functions continuing to adapt and evolve over a period of months.

Think of this release as a RESET to oral motor function. It is important to go back to basics for latching education, in order to train your baby how to use their tongue in the correct manner. Therefore offering more guidance to bring the baby to the breast or bottle with proper hand positioning and getting them latched deeply is crucial at this stage.

Think of this whole process as a rehabilitation and training/strengthening for the tongue and lip. The lips and tongue are muscles and need time to recover and train to become stronger and more functional.

If aftercare recommendations are closely followed and you work with your IBCLC throughout this timeframe, you should begin to notice *little victories*, as we like to call them, develop by 2 weeks post-surgery. This may present as more efficient feeds involving less feeding time with more milk removal and a happier baby overall. Nursing mothers will often report a better established milk supply with fewer plugged ducts during this time frame as well. Bottle-fed babies may leak less and tolerate feeds without irritability and frustration.

With proper guidance and post-operative management, you and your child will find your rhythm and feeding should improve daily. It is important to be sure you are in frequent contact with your IBCLC so they can continue to monitor and guide your care. If you are using additional services, such as a chiropractor, craniosacral therapist, and feeding therapy, staying in close touch with them is advised as well.

## **Possibility for Reattachment:**

Though uncommon, reattachment is a possibility and can occur for a number of reasons. If following a laser surgical release, be it weeks or months later, any noticeable regression or dramatic change in your baby's feeding behavior or your own physical symptoms warrants a reevaluation of the surgical site.

Please do not hesitate to reach out to the Strong Ties team if you have any questions or concerns after reading through this document. We can be reached by phone at (301) 260-5655 or via email at [Hello@StrongTies.co](mailto:Hello@StrongTies.co).