



Rebecca Jordan
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TONGUE TIES & LIP TIES: Post-Operative Instructions

PAIN MANAGEMENT RECOMMENDATIONS:

Under 6 months:

Infant Acetaminophen/Tylenol
(160 mg/5mL concentration)
_____ mL

Dose based on weight; given every 6-8 hours for the first few days as needed for pain

Over 6 months:

Children's Ibuprofen/Advil/Motrin
(50mg/1.25mL or 100mg/5mL)
_____ mL

Dose based on weight; given every 6-8 hours for the first few days as needed for pain

Find full dosage chart on our website

Natural Remedies:

Breast milk ice chips - can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie and place tiny pieces under lip, tongue or cheek

Organic coconut oil - best if kept chilled. Safe for any age. Simply apply small dab to treated areas 4-6x per day

Homeopathic Remedies - Homeopathy is a system of holistic medicine that stimulates the body to heal itself using high dilute solutions especially prepared from natural plant and mineral products. Homeopathy is gentle on the body with little risk of side effects.

- Bach Kids Rescue Remedy
- Chamomilla (irritability & inflammation) - Boiron Camilia single doses
- Arnica Montana 30c (wound healing) - Dissolve 5 pellets in 1 oz dropper bottle of distilled water; give 5-10 drops every 2-3 hours as needed. Store chilled.
- Staphysagria 6C (wound healing) - 1 pellet 2x/day

WHAT YOU MAY EXPECT AFTER THE PROCEDURE:

Please note that not all babies follow the typical healing timeline depicted below.

Day 1-3	Week 1	Weeks 2-3	Week 4
Baby will be sore, expect fussiness. Begin stretching	Soreness starts to taper off days 7-10 Continue stretching	Implement suck training exercises 2-3x daily	Stretching no longer necessary, gentle massaging of new frenulums encouraged
Healing "white patch" forms, this is "nature's band-aid"	Baby may be fussy	Healing patch will be shrinking	Healing patch gone and new frenulum takes final shape and position
Pain meds given as needed	Baby is learning how to suck	New frenulum forming	Bodywork, OT, PT and LC follow-ups as needed
May have trouble with latch	Feedings may be inconsistent	Bodywork and LC follow ups as needed	Continual progress with feeding
Have back up feeding plan and comfort measures prepared	LC follow up within the first 5 days highly recommended	Start to see improvement with feeding	
	Establish daily tummy time routine		



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STRETCHING

THERE ARE TWO 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 (hence the need to keep it dilated open)
2. If you have two raw surfaces in the mouth in close proximity, it will reattach or heal on itself.

Remember:

- Post-procedure stretches are key to getting an optimal result. *STRETCH! STRETCH! STRETCH!*
- These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements.
- You could use an affordable headlamp (like a camping headlight) to allow you to get the best visuals of the areas.
- Stay positive! You can do this!

STRETCHING PROTOCOL:

Stretch each site at least 3 times per day for 3 weeks. You do not need to wake your infant while he/she is sleeping during the night but instead, be sure to complete a thorough stretch after he/she wakes.

Lingual Frenum (Tongue)

- With clean hands, place both index finger tips under the tongue on both sides of the wound
- Lift the tongue up and back until you see the diamond shape. The diamond shape indicates you have completed a full stretch.
- Repeat this stretch 3 times, 3 times per day
- The goal is for the frenulum to heal and re-form as high as possible.

Labial Frenum (Lip)

- Using clean hands, pinch the upper lip lightly with thumbs and index finger, rolling your fingers under the lip.
- Pull the lip as high as possible; high enough to cover the nose briefly.
- Repeat this stretch 3 times, 3 times per day
- The goal is for the frenulum to heal and re-form as far back as possible.

*Remember, the main goal is to stretch so that the opposing surfaces of the wound do not stick together

WHAT ARE THE "WHITE PATCHES"?

The released area will form a wet, soft scab after the first day. This is nature's "band-aid" and while typically white in color, sometimes can appear yellow. The scab will likely peak in size in about a week and then start to shrink over the following weeks.

YOU MAY NOTICE...

...a few drops of blood after a stretch. This is normal and typically results if the healing area was sticking together. Be sure to use the same pressure in subsequent stretches.

...more saliva! The healing process increases saliva production. Also, your baby may be adjusting to a new range of motion and have difficulty controlling saliva. This is temporary.

HELPFUL TIPS

- If your baby is extra fussy, be sure to try lots of skin to skin contact. This increases oxytocin levels, lowering pain sensitivity.
- If latch has become difficult, try taking a nice warm bath with your baby and try latching in bath.
- If your little one is extra squirmy during the stretches, try using a swaddle - and a headlamp!
- Follow up with a lactation consultant or bodyworker ASAP!



NORMAL POST-TREATMENT OCCURRENCES

Increased fussiness and inconsolable crying during the first week

Pain seems to be the worst about 4-6 hours after the procedure. Make sure to stay ahead of discomfort and be proactive with pain medications

Trouble with latch during first week

Due to initial soreness and re-learning to suck, feedings may be inconsistent the first week. In some cases, latch or symptoms may worsen before they get better. It is critical to work with an IBCLC for any feeding related issues.

Increased choking and spitting up

Some babies may have a harder time adjusting to an increased milk flow. This is usually temporary and can be addressed with your IBCLC.

Refusal to feed

Even babies that nurse well right after revision may refuse the breast. This may be a sign that your baby is in pain and needs medication.

Increased drooling and saliva bubbles

The healing process increases saliva production. Also, your infant may be adjusting to a new range of motion and can have difficulty controlling saliva. This is usually temporary

Increased sleeping

This could be due to medication, exhaustion or that the infant is feeling better and is more satisfied. Sleep may act as a coping mechanism for discomfort.

Will This Solve All Of My Problems?

It is good to remember that the tongue and lips are formed in the first trimester of pregnancy. Babies start moving their tongues at 16-20 weeks. So, they've been using a restricted tongue incorrectly for a long time. It's going to take some time to figure it all out.

- Some babies nurse better immediately
- Many babies don't nurse better for another month or so
- Even babies that show immediate improvement may have a setback
- For many people, it takes about a month to get to "good" nursing.

The tongue or lip tie release is just one step
Follow up with a Lactation Consultant ASAP
CST or other Bodywork may also be needed
STRETCH! STRETCH! STRETCH!

WHEN TO CALL THE DOCTOR

Although incredibly rare, please do not hesitate to call the office (740-369-4550 opt 6) if you experience any of the following:

- Fever greater than 101.5F
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for more than eight hours

Thank you so much for choosing us! We truly wish you and your baby a fast and easy recovery. Understand that feeding problems are quite common so you are not alone. Please reach out for emotional support from others who understand. You are not alone!