

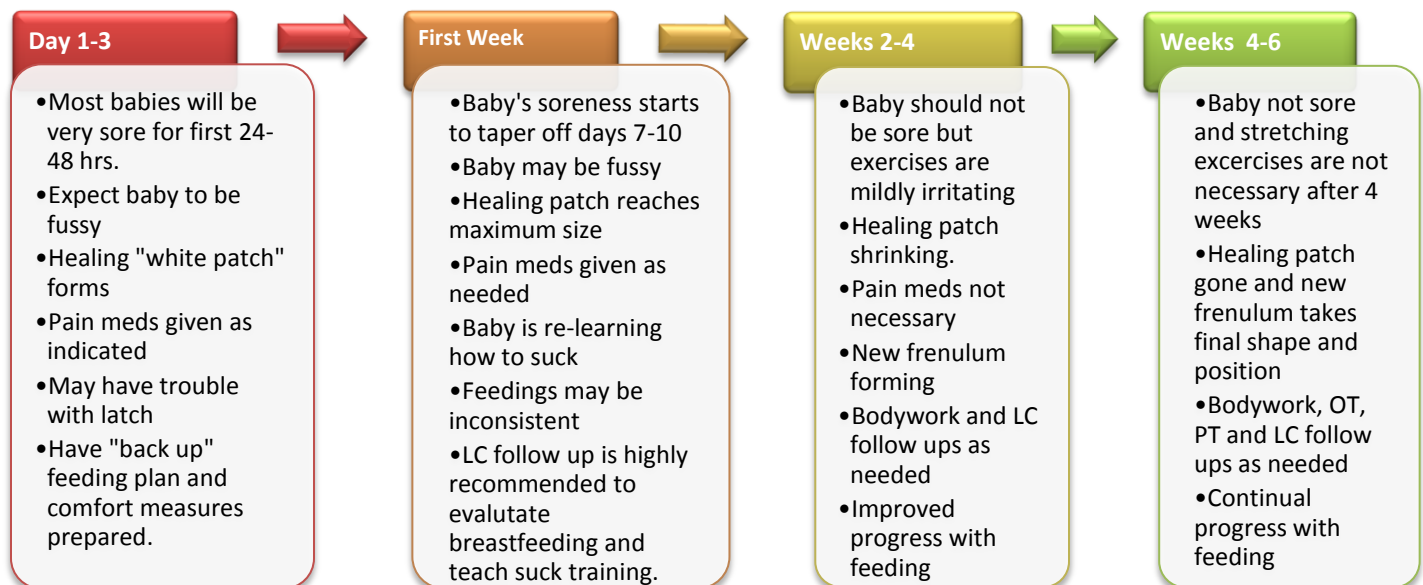
Home Care Information for Post-Op Frenectomy (Newborn to 1 year)

Emergency Contact: 317-902-9540 – Dr. Mikel Newman

IMPORTANT: This packet includes information that will help you and your little one recover as best as possible. Please understand that sucking correctly and consistently after the procedure takes time. Improvements with feedings are usually **gradual** and may take anywhere from **2-4 weeks**. In some cases, babies may never change their suck pattern by frenectomy alone and thus require additional therapies. Therefore, it is **critical** to work with an IBCLC who has extra training in suck dysfunction in order to attain an optimal end goal. Each baby is different and outcomes may vary.

What you may expect after the procedure:

Please be aware that the healing timeline below applies to most babies but not all. Some babies may have a hypersensitive response to treatment. In those cases, more comfort measures will be needed.



Pain Management Recommendations:

Under 6 months:

- **Infant Acetaminophen/Tylenol** (160 mg/5mL concentration)
Dose based on weight every 4-6 hours for first few days as needed for pain.
- **Arnica Montana 30C tablets** – Homeopathic remedy used to treat inflammation.
 - **Instructions:** Dissolve 10 pellets in 2-3 ounces of breast milk or water. Store chilled.
 - Give 2 mL every 1-2 hours for the first few days and then given as needed.
 - May be given every 15 minutes during an acute episode.

mL

Over 6 months

- **Children's Ibuprofen/Advil/Motrin** -Infants' drops (50 mg/1.25 mL) or Children's concentration (100 mg/5 mL)
- *If infant is older than 2 months and Tylenol is ineffective, get consent from pediatrician for ibuprofen use.*
- Dose based on weight every 6-8 hours as needed for pain

mL

Soothing Gels/Oils

- Primary purpose is to lubricate and offer localized relief
- Best if kept chilled
- Safe for any age
- Simply apply small dab to treated areas 4-6 times a day
- Recommended Gels: **Hyland's Teething Gel, Orajel Naturals, Organic Coconut Oil, Camilia Teething Drops**

Normal Things You May Notice After the Procedure



Increased fussiness and inconsolable crying during first week

Immediately after the procedure, it is best to give pain medications in order to stay ahead of any discomfort. This may be necessary during the first few days and sometimes up to one week.

Bleeding after doing the stretches

Keep in mind that a little bit of blood in a pool of saliva appears worse than it really is. If this occurs, nothing needs to be done and it is safe to feed.

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 it gets better. **It is critical to follow up with your IBCLC for any feeding related issues.***

Increased choking and spitting up

Baby may initially have a hard time adjusting to the change in latch. This is usually temporary and should be addressed with your IBCLC.

Increased drooling and saliva bubbles

The healing process increases saliva production. Additionally, the new movement of tongue creates a surplus of saliva. This is usually temporary.

Increased sleeping

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



- When your baby is extra fussy be sure to use lots of skin to skin contact. This increases oxytocin levels which lowers pain.
- If baby is fussy and struggling to latch on, try feeding your baby while taking a nice warm bath
- If your little one is extra squirmy during the stretching exercises and you do not have a second person there to help, try using a swaddle.
- Using good lighting and an LED head light during the stretches really helps visualize the diamonds and ensures accurate and precise technique.
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves.
- Frozen breast milk ice chips can act as a natural numbing agent and help with pain. Freeze flat in a baggie and place tiny pieces under lip, tongue, or cheek and let it melt slowly.
- The stretches can be done before, after or in the middle of a feeding- whichever seems to work best. It may be best to feed before the stretches during the first week as the infant is most sore at that time.
- Try suck training exercises in conjunction with the stretching exercises to assure baby that not every oral stimulus is unpleasant.



When you need to call the doctor

Although rare, please do not hesitate to call us if you experience the following:

- **Fever greater than 101.5° F**
- **Uncontrolled bleeding**
- **Refusal to feed (bottle and/or breast) for over 8 hours**



Understand that feeding problems are quite common. You are not alone. Please reach out for emotional support from others who can understand. **The Indiana Tongue and Lip Tie Support Group** can serve as a good source to share with others, connect with an IBCLC or find resources for body work and other helpful therapies.

Thank you so much for choosing us! We truly wish you and your baby a fast and easy recovery. If you have any questions or concerns, feel free to call us at 317-293-3000

Stretching Exercises:



drmikelneman.com

The purpose of the stretching exercises is to ensure that a new frenulum heals with increased flexibility. We highly encourage you to approach these exercises in a positive manner. Your technique AND positive demeanor are EQUALLY important. Please do one round of exercises before bed on the day of the procedure. On the following day, you may start the normal stretching protocols listed below.



Fig. 1

Labial Frenum (Lip)

1. With clean hands, grasp the upper lip and lift up and back towards the nose.
2. Hold this position (see Fig. 1) for **no more than 3 seconds**.
3. Then use the pad of your index finger to massage along the gum ridge as if you were brushing imaginary teeth. Be gentle and make sure you rub high into the fold under the lip. **Rub about 5 times side to side and up and down.** Massaging part should take no more than 5 seconds. (See Fig.3 for right picture)

Stretching Protocols:
Stretch and massage
each area

10-15 seconds (per site)

6 times a day

for 3-4 weeks

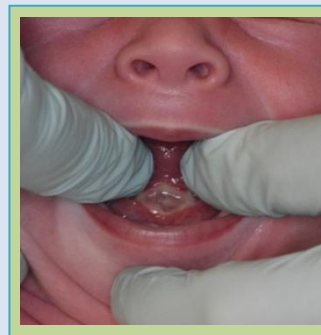


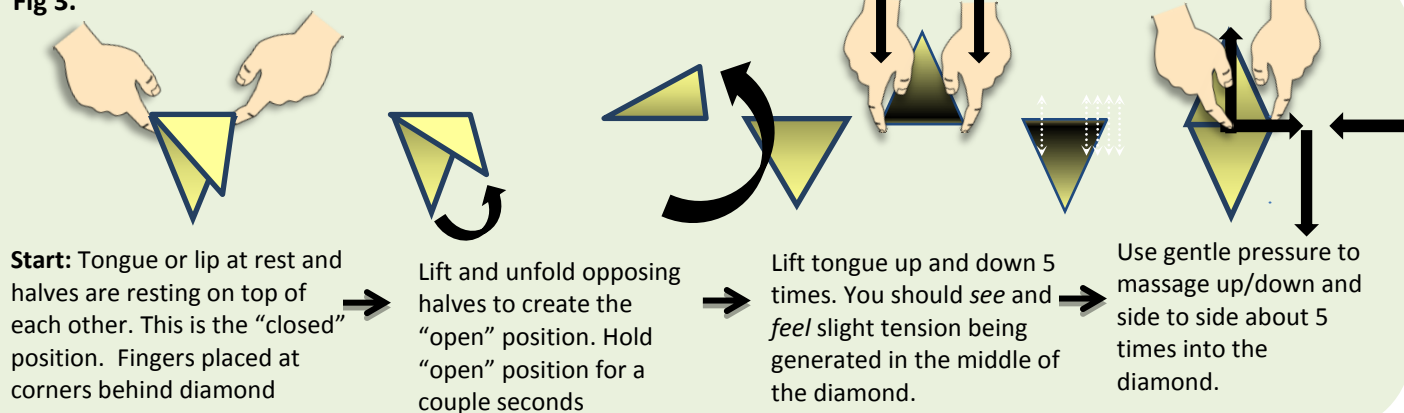
Fig 2.

Lingual Frenum (Tongue)

1. With clean hands, **deeply** place both index finger tips at the left and right corners of the diamond. Fingers should sink into "squishy" part of mouth. (see Fig. 2)
2. It is helpful to use other remaining finger(s) to push down on chin to help keep mouth open.
3. Use both index fingers to lift the tongue up and down for **5 repetitions**. Your fingers will do an upside down "come here" motion. When done correctly, tongue should lift and diamond will unfold.
4. **Gently** massage *into* the diamond up and down and side to side about **5 times** each way. Use mild to moderate pressure. (See Fig. 3)

Please take note of the "white diamond patches": The released area will form a wet scab after the first day. It will appear white and soft because it is wet. This is nature's "band aid". It is not always white, and in some cases it is yellow, bright yellow, green, or grey. The diamond will usually peak in size by day 7 and then shrink from day 7 to 21. **Make sure you are gently rubbing into this scab because the healing is occurring underneath it.** After one week, the white area will get smaller each day, but HEALING IS STILL HAPPENING! So even though the scab will heal you **MUST** continue the stretching or the new frenulum will not be as long as possible and the surgery will need to be repeated.

Fig 3.



Suck Training Exercises

Important: These exercises are NOT intended to replace the in-person help of a lactation consultant or health care professional. Any delay in seeking expert help may put the breastfeeding relationship at further risk. These exercises are helpful for regaining proper tongue functioning.

Use these exercises before feeding or as a playtime activity. Be sure to stop any exercise that your baby dislikes. Always get permission from the baby to put fingers into his or her mouth. It is not necessary to do every exercise; only use those that are helpful for your baby. Before beginning, wash hands and be sure nails are short and smooth. It is best to work directly with a lactation consultant to determine which exercises are best for you and your baby.



Exercise 1: Finger Sucking

Use a finger (with a trimmed and filed nail) that closely matches the size of your nipple. Place the backside of this finger against the baby's chin with the tip of your finger touching the underside of the nose. This should stimulate the baby to gape widely. Allow the baby to draw in finger, pad side up, and suck. The *tongue should cover the lower gums* and your finger should be drawn into the juncture of the hard and soft palate. If the tongue is not forward over the lower gums, or if the back of the tongue bunches up, gently press down on the tongue (saying "down") and use forward (towards the lips) traction.



Exercise 2: Down and Out Stroking

- Begin as in exercise 1, but turn finger over and press down on the back of the tongue and draw slowly out using with downward and forward (toward lips) pressure on the tongue. Repeat a few times.



Exercise 3: Lateralizing Side to Side

- Gently stroke the baby's lips until the opens mouth, and then stroke the lower and upper gums side to side. The tongue should follow your finger.



Exercise 4: Circular Strokes

- Touch the baby's chin, nose and upper lip. When the baby opens wide, gently massage the tip of the tongue in circular motions pressing down and out, encouraging the tongue to move over the lower gums. Massage can continue back further on the tongue with light pressure as the finger moves back on the tongue and firmer pressure when the finger moves forward. Avoid gagging baby.



Exercise 5: Desensitizing Gag Reflex

- If a baby has a *high or narrow palate* and gags on the nipple or insists on a shallow latch, it may help to desensitize the palate. Begin by massaging the baby's palate near the gum-line. Progressively massage deeper, but avoid gagging the baby. Repeat exercise until the baby will allow a finger to touch his palate while sucking on a finger. It may take several days of short exercise sessions to be effective.

Tips for the TIGHT and TENSE baby:

If your baby does not open wide, a gentle massage may help relax the jaw and facial muscles. A skilled body-worker such as a chiropractor, osteopath or craniosacral therapist who specializes in infant care may also help your baby. Begin with a light fingertip circular massage under the baby's jaw from back to front on both sides. Using fingertips, massage the baby's cheeks from the center toward the temple on both sides. Massage in tiny circles around the mouth, near the lips, clockwise and counter clockwise. Massage around the baby's mouth, near the lips, from center outward, on both sides of the mouth, top and bottom. Gently tap a finger over the baby's lips. Massage the baby's chin.

Additional Therapies

Body Work

Body work is the general term used to describe therapies that may help relieve and normalize structural issues in the body. Some babies may need more body work than others. Babies who receive some form of bodywork seem to heal and rehabilitate better. Some types of therapies are listed below:

Tummy Time

This is a simple at-home therapy you can perform a few times a day for 5-20 minutes. This may help your infant gain strength in the neck muscles which support proper sucking.

Craniosacral Therapy

Craniosacral Therapy (CST) is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction. It also improves whole-body health and performance. CST is usually performed by a chiropractor or an osteopath.

Myofascial Release Therapy

Myofascial Release Therapy is a safe and very effective hands-on technique that involves applying gentle sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion. Myofascial Release Therapy is usually performed by a physical therapist or massage therapist.

Oral Motor and Sensory Therapy

Oral Motor and Sensory Therapy are different than bodywork and takes a comprehensive approach to assess sucking, swallowing, and general feeding issues. You may ask your pediatrician for a referral to a highly skilled therapist. The following types of providers may help:

IBCLC – (International Board Certified Lactation Consultant) Some IBCLCs may have extra training in suck dysfunction.

OT/PT – (Occupational or Physical Therapist) May help with feeding difficulties in infants and children.

SLP – (Speech Language Pathologist) – May help with speaking and/or feeding difficulties in infants/children.

OMT – (Orofacial Myofunctional Therapist) OMT is a relatively new and emerging field and this type of specialist helps restore proper muscle balance and function of the mouth.