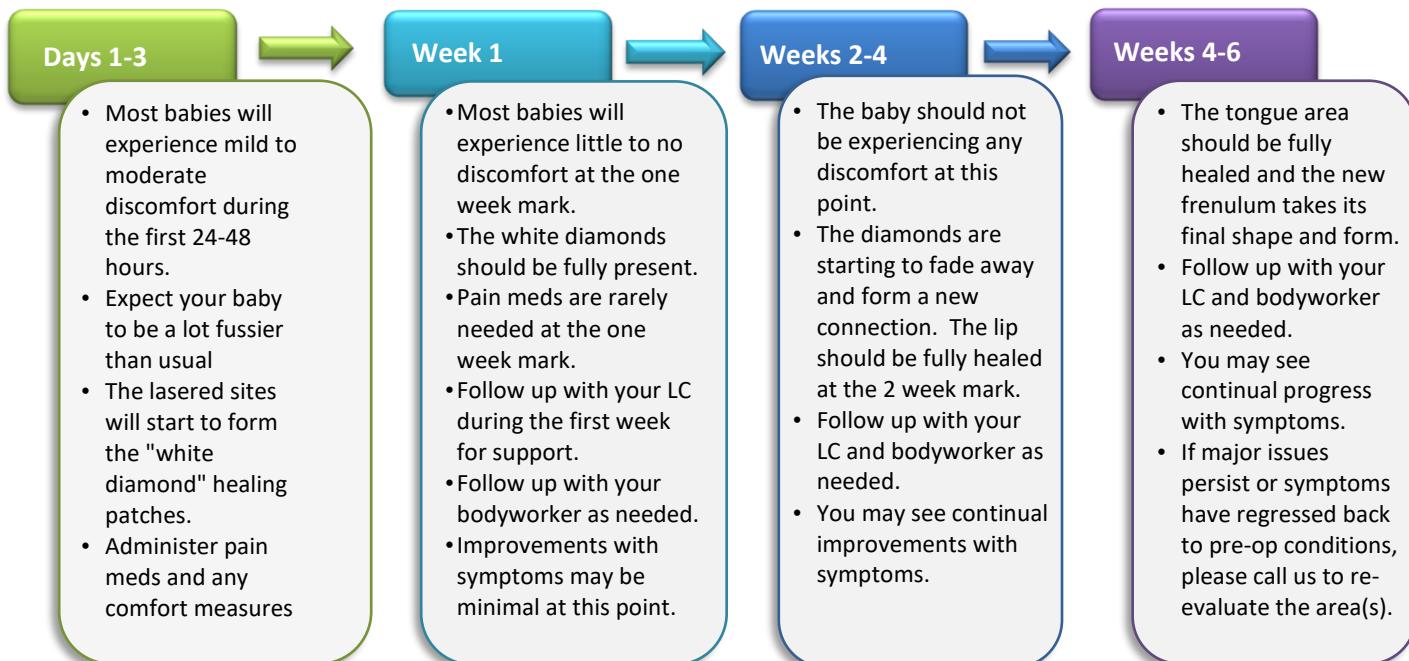


Frenectomy Homecare Information

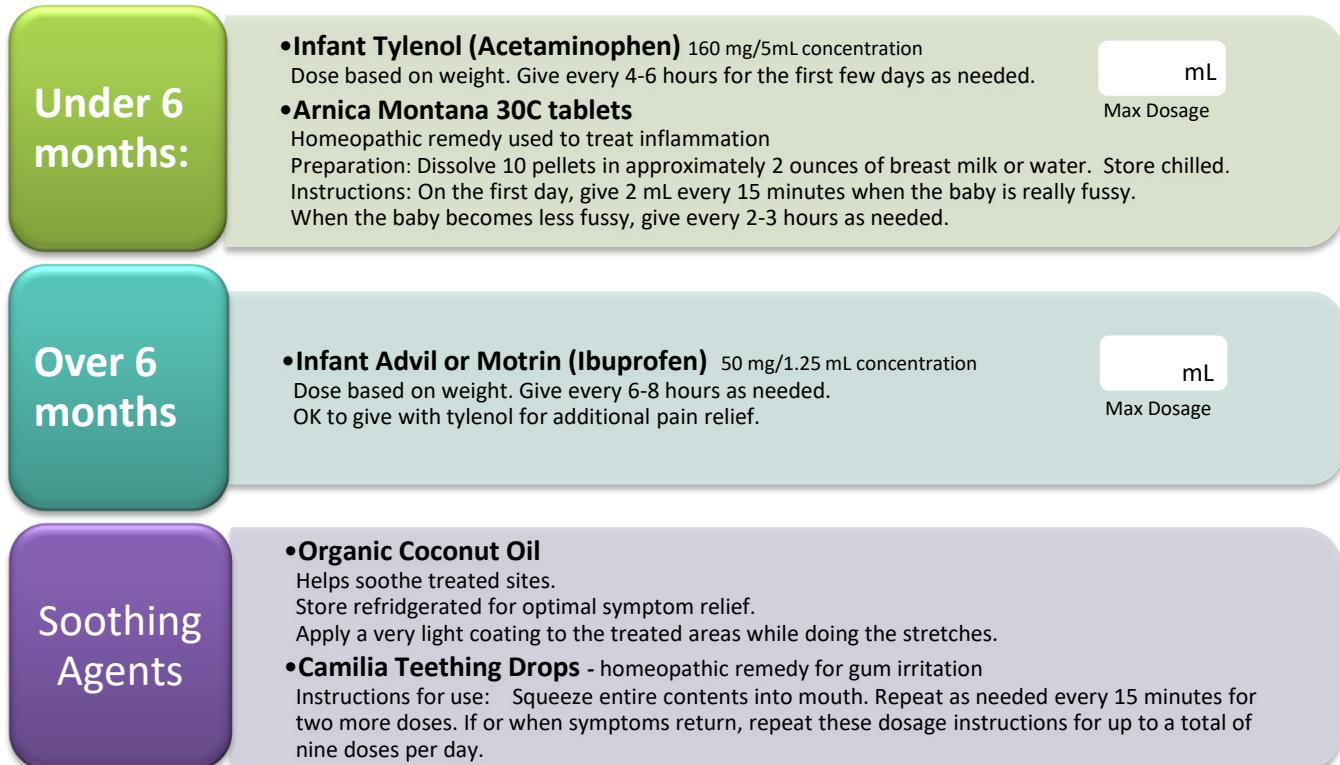
In this packet you will find comprehensive information to effectively manage your little one before and after the frenectomy. Keep in mind that improvements with symptoms are usually **gradual** and may take anywhere from 2-4 weeks to notice any changes. It is very important that you work with a lactation consultant in order to keep your feeding progress on track. In most cases, additional therapies (as mentioned on pages 4 and 5) and advanced lactation services may be needed. Due to the multifactorial nature of feeding issues, the level of improvements may vary from baby to baby.

What you may expect after the procedure:

The healing timeline below applies to most cases. Please be aware that some cases may vary.



Pain Management Recommendations:



Post-Op Stretching Exercises:

When our body encounters a wound it is only natural that it wants to close back together. In a tongue and lip tie release, the body's natural response may cause it to reattach back together with a restriction. To counteract this process, you will need to manually stretch the healing sites. The goal of the stretches is to ensure that the lasered areas heal with increased length and flexibility. Please thoroughly review the instructions below for optimal healing.

Stretching Protocols:



- When to start?** No more than 12 hours after the procedure
How often? Every 4-6 hours (includes during the middle of the night)
How long? Lip – 2 weeks Tongue – 3 weeks

The stretches may be unpleasant for your baby so it is helpful to offer positive stimulation to the head and mouth before doing the stretches. A gentle massage of the baby's face and suck training exercises are a good way of balancing things out. (see page 4 for suck training exercises)

The stretches can be done before, after or in the middle of a feeding. Some parents find it easier to do the stretches on a calm baby after feeding and some like to feed their baby after the stretches to soothe. It may take a few days to find a routine that works best for you.

You may require additional help to assist with a squirmy infant. If no help is available, you may use a swaddle to help keep your infant still.

An LED headlight will help you see the dark area underneath the tongue. You may also find that the stretching exercises are more comfortable when using well-fitted exam gloves. However, using your bare hands is perfectly fine as long as they are clean.

The Lip Stretch

Note: In most cases, it is easier to stretch the lip first followed by the tongue.



1. Position yourself behind the baby's head and stabilize any movement using your palms.

2. Grab the upper lip with both thumbs and index fingers.

3. Lift the upper lip up to the nostrils. The key is to fully visualize the diamond. If you see the entire diamond then you have done it correctly. Lift lip over nostrils 2-3 times.

The Tongue Stretch



1. Position yourself behind the baby's and stabilize any head movements. Pull the cheeks out to help you see the area better and get the baby to open up a bit more.

2. Position your index fingers under the tongue as shown above. Use downward pressure with your middle fingers on the chin to help keep the jaw open and stable. Make sure you always keep the lower jaw down while doing the next step.

3. Before lifting the tongue, make sure your index fingers are at the top point of the diamond and along the midline. Lift the tongue up to the roof of the mouth and hold for one second. The key is to fully visualize the diamond and to fully stretch it upward. Repeat this 2-3 times.

Please visit our website to see videos regarding proper stretching



*After 3 weeks the tongue site should be healed enough that the stretches are no longer needed. However, if you notice regression of progress after stopping, continue stretching the tongue 3x/day for another week.

** If the healing site feels a bit firm in the center after 3 weeks then apply Vitamin E oil 3x/day for another 1-2 weeks until soft.

Normal things you may experience and helpful tips



Extra fussiness and inconsolable crying during the first week

Most babies experience mild to moderate discomfort during the first few days. However, some babies may become inconsolable at times especially after the stretches.

TIP #1: Give pain medications and remedies within the first hour after the procedure. You may need to give medication at a consistent interval every 4 hours for the first day or two.

TIP#2: Do lots of skin-to-skin during the first 24-48 hours after the procedure. Even a nice warm bath or shower can really help settle your little one down.

TIP #3: Frozen breast milk can act as a natural numbing agent and help ease pain for some.

Transfer a couple ounces of milk into a plastic baggie and let it freeze while lying flat. Then chip off tiny pieces and place under the lip, tongue or cheek and let it melt slowly.



Difficulty with feeding during the first week

It is normal to have some difficulty with latching immediately after the procedure at the office. Most will do fine as the day carries on but some will continue to struggle a bit at home.

Remember, your baby is re-learning new movements so feeding may be inconsistent during the first week. In some cases, symptoms may get worse before it gets better.

TIP #1: Follow up with your lactation consultant or feeding therapist for a one-on-one visit to address any troubleshooting issues during the first week.

TIP #2: If your baby is having major struggles with the latch, try feeding your baby while taking a warm bath.



Light bleeding after doing the stretches

During the first week, you may notice a slight amount of bleeding while doing the stretches. This is not a major concern. It should resolve on its own quickly and be safe to feed. Also, keep in mind that the excess amount of saliva will make one drop of blood appear worse.

TIP #1: While doing the stretches, make sure that the baby is not moving excessively and you have good control. This will minimize any accidental hard rubbing into the site.

TIP #2: Make sure your technique is consistent and done at even intervals. If you miss a stretch or if they are done with varying forces each time then it may bleed more.

TIP#3: Make sure your finger nails are trimmed and smooth. Even gloved fingers with long nails can cause too much irritation.



Increased drooling or spitting up

The healing process stimulates an increase in saliva production. Additionally, the new tongue movement creates more saliva. This usually lasts a couple of weeks and is not a concern. Also, an increase in transfer may occur, which can initially cause the baby to spit up more.



Increased sleeping

This may be due to medication, exhaustion or simply that the infant is feeding better and is more satisfied.



Although rare, please do not hesitate to call us if you experience the following:

- Fever greater than 101.5° F
- Uncontrolled bleeding
- Refusal to feed for over 8 hours

Emergency Cell: (434)265-5158



The Tongue and Lip Tie Support Group can serve as a good resource to share your experience with others, connect with an experienced IBCLC or find body workers and other helpful therapies.

Suck Training Information

Important: Suck training exercises are helpful for regaining proper tongue function. The exercises below are NOT intended to replace the in-person help of a lactation consultant or health care professional. Any delay in seeking expert help may put the breastfeeding relationship at further risk.

Use these exercises before feeding or as a playtime activity. Start them 3 days after the procedure. Do them for 3-4 weeks. Exercises are essentially physical therapy. Just like any surgery, results are optimized when physical therapy is used to help rehabilitate. Be sure to stop any exercise that your baby dislikes. It is not necessary to do every exercise; only use those that are helpful for your baby. Before beginning, wash your hands and make sure your nails are short and smooth. It is best to work directly with a lactation consultant to determine which exercises are best for you and your baby.



Exercise 1: Finger Sucking "Tug of War"

Use a finger that closely matches the size of your nipple. Place the backside of this finger against the baby's chin with the tip of your finger touching the underside of the nose. This should stimulate the baby to gape widely. Allow the baby to draw in finger, pad side up, and suck. The *tongue should cover the lower gums* and your finger should be drawn into the juncture of the hard and soft palate. If the tongue is not forward over the lower gums, or if the back of the tongue bunches up, gently press down on the tongue (saying "down") and use forward (towards the lips) traction.



Exercise 2: Breaking the Seal

Begin as in exercise 1. As your baby latches onto your finger, push the tongue down with the backs side of your finger down by pushing upwards on the roof of the mouth. Repeat a few times.



Exercise 3: Lateralizing Side to Side

Gently stroke the baby's lips until the mouth opens, and then stroke the lower and upper gums side to side. The tongue should follow your finger.



Exercise 4: Circular Massage

Touch the baby's chin, nose, and upper lip. When the baby opens wide, gently massage the tip of the tongue in circular motions pressing down and out, encouraging the tongue to move over the lower gums. Massage can continue back further on the tongue with light pressure as the finger moves back on the tongue and firmer pressure when the finger moves forward. Avoid gagging baby.



Exercise 5: Desensitizing Gag Reflex

If a baby has a *high or narrow palate* and gags on the nipple or insists on a shallow latch, it may help to desensitize the palate. Begin by massaging the baby's palate near the gum-line. Progressively massage deeper, but avoid gagging the baby. Repeat exercise until the baby will allow a finger to touch his palate while sucking on a finger. It may take several days of short exercise sessions to be effective.

Infant Massage to Ease a Baby with TIGHT Muscles:

If your baby does not open wide, a gentle massage may help relax the jaw and facial muscles. A skilled bodyworker such as a chiropractor, osteopath or craniosacral therapist who specializes in infant care may also help your baby. Begin with a light fingertip circular massage under the baby's jaw from back to front on both sides. Using fingertips, massage the baby's cheeks from the center toward the temple on both sides. Massage in tiny circles around the mouth, near the lips, clockwise and counter clockwise. Massage around the baby's mouth, near the lips, from center outward, on both sides of the mouth, top and bottom. Gently tap a finger over the baby's lips. Massage the baby's chin.

General Information about Body Work

Body work is a general term used to describe therapies that may help relieve and normalize structural issues in the body. Some babies may be more complex and require more body work than others. Those who receive some form of bodywork tend to heal and rehabilitate better. To learn more about bodywork and the providers please go to www.ankyloglossiabodyworkers.com.

Common types of Body Work

Myofascial Release Therapy

Myofascial Release Therapy is a safe and effective hands-on technique that involves applying gentle sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion. Myofascial Release Therapy is usually performed by a physical therapist or massage therapist.

Craniosacral Therapy

Craniosacral Therapy (CST) is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction. It also improves whole-body health and performance. CST is usually performed by a chiropractor or an osteopath.

Tummy Time - www.tummytimemethod.com

This is a simple at-home therapy you can perform a few times a day for 5-20 minutes. This may help your infant gain strength in the neck muscles that support proper sucking.

Who are the providers?

IBCLC – (International Board Certified Lactation Consultant) The IBCLC has the highest level of training with breast and bottle feeding. We highly encourage working with an IBCLC before and after the procedure in order to optimize your progress. A provider that is knowledgeable in ties is extremely helpful.

SLP – (Speech Language Pathologist) – SLPs may help infants having difficulty with drinking and eating as well as small children with speech difficulties. We highly encourage working with an SLP before and after the procedure to optimize your progress.

OMT – (Orofacial Myofunctional Therapist) An OMT helps restore proper muscle balance and function of the mouth for children and adults. We find that working with an OMT before and after the procedure will help optimize your results.

PT – (Physical Therapist) There are some physical therapists that work mostly on infants and may utilize techniques to relieve tension and restore function.

Chiropractors – Chiropractors may help work on structural issues that may affect one's overall health.