

THERE ARE TWO IMPORTANT CONCEPTS TO UNDERSTAND ABOUT ORAL WOUNDS:

1. Any open oral wound likes to contract towards the center of the 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 may stick together.

PURPOSEFUL STRETCHING: GET IN. GET OUT.

- Post-procedure stretches are key to getting an optimal result.
- These stretches are NOT meant to be forceful or prolonged. Be quick and precise with your movements.
- It is recommended that you purchase an affordable LED headlight to allow you to get the best results.
- We highly encourage you to approach these exercises in a positive manner.
- You do not need to wake your infant while they are sleeping during the night but instead, be sure to complete a thorough stretch after they wake after a longer stretch of sleep.

YOU MAY NOTICE:

- You may see a few drops of blood in the saliva after a stretch of the site(s). This is normal and will typically result if areas of the healing site were sticking together. The key is to use this same pressure in subsequent stretches.
- 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.

NORMAL POST-TREATMENT OCCURRENCES

Increased fussiness during first week

Be sure to use lots of skin to skin contact. This increases oxytocin levels, lowering pain sensitivity.

Trouble with latch during first week

Due to the initial soreness and re-learning of 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 should be addressed with your IBCLC.

Increased sleeping

This may 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.

WHEN YOU NEED TO CALL THE DOCTOR

Although rare, please do not hesitate to call the office (760-203-3468) if you experience the following:

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

CONTINUED POST-OP SUPPORT

Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to new oral mobility. In addition to bodywork therapy, oral motor therapy with a trained OT/SLP/PT helps build oral tone and suck/swallow coordination. Please take advantage of the team of professionals in our referral network to help optimize your baby's oral motor functioning.

PAIN MANAGEMENT RECOMMENDATIONS:

Under 6 months:

Infant Acetaminophen/Tylenol (160 mg/Sml concentration) _____ ml

Dose based on weight; given every 4-6 hours for first few days as needed for pain.

Over 6 months:

If infant is older than two months and Tylenol is ineffective. Get consent from pediatrician for Ibuprofen use. Children's Ibuprofen/Advil/Motrin 50mg/1.25ml or 100mg/Sml concentration) _____ ml

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

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 tinypieces under lips, tongue, or cheek and let melt slowly.

HOME CARE INFORMATION FOR Post-Op Freneotomy



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 may be sore, expect fussiness; begin first stretch in evening of procedure day	Soreness tapers off	Commitment necessary with post-op wound stretching	Continued oral exercises and massaging of healed frenulum encouraged
White healing patch forms, this is nature's band-aid	May observe minor bleeding from corners/crease of patch after stretching	Healing patch shrinking	Healing patch gone; new frenulum taking final shape and position
Baby may have trouble with latch	Baby is adjusting to new mobility and suck pattern	Implement oral strengthening exercises daily	Baby continues building oral strength and coordination
Have back up feeding plan and comfort measures prepared	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed	Further progress with feeding to be expected
LC follow up within the first 3 days highly recommended	Post-op bodywork, OT, PT highly recommended	Bodywork and LC follow ups as needed	Bodywork and LC follow ups as needed



WHAT ARE THE "WHITE DIAMOND" HEALING 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, in some cases it is yellow. The diamond will typically peak in size by day five and then start to shrink over the following weeks.

Lingual Healing Site (Tongue)



Labial Healing Site (Lip)



STRETCHING PROTOCOL:

Push, Scoop & Stretch

Stretch each site 5 to 6 times for a count of 5, as shown in the office, (the same time it takes for you to say "push, scoop & stretch" out loud). You do not need to wake your infant while they are sleeping during the night, but instead be sure to complete a thorough stretch after they wake from a longer stretch of sleep.



Push...

directly into the bottom edge of wound site with one index finger, using the other hand to stabilize.



Scoop...

upwards to lift up the tongue or lip until finger rests at the top half of the diamond.



Stretch...

up the tongue to ensure the diamond elongates vertically toward the back of the throat.

up the lip to ensure visibility of the entire wound site.