

## What is a 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 or doctor may feel that a procedure is warranted to improve symptoms.

How to prepare for the procedure

The use of Tylenol 30-60 minutes prior to the procedure can help to minimize discomfort.

Dosage: Using the dropper in the manufacturers packaging:

- 6-11 pounds - 1.25mL
- 12-17 pounds - 2.5mL
- 18-23 pounds - 3.75mL
- 24-35 pounds - 5mL

For children 6 months of age or older, you may use ibuprofen instead (or with Tylenol). 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. Because numbing medicine is used during the procedure, and because the laser itself has some analgesic properties, not everyone needs a medication beforehand.

## What to Expect

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

1. General anesthesia is not utilized in the office and is almost never needed to perform the procedure.
2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure. I will carry your baby to and from the room, and the approximate time away from you is about 3 minutes. The actual time of lasering is 15-30 seconds.
3. For babies under the age of 12 months, a topical numbing cream is applied to the area(s) that will be treated. This medication works very quickly.
4. For children 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.
5. Crying and fussing are common during and after the procedure. In older children, we have the option of giving an oral dose of Versed (midazolam), which is a relaxing medicine similar to Valium. It is very safe in children and begins working in 20-30 minutes. It helps alleviate separation anxiety in addition to providing an amnesia-like effect during the procedure.

6. 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:

1. Any open oral wound likes to contract towards the center of that 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 will reattach.

I feel that post-procedure stretches are key to getting an optimal result. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements. I feel that getting an affordable LED headlight (like a camping headlight) allows you to get the best results.

You may use Tylenol, Ibuprofen (if 6 months of age or older), arnica, Rescue Remedy or other measures to help with pain control. **I recommend the purchase of a non-numbing teething gel like Hyland's Teething Gel or Orajel Naturals (not regular Orajel).** This gel will be used during your stretching exercises and can help with pain afterwards as well.

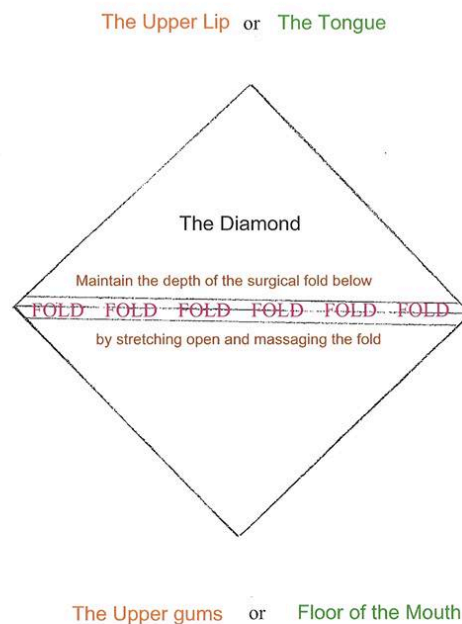
The main risk of a frenotomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. The exercises demonstrated below are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you.



How to approach your child when doing stretches:

## 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 the teething gel to your finger prior to your stretches. My recommendation is that stretches be done 4x/day for the first 3 weeks, and then spending the 4th week quickly tapering from 4 to 3 to 2 to 1 per day before quitting completely at the end of the 4th week.



*Courtesy of Dr. Shervin Yazdi. The wounds created are typically diamond-shaped. This diamond has 3 dimensions - height, width and depth. This is especially important for the tongue wound, which is much deeper than the lip wound. Maintaining these 3 dimensions is the key to successful healing.*

**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 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.

**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:

1. 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, relax and do it once more. 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).
2. With one finger propping up the tongue, place your other finger in the middle of the diamond and do a gentle circular stretch for several seconds to dilate the diamond
3. Once that is done, turn your finger sideways and use a roller pin motion to try and keep the diamond as deep as possible. 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 disorganized or weak sucking patterns that can benefit from exercises. The following exercises are simple and 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.
3. 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 a completely normal inflammatory response. Do not let your child's regular doctor, lactation consultant, friend who thinks they're an expert, or anyone else make the determination for you. If you think an infection exists, give our office a call.



It is essential that you follow-up with your lactation consultant after the procedure to ensure optimal results.

**Call our office for any of the following:**

- Uncontrolled bleeding
- Refusal to nurse or take a bottle
- Fever > 101.5