

Paul Rubin DDS

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FRENECTOMY INSTRUCTIONS

IMPORTANT Home Care Information

Most infants do not require any pain medications. However, every child is different and responds in his or her own way. You may notice more irritability or fatigue depending on the severity of the treated ties or just individual sensitivity differences. If you feel that you must use medications, then over the counter brand name or generic Tylenol or Motrin may be used (you will be provided with a specific dose for your baby's weight) in single doses every 6-8 hours. However, after the first 36-48 hours, I would NOT expect you to require any pain medication.

-As an alternative, you may also breastfeed as the act itself plus the sweetness of the breast-milk will help calm the baby. If this is not possible for you, an IBCLC can instruct you how to hand express or pump milk to feed your baby. There are a variety of methods (i.e. nipple shields, finger feeders etc). This will keep your baby hydrated, fed and you will be relieved of engorgement.

-At home, you may notice that the upper lip is now freed into a new fuller position. This is due to the tension release of the previously underlying frenum. If there is any swelling, it will be slight and would be under the nose where the lip and nose meet. This will go away in a day or so. It should not be significant and not distort the lip. This new found lip and tongue mobility may also be a little confusing to your baby as he/she adjusts to this improved muscle freedom.

What to Expect after your child's Lip/Tongue Tie Laser Frenectomy:

Beginning on the first day, for 4 times and prior to nursing, the following are suggested: you can do face and cheek massage to stimulate the facial muscles by using just gentle stroking or very slight finger pressure. This is very quick and you only need to spend a short time on each exercise such as 10 seconds, you may progress to rooting skills with your baby by outlining your child's lips with a fingertip in a tapping fashion around the entirety of the lips (upper, lower and corners). This is a normal infant reflex which inherently helps nursing and is very active from birth to 4 months of age. The stimulation, exercises the natural rooting reflex of the mouth to seek out the breast for food and sucking. This should be followed by nursing, bottle feeding or pacifier use to complete this exercise. In some cases, your baby may be so hungry that he/she may go into panic mode and be difficult to calm down. Therefore, this exercise may need to be delayed until after his/her meal. Remember, Your IBCLC is your best personal source of post frenectomy breastfeeding care and can provide you with additional exercises.

Day 1-3

- Most babies will be sore the first 24-48 hrs following release
- Expect your baby to be fussier than normal
- Healing white patch forms
- Pain meds as needed but try using breast milk and natural soothing and pain reliever first 24-48 hrs
- Difficulty with latch may occur
- Work with your IBCLC to help make sure you have a backup plan and comfort measures

The day after treatment: you will begin to notice a white diamond or triangle shape in the area under the upper lip or a white line under the tongue (if there was a tongue tie release). This is normal and expected to last for 7-14 days. The mouth does **not** form a dry scab as is normal on dry skin. You will continue to follow the written functional mobility exercises which were provided and reviewed with you to help your baby to properly develop the range of motion that he could not perform because of the tight frenum. This should be accomplished **4-5 times daily for 6 weeks**. This functional mobility along with the breast and or bottle-feeding session will substantially improve the strength and mobility of the tongue.

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First Week after Treatment

- Baby's soreness starts to taper off 7-10 days
- Baby can still be fussy
- Healing white patch continues to form
- Pain meds given as needed
- Baby is relearning how to suck with guidance
- Feedings can be inconsistent
- Working with your IBCLC is strongly encouraged for optimal results and lowering your stress!

You should notice an improvement in latching to the breast or sucking on the bottle. The feeding should become more efficient and less frequent. However, there is also the possibility that for a day or two your baby may be more resistant to nursing as the frenectomy procedure may cause a temporary rejection of nursing. This is temporary! Both you and your child should regain more energy and alertness due to better intake of food and calories and more rest with less struggling. Your breasts should feel better and discomfort should be less. You are also advised to monitor the increased efficiency and help your baby pace his/her nursing. If you were using nipple shields to help with nursing, you will want to try and to stop using these (if possible) to allow more skin to skin contact and reduce the chance of nipple confusion.

Weeks 2-4

- Baby shouldn't be sore but exercises mildly irritating
- Healing white patch shrinking
- Pain meds not necessary
- New frenum forming
- IBCLC or body work-follow up as needed
- Improved progress with feedings

Weeks 4-6

- Baby is no longer sore and stretching not needed
- Healing white patch is gone and new frenum has taken final shape and position
- Follow up with IBCLC, OT, PT or body work as needed
- Continues progress with feeding

If you have any questions, please call the office at [214-682-4455](tel:214-682-4455), an emergency number is given on the voicemail, if after normal business hours.

It has been our privilege to have been part of your baby's care!

Respectfully,

Paul I Rubin DDS

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