

THE AGAVE APPROACH

Thank you for choosing Agave Pediatrics to evaluate, diagnose and treat your child for oral restriction(s). Our multi-disciplinary team of professionals is here to help you navigate this process, and our goal is to support you throughout this time! This handout outlines our treatment philosophy and is designed to answer the most common questions, so please read it thoroughly before the procedure. **NOTE:** Dr. Rajeev Agarwal has not trained or endorsed any professional outside of Agave Pediatrics. More than a decade of clinical experience and technical expertise are unique to our practice.

Contact information is included below for you to reach out to us if your questions are not answered here.

CONTACT INFORMATION

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*)
Tina - Lactation Services Coordinator 480-585-5200 (*for scheduling lactation consultations*)
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

APPOINTMENT OPTIONS

- **Consultation (separate from Procedure):** A separate consult/eval appointment 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. Bring your questions! 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 briefer consultation and a procedure done on the same day. These are often experienced parents, who recognize the symptoms in a new baby, or parents who have another health professional working with them. 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:** After the consultation, 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 a follow-up after about two weeks, which the office will call you to schedule. 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.

BEFORE YOUR APPOINTMENT

- **Watch** videos, gather info, find support here: <https://www.tonguetiekids.com/aftercare-links>
- **Gather** recommended supplies like Tylenol, Arnica 30C, dropper (info on page 2-3), gloves (fully optional)
- **Practice** the exercises and stretches provided on page 4.
- **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 5.
- **Schedule** with our lactation consultants, bodyworker (like osteopathic manual medicine, or chiropractic care), or therapies such as speech, feeding, physical, occupational, or myofunctional therapy, if recommended. You can make an appointment for any of these if applicable, before and/or after the procedure (more info on page 6).

PROCEDURE DAY

- Your child cannot have any food or drink for the 30 minutes before procedure (NPO). You will have a chance to breast or bottle feed after the procedure, if needed. There are no feeding restrictions after the procedure.
- You'll meet Dr. Agarwal or April Vanderford FNP-C, who will do an oral exam and go over your child's history.
- Your child will be taken to the procedure room by a trained team member (parents are not allowed in the procedure room for safety and sanitary concerns). Your child is securely swaddled, their eyes are shielded, the area is injected with numbing medicine, the restriction is released, and then your child will be brought back to you. This takes about 10 minutes.
- Next, you'll meet with an aftercare specialist and/or lactation consultant to review aftercare instructions and stretches/exercises in more detail. Breastfeeding at this time is encouraged! You may also bottle feed your child directly after the procedure. Older children can get a frozen pop.

AFTER THE PROCEDURE

- **BEGIN PAIN MEDICATION in the first 2-3 hours, as the numbing will wear off.** Staying on top of your child's pain will make the next days so much easier.
- Tylenol, Ibuprofen, and/or Arnica can be used. Dosages on are pages 2-3.
- **START STRETCHES AND EXERCISES about 6 HOURS AFTER PROCEDURE**, and continue for 4-6 weeks. You should do these during the night as well, within an hour or so of the set time (try to coordinate stretches around your child's waking periods). If minor bleeding occurred during the procedure and silver nitrate was used, the start of stretches may be delayed, and you will be notified.
- Take advantage of skin to skin (Dad/your partner can do this too), and baths together for comfort. Try gentle baby face and body massage. Breastfeeding - studies show that breastmilk itself, and the act of suckling, help relieve baby's pain. Babywearing- studies show kangaroo carry (baby being carried facing a parent's chest) helps relieve pain and calm baby. Bouncing and swaying movement, and fresh air are very helpful.
- 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.

POST FRENECTOMY MEDICATION/PAIN MANAGEMENT

Start pain management about 2 hours after the procedure. For most children, the first 24 hours are the hardest, and some hit peak fussiness days 3-5. Staying on top of pain management is very important. You can use Tylenol, Ibuprofen (depending on age), Arnica or both. Start with 12-24 hours of medication and then watch your child to see when you can lessen the frequency of dosing. Contact us if your child is needing around the clock Tylenol past day 3, as this may need a change in the aftercare instructions.

Arnica Montana 30C (Homeopathic Treatment) These products can be given with or between other medications. Give as needed for pain. Arnica can be found at Sprouts, Whole Foods, and Amazon. You only need one vial, as pictured. Be sure it is 30C (not 30X). Dosing info in below.



Hylands Oral Pain Relief Tabs (day or night) contains Arnica, and can be used instead of the Arnica Montana for any aged child. It can be found at Walmart, Target and pharmacies. Follow the dosage instructions on the box.

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. You can use a dropper or medicine syringe (cleaned from another medicine, or pharmacies often have them for free). 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.



ACETAMINOPHEN (Tylenol, Genexa, store brand) We recommend giving every 4 hours the day/evening of the procedure, then every 5-6 hours the next days, if needed. For your child's specific dose, please refer to the chart.

| WEIGHT | AGE | INFANT Tylenol/generic brands 160mg per 5ml | CHILDRENS Tylenol/generic brands 160mg per 5ml or 1 tsp |
|-----------|--------------|--|--|
| 6-11 lbs | 0-3 months | 1.25 ml | |
| 12-17 lbs | 4-11 months | 2.5 ml | |
| 18-23 lbs | 12-23 months | 3.75 ml | |
| 24-35 lbs | 2-3 years | 5 ml | 5 ml (1 tsp) |
| 36-47 lbs | 4-5 years | | 7.5 ml (1 ½ tsp) |
| 48-59 lbs | 6-8 years | | 10ml (2 tsp) |
| 60-71 lbs | 9-10 years | | 12.5 ml (2 ½ tsp) |
| 72-95 lbs | 11 years | | 15 ml (3 tsp) |

IBUPROFEN/Motrin/store brands (used instead of Tylenol, only for children 6 months of age or older)

Give every 6 hours, as needed. Refer to the Ibuprofen dosing chart below.

| WEIGHT | AGE | INFANT MOTRIN 50mg/1.25ml |
|-----------|--------------|---------------------------|
| 12-17 lbs | 6-11 months | 1.25 ml |
| 18-23 lbs | 12-23 months | 1.875 ml |

| WEIGHT | AGE | CHILDRENS MOTRIN 100mg/5ml |
|-----------|------------|----------------------------|
| 24-35 lbs | 2-3 years | 5 ml |
| 36-47 lbs | 4-5 years | 7.5 ml |
| 48-59 lbs | 6-8 years | 10 ml |
| 60-71 lbs | 9-10 years | 12.5 ml |
| 72-95 lbs | 11 years | 15 ml |

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, and shouldn't be removed or touched if at all possible. The goal is to keep this diamond from folding and closing, also known as reattaching. The stretching exercises help lift the tongue to gently, but firmly, keep the diamond stretched vertically. Some reattachment may occur while still allowing improvement in function. 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 which can be treated by breastfeeding or giving your child something to suck on. For an older child, you can give them something cold to eat or drink. If bleeding does not stop with these techniques, or with several minutes of pressure with a clean cloth, call our office immediately for further assistance and go to the nearest ER, however we have never had this situation occur.

SILVER NITRATE may be used to stop bleeding in office. It will cause black/grey/green areas in the wound, and more undefined wound edges. The start of stretches is usually delayed 12-24 hours.

Reattachment is rare if you are consistently doing the stretches day and night. If you have any concerns, Please contact us



TONGUE STRETCHES AND EXERCISES

| | |
|---------------|---|
| Weeks 1 and 2 | Every 4 hours day (all stretched and exercises) and night (#5,6 only) |
| Weeks 3 and 4 | Every 6 hours day (all stretches and exercises) and night (#5,6 only) |
| Weeks 5 and 6 | As directed (usually every 6 hours during day only) |

Stretches and exercises should begin about 6-8 hours after your procedure (unless otherwise directed). Doing these exercises and stretches consistently, for a total of 1 to 1.5 minutes each session for all of them, will ensure the best outcome. This part of aftercare can feel overwhelming and challenging for parents, but they are incredibly important. 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. These exercises do not need to be forceful: think of the pressure needed to bend back your finger to discomfort but not pain. 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, or the main office. Links to videos of these exercises are on the bottom of page 1 of this handout.

TONGUE EXERCISES TO IMPROVE TONGUE MOVEMENT AND FUNCTION (under 2 years old)

Start with these, with a calm awake baby when possible. Tickle the lips to “ask permission” to enter the mouth. Make it playful, with funny sounds and faces.

- 1. BEEP, BOP, BOOP Game** (Desensitizing the Palate and Gag Reflex) 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. Cheek Stretches** Gently hold the inside and outside of your child’s cheek and gently stretch outward while gliding/moving your fingers up and down. Gently follow a c-shaped movement pattern to stretch this area. 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. Please use slow and slightly firm movements.
- 3. Follow the Finger** (Lateralization/side to side Exercise): 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.
- 4. Tug-o-War** (Strengthening exercise, for babies 0-3 months): 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.

TONGUE STRETCHES (ACTIVE WOUND CARE) TO PREVENT REATTACHMENT (all ages)

5. Lifting the Tongue This exercise elevates the tongue toward the roof of the mouth to stretch the frenectomy site vertically to keep the diamond open and tall, lessening the risk of re-attachment. 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 strokes. (This takes about 5 seconds.) This can also be done using just one finger/one side at a time. If child becomes upset, return to “Follow the Finger” game or allow the baby to suck on your finger. When child is calm, proceed to the next exercise. For tight or reattaching tongues, it may be helpful to push your finger deeper/firmer on the sides of the tongue for the lift. Avoid pushing too deep and causing gagging or choking.

6. Push Back the Tongue This exercise stretches the tongue toward the roof of the mouth, further improving its ability to lift by stretching along the midline. Place the pad of your pointer or small finger up above the top point of the wound on the underside of the tongue. Firmly push back on the tongue 3-5 times.

TUMMY TIME (infants only)

You may have heard about tummy time helping with motor development and head control. Tummy time is also the BEST position for a baby to engage in strengthening core, head, neck, tongue and oral skills for optimal latch and feeding. Many babies do better with suck training and 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

TONGUE EXERCISES FOR OLDER CHILDREN (2 years and older)

For children at least 2 years old do the exercises #5 and 6 from the top of this page, every 4 hours for weeks 1-2, and every 6 hours for weeks 3-4).

Below are additional exercises you 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. 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.
- 2. Flip the Lip:** See pictures below. Gently pinch the lip as close to the gum as you can, on either side of the wound. Flip the lip up until you can see the full wound, hold for a few seconds, release. Repeat 5 times.
- 2. Fish/Duck Lip:** Also referred to as the 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. If your older child is able to pucker and round their lips themselves, have them do that instead.

Reattachment is rare if you are consistently doing the stretches day and night. If you have any concerns, Please contact us



AGAVE PEDIATRICS’ PRE/POST PROCEDURE SUPPORT & THERAPIES

Overcoming the challenges of lip and tongue ties can be a lengthy and whole-body process. There may be some immediate improvements post procedure, but often it takes a few weeks to show full improvement. Working with an IBCLC, body worker or other therapist may speed up this process. Options like chiropractic care, speech therapy, myofunctional therapy, or occupation or physical therapy may be beneficial.

Agave Pediatrics’ commitment to holistic care is shown in our offering of in-office lactation care, feeding therapy, and osteopathic manual medicine. Insurance and cash pay options are available.

LACTATION: Working with a lactation consultant before and/or after your baby’s procedure is highly recommended. 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.

FEEDING THERAPY: Skilled therapy sessions by our MS SLP-CCC, IBCLC include elements of Pediatric Feeding Therapy, Orofacial Myofunctional Therapy, Cranial Sacral Therapy, Infant Massage and more. They can help address bottle and solid feeding issues, picky eating, gagging, choking, speech issues, and/or avoiding textures and more.