



**LAKE
SAMMAMISH**
KIDS DENTISTRY

POST-OP FRENECTOMY

HOME CARE GUIDE

WHAT YOU MAY EXPECT AFTER THE PROCEDURE:

Please note the healing timeline may vary among children.

	WEEK 1	WEEKS 2-3
Baby may be sore, expect fussiness (especially at the 5-hour mark post-procedure)	Baby is adjusting to new mobility and suck/feeding patterns	Follow wound care timeline as advised by Dr. Annikka; healing patch shrinking
Expect inconsistency in baby's feeding patterns; have back up feeding plan and comfort measures prepared	May observe minor bleeding from healing site after performing wound care stretching	Baby continues building strength and coordination; implement oral exercises as recommended
Begin wound care stretching the evening of procedure or next morning	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed
Consider homeopathic remedies as needed	Soreness tapers off	Bodywork/oral motor therapy/feeding support as needed
White healing patch forms day 2-3, this is nature's band-aid	Recommend scheduling post-op lactation/feeding support session or additional bodywork/therapy as needed	Healing patch starts to disappear; a "new" longer, more flexible frenulum begins to take shape over coming weeks

Infant Tylenol Dosage Chart

Age	Weight	Dose
0-3 months	6-11 pounds	1.25 mL
4-11 months	12-17 pounds	2.5 mL
12-23 months	18-23 pounds	3.75 mL
2-3 years	24-35 pounds	5 mL

Can be given every 4-6hrs. DO NOT exceed 5 doses in 24hrs

Natural Remedies

Organic Coconut Oil

Best if kept chilled and safe for any age. Simply apply small dab to treated areas 4-6 times a day

Arnica Montana 30C pellets

Dissolve 5 pellets in 1 oz of breastmilk or formula, keep solution stored in fridge; give 5-10 drops every 2-3 hours as needed.

Breast milk ice chips

Can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie and place tiny pieces under lips, tongue, or cheek and let melt slowly. You can wrap the pieces in an unfolded 2x2 gauze to keep a secure hold on them while they melt

Hyland's Naturals Baby Oral Pain Relief: Dissolvable oral tablets

- Children under 6 months: Dissolve 2 tablets on tongue every hour up to 4 hours as needed. If symptoms persist, 2 tablets every 4 hours during the night until relieved.

Note: For infants, consider dissolving tablet with a few drops of breastmilk/water on a plate to create a paste you can wipe inside of the mouth

- Children 6 months to under 3 years: At onset of symptoms, dissolve 3 tablets on tongue every hour up to 4 hours as needed. If symptoms persist, 3 tablets every 4 hours during the night until relieved.

FUSSY BABY POST-FRENECTOMY? TRY THESE SOOTHING TOOLS.

Baby Wearing or Skin-to-Skin

Research shows close contact with your little one helps baby regulate physical and emotional responses. Try using a hands-free baby carrier/wrap to keep your baby close and to lessen feelings of stress or discomfort should they arise.

Bouncing & Rocking

These gentle movements aid to soothe and comfort. If you are having a hard time calming your baby or getting him/her to sleep, try holding your child while sitting on a large exercise ball and bouncing for a few minutes.

Fresh Air

Get outside and breathe it in. This should help calm your baby's emotional state (as well as your own). Try holding, bouncing, baby wearing or a stroller ride.

Cold Yummies

Breast-milk ice chips/pops, homemade frozen yogurt drops, and/or cold teething toys (if age appropriate) may help with oral discomfort.

POST-FRENECTOMY HEALING SITES

The incision site will form a wet, soft scab after the first day (resembling a diamond shape under the tongue). This is nature's "band-aid" and while typically white in color, in some cases it is yellow. The scab usually peaks in size by day five and then starts to shrink over the following weeks. The size of the healing site may vary among children and is based upon individual frenulum anatomy.

Lingual Healing Site (Tongue)



Labial Healing Site (Lip)



POST-FRENECTOMY WOUND CARE

Dr. Annikka recommends gentle, manual stretching of the treated area(s) 3x daily to help support tissue flexibility and optimal healing patterns. Use adequate lighting to visualize the area(s) as needed. You may use gloves or clean hands.

TONGUE: PUSH, SCOOP N' STRETCH



PUSH...

directly into the bottom corner of the site using one index finger; use the other hand to gently press down on child's chin to open and stabilize the mouth.



SCOOP...

to lift the tongue up towards the roof of the mouth.



STRETCH...

the tongue up for a few seconds and ensure the diamond elongates vertically; your index finger should now rest at the top of/above the diamond-shaped incision.

LIP/CHEEK: FINGER SWEEP



Place your index finger inside your baby's cheek area making sure your finger is all the way up in the "pocket." Sweep your finger across the healing site 1-2x; this should only take a few seconds.

WOUND CARE TIPS

Standing Stretch

- Laying baby down to perform wound care typically provides you with the best view of the healing sites. If you are finding this challenging and/or your child is getting upset, try the “standing stretch” technique. Hold your baby in one arm while using your index finger on your free hand to access sites – bounce, walk, and shush as needed to quickly complete the care.

o Tip: Gain site visibility by standing in front of a mounted wall mirror.

Toddler Recommendations

- If laying child down is not working for your family, you may find it easier to sit child on your lap or the couch to complete wound care.
- Consider using a chewy oral motor/teething toy or a homemade popsicle to achieve better compliance and access. Rely on take-home bite block as needed.

o Tip: Optimize child’s movement during healing with mirroring exercises, a variety of foods and textures (if appropriate) and by working closely with your oral motor specialist when recommended.

NORMAL POST-TREATMENT OCCURRENCES

Due to the initial soreness and changes in child’s latch/oral mechanics, feedings may be inconsistent the first week. It is critical to have support from a feeding specialist for guidance. Snuggle and love on your baby as much as possible to increase oxytocin levels and to help lower pain sensitivity.

Increased Sleeping

May be due to tiredness/discomfort or that your child is feeding more efficiently and, in turn, more satisfied post-feeds.

Increased Spitting Up or Salivary Production

Some babies may take in more milk in a shorter time frame post-treatment, causing a temporary increase in reflux symptoms. As your child adjusts to increased oral mobility, you may observe increased salivary production during the first week post-procedure.

Minor Bleeding from Site(s)

A few drops of blood in the saliva may occasionally occur after stretching the site(s).

Changes in Symptoms and Feeding Habits May Take Time

Expect an adjustment period. Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to new oral mobility.

WE’RE HERE FOR YOU!

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

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



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