JENNIFER INGELS HUGHES, DMD
MIMI HOANG, DMD

114 N 40th AVENUE G | HATTIESBURG, MS 39401
(601) 261-5541

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

1. Please **Prepare** to be at our office for up to 2-3 hours if treatment is performed. Although the treatment only takes minutes, we will spend a large amount of time evaluating, explaining and discussing your baby's 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 baby. Please let us know if you need a medical excuse for work.
2. Please **fill your paperwork ONLINE** a few days before your appt. If unable to do it online, please arrive 30 min early and **bring** all your paperwork with you:
   - ☐ Patient registration information
   - ☐ Health history
   - ☐ General treatment consent
   - ☐ Financial Agreement
   - ☐ Photographic release
   - ☐ Privacy Practices
   - ☐ Lactation, Speech pathologist or Pediatrician notes (if available)
   - ☐ Dental Insurance Information – We cannot file medical ins.
   - ☐ Tongue Tie Intake questionnaire
   - ☐ Tylenol, Motrin (babies over 6 months), Arnica (Hyland's Teething tablets)or any other pain remedies
   - ☐ Please read through the entire packet including the Consent Form. We will review the procedure and forms before you can sign it.
3. **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 IBCLC before and after the procedure. Expectations and Latch changes can be addressed at this time. Bodywork is recommended at 2-4 days prior to the procedure and post op as recommended by your chiropractor or therapist. Please see the section regarding Bodywork and the team approach.
4. Dr. Hughes will **examine** your baby in your lap and discuss the symptoms and physical exam findings with you. You may show Dr. Hughes any latch issues at this time.

   My child's 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 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 parent will **sign** the Tongue Tie/ Frenectomy consent form **Together**.
8. We will **treat** your baby in our Laser Treatment Room. While the treatment takes only seconds, we may be in the laser treatment room for 3-8 minutes. Most parents prefer to wait in your private room, but some parents like to step outside where it's warmer.

9. We will **bring** your baby to your private room for **comforting** &/or feeding immediately following the surgery. We will give you time you can nurse, bottle feed or comfort the baby in whatever method you choose before Dr. Hughes returns for post operative / wound care instructions. The first 20 minutes can be frustrating because anxiety is high and baby is numb and may be a "bobblehead" on the breast or bottle. Take your time to comfort. Then, generally baby will settle in for a good feeding and a good sleep.

10. Dr. Hughes and her team will **demonstrate** proper **wound care** and ask each adult caregiver to demonstrate wound care. You will be given the opportunity to ask any questions and practice your baby's wound care in their mouth before you are released to go*. Our goal is that you are knowledgeable and prepared for the wound care before being dismissed*. We ask that we may use your phone to video your specific wound care instructions for your reference after you leave the office.

11. After wound care instructions, you may stay to feed and **comfort** your baby.

12. **Pain Management:** We recommend that you give Tylenol as needed and recommended. We recommend using Hyland's teething tablets with Arnica around the clock for the first 2 weeks. Arnica reduces inflammation and therefore reduces pain. It is much easier to keep your baby from hurting than to stop the pain. Pain will peak between days 3 & 5. After 5 days, the pain should get more manageable daily. By day 7, Tylenol should no longer be necessary. By the end of the second week there should be very little discomfort to the wound, but baby will dislike stretches and continue to protest loudly.

13. Upon **checking out**, we will schedule your baby's **post op appointment** date for 1 week later. **Follow-up** Appointments are scheduled 1 week, 2 weeks and as needed post-surgery. The fee for these is included in your surgery fee. Expect your **follow-up** appointments to be brief (10-15 min). Some **waiting** time may be involved as we care for each patient thoroughly and thoughtfully.

14. **Post Op Latch Changes:** . The first 24-48 hours is the most fussy and uncoordinated feedings. Baby may experience more drooling, more dribbling milk, pain on latch, increased in gas and reflux as they get used to their new mobility. Reflux may continue to be worse for several days to weeks after the procedure. Most babies are too sore to try too many changes in the first few days, but keep trying to achieve the optimal latch each time. It is important to continue with bodywork/massage therapy as well.

We Utilize a Team Approach for your Baby

We see the best result when utilizing **the full team of providers**: a Certified Lactation consultant, IBCLC or Speech pathologist AND a bodywork therapist (massage therapist, myofascial therapist, craniosacral therapist, or chiropractor) as well as a dentist/surgeon. While some babies benefit from a surgical release, most babies need more treatment than structural release alone can provide.

Patience and a comprehensive team approach prove to be the best. After that, things generally begin to calm down. It is important that you schedule to see your IBCLC post op… latch changes can be addressed at this time. Most babies 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 post op and again as recommended by your chiropractor or therapist.

What is bodywork and why does my baby need it?

Bodywork is a general description of treatment for the baby for tightness and restriction of muscles, soft tissue and connective tissue. It is like Physical therapy and massages for the areas that are tight. It is generally performed by a chiropractor, massage therapist (Craniosacrial Therapist, myofascial release specialist) who is trained in newborns and has educated themselves specifically on Tongue Tie (Tethered Oral Tissues) restrictions. I have found that babies who receive Bodywork 1-2 days prior and follow-up care after treatment are the babies that progress the best.

THERE ARE A FEW 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.
3. 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 view and therefore better results.
   - Use gloves (I prefer nitrile- powder free that fit snugly). This is especially important on older babies- they will associate these stretches with discomfort and I'd rather them dislike gloves than your finger or hands.
   - You may also use a small amount of coconut oil on the wound after stretches to promote wound healing.
4. The main risk of a frenotomy/frenectomy 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.
5. Having bodywork before and after the surgery loosens tight and bound muscles to prevent muscle contracture causing wound contracture.
6. You may use Tylenol, Ibuprofen (if 6 months of age or older), arnica teething tablets, Rescue Remedy or other measures to help with pain control. I recommend the purchase of a non-numbing teething tablets specifically Hyland's Teething tablets with arnica (regular Orajel with **Benzocaine is not safe for use in infants**). This tablet will be used after each stretching exercises and can help with pain afterwards as well. Please continue your choice of pain management around the clock for the first 3-5 days. Pain management is key for everyone's comfort and sanity.

STRETCHES- WOUND CARE- AFTERCARE

Wash your hands prior to stretches. Dr. Hughes recommends **gloves** for stretches.

The exercises demonstrated below are best done with the baby placed on a firm surface with the feet going away from you.

It is very important that you swaddle the baby's arms down at their side to make the process as quick and efficient as possible.

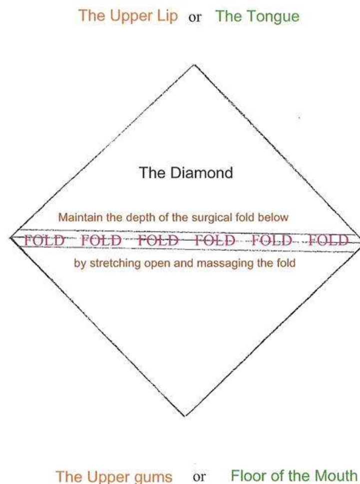
Pain management- apply an arnica teething tablets to the wound after every stretch/woundcare session

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 advised to change the woundcare by your Dr.

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. You must Visualize the wound each day to check for wound tightening or reattachment.



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.

If you have wounds in both sites, I recommend that you start with the lip, it's easier and 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.

The Upper Lip is the easier of the 2 sites to stretch. Do this first.

- Lift and Look- 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). Use a scooping motion into the inside of the cheeks and forward to help raise the lip thoroughly. Lift the lip by holding the lip on either side of the nose with each hand and Look - **visually inspect** the wound each day- if the edges are "hooding" or cupping concentrate on those areas with more massage and slightly more pressure.
- Sweep/ Massage- Then gently sweep from side to side 2 times- then massage on the corners in a circular or lifting motion.
- 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. You can use coconut oil on this wound before or after stretches. (On the tongue, only use coconut oil after stretches otherwise it is too slippery)

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). Put your thumbs on the baby's forehead and your middle fingers on the chin (remember, you're approaching from above like in the video we made on your phone or you can look at drghaheri.com/aftercare). 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 and the floor of the mouth needs massages:

- Tongue Lift/ Push - Stretch the tongue towards the throat--- this is an awkward stretch especially when the baby is crying, but place both index finger together on the top or almost to the top of the wound. As the baby stops crying push the tongue towards the throat. Feels like riding the wave as the tongue relaxes. The goal is to stretch the wound to make it very tall - this will allow the side of the wound to draw together. Ultimately, you will make a new band of smooth tissue under the tongue - that new band should be taller and longer and should no longer bind the muscle since it has been released. I recommend pushing your index fingers together to prevent them from separating, then push at the top of the diamond into the tongue (in the direction of the

tonsils/throat). If your fingers separate and go on either side of the diamond, your lifting pressure will be directed at the sides of the tongue and not at the diamond itself and therefore will not be successful at stretching the wound properly. Using your middle fingers, do not let the jaw be pulled up as you lift the tongue. **For the first week, only do one lift/push per session. After 1 week, increase to 5 pushes/session for the remainder of the protocol.**

- Forklift- Once you are under the tongue again, 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 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 to the roof of the mouth and not backwards towards the throat. Again, make sure your middle finger is holding the chin in place so the chin does not lift with the tongue.
- Floor of the mouth massage - Massage on either side of the floor of the mouth (outside the diamond) to loosen up the musculature of the remainder of the floor of mouth. You can use more pressure when doing these stretches because you aren't in the wound at this point.
- Tongue Muscle (Surfer Wave) massage - Use one finger under the side of the tongue to lift the tongue and stretch the tongue muscles upwards towards the roof of the mouth. Imagine the tongue is a surfing wave and you are gliding your finger up that surfing wave to lift the wave higher. Repeat on the other side.

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.

CALL OUR OFFICE FOR ANY OF THE FOLLOWING:

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

SUCKING EXERCISES- DO THESE PLAYFULLY AND WITHOUT GLOVES

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.
4. Stroke the inside of the baby’s cheek with your finger on the inside of the cheek and the thumb on the outside of the cheek to help lessen the cheek tension.

IT IS ESSENTIAL THAT YOU FOLLOW-UP WITH YOUR LACTATION CONSULTANT AFTER THE PROCEDURE TO ENSURE OPTIMAL RESULTS.

FAQ: How do I do the stretches?

Can I press too Hard???
Moderate, but thorough, pressure techniques are used for proper wound care. Overly aggressive stretching leads to firmer wounds. Lighter 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 wound care, "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 wound care: **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 babies 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 feeding or every 4 hrs- whichever happens first. Never go more than 4 hours between intervals in the first two weeks. If baby 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. 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 other feeding or every 6 hours- whichever happens first. **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 across the wounds to keep blood flow stimulated to the area. Use the same motions as stretches or upward 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 baby's mouth and demonstrate this on your hands where the loose skin between thumb and index finger is
Vertical elongation and elasticity, stretchiness of the tissue, is our new goal. In week 3 and 4, now the goal is to focus on preventing the wound from constricting and bunching up forming tightness again. Our 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 call our office at **601-261-5541**.

What if I don't stretch it properly? If parents aren't complying with wound care 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, please refer to your instructional video or these videos below that describe their stretches differently, but are all effective:

For great online resources visit: DrGhaheri.com/aftercare DrGhaheri.com/downloads DrGhaheri.com/resources

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 bodywork session before a revision. IBCLC or speech pathologist input will be necessary as well.
If parents aren't complying with wound care there is a pretty good chance the results will be worse after the revision than the first release: Scar tissue adding onto scar tissue. I will caution all families about this. Surgery is not a magic fix and will not yield good results without proper wound care and FUP with Lactation support and Bodywork 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, please contact our office at 601-261-5541 if you have any concerns about your baby's wound after surgery.
I love seeing the babies thrive as they recover. Thank you so much for trusting me with your baby, and I look forward to seeing your family's 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/camping headlamp now costs less than $20.
3. It is very important that you swaddle the baby's arms down at their side to make the process as quick and efficient as possible
4. 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:

5. Here's a video on how to elevate the lip or the tongue: https://vimeo.com/86784777
6. 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.

Please answer all questions: **Fill in all blanks or Circle ALL answers that apply to your baby**

Babies name: _____________________________________Mom/Dad: _____________________________

Lactation Consultant/ Speech & Language Pathologist (SLP): _______________________________________
If not using LC or SLP give reason? ____
Pediatrician: ___________________________ Who may we thank for referring you? _________________
Do you want clinical notes sent to: LC, SLP, Ped, none

Past Medical History:
Date of Birth: ________________________________ Current age: _____________________________

Birth weight (lb/oz): ___________________________ Present weight: ___________________________

Baby's nutrition (circle all that apply): Breastfed Bottle-fed Breastmilk Formula Both/All
Received Vitamin K injections? Yes No
Was your infant premature? Yes No if yes, Gestation age (wks): ____________________
Birth (circle all that apply):
vaginal/c-section, medicated/unmedicated, easy/difficult, fast/long, not traumatic/traumatic, forcep/suction assisted
Mother's Birth goals met? (Y / N) Mother's lactation education needs met (Y / N)

Prenatal birth/delivery education received, duola__________________ midwife_____________________
previous births:____ method:_______________
previously breastfed babies? ____ How long?______________________________

Any information or history you would like to share related to birth, breastfeeding or bottle-feeding?
____
____
Baby: Medication or Food Allergies: ____
Current Medications (including over-the-counter, herbal, homeopathics, supplements or vitamins)
Baby: _____________________________ Mother: ____

Family Routinely uses: Homeopathic remedies (arnica) Contemporary medicines (Tylenol) Neither

Family history of Tongue Tie: Yes/No Lip Tie: Yes/No
Does your infant have any heart disease? YES NO if yes, ___________________________________
Has your infant had any surgery? YES NO if yes, ____
Has patient had prior surgery to correct the tongue or lip tie? YES NO
if yes, when/by whom? ____

Baby's Symptoms circle all that apply
Poor latch clicking gulping choking
Falls asleep while attempting to nurse
Slides off the nipple when attempting to latch
Colic symptoms
Reflux symptoms vomiting spitting up
Poor weight gain Weight Loss
Gumming, smacking, or chewing of the nipple
Unable to hold a pacifier
Short sleep episodes requiring feeding every 2-3 hours

Has your baby had any of the following?
Nasal obstruction
Swallowing issues
Cyanosis (turning blue)
Breathing issues
Bleeding problems

Mother History: circle all that apply ___________
Breast Implants Breast Reduction PCOS other
Nipple after nursing: Creased flattened blanched
bruised blistered bleeding
Plugged ducts Mastitis

____
Infected nipples or breasts
Nipple thrush
☐ Severe pain when your infant attempts to latch
Poor or Incomplete Breast Drainage

JENNIFER INGELS HUGHES, DMD
MIMI HOANG, DMD

114 N 40th AVENUE G | HATTIESBURG, MS 39401
(601) 261-5541

Frenulum Procedures Consent page 1/3

General Information about Frenectomy Procedures for the Infant

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. When it affects the labial frenum this is commonly called a lip tie. If your doctor feels that a procedure is warranted, here is what you can expect.

Prior to your treatment appointment:
I encourage all our babies to be seen by International Board Certified Lactation Consultant (IBCLC) and to start some type of bodywork. IBCLC can evaluate pre treatment and help set goals for post treatment. Bodywork is recommended 1-2 days prior an to release for optimal results. *see previous pages for explanation of bodywork

Dr. Hughes recommends the use of non-latex gloves, hylands arnica teething tablets, Tylenol (motrin if your baby is 6 months or older) and a camping style led headlamp.

How to Prepare
The use of Tylenol 30-60 minutes before the appointment can be helpful in minimizing post-procedural discomfort. Dosage should follow your pediatricians guidelines or as follows:
Always Use the dropper in the manufacturers packaging
6-11pounds- 1.25mL
12-17 pounds- 2.5mL
18-23 pounds- 3.75mL

What to Expect
In general, the procedure is very well tolerated by babies. We take every measure to ensure that pain is minimized and that your baby is safe and comforted.

For a typical frenulum release (frenotomy or frenectomy) Lidocaine &/or Prilocaine, a topical numbing agent, is applied. Occasionally, a small amount of local anesthetic, Lidocaine, may be injected.

Crying and fussiness are quite common, and most children lose only a small amount of blood, if any at all. Once numb, they are briefly treated in our laser treatment room, and then immediately brought back to you, where you have the option of immediate breastfeeding, a bottle feeding or soothing depending on your preference.

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

Frenulum Procedure Consent page 2/3

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 after stretches.

These exercises are often easiest if the infant is placed 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. Numbers 1,2 and 3 are essential to keeping the wound open. The other exercises can be done when the infant is quiet and alert as a fun interactive time for both parent and baby. Please see the previous pages for details of stretches and aftercare.

1) Lift the lip towards the nose, look to ensure the wound is open and maintained well, sweep across the wound and massage the corners of the wound
2) Push the tongue toward the throat with two fingers and lift the body of the tongue like a forklift
3) Massage the floor of the mouth, the muscles on the side of the tongue and the cheek
3) Rub the gum line, the infant will follow your finger with their tongue.
4) Let the infant suck on your finger and do a little "tug-o-war" to help the tongue strengthen.
5) Let the infant suck your finger and apply gentle pressure to the palate then roll finger over and gently stroke the middle of the infant's tongue.
See previous pages with full detailed instructions and reference your post op instruction video.

Aim for repeating them 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 lactation consultant or speech therapist and massage therapist or chiropractor 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 F

Frenulum Procedure Consent page 3/3

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.

Recommended Treatment: Upper Lip Tie Release/ Labial Frenectomy or Frenotomy

Tongue Tie Release/ Lingual Frenectomy or Frenotomy

Anesthetic to be used: Topical Lidocaine Topical Lidocaine Prilocaine

Injectable 2% Lidocaine with 1:100,000 epinephrine

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 return with my child for appointments following surgery so that 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 exposure or alcohol intake may adversely affect healing and may limit the successful outcome of 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’s guardian Date