

What to expect after a tongue-/lip-tie revision

In general, here's what to expect in terms of your baby's comfort level and healing process, though by no means does this apply to every baby:

- ❖ **Days 1-3:** Generalized soreness, **which peaks days 3-5 post-procedure**. The wound will heal in a whitish-yellow diamond patch. Fussiness, changes in feeding routine, difficulties in latching, as well as decrease in appetite is normal. Try not to be alarmed—it will pass. Baby is getting used to a “freed” tongue that can now move, but isn't quite sure how to use it! Extra drooling is also normal, as the tongue feels like a foreign object to the body when it's moving around more. Everything tastes and feels different as well. Manage pain as follows:

Pain Management

- **Homeopathic**
 - Hyland's Teething Gel, Zarbee's Teething Gel, Rescue Remedy drops or Camilia Teething Drops. Helps to lubricate sites and offer localized relief if kept chilled. Simply apply small dab to treated areas 4-6 times a day. If using during stretching exercises, make sure that gel or oil does not make area too slippery to lift. **The teething gel should not contain benzocaine, (found in Orajel), which is unsafe for infants.**
 - Arnica Montana 30C tablets –Dissolve 10 pellets in 2-3 ounces of breast milk or water. Store chilled. Give approximately 2 mL every 1-2 hours for the first few days and then give as needed. May be given every 15 minutes during an acute episode
- **Under 6 months:**
 - Infant Acetaminophen/Tylenol (160 mg/5mL concentration) Dose based on weight: 6-8 lbs = 1.25mL; 9-11 lbs. = 2mL; 12-17lbs. = 2.5mL; 18-23lbs = 3.75mL. Give every 4-6 hours for first few days as needed for pain.
- **Over 6 months**
 - Children's Ibuprofen/Advil/Motrin (100 mg/5 mL). Dose based on weight: 12-17lbs. = 1.25mL; 18-23lbs. = 1.8mL. Every 6-8 hours as needed for pain

- ❖ **Week 1:** Feeding often does not improve, and baby is still generally sore. Increased crankiness/crying/fussiness/sleepiness is very normal. Manage pain round the clock as needed and follow up with lactation consultant and/or Occupational Therapist trained to work with previously tongue-tied babies. White patch still visible. Normal for bleeding to occur during stretching, even into week 2. Soreness tapers off days 7-10, though still normal to experience discomfort during **stretches, which should be done roughly every 4 hours during the day, and once at night.** You do not have to wake your baby to stretch, unless they sleep for 8 hours or more.
- ❖ **Weeks 2-3:** Whitish patch often still present and will appear to shrink in size over time. It is normal to see a new frenum forming below the diamond. Baby should not be as fussy as week one and typically see improvements in feeding gradually. Should not need pain control by this point. **Continue stretching at same intervals for weeks 2 and 3.**
- ❖ **Week 4**—stretch during the day every four hours, and you can stop nighttime stretches altogether. Continue to work with lactation consultant and/or occupational therapist as recommended.
- ❖ **Weeks 4-6:** Healing completes (white diamond gone) and new frenum forms in more ideal position. Stretches no longer needed **unless** otherwise specified by Dr Gouri (usually when re-attachment has occurred). Pain management no longer needed. Continue to work with lactation consultant and or occupational therapist as recommended.

Frenectomy Post-Operative Wound Care—THE STRETCHES

Starting Several Days After Procedure, The Wound(s) Will Look White And/Or Yellow And May Look Very Similar To Pus. It is not pus.

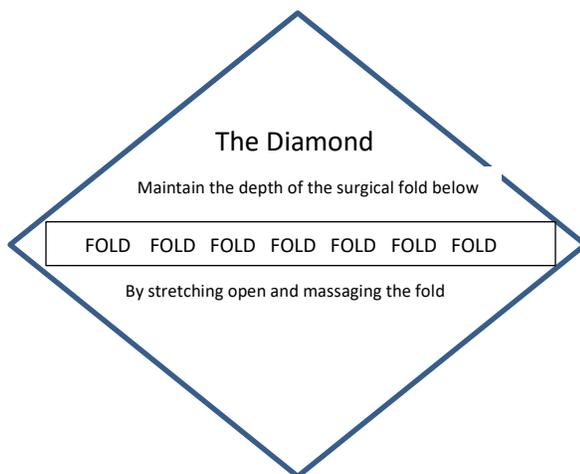
This is a completely normal inflammatory response and produces the necessary granulation tissue to create new mucosa to cover the wound. If you think infection exists, your child has a fever above 101°, or there is any uncontrolled bleeding and/or swelling, give our office a call: 337-981-9242.

THERE ARE TWO IMPORTANT CONCEPTS TO UNDERSTAND ABOUT ORAL WOUNDS:

1. Any open wound likes to contract towards the center of that wound as it is healing (hence the need to keep it dilated open).
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.

The mouth heals so quickly that a frenum may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. **Post-procedure stretches are key to helping prevent reattachment.** The exercises demonstrated below are best done with the baby placed on a firm surface (changing table, bed) with the feet going away from you.

The underside of the tongue/lip, when elevated all the way, should reveal a diamond-shaped wound:



Courtesy of Dr. Shervin Yazdi. The wounds created are typically diamond shaped. This diamond has 3 dimensions—height, width and depth. This is especially important for the tongue wound, which is much deeper than the lip wound. Maintaining these 3 dimensions is the key to successful healing.

Use non latex gloves (I prefer nitrile powder free). This is especially important on older babies. They will associate these stretches with discomfort and I'd rather them dislike gloves than your hand or finger.

Approach your child from behind the head (while child is lying down) for optimal viewing while stretching. If not using gloves, wash your hands prior to stretches and keep fingernails clipped short.

The Upper Lip is the easier of the 2 sites to stretch. If you have wounds in both sites, I recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, lift up the lip until it covers the nostrils. Hold above the center of the wound for 5 seconds, and that's it!

The Tongue should be our next area to stretch. First, using your middle finger, move the bottom lip out of the way so you can see properly. Next, with your index fingers, make the "forklift, then push" stretch as follows:

1. Make a "**forklift**" under the baby's tongue, inserting both fingers under the tongue reaching all the way to the base of the tongue until you meet resistance from the floor of the mouth. Then lift the tongue to the top of the mouth. You should be able to visualize the entire diamond-shaped wound at this point and **the fingers should be above the center of the diamond, and not on the sides of the diamond.** The goal is to completely unfold the diamond so that it's almost flat in orientation (remember, the fold of the diamond across the middle and the side corners are the first place it will reattach). **The key to the success of this stretch is that your fingers are placed deep enough prior to lifting the tongue up. Picture how a forklift works: if you don't get the forklift tines completely under the pallet, lifting the pallet up will cause it to tip backwards. If you get the tines completely under the pallet, you can lift the pallet straight up.** To make the stretch effective, make sure the tongue goes up and backwards. If you do not feel comfortable with the forklift, you may push the tongue to the throat to observe the wound and stretch it open.
2. Place your fingers just above the top "point" of the wound. As the baby stops crying **push** the tongue towards the throat.
3. While pushing backwards toward the throat, "scoop" the tongue up towards the palate again, by pointing your fingertips into the tongue/towards the throat and lifting 1-2 times.
4. Massage the floor of the mouth on both sides, to help release tension in this area, which can contribute to reattachment.

Timing

Week 1-3: Stretch roughly every four hours during the day. At night, only one stretch is needed. Don't go more than 8 hours without a stretch at night.

Week 4: Continue stretching every 4 hours during the day. You can drop all nighttime stretches

*****FOR NEWBORNS DURING STRETCHES: Sucking Exercises:** It is important to remember that you need to show your child that not everything that you are going to do to the mouth is associated with pain. Additionally, babies can have disorganized or weak sucking patterns that can benefit from exercises. The following simple exercises can be done to improve suck quality:

1. Slowly rub the lower gumline from side to side and your baby's tongue should follow your finger. This will help strengthen the lateral movements of the tongue.
2. Let your child suck on your finger and do a tug-o-war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself. This can also be done with a pacifier.
3. Let your child suck your finger and apply gentle pressure to the palate, and then roll your finger over and gently press down on the tongue and stroke the middle of the tongue.

FOR CHILDREN 15 MONTHS+:

If your child can have peanut butter, a good extra exercise for the tongue would be to put a small amount of peanut butter on your child's soft palate (behind the bony part of the roof of mouth) and have them try to lick it off. Alternatively, you can put peanut butter on a spoon and have them slowly lick off the peanut butter. The gooey consistency of the peanut butter really encourages good tongue movement and a bit of stretching.

REMEMBER, A FRENECTOMY IS NOT A QUICK FIX!!

FOR ALL BABIES, CHILDREN WITH FOOD INTOLERANCE/ORAL AVERSIONS OR SPEECH DELAYS, I INSIST ON PROPER THERAPY POST-FRENECTOMY, AND CAN REFER YOU TO APPROPRIATE INDIVIDUALS FOR THIS.

It is **essential** that you and your child follow-up regularly with the recommended therapist post-procedure for optimal results. For their whole life thus far, your child's tongue has been tethered. Therefore, it has been unable to move well or serve your child in an optimal way, and the muscles of the face and neck have been overcompensating as a result. Once the tongue is released, the body will not necessarily know immediately how to work with a now "freed" tongue, and will often continue to use the face and neck muscles in the compensatory fashion to which it has been accustomed. Therapy can help train your baby's body to use its tongue and release the other muscles of untoward tension and poor posturing. Additionally, if your child is a baby who has had feeding problems, you **must** follow-up with a certified lactation consultant or IBCLC.

FAQ's:

Can I push the tongue too hard???

Light, but thorough, pressure techniques are used for proper wound care. Lighter thorough pressure leaves less scarring. If you don't use enough pressure, or are not thorough enough with the motions, you will not be fully reaching the whole wound and reattachment is surely to occur.

Will it always look like this?

Like a skinned knee, the wet scab under the tongue will heal from the outer (side) edges inward. The wound should stay in relatively the same shape as the initial wound, but will heal in with the new mucosa (pink skin). All babies will develop some type of frenulum like attachment. By 6 months after surgery. It's a matter of keeping it soft and smooth and most importantly the function not being limited by the new tissue.

What happens if it doesn't look like it's healing right, or if I'm just not sure what I'm seeing?

Please text Dr. Gouri with your concerns. You can send pictures or videos to **504-452-8576**

What if I don't stretch it properly? If parents aren't complying with wound care there is a pretty good chance of reattachment.. Do your stretches thoroughly. If you have concerns or need a refresher on how to do them, watch videos on Dr. Bobby Ghaheri's website, drghaheri.com/aftercare, or Dr. Kotlow's website, www.kiddsteeth.com/breastfeeding.php. They describe post-operative stretches differently but they are equally effective.

What if my child needs another release? The truth is sometimes reattachment, to some degree, can still happen despite our best efforts. The body is an amazing healer and the oral mucosa is one of the quickest and most resilient tissues we possess. However, despite reattachment, function may remain improved and a second revision may not be necessary.

Second release: If a good result isn't achieved with the first time, I seriously consider and openly discuss with parents what we expect to achieve from a second revision. I do not charge for a second revision, but, for infants I will insist on at least 1 therapy session before 2nd revision (I prefer 2 sessions). IBCLC input will be necessary as well. If parents aren't complying with wound care there is a pretty good chance the results will be worse after second revision than the first: Scar tissue adding onto scar tissue. I will caution all families about this. Surgery is not a magic fix and will not yield good results without proper wound care and FUP with lactation support and bodywork as needed.

As always, contact me via text if you have any concerns about your baby's wound after surgery!
504-452-8576. I love seeing the babies thrive as they recover!

Thank you so much for trusting me with your baby! I look forward to seeing your family's progress!

Anita Gouri, DDS