ALD Academy of Laser Dentistry

Tampa Bay TONGUE TIE CENTER

The American Board of Laser Surgery

Infant Tongue & Lip Tie Information

About Our Office

We are a Pediatric Dental Team with over 100 years collectively in treating children. Dr. Maggie is a Board Certified Pediatric Dentist and Diplomate in the American Academy of Pediatric Dentistry, which is a respected qualifying status earned by fewer than three percent of all dentists. Dr. Maggie holds her Certification in Infant and Pediatric Tongue Ties and Lip Ties given by the American Board of Laser Surgery. In regards to frenulum evaluations, as a Pediatric Dentist, Dr. Maggie is qualified in working in small mouths and has all the necessary experience & equipment to perform a proper evaluation, including proper lightning, magnification and infant positioning. Dr. Maggie is the mother to three young boys, all of which were breastfed. Our office is equipped with a soft tissue laser, which maximizes precision while minimizing bleeding, inflammation, and post-operative discomfort.

What is a Frenectomy?

A frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restrictions in movement that can cause significant difficulty with breastfeeding. Occasionally the anatomical restriction of a frenulum contributes to problems like tooth decay, excessive dental spacing or speech difficulties. When it affects the lingual frenulum, this condition is often called a tongue tie (or ankyloglossia). Approximately 5% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

How to prepare for the procedure?

Consult with your lactation consultant or speech language pathologist. They will be able to help with stretches prior to the procedure and they will be your follow up support after the procedure.

Please do not over dress your infant, as we typically like to wrap them in a soothing swaddle during the procedure. Please bring a swaddling blanket from home that your child likes best. Every infant is unique and will display varying levels of discomfort after the procedure. In some cases, skin-to-skin contact is enough to comfort your baby. You may consider using Infant Tylenol 30 minutes prior to the procedure which may help to minimize discomfort. Proper dosages should be based on your child's weight, not age.

- 6-11 pounds 1.25 mL
- 12-17 pounds 2.5 mL
- 18-23 pounds 3.75 mL

For children 6 months of age or older, you may use ibuprofen instead (or rotate with Tylenol every 4 hours as needed). A mild topical numbing medicine may be used during the procedure and the laser itself has some analgesic properties, so not every child needs a medication beforehand.

What to Expect?

In general, the procedure is quick and well-tolerated by children. We take every measure to ensure that pain and stress during the procedures is minimized.

1. General anesthesia is not utilized in the office. I.V. sedation is sometimes used on older, more active children.
2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure. We will have you wait in our Consult Room when the laser is in use and we will carry the baby to you immediately afterwards so you can nurse right away. The actual time of the lasering is 30-60 seconds.
3. All children and dental staff members wear laser protective eye wear.
4. For babies under the age of 12 months, a very conservative amount of topical numbing cream may be applied.
5. For children 12 months of age or older, numbing cream is applied and in some instances, an injected local anesthetic may be applied for additional anesthesia.
6. Crying and fussing are common during and after the procedure. In older children, we can discuss the option of I.V. sedation.
7. You may breastfeed, bottle-feed, or soothe your baby in any manner you like following the procedure. You may stay in our private consultation room as long as necessary. We encourage skin-to-skin contact and immediate feeding.

Discomfort

Discomfort usually lasts for about 12-36 hours, although sometimes it may last longer. Mild swelling of the lip will also occur if a lip tie release was performed. Breastfeeding and skin-to-skin contact provide a natural pain relief, however, your baby may need something for pain if they are extremely fussy or refusing the feed in the first 24 hours. Children under the age of 6 months should **not** be given ibuprofen (Motrin/Advil). Topical numbing ointments containing benzocaine like Orajel/Anbesol should **not** be used either. Acetaminophen (Tylenol) is encouraged. Please do not be surprised if your baby has increased difficulty feeding in the first few days until discomfort subsides.

Post-Procedure Care

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.
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.

Post-procedure stretches are critical to achieve optimal results. These stretches are not meant to be forceful or prolonged, but rather quick and precise. The stretching exercises are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you. A small amount of bleeding is common after the procedure in the first few days. Wash your hands prior to your stretches (gloves are not necessary). Stretching should be done 4x/day for the first 3 weeks. Do not perform the stretches immediately before nursing, so as to prevent a negative association with pain & the breast.

The Upper Lip is the easier of the two sites to stretch. If you must stretch both sites, we 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, simply place your finger under the lip and move it up as high as it will go (until it bumps in the nose). Then gently sweep from side to side for several seconds. Remember, the main goal of this procedure is to insert your finger between the raw, opposing surfaces of the lip and the gum so they can't stick together. Pretend you are rubbing the base of the babies nose, but from the inside aspect of the lip.

The Tongue should be stretched by inserting both index fingers and diving under the tongue to pick it up towards the roof of your baby's mouth. Focus on lifting the tongue up as high as it will go and holding it for 1-2 seconds. Relax and do it once more. Also use a sweeping motion to rub your finger under the tongue completely from left to right. The goal is to re-open the raw diamond shaped area at the center of the underside of the tongue.

Sucking Exercises are important to provide stimulation to babies who often have a disorganized or weak sucking pattern. The following exercises can be done to improve suck quality.

1. Slowly rub the lower gumline from side to side and your baby's tongue will 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-of-war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself.

Expectations & Improvement

Please understand that once your child has a tongue/lip revision, the improvement is rarely immediate. The revision of the frenulum is usually just the **first step**. Your child will now need some time to gain control and coordination of their newly mobile lip and/or tongue. Sometimes there is a small amount of regression in nursing or sucking for a day or two as your child's brain tries to learn how to use their tongue now that the restriction is gone. Not all babies will learn this automatically and lactation consultant & speech language pathologist support is essential for an ideal outcome. If you have been pumping and/or supplementing prior to the release of your child's tongue or lip tie, any changes to your routine should be made gradually under the guidance of a lactation consultant. Our office has several great resources in the community so please do not hesitate to ask for a referral to lactation consultants, SLP, or body workers.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus. Do not try to scratch or pick this area away. This is a completely normal inflammatory response and not infection. Just like a scab will turn white when you swim in a pool, when a wound is constantly wet it will take on this white/yellow appearance. Full healing takes a few weeks. Post-operative visits are scheduled at 3-7 days. You may also send photos to office@drmaggiedavis.com.

Best results are achieved with daily stretches and support from an International Board Certified Lactation Consultant (IBCLC) or Speech Language Pathologist (SLP) trained in infant feeding.

An excellent video that illustrates the procedure and post-procedure stretches can be found on YouTube:
https://www.youtube.com/watch?v=AXiB8ODw45s&t=29s
Dr. Kotlow laser surgery on infants with lip and tongue ties with breastfeeding problems; 6: 04.