

OVER 2 POST-OP CARE



Tongue Tie Center

What is a Frenectomy?

A frenectomy or 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, causing restrictions in movement that can cause significant difficulty with breastfeeding, and in some instances, other health problems like speech difficulties, digestive issues, transferring to solid foods, and sleep apnea. When it affects the lingual frenum, this condition is commonly called a tongue tie (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 this procedure.
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.
4. You may stay as long as you would like after the procedure.

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 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 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.



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** reattach.



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Lifts

We feel that post-procedure lifts are key to getting an optimal result. These lifts are NOT meant to be forceful or prolonged. It's best to be quick and precise with your lifts. Please ensure to make every effort to do them properly as instructed for optimal result.

The **main complication** of releasing a tie is that 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 tries to heal especially in the first few days. However, with using CO2 a laser bleeding is minimized

Lifting Schedule We Recommend

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

Second 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 your daily lifts until your lactation consultant, body worker, or speech and feeding therapist has graduated you or once the white/open wound has healed.**

The Upper Lip is the easier of the two sites to lift. We recommend that you start with the lip. For the upper lip, lift 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 under 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 midline like a fishhook and hold for 5 seconds.

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



Call our office for
any of the following:

- Uncontrolled bleeding
- Fever great than 101.5

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