



## **FRENECTOMY (TONGUE/LIP TIE PROCEDURE) AFTERCARE**

*This packet should be reviewed before your child's procedure appointment.*

- \*A tongue tie frenectomy is often **not** an instant or complex fix, and your child may need additional therapies **before and/or after** a frenectomy for the best outcome.
- \*Good **pain management** increases the success of feeding, and of the wound stretches.
- \*Wound stretches are absolutely necessary, and done **every 4 hours for 4-6 weeks**.
- \*There are multiple **ways to get help** during this aftercare period (lactation consultants, a text/phone hotline run by the Tongue Tie Liaison, and wound checks in office).

### **BEFORE YOUR APPOINTMENT**

- **Watch** videos, gather info, find support here: <https://www.tonguetiekids.com/aftercare-links>
- **Gather** recommended supplies like Tylenol, an Arnica product, dropper (info on page 2-3), gloves (optional)
- **Practice** the exercises and stretches provided on page 3.
- **Start/continue** tummy time, which improves motor development, and helps baby strengthen, and stretch their jaw, neck, shoulder and arm muscles. More info on page 3.
- **Schedule** any necessary or beneficial therapies for before and after the procedure. Details on page 2 and 4.

### **PAIN MANAGEMENT BASICS: START 2-3 HOURS AFTER PROCEDURE**

Use Tylenol or Ibuprofen (depending on age), and the listed homeopathic remedies. Start with 12-24 hours of medication and then watch your child to see when you can lessen the frequency of dosing. We highly recommend families to chose to use Tylenol (or Ibuprofen if 6mo+) and **one** of the options for arnica found on page 2. Arnica products can be given with Tylenol/Ibuprofen, or in between those doses. Contact us if your child is needing around the clock Tylenol past day 3-4.

### **STRETCHES & EXERCISES BASICS: START 6 HOURS AFTER PROCEDURE** (UNLESS OTHERWISE DIRECTED)

Weeks 1-4	EVERY 4 HOURS during the day (all stretches & exercises) and night (#5,6 only) Skipping stretches or ending them early will most likely result in reattachment. A revision is not always a good option, so do your best this first time around!
Weeks 5-6	EVERY 6 HOURS during the day (all stretches & exercises) and night (#5,6 only) If any reattachment has occurred, continue every 4 hours.

Doing these exercises and stretches consistently, for a total of 1 to 1.5 minutes each session for all of them (1-6), will ensure the best outcome. This part of aftercare can feel overwhelming and challenging for parents, but it is incredibly important. Just these weeks of aftercare can give a lifetime of benefits, well beyond feeding. The goal of these exercises is to keep the healing tissue open and separate, in order to prevent reattachment, and to encourage the movement and function of the tongue. They can be done before or after feedings, diaper changes, tummy time, switch it up! A rolled-up hand towel or receiving blanket behind their shoulders will tip their head back, making it easier to see the inside of their mouth. You can do these exercises facing the baby, or from above the baby's head, with their feet pointing away from you. Sometimes when baby is crying and their tongue is raised, a quick set of exercises can be done. Some younger babies will even sleep through the stretches.

If you feel your baby is having a hard time and the exercises are causing more harm than good (refusing to nurse/bottle feed, extreme fussiness, and/or fatigue), please call the Patient Care Liaison.

Mona - Patient Care Liaison/IBCLC 602-544-3967 call or text (**questions and concerns before/after procedure**)  
 Tonya - Tongue Tie Coordinator 480-585-5200 (**for scheduling and billing questions**)  
 To find out the **cost of the procedure**, contact your insurance company with the info below:  
**Billing Codes:** Tongue Tie 41115, Upper Lip Tie 40819. **Diagnosis Codes:** R63.3, Q38.0, Q38.1  
[www.tonguetiekids.com](http://www.tonguetiekids.com)   [www.fb.com/groups/tonguetiekids](https://www.facebook.com/groups/tonguetiekids)   IG: @agavepediatrics

## PAIN MANAGEMENT DOSING

**ACETAMINOPHEN/Tylenol, Genexa, store brand**  
 Give every 4 hours the day of the procedure, then every 5-6 hours the next 2-3 days, if needed.

**IBUPROFEN/Motrin/store brands (used instead of Tylenol, only for children 6 months of age or older)**  
 Give every 6 hours, as needed, for 1-3 days.

WEIGHT	INFANT or CHILDRENS 160mg per 5ml
6-11 lbs	1.25 ml
12-17 lbs	2.5 ml
18-23 lbs	3.75 ml
24-35 lbs	5 ml (1 tsp)
36-47 lbs	7.5 ml (1 ½ tsp)
48-59 lbs	10ml (2 tsp)
60-71 lbs	12.5 ml (2 ½ tsp)
72-95 lbs	15 ml (3 tsp)

WEIGHT	INFANT MOTRIN 50mg/1.25ml
12-17 lbs	1.25 ml
18-23 lbs	1.875 ml
	<b>CHILDRENS MOTRIN 100mg/5ml</b>
24-35 lbs	5 ml
36-47 lbs	7.5 ml
48-59 lbs	10 ml
60-71 lbs	12.5 ml
72-95 lbs	15 ml

*For those wishing to forgo Tylenol, we have a homeopathic guide at [www.tonguetiekids.com/aftercare-links](http://www.tonguetiekids.com/aftercare-links)*

**Hylands Oral Pain Relief Tabs** (day or night) contains **Arnica**, and can be used for any aged child. It can be found at Walmart, Target and pharmacies. It does not require prepping, the tablets dissolve quickly, place under the tongue. Follow the dosage instructions on the box.



**OR**

**Arnica Montana 30C** These products can be given with or between other medications. Found at Sprouts, Whole Foods, and Amazon. You only need one vial, as pictured.



**INFANTS:** To make a batch of Arnica Montana doses, crush/dissolve 10 pellets in 1 to 2 tablespoons of water or breast milk. Once it dissolves, one dose is approximately 10 drops (0.5ml) of that liquid applied under the tongue. Give as needed every 2-4 hours. To treat extra pain or fussiness give every 15 to 30 minutes for up to an hour, then return to every 2-4 hours. **CLEARLY LABEL** and store in the fridge for up to 4 days. **CHILDREN 4+ YEARS:** Dissolve 3-5 pellets under the tongue, 3x a day, or more as needed.

## PRE/POST PROCEDURE SUPPORT & THERAPIES

Overcoming the challenges of lip and tongue ties can be a lengthy and whole-body process. Working with an IBCLC, body worker or other therapist may speed up this process, **improve function and symptoms, and make your child more comfortable**. Therapies like chiropractic care, speech, occupational, physical and myofunctional may be beneficial, before and after a procedure. **Agave Pediatrics is committed to holistic care and offers in-office lactation consultants and osteopathic manual medicine**. Insurance and cash pay options are available.

**LACTATION:** We strongly recommend to work with a lactation consultant before and/or after your baby's procedure. An IBCLC (International Board Certified Lactation Consultant) can help with latch difficulties on breast and bottle, low supply, supplementing, pumping/hand expression, clogs/mastitis, post frenectomy care and more.

**OSTEOPATHIC MANUAL MEDICINE:** This gentle hands-on treatment by a physician (DO) can help address dysfunction within any body system (musculoskeletal, nervous, digestive, lymphatic and connective tissues). Many issues can coincide with tongue ties, such as torticollis, plagiocephaly, feeding difficulty, constipation, and body tension.

## TONGUE WOUND STRETCHES (INFANTS)

Weeks 1-4	EVERY 4 HOURS during the day (all stretches & exercises) and night (#5,6 only). Skipping stretches or ending them early will most likely result in reattachment. A revision is not always a good option, so do your best this first time around!
Weeks 5-6	EVERY 6 HOURS during the day (all stretches & exercises) and night (#5,6 only). If any reattachment has occurred, continue every 4 hours.

### Improving Function (start with these on a calm, awake baby)

- 1. BEEP, BOP, BOOP Game** (Desensitizing the Palate and Gag Reflex, approx. 30 seconds) Some babies resist a deep latch because they have a very sensitive gag reflex. Systematically desensitizing it can be helpful. Begin with touching baby’s chin saying “BEEP” - Touch baby’s nose; saying “BOP” - Touch baby’s upper lip; saying “BOOP” (touching the upper lip will tell baby to open mouth) - Press down on the center of baby’s tongue saying “BEEP” If baby does not open mouth when upper lip is touched, tickling the lower lip may help. Do this a few times if baby is participating. (Catherine Watson Genna: Supporting Sucking Skills in Breastfeeding Infants)
- 2. Follow the Finger** (Lateralization/side to side exercise, approx. 15 seconds): Slowly slide pinky or index finger along baby’s lower gums, massaging from one side to the other, encouraging baby’s tongue to follow your finger from side to side with the tongue. Repeat 3-4 times. As you do this, use your thumb to support your hand and the baby’s jaw to increase stability.
- 3. Tug-o-War** (Strengthening exercise, only for babies 0-3 months, approx. 15-30 seconds): Touch baby's lips to encourage them to open wide, then slide your finger in their mouth, pad up, on top of their tongue and allow them to suck. While your baby sucks and you press down on their tongue slightly, gently play tug-o-war, pulling your finger out slightly and letting them suck your finger back in. This may sooth baby after the other exercises. It can be especially helpful just before baby breastfeeds since it helps baby learn proper tongue movement for breast and bottle feeding. Try this with a pacifier, or when baby is in tummy time or lying on their side.
- 4. Cheek Stretches** (Releasing tension, approx. 15 seconds): Place pointer inside and thumb outside of your child’s cheek and gently stretch outward while slowly gliding/moving your fingers up and down. Following a C-shaped movement. If you feel resistance, pause for a few seconds and you may feel the tension release. If your baby resists having a finger inside their mouth, you can start with drawing a c-shaped line from their nostril to chin, and lines from their nostril towards their ear as if you were drawing whiskers

### Preventing Reattachment

- \*\*5. Push Back the Tongue:** This exercise stretches the wound and improves the ability for the tongue to elevate as it should. Place the pad of your pointer finger at the top point of the wound on the underside of the tongue. Firmly push back/up on the tongue 3-5 times towards the roof of the mouth/back of the throat, taking 5-10 seconds. For tight or reattaching tongues, it may be helpful to push your finger deeper/firmer on the sides of the tongue for the lift. These exercises should be firm, not forceful: think of the pressure needed to bend back your finger to discomfort but not pain.
- \*\*6. Side Lifts:** This exercise also stretches the wound. Place the pads of your pointer or pinky fingers on the left and right edges of the diamond shape. Sweep your fingers up and down swiftly and firmly for 4 or 5 swipes. (This takes about 5 seconds.) This can also be done using just one finger/one side at a time.

### Tummy time

Tummy time helps with motor development and head control, and is the BEST position for a baby to engage and strengthen the core, head, neck, and tongue. It can also improve oral skills for optimal feeding. Many babies do better with pre/post exercises when in tummy time vs. on their back. (0-2 months: 30+ minutes per day. 2-4 months: total of 45-90 minutes per day. 4-6 months: 1-2 hours. 6-8 months: much of the day should be on tummy, crawling, sitting. More info can be found at [www.tummytimemethod.com](http://www.tummytimemethod.com))

## **TONGUE WOUND STRETCHES (OLDER CHILDREN, 18 MONTHS)**

Weeks 1-4	<p>EVERY 4 HOURS During the day (#4,5,6 from page 3) and night (5,6 only).          Skipping stretches or ending them early will most likely result in reattachment.          A revision is not always a good option, so do your best this first time around!          You should also do the “Improving Function” exercises a few times a day.</p>
Weeks 5-6	<p>EVERY 6 HOURS During the day (#4,5,6 from page 3) and night (5,6 only)          If there has been any reattachment, continue stretches every 4 hours.          You should also do the “Improving Function” exercises a few times a day.</p>

*A tongue tie frenectomy is often not an instant or complex fix, and your child may need additional therapies **before and/or after** a frenectomy for the best outcome. We **highly recommend** all older children work with speech therapists, feeding therapists, myofunctional therapists, and/or bodyworkers.*

### **PREVENTING REATTACHMENT**

**\*\*5. Push Back the Tongue:** This exercise stretches the wound and improves the ability for the tongue to elevate as it should. Place the pad of your pointer finger at the top point of the wound on the underside of the tongue. Firmly push back/up on the tongue 3-5 times towards the roof of the mouth/back of the throat, taking 5-10 seconds. For tight or reattaching tongues, it may be helpful to push your finger deeper/firmer on the sides of the tongue for the lift. These exercises should be firm, not forceful: think of the pressure needed to bend back your finger to discomfort but not pain.

**\*\*6. Side Lifts:** This exercise also stretches the wound Place the pads of your pointer or pinky fingers on the left and right edges of the diamond shape. Sweep your fingers up and down swiftly and firmly for 4 or 5 swipes. (This takes about 5 seconds.) This can also be done using just one finger/one side at a time.

### **IMPROVING FUNCTION**

Below are additional exercises your older child (2+ years old) can do 1-3 times a day to increase tongue movement and function, especially if your child is more resistant to the manual lifting and push back tongue exercises. They do not replace the active wound stretches #5-6, but are helpful and fun add-ons. A video is in the link on the bottom of page 1.

1. Put a small dab of nut butter or something with a similar texture (please be mindful of any food allergies) on the alveolar ridge (gum line immediately behind the teeth) and try sweeping it off with the tongue. You can help increase tongue elevation by helping to hold the jaw stable while the child’s mouth is open and their tongue is sweeping/licking off the nut butter.
2. Put a dab of nut butter on their upper lip, and have them extend and lift their tongue to lick it off. Make sure that their mouth is wide open and the tongue is coming out independently to do this.
3. Put a piece of cheerio or meltable puff on the tip of the tongue. Have the child elevate the tongue to make contact with the palate/roof of the mouth. Hold the piece of cheerio in place or mash it to dissolve. Please be mindful of your child’s age and skill while using this exercise, to avoid choking risks.
4. On a plate, or in a small shallow cup, like a 1/4 c measuring cup, spread easy cheese/whipped cream/jelly etc., and have your child lick it off. Make sure that their mouth is wide open and the tongue is coming out independently to do this.
5. Place cheerios, puffs, popcorn (if age appropriate) on a plate, and have your child pick them up with just their tongue, by sticking their tongue out.
6. Have your child stand in front of the mirror with you and have them mimic your tongue movements (stick your tongue out, curl your tongue, tongue to top teeth, tongue to molars).
7. Use a vibrating toothbrush or Z-vibe to stimulate the roof of the mouth and have the tongue follow the vibration.
8. Reward cooperation with stickers, small toys, reading a favorite book, etc.

### UPPER LIP STRETCHES/EXERCISES (ALL AGES)

Weeks 1 and 2	Every 4 hours day and night (all exercises)
Weeks 3 and 4	Every 6 hours day and night (all exercises) *Highest chance of reattachment, stay consistent*
Weeks 5 and 6	As directed (usually every 6 hours during day only)

**There is usually not a follow-up appointment after the lip procedure. If you have any concerns, contact our Patient Care Liaison or call the office for an appointment. Note: Lip swelling that lasts a few days is common.**

- 1. Flip the Lip:** See pictures below. Gently pinch the lip as close to the gum as you can, right above the wound. Your fingers should be close to or touching each other, so the wound is stretched well. Flip the lip up until you can see the full wound, hold for a few seconds, release. Repeat 5 times, taking about 5 seconds total.
- 2. Fishy Lip/Grandma squeeze:** Gently pinch on either side of the upper lip frenulum (tie), to raise the center of the lip up and away from the gums. Repeat 5 times, taking about 5-10 seconds total. If your older child is able to pucker and round their lips themselves, lifting the lip away from the gum/wound, have them do that also.
- 3. The Mustache:** Place pad of index finger along philtrum (space between nose and lip) and follow the boundaries of the lip towards the chin. It will look like you are drawing a mustache on your baby's face and can become a fun activity to start with. Please use slow and long movements with firm pressure.

### HEALING

The newly released tissue will look like a diamond, although appearances vary patient to patient. The diamond will turn white/yellow as it heals, forming a protective, healing layer, which will eventually shrink or slough off (like a scab). It shouldn't be manually removed.

If **SILVER NITRATE** was used to stop bleeding in office, it will postpone the start of stretches 12-24 hours. It will also cause the diamond wound to look black/grey/green, bulky, and with undefined wound edges. Silver nitrate will not affect the outcome or the healing process.

The goal is to keep this diamond from folding and closing, also known as reattaching. The stretches (5&6 on page 3) lift the tongue to stretch the diamond vertically. Some reattachment may occur while still allowing improvement in function. However, if you see shortening of the diamond, or feel a tightening of the tongue movement during stretches, use a slightly firmer pressure during exercises (increase pain management and contact us if needed). This may cause a minor amount of bleeding. \*Reattachment is rare if you are consistently doing the stretches day and night. If you have any concerns, please contact us\*



### BLEEDING

Rarely you will see some bleeding or seeping of the wound. This can happen during a stretch, a feeding, or completely randomly. Bleeding often stops almost as soon as it starts, and looks like more than it is when mixed with saliva, breastmilk or formula. It can also be stopped by giving your baby something to suck on (breast, bottle, pacifier). For an older child, you can give them something cold to eat or drink. If bleeding does not stop with these techniques, or with a few minutes of pressure with your finger or a clean cloth, call our office immediately for further assistance and go to the nearest ER, however we have never had this situation occur.

## **APPOINTMENT OPTIONS**

- **Consultation Only:** Having a consult separate from the procedure can allow parents more time to ask questions and make a decision. While the procedure itself is very quick, it is a surgical procedure requiring a parental commitment to aftercare in the recovery period. This appointment begins with a thorough assessment of your child's health, oral restrictions (ties) and related symptoms and challenges with feeding, speech, sleeping, dental etc. There will also be a discussion of exercises you can start immediately, the procedure, aftercare, risks and benefits, and additional helpful therapies. We have found that the best results happen when parents are fully empowered, informed and prepared for aftercare.
- **Same Day Consult/Procedure:** There are families who prefer a brief consultation and procedure done on the same day. These are often tongue tie experienced parents, or parents who have another health professional working with them (IBCLC, feeding therapy, bodyworker etc). Many parents study the information in the link below, and determine that this amount of information is adequate for them to have a solid base of working knowledge toward a fully informed decision.
- **Procedure:** The procedure/frenectomy is done with a CO2 laser and local numbing. Tongue and lip ties may be released at the same time or at separate appointments. Dr. Agarwal and his team will weigh the risks and benefits for each patient and decide, with the family, the best approach.
- **Follow-up:** Tongue tie procedures will have an in-person follow-up after about two weeks. At this time, the healing process, function, feeding and other symptoms will be assessed. Usually a lip frenectomy does not require a follow-up visit.

## **PROCEDURE DAY**

- No food or drink for the 30 minutes before procedure (NPO).
- You'll meet a scribe who will take a history, and then Dr. Agarwal, who will do an oral exam and go over your child's history, diagnoses, and recommendations.
- Your child will be taken to the procedure room by a trained team member, swaddled, given eye protection, injected with local numbing medicine, the restriction is released, and then your child will be brought back to you. This takes about 10 minutes. The procedure itself takes about a minute. Parents are not allowed in the surgical procedure room for safety and sanitary concerns.
- You'll then meet with a lactation consultant to review aftercare instructions and stretches/exercises in more detail. Breastfeeding or bottle feedings at this time is encouraged. Older children can get a frozen popsicle.

## **AFTER THE PROCEDURE**

- Pain meds start 2-3 hours post procedure. Stretches and exercises start at 6-8 hours post procedure (unless otherwise specified).
- Please note that swelling and a temporary increase in spitting up and drooling may occur after procedures.
- There are no post-procedure restrictions of pacifiers, feeding/foods, teething toys, hands in the mouth etc.
- Expect a fussy child for the first days, especially the first 12 hours. Some infants will have some feeding refusal the first night, that usually resets the next day. Some children will have a peak in fussiness day 3-5.
- In addition to pain medication, try other comfort measures like skin to skin, babywearing, fresh air, baths together, rhythmic movement like bouncing or swaying.