

What to expect at your Tongue Tie or Lip Tie Consultation and Surgery Appointment

- 1- Please **Prepare** to be at our office approximately one hour if treatment is performed. Although the treatment only takes minutes, we will spend a large amount of time evaluating, explaining and discussing your needs prior to treatment. If you are planning to have the surgery done or think you might, you may want time off work to care for your child/self. Please let us know if you need a medical excuse for work.
- 2- Please **Fill out** this paperwork online: Patient registration information. If you are unable to fill out online please arrive 30 minutes early to do paperwork on site.
 - ☐ Health history
 - ☐ General treatment consent
 - ☐ Financial Agreement
 - ☐ Photographic release
 - ☐ Privacy Practices
- 3- **Bring** this with you:
 - ☐ Speech pathologist or Pediatrician notes (if available)
 - ☐ Dental Insurance Information
 - ☐ Tongue Tie Intake questionnaire
 - ☐ Tylenol, Motrin, Arnica or any other pain remedies
- 4- Dr. Hughes will **examine** your mouth discuss the symptoms and physical exam findings with you. My Frenum Classification:
Lip_____ Tongue_____
- 5- We will thoroughly **explain** and **answer** any questions you have about the physical findings, diagnosis, prognosis, procedure and post op care.
 - ☐ My Questions? _____
 - ☐ My Concerns? _____
 - ☐ _____
- 6- Dr. Hughes may leave you and your family to **discuss** the information, proposed treatment and **decision making**.

- 7- Dr. Hughes will come back to answer any further questions and discuss your decision. At this point, when all your questions have been answered, Dr. Hughes and a patient/parent will sign the Tongue Tie/ Frenectomy (page 3) consent form Together.
- 8- We will treat you in our Laser Treatment Room. Treatment takes less than 10 minutes.
- 9- Dr. Hughes and her team will demonstrate proper woundcare and ask each adult caregiver to demonstrate woundcare. We will also demonstrate how to take photos or video for post op concerns. You will be given the opportunity to ask any questions and practice your woundcare before you are released to go. Our goal is that you are knowledgeable and prepared for the woundcare before being dismissed. We ask that we may use your phone to video your specific woundcare instructions for your reference after you leave the office.
- 10- Upon checking out, we will schedule your post op appointment date for your 1 week follow up exam.
- 11- Pain Management: We recommend that you give Tylenol or Advil as directed around the clock for the first 5 days. It is much easier to keep your wound from hurting than to stop the pain. Pain will peak between days 3 & 5. After 5 days pain should get more manageable daily. By the end of the second week there should be very little discomfort to the wound. Children over the age of 5 and Adults may use numbing topical medications with Benzocaine for topical pain relief. (BENZOCAINE cannot be used in babies)
- 12- Expect your followup appointments to be more brief, but since we see many patients on the same day, some waiting time may be involved as we care for each family thoroughly and thoughtfully.
- 13- Followup Appointments are scheduled 1 week, 2 weeks and 4 weeks post surgery. The fee for these is included in your surgery fee.
- 14- Bodywork is recommended at 2-4 days post op and again as recommended by your chiropractor or therapist.

- 15- **Team approach to Care:** Patience and a comprehensive team approach have proven to be the best. It is important that you schedule to see your SLP around 1- 2 weeks post op. Also, bodywork is recommended at 2-4 days post op and again as recommended by your chiropractor or therapist.

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Patient Information - Frenulum Procedures & Consent

Before, During and Aftercare

General Information about Frenectomy Procedures for Adult/ Adolescent/ Child

What is Frenectomy or Frenotomy?

Frenectomy and Frenotomy is a surgery used to correct a congenital condition in which the lingual (tongue) or labial (lip) frenulum is too tight, causing restriction in movements that can cause significant difficulty with breastfeeding, speech, swallowing and, in some instances, other health concerns like dental, digestive and other issues. When it affects the lingual frenulum, this condition is commonly called a tongue tie. If your speech therapist or doctor feels that a procedure is warranted, here is what you can expect.

Prior to your treatment appointment:

Speech Pathologist (SLP) evaluation is **Required for children**, and recommended for adolescents. SLP can evaluate pre treatment and help set goals for post treatment. Bodywork is recommended 1-2 days prior to release for optimal results. *see last page for explanation of bodywork

Purchase- Dr. Hughes recommends you purchase non-latex gloves, hylands arnica teething tablets, Tylenol (motrin if your child is 6 months or older) and consider purchasing a camping style headlamp.

How to Prepare

The use of Tylenol 30-60 minutes before the appointment can be helpful in minimizing post-procedural discomfort.

What to Expect

In general, the procedure is very well tolerated. We take every measure to ensure that pain is minimized and that you/ your child is safe and comforted.

For a typical frenotomy (an incision of the frenulum) /if a frenectomy (frenulum tissue is removed), a topical numbing gel is before a small amount of local anesthetic may be injected. Nitrous Oxide (laughing gas) is available to reduce anxiety for adults or children.

Most patients lose only a small amount of blood, if any at all. Once numb, you/your child is/are briefly treated in our laser treatment room.

Tylenol and Motrin may be used afterwards for pain relief. Other helpful supplies to have on hand include: Hyland's Teething tablets (arnica) and any homeopathic remedies you want (Rescue Remedy, arnica, etc).

You may notice some dark brown stools or spit-ups afterwards as some blood may get swallowed after the procedure.

What to do afterwards

The main risk of a frenotomy or frenectomy is the fact that the mouth heals so quickly and the incision site may want to reattach. Here are some basic stretches and massage exercises to do after the procedure.

Use your Hylands teething tablets after stretches to minimize discomfort. Use a small amount of Coconut oil on your finger or a gloved finger for promoting wound healing and lubrication during or after stretches.

These exercises are often easiest if the child lies on a firm surface like a table or floor facing away from you so both your hands can be free. Just spend a short amount of time doing these exercises. These are essential to keeping the wound open. Please see the following pages for details of stretches and aftercare.

- 1) Lift the lip towards the nose sweep across the wound and roll your finger over the incision site like a "rolling pin".
- 2) Push the tongue up with two fingers and roll under the tongue like a "rolling pin".
- 3) push the tongue towards the throat further stretching the wound completely open

Aim for repeating them 4-6 times a day for up to 4-6 weeks after the procedure. As the incision site heals it may look like a white or yellowish coating has formed; that is normal and does not indicate infection. Occasionally, more specific oral motor work is needed so it is essential that you continue to follow-up with your SLP after the procedure to ensure optimal results.

Call our office for any of the following:

Uncontrolled bleeding
Refusal to eat
Fever > 101 F

Patient Information - Frenulum Procedures & Consent

Consent for Frenotomy/ Frenectomy page 3

Diagnosis:

After a careful oral examination and study of my (or my child's) dental and oral condition, I have been advised that I have/ or my child has

- a. excessive gum tissue between lip and jaw bone (labial frenulum) and/or;
- b. a tight band between the tongue and the floor of the mouth (lingual frenulum)

These abnormalities can limit function during breastfeeding, speech or swallowing and can affect muscle tension, TMJ function and other medical problems.

Recommended Treatment:

In order to treat this condition, the doctor has recommended a procedure to either release the tight frenulum (Frenotomy) or remove the tight frenulum (Frenectomy). I understand that topical anesthetic, nitrous oxide (laughing gas) may be utilized and a local anesthetic may be administered to me/my child as part of the treatment.

Necessary Follow-Up Care and Self Care:

I understand that failure to follow recommendations could lead to ill effects, which would become my sole responsibility. I will need to come for appointments following my surgery so that my healing may be monitored and for the doctor (or lactation consultant) to evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect healing and may limit the successful outcome of my surgery. I know it is important to abide by the specific instruction given by the doctor.

Principal Risks and Complications:

I understand a small number of patients do not respond successfully to this procedure. Because each patient's condition is unique, long-term success may not occur. I understand that complications may result from the procedure including postsurgical infection, bleeding, swelling and pain, impact upon speech, lack of improvement, allergic reactions and most importantly, regrowth of scar tissue that may cause a return of the original disorder. I understand there may be a need for a second procedure if the initial results are not fully satisfactory.

I have asked all of my questions and have had time to discuss options with my surgeon. By signing, I elect to proceed with the procedure for myself (or my child).

Provider

Date

Patient or Guardian

Date

Page 3

Observations and notes:

With most patients we see the best result when utilizing the full team of providers: Speech Language Pathologist (SLP), bodyworker/CS therapist, dentist/surgeon. While some benefit from a surgical release, most need more treatment than structural release alone can provide.

The first 24-48 hours is the most uncoordinated feeling. Days 3-5 have the most symptoms of pain. By day 7 pain should be subsiding and Tylenol/Motrinis no longer necessary. Patience and a comprehensive team approach proves to be the best. After that, things generally begin to calm down. It is important that you schedule to see your SLP post op... speech changes can be addressed at this time. Most children are too sore to try too many changes in the first week, but keep trying to achieve the optimal latch each time. Also, bodywork is recommended at 2-4 days post op and again as recommended by your chiropractor or therapist.

Why and what is bodywork? Bodywork is a general description of treatment for tightness and restriction of muscles, soft tissue and connective tissue. It is like Physical therapy and massage for the areas that are tight. It is generally performed by a chiropractor, Craniosacral Therapist, myofascial release specialist, or massage therapist who has educated themselves specifically on Tongue Tie (Tethered Oral Tissues) restrictions. I have found that Patients who receive Bodywork 2 days prior to treatment and followup care after treatment are the ones that have the easiest time adjusting and progressing.

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.

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 firm, 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.

Use non latex gloves (I prefer nitrile- powder free). You may also use a small amount of coconut oil on the gloves for lubrication and to promote wound healing.

You may use Tylenol, Ibuprofen (if 6 months of age or older), arnica, Rescue Remedy or other measures to help with pain control. **Adults/ adolescents and Children can use a benzocaine gel to numb the area (Benzocaine is not safe for use in infants).** This gel will be used during your stretching exercises and can help with pain afterwards as well. Please continue your choice of pain management around the clock for the first 3 days. Pain management is key for everyone's comfort and sanity.

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.

Stretches- Wound Care

Wash your hands prior to stretches. Dr. Hughes recommends **gloves** for stretches. Using a small amount of coconut oil on the glove fingertips helps too.

Pain management- apply a arnica teething tablets or numbing gel to the wound

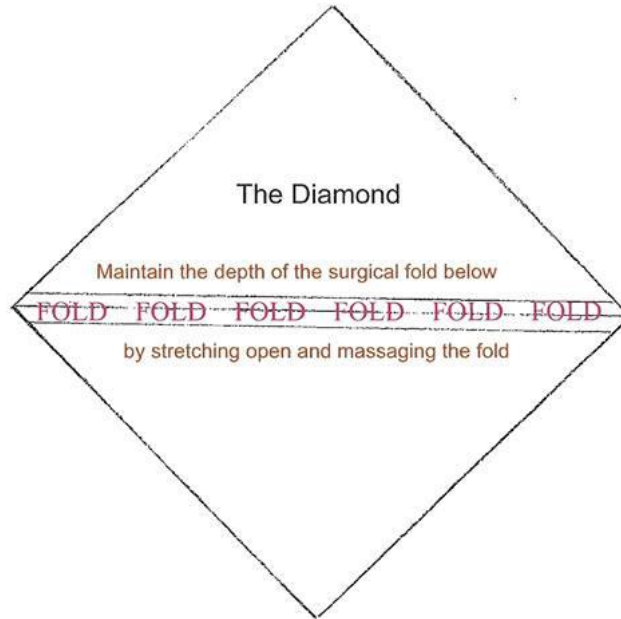
Bleeding- a small amount of bleeding is common after the procedure, especially during stretches in the first few days. Bleeding is minimized following a laser procedure.

Timing-

Week 1 and 2: Stretches should be done a minimum of 6 times a day. I recommend parents do stretches every feeding or 4 hours for the first week when the wound is most vulnerable to reattachment. Same for Week 2 or until a good post op report.

Week 3 and 4: After the post op appointment, you may be able to space the stretches apart, but no more than 6 hours between stretches. Visualize the wound each day to check for wound tightening or reattachment.

The Upper Lip or The Tongue



The Upper gums or Floor of the Mouth

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. 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- feel for the base of the nose). Then gently sweep from side to side for 1-2 seconds- focusing on the corners in a massaging circular motion. Turn your finger to the side and roll under the lip- Rolling Pin. 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 and new smooth mucosa will form over the wound. Lift the lip by holding the lip on either side of the nose with each hand and visually inspect the wound each day- if the edges are "hooding" or cupping concentrate on those areas with more massage and slightly more pressure.

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 the mouth. The tongue needs three separate stretching motions:

1. Forklift- Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the mouth). Hold it there for 1-2 seconds and then relax. 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 and the side corners are the first place it will reattach). **The key to the success of this stretch is that your fingers are placed deep enough prior to lifting the tongue up. Picture how a forklift works: If you don't get the forklift tines completely under the pallet, lifting the pallet up will cause it to tip backwards. If you get the tines completely under the pallet, you can lift the pallet straight up.** I recommend placing your fingers on either side of the diamond and pushing **past** the diamond before lifting up on the tongue. To make the stretch effective, make sure the tongue goes **up** and not **backwards**.
2. Sweep and Rolling Pin-With one finger propping up the tongue, place your other finger in the middle of the diamond and turn your finger sideways and use a lifting motion from front to back to try and keep the diamond as deep as possible. Use a lifting motion when you sweep through the diamond, trying to separate the horizontal fold across that diamond. 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.
3. Push- Stretch the tongue towards the throat--- this is an awkward stretch but place your finger on the top or almost to the top of the wound

STARTING SEVERAL DAYS AFTER THE PROCEDURE, THE WOUND(S) WILL LOOK WHITE AND/OR YELLOW AND MAY LOOK VERY SIMILAR TO PUS.

This is a completely normal inflammatory response and produces the necessary granulation tissue to create new mucosa to cover the wound. 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 SPEECH PATHOLOGIST AFTER THE PROCEDURE TO ENSURE OPTIMAL RESULTS.

CALL OUR OFFICE FOR ANY OF THE FOLLOWING:

- Uncontrolled bleeding
- Refusal to eat
- Fever > 101.5

How do I do the stretches?

FAQ's:

Can I press too Hard???

Moderate, but thorough, pressure techniques are used for proper wound care. Overly aggressive stretching leads to firmer wounds. Moderate and thorough pressure leaves less scarring. If you don't use enough pressure, or are not thorough with the motions, you will not be fully reaching the whole wound and reattachment is surely to occur.

How much pressure?

The pressure for post op woundcare, "stretches," is like when your elbow is folded @90-45 degrees and you sweep your finger through the fold of skin. You want enough pressure to get to the bottom of the crease without actually pushing into it putting pressure on the tendon. We don't want to "booger up" the wound or cause it to react to the intense pressure by healing firmer or tighter. You will use three motions for woundcare: **Sweep** for depth of wound, **Rolling Pin** for corners of wound and **Push** to the throat and look **or lift and look** for openness and lift/flexibility.

Will it always look like this?

Like a skinned knee, the wet scab under the tongue will heal from the outer edges inward. The wound should stay in relatively the same shape as the initial wound, but will heal in with new mucosa (pink skin.) The goal is for the wound to stay smooth and flat through the healing process. All tongues will develop some type of frenulum like attachment by 6 months after surgery. It's a matter of keeping it soft and smooth, and most importantly the function not being limited by the new tissue.

How many stretches do I need to do? How often?

First 2 weeks – use enough **pressure** to get to bottom of wound and thoroughly care for the whole wound. Our Goal is to prevent the sticky sides of the white wound from gluing back together (reattachment). Call or make an appointment if the wound looks like a canoe (vertically or horizontally) because that means it's sticking together/reattaching.

Week 1 and 2: Stretch every 4 hrs. Never go more than 4 hour between intervals. If you/ your child is about to sleep and it's been 2 hours or more, you may go ahead and do the stretches. You must do stretches, if it's time to do stretches. Some children may sleep through them, but most will be woken up. It's just for 2 weeks... you can do this!

Post Op Appointment: If the wound looks like it's reattaching, looks "angry" looking, or other problems noted, further treatment may be necessary and you will need to continue stretches at 4 hour intervals another week, then progress to week 2 care in your actual post op week 3.

Week 3 and 4: if the wound appears to be healing well at your post op visit, you may go to 5 stretches per day. Do stretches every 6 hours. Never go more than 6 hours between stretches.

When all of the white scab is gone from the wound, decrease your pressure slightly. Use **massages** while "stretching". Focus on massaging gently to keep blood flow stimulated to the area. Use the same motions as stretches or small circular motions across wound, hesitating and focus on the corners. If there is already some reattachment, scar tissue, or firmness in the center you will need to focus more on those areas. Focus on massaging up and down on that area one finger on one side staying still and the other finger on other side of scar rolling up and down massaging. I will show you in the mouth and demonstrate this on your hands where the loose skin between thumb and index finger is. If they can't get 2 index fingers in I recommend rolling the tissue gently between thumb and forefinger.

Vertical elongation and elasticity, stretchiness of the tissue, is our new goal. Reattachment has already happened if it has and now the goal is to focus on preventing the wound from constricting and bunching up forming tight tie again or frenulum tether. Focus is on keeping the wound soft and flexible: the wound

should heal like a skinned knee. Same shape but grows smaller over the week or two as the white wet scab turns to red "skin tissue" (mucosa)

What happens if it doesn't look like it's healing right? Please text Dr. Hughes with your concerns, send pictures or videos 601-270-8962

What if I don't stretch it properly? If parents aren't complying with woundcare there is a pretty good chance of reattachment. This being said, I also don't want the wound "boogered" up by too aggressive stretching. Do your stretches thoroughly. If you have concerns or need a refresher on how to do them, watch videos on DrGhaeri.com <http://drghaeri.squarespace.com/resources/> or Dr. Kotlow's video at <http://www.kiddsteeth.com/breastfeeding.php> They describe their stretches differently but they are all effective.

What if I need/my child needs another release?

The truth is sometimes this happens and none of us like it, but we do what we need to do to achieve a good result.

Second release: if I didn't get good results the first time. I seriously consider and openly discuss with parents what do we expect to achieve from second revision? I will insist on at least 1 bodywork session before 2nd revision, but I prefer 3 sessions. SLP input may be necessary as well.

If parents aren't complying with woundcare there is a pretty good chance the results will be worse after second revision than first: Scar tissue adding onto scar tissue. I will caution all patients/families about this. Surgery is not a magic fix and will not yield good results without proper woundcare and FUP as needed.

Things to consider before a Second Revision: What is going to be different with second? What can be changed? What is our goal?

As always, contact me via text if you have any concerns about the wound after surgery!
601-270-8962. I love seeing the patients thrive as they recover!

Thank you so much for trusting me! I look forward to seeing you/your child progress!
Dr. Jennifer Hughes

How to Take Pictures of a Tongue or Lip

This post has one basic goal: to teach you how to take appropriate pictures of the tongue or lip to help others evaluate your baby from a distance.

1) taking good pictures requires 2 people. A tongue selfie does no one any good. One person lifts the lip or the tongue and the other snaps the picture.
2) get good illumination - a decent LED headlight now costs less than \$20.
3) Proper positioning - the lip and the tongue should move up for normal breastfeeding. Getting your fingers under the lip or under the tongue is important for testing if you can easily pick the tongue up. Here's the positioning:



4) Here's a video on how to elevate the lip or the tongue:<https://vimeo.com/86784777>

5) For the person taking the picture, make sure you position yourself so you can bring the entire frenulum in view. One trick is to have the focus already set by focusing on the mouth before you do the elevation. On iPhones (and possibly Android phones), holding your finger on the desired area of focus for several seconds will result in a locked "autofocus/autoexposure", so that it won't try to refocus as the baby moves. Another trick is to just hold the shutter down and take a rapid burst of photos to see if you can find a suitable picture. Along similar lines, you could take a video and then choose a screen shot later.