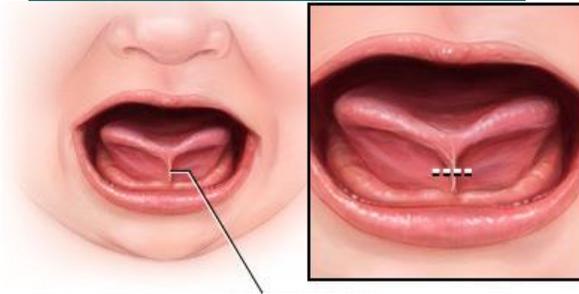


## Tongue Tie (Frenum)



## Upper Lip Tie (Frenum)



## Our dental soft tissue laser



### Postop instructions and exercises:

- These exercises are important to prevent reattachment of frenum
- Although the length of time is debatable, 4 to 6 weeks is the ideal amount of time needed to prevent reattachment of the frenum
- Try to perform these exercises 4 – 6 times per day
- You can try to do this during each time you nurse (when switching sides) or with diaper changes
- Keep it as playful as possible. Make funny noises and play with the mouth and tongue.
- Keep the actual stretching part to just a few seconds
- 1<sup>st</sup> lift the upper lip so the diamond is opened up, then use a gentle massage on the wound.
- Coming from behind use 2 fingers to elevate the tongue, opening the diamond shaped wound, and peel the tongue away from the floor of the mouth. Then gently press on the wound and massage the area.
- In Google search for "Frenectomy Home Care Video" & a good Youtube video can be seen

If you have any questions or concerns, please

contact us at:

James Bond DMD

phone: 406 – 586 – 5008

[office@jamesbonddental.com](mailto:office@jamesbonddental.com)

\*If you feel this procedure was beneficial, please make sure to let your pediatrician know. Thank you.



## Tongue and Lip Ties: Soft Tissue Laser Releases

### Does your child have a lip or tongue-tie?

There are many children who have difficulties related to tongue ties and lip ties, but unfortunately it's often not identified until later in life. As a newborn, it can cause many nursing difficulties, failure to gain weight, as well as emotional and physical pain for the nursing mother. A baby can also develop reflux or colic when nursing or bottle feeding (making clicking noises). As they age, children can develop speech difficulties, tooth & dental arch issues, as well as premature cavities, among others.

A tongue-tie is a non-medical term for a relatively common physical condition that limits the use of the tongue, ankyloglossia. Lip tie is a condition where the upper lip cannot be curled or move normally. Before we are born, a strong band of tissue called a frenum helps guide the development of structures in her mouth. It is supposed to recede and thin. Everyone has a frenum, but in some people, the frenum is especially tight or fails to recede and may cause tongue/lip mobility problems.



### Does it need to be treated?

A new baby with a tongue or lip frenum that is too tight can have trouble suckling and may have poor weight gain. If they cannot make a good seal on the nipple they may swallow air causing gas, colic, and reflux or spitting up. Baby's whose nursing mothers have significant pain while nursing or whose baby has trouble with the latch should be evaluated for tongue and lip tie. It can also cause thrush, mastitis, nipple blanching, bleeding, or cracking in the mother and inability to hold a pacifier. The mother often report that it is a "full-time job" just to feed the baby because they are constantly hungry and not transferring enough milk.

### Procedure:

Tongue-tie and lip tie release is a simple

procedure and there are virtually no complications when using a laser with good technique. The procedure may be performed as early as a couple of days after birth. Typically, the sooner it is addressed the better for the baby and mother. The revision can be performed in our office with some numbing jelly, using our dentistry specific soft tissue diode laser. Younger babies (2 to 3 days old up to 6 months) usually cry more due to us working in their mouth than due to the pain. The laser gently removes the tight tissue with virtually no bleeding, no stitches, and more rapid healing than with a scalpel or scissors. The laser also allows us to achieve a complete and full release with better results compared to a "partial release" commonly performed with scissors.

### Results:

Something important to understand is that when your child has a tongue and/or lip tie released, the improvement is

sometimes not immediate. Your child will need some time to figure out how to use their new mobility effectively. For infants, most of the time the mother notices a difference immediately. But sometimes, for a day or 2 as your child's brain tries to sort out how to use their tongue, there may be some regression. Sometimes babies need chiropractic or craniosacral therapy to address other issues such as torticollis (tight neck muscles) that can affect nursing.

### Management of Discomfort

Although this procedure does not generally have much discomfort, there are some steps you can take if you feel your baby needs it.

Tylenol and Motrin Dosing (**CONSULT YOUR PEDIATRICIAN BEFORE ADMINISTERING**):

**Tylenol Infant (160 mg/5 ML)(give every 4 to 6 hours as needed)**

\*6 to 11 lbs = 1.25 mL

\*12 to 17 lbs = 2.5 mL

\*18 to 23 lbs = 3.75 mL

\*24 to 35 lbs = 5mL

**Infant's Motrin (50mg/1.25 mL) (those only over 12 lbs. or 6 months old, give every 6-8 hrs)**

-12-17 lbs (6-11 mo) = 1.25 mL

-18-23 lbs (12-23 mo) = 1.875 mL