bell hill DENTAL

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General Information about Frenulum Procedures for the Infant

(Frenotomy or Frenectomy)

For videos, pictures and Frenotomy instructions please visit www.drghaheri.com/aftercare

What is Frenotomy?

A frenotomy or 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, and in some instances, other health problems like dental decay or spacing, speech difficulties and digestive issues. When it affects the lingual frenulum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 5% of the population has this condition, so your lactation consultant, midwife or doctor may feel that a procedure is warranted to improve symptoms. At Bell Hill Dental we will assess for both tongue and lip ties during the consultation appointment.

How to Prepare for the Procedure

If you wish, you may like to give your child Pamol following the procedure. This is not mandatory and for many of our patients we find it is not required. Be guided by your child. Pamol is not required prior to the procedure.

Pamol - Dosage (Junior Parapaed 120mg/5ml):

6 - 12 years: Two to four 5ml spoonfuls

1 - 6 years: One to two 5ml spoonfuls

3 months - 1 year: Half to one 5ml spoonful.

Under 3 months: 2.5mls

Repeat dose every 4 - 6 hours as required up to a maximum of 4 doses in 24 hours.

For children 6 months of age or older, you may use **ibuprofen** instead (or with Pamol). Please follow the dosing instructions on the package.

You may use whatever works for your family. This includes homeopathic remedies like arnica or Rescue Remedy, or nothing at all.

Vitamin E oil or Coconut Oil may also be used following the procedure, to lubricate the wound and aid with the post operative exercises. A natural non-alcohol teething gel may also be used.

What to Expect

Following the discussion of presenting concerns and a complete assessment and discussion on whether a procedure is indicated, you will be required to sign a consent form. Please do not hesitate to ask any questions you may have prior to signing this. At Bell Hill Dental we endeavor to have all of the relevant information emailed to you prior to your child's appointment, please take the time to read all of the attachments. If for some reason the email is not received then a hard copy will be provided at the time of surgery. Often our babies will be treated on the day of the consultation but this is not mandatory. You may take all the time you need to make a decision and book for treatment on another day. Older children are routinely seen for a consultation only and will be rebooked for a longer treatment appointment.

In general, the procedure is very well-tolerated by children, although this is very age dependent. Toddlers will be assessed however treatment may be deferred until a more cooperative age. We take every measure to ensure that pain and stress during the procedure is minimised.

General anesthesia is not utilised and is almost never needed to perform the procedure.

Due to laser safety regulations, caregivers are generally not allowed in the treatment room during the procedure. In some circumstances, for example our older children who are not required to be held ONE support person may be allowed. You will be shown to a room we have dedicated for your use, and your child will be brought back to you immediately following the procedure. The approximate time away from you is 5-10 minutes. The actual time of lasering is 15-30 seconds.

For babies under the age of 6 months, a sucrose solution is given orally which is well documented as a suitable pain minimising agent.

For children 6 months of age or older, numbing cream is often applied. In some instances, an injected local anesthetic may be used for additional anesthesia. This is more likely to be required in children 2 years of age and older.

Crying and fussing are common during and after the procedure. Babies do not appreciate having adult hands in their mouths!

You may breastfeed, bottle-feed, or soothe your baby in any manner you'd like following the procedure. You may stay as long as necessary.

There are two important concepts to understand about oral wounds:

Any open oral wound likes to contract towards the center of that wound as it is healing.

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

The main risk of a frenotomy is that the mouth heals so quickly that it 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. While allowing your baby to cry for a minute or 2 before offering comfort will provide the tongue with plenty of movement, the following exercises can also be included post-operatively to minimise the risk of re-attachment.

The exercises demonstrated below are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you.

Stretches

A small amount of spotting or bleeding is common after the procedure, especially in the first few days. Because a laser is being used, bleeding is minimized. Wash your hands well prior to your stretches (gloves aren't necessary). Apply a small amount of oil to your finger prior to your stretches.

The Upper Lip is the easier of the 2 sites to stretch. If you must stretch 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, simply place your finger under the lip and move it up as high as it will go (until it bumps into resistance). Then gently sweep from side to side for 1-2 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.

The Tongue should be your next area to stretch. Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and pick it up, towards the roof of baby's mouth. The tongue needs three separate stretching motions:

Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the baby's mouth). Hold it there for 1-2 seconds and then relax. 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 is 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 tynes completely under the pallet, lifting the pallet up will cause it to tip backwards. If you get the tynes completely under the pallet, you can lift the pallet straight up.** We recommend placing your fingers on either side of the diamond and pushing **into the sides** of the diamond before lifting up on the tongue. To make the stretch effective, make sure the tongue goes **up** and not **backwards.**

With one finger propping up the tongue, place your other finger in the middle of the diamond and turn your finger sideways and use a lifting motion from front to back to try and keep the diamond as deep as possible. Use a lifting motion when you sweep through the diamond, trying to separate the horizontal fold across that diamond. Make sure your finger starts within the diamond when doing this stretch. Once it's done, repeat the motion on either side of the diamond (outside the diamond) to loosen up the musculature of the remainder of the floor of mouth.

Sucking Exercises

It's 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 disorganised or weak sucking patterns that can benefit from exercises. The following exercises are simple and can be done to improve suck quality.

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.

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. This can also be done with a dummy.

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.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus.

This is completely normal. Do not pick at the area or try to remove what may look like a wet scab. This is a very important part of the healing process.

24 hours after the procedure our reception staff will contact you to ensure you have no immediate concerns. Dr Ally will make a follow up phone call approximately 2 weeks following the procedure. Please do not hesitate to contact us earlier if you have any questions or concerns.