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Patient Information- Frenulum Procedures & Consent Before, During and After Care

General Information about the Frenectomy Procedures for the Infant

What is Frenectomy?

Frenectomy is a surgery used to correct a congenital condition of Tethered Oral Tissue, commonly called a Tongue Tie or Lip Tie. A Tongue Tie or Lip Tie is present when the lingual (tongue) or labial (lip) frenulum is too tight, causing restriction in movements that can cause significant difficulty with breastfeeding, speech and/or swallowing. In some instances, other health concerns like dental, digestive and other issues are caused by the restrictive tissue. If your lactation consultant or doctor feels that a procedure is warranted, here is what you can expect.

Prior to your treatment appointment: Appt for IBCLC and Bodywork

I encourage all our babies to be seen by an International Board Certified Lactation Consultant (IBCLC) and to start some type of bodywork. IBCLC can evaluate pretreatment and help set goals for post op treatment. Bodywork is recommended 1-2 days prior to release for optimal results. Bodywork is a general description of treatment for the baby for tightness and restriction of the muscles, soft tissue and connective tissue. It is like physical therapy and massage for the areas that are tight. It is generally performed by a chiropractor, Craniosacral Therapist, myofascial release specialist or massage therapist who is trained in newborns and has educated themselves specifically on Tongue Tie (Tethered Oral Tissues) restrictions. I have found that babies who receive bodywork 2 days prior to treatment and follow-up care after treatment have the easiest time adjusting and progressing.

Purchase- Dr. Gouri recommends that you purchase non-latex gloves, natural-NON Benzocaine teething gel, Tylenol (Motrin if your baby is older) and consider purchasing a camping style headlamp.

How to prepare

The use of Tylenol 30-60 minutes before the appointment can be helpful in minimizing post-procedural discomfort.

Dosage: Use the dropper in the manufacturers packaging

6-11 pounds- 1.25ml

12-17 pounds- 2.5ml

18-23 pounds- 3.75ml

What to Expect

In general, the procedure is very well tolerated by babies. We take every measure to ensure that the pain is minimized and that your baby is safe and comforted. For a typical frenotomy (an incision of the frenulum), a topical numbing gel is applied once or twice and occasionally, if needed, a small amount of local anesthetic may be injected.

Crying and fussiness are quite common and most children lose only a small amount of blood if any at all. Once numb, they are briefly treated in our laser treatment room and then immediately brought back to you where you have the option of immediate breastfeeding, a bottle feeding or soothing depending on your preference. They will frequently drool afterwards until the numbing medicine wears off. Tylenol may be used afterwards for pain relief. Other helpful supplies to have on hand include: Natural Non-Benzocaine Teething Gel and any homeopathic remedies you want (Rescue Remedy, arnica, etc.)

You may notice some dark brown stools or spit-ups afterwards as some blood may get swallowed after the procedure.

Wound Care- After Care

The main risk of a frenectomy is the fact that the mouth heals so quickly and the incision site may want to reattach. There are some basic stretches and massage exercises to do after the procedure. Use natural NON Benzocaine teething gel before stretches to minimize discomfort. Use a very small amount of Coconut Oil on your finger or a gloved finger for promoting wound healing and lubrication during stretches.

These exercises are often easiest if the infant is swaddled, placed on a firm surface like a changing table, bed or floor facing away from you so both of your hands can be free. Just spend a short amount of time doing these exercises. Numbers 1, 2 & 3 are essential to keeping the wound open. The other exercises can be done when the infant is quiet and alert as a fun interactive time for both parent and baby. **Please see the Wound Care Instructions for details of stretches and after care.**

1. Lift the lip towards the nose, sweep across and roll under the tongue like a "rolling pin"
2. Push the tongue up with two fingers and roll under the tongue like a "rolling pin"
3. Push the tongue towards the throat further stretching the wound completely open
4. Rub the gum line, the infant will follow your finger with their tongue
5. Let the infant suck on your finger and do a little "tug-o-war" to help the tongue strengthen
6. Let the infant suck your finger and apply gentle pressure to the palate then roll finger over and gently stroke the middle of the infants tongue

Aim for repeating them 4-6 times a day for up to 6 weeks after the procedure. As the incision site heals, it may look like a white or yellowish coating has formed. This is normal and does not indicate infection. Occasionally more specific oral motor work is needed so it is essential that you continue to follow up with your lactation consultant after the procedure to ensure optimal results.

Call our office for any of the following:

Uncontrolled bleeding

Refusal to nurse or take a bottle

Fever > 101 F

Patient Information- Frenulum Procedures & Consent

Consent for Frenectomy

Diagnosis:

After a careful oral examination and study of my child's (or my) dental and oral condition, I have been advised that I have or my child has

- a. excessive gum tissue between lip and jaw bone (labial frenulum) and/or;
- b. a tight band between the tongue and the floor of the mouth (lingual frenulum)

These abnormalities can limit function during breastfeeding, speech or swallowing and can effect muscle tension, TMJ function and other medical problems.

Recommended Treatment:

In order to treat this condition, the doctor has recommended a procedure to either release the tight frenulum (Frenectomy). I understand that topical anesthetic will be utilized. For babies over 6 months nitrous oxide (laughing gas) may be utilized and a local anesthetic may be administered to me or my child as part of the treatment.

Necessary Follow-Up Care and Self Care:

I understand that failure to follow recommendations could lead to ill effects, which would become my sole responsibility. I will need to come for appointments following surgery so that healing may be monitored and for the doctor (or lactation consultant) to evaluate and report on the outcome of the surgery upon completion of healing. Smoking or alcohol intake may adversely affect healing and may limit the successful outcome of my surgery. I know it is important to abide by the specific instruction given by the doctor.

Principal Risks and Complications:

I understand a small number of patients do not respond successfully to this procedure. Because each patient's condition is unique, long term success may not occur. I understand that complications may result from the procedure including post-surgical infection, bleeding, swelling and pain, impact on speech, lack of improvement, allergic reactions and most importantly, regrowth of scar tissue that may cause a return of the original disorder. I understand there may be a need for a second procedure if the initial results are not fully satisfactory.

I have asked all of my questions and have had time to discuss options with my surgeon. By signing I elect to proceed with the procedure for myself (or my child).

Provider

Date

Patient or Guardian

Date

