



Home Care Information for Post-Op Frenectomy

(Newborn to 1 year)

Cabana Dental • Dr. Nadia al-Aasm

IMPORTANT: This packet includes information that will help you and your little one recover as best as possible. Please understand that sucking correctly and consistently after the procedure takes time. Improvements with feedings are usually **gradual** and may take anywhere from **2–4 weeks**. In most cases, frenectomy alone will not cure all of the feeding problems and additional therapies may be needed. Therefore, it is **critical** to work with an IBCLC who has extra training in suck dysfunction in order to achieve an optimal end goal. Outcomes may vary from baby to baby.

What You May Expect After the Procedure

Please be aware that the healing timeline below may not apply to every baby.

Days 1–3

- Most babies will be very sore for the first 24–48 hours
- Expect baby to be fussier than usual
- Healing “white patch” forms
- Pain meds given as indicated
- Difficulty with latch may occur
- Have a “back up” feeding plan and comfort measures prepared

First Week

- Baby’s soreness starts to taper off days 7–10
- Baby may be fussy
- Healing white patch continues to form
- Pain meds given as needed
- Baby is re-learning how to suck
- Feedings may be inconsistent
- LC follow up is highly recommended to evaluate breastfeeding and teach suck training

Weeks 2–4

- Baby should not be sore but exercises are mildly irritating
- Healing white patch shrinking
- Pain meds not necessary
- New frenulum forming
- Bodywork and LC follow ups as needed
- Improved progress with feeding

Weeks 4–6

- Baby is not sore and stretching exercises are not necessary after 4 weeks
- Healing patch gone and new frenulum takes final shape and position
- Bodywork, OT, PT or LC follow ups as needed
- Continual progress with feeding

Stretching Exercises

The purpose of the stretching exercises is to ensure that a **new** frenulum heals with increased flexibility. We highly encourage you to approach these exercises in a positive manner. Your technique AND positive demeanor are **EQUALLY** important.

Please do one round of exercises before bed on the day of the procedure. On the following day, you may start the stretching protocols listed below. Consistency is key. Do **NOT** exceed more than **6 hours** in between stretches.



Tongue Stretch

Stretching Protocol:
Stretch and massage each area
6 times a day for 4–6 weeks



Lip Stretch

Tongue Stretch

1. With clean hands, place both index finger tips at the left and right corners of the diamond.
2. Allow fingers to **sink down** into the floor of mouth (the “squishy” area) and engage closer together.
3. It is helpful to use the other remaining finger(s) to push down on the chin to help keep the mouth open.
4. Use both index fingers to lift the tongue up and down for **5 repetitions**. Your fingers will do an upside down “come here” motion. When done correctly, the tongue should lift and the diamond will unfold.
5. **Gently** massage *into* the diamond up and down and side to side about **5 times** each way using moderate pressure.

Lip Stretch

1. With clean hands, grasp the upper lip and lift up and back towards the nose.
2. Hold this position for no more than **3 seconds**.
3. Then use the pad of your index finger to massage **along the gum ridge** as if you were brushing imaginary teeth. Be gentle and make sure you rub **high into the fold under the lip**. Rub about **5 times** side to side and up and down. This step should take no more than **5 seconds**.

Watch the technique video & find more resources at www.cabanadental.ca

Please take note of the “white diamond patches.” The released area will form a wet scab after the first day. It will appear white and soft because it is wet. This is nature’s “band aid.” It is not always white, and in some cases it can be yellow, bright yellow, green, or grey. The diamond will usually peak in size by day 7 and then shrink from day 7 to 21. Make sure you are gently rubbing into this scab because the healing is occurring underneath it. After one week, the white area will get smaller each day, but **HEALING IS STILL HAPPENING!** So even though the scab will heal, you **MUST** continue the stretching or the new frenulum will not be as long as possible and the surgery will need to be repeated.

Normal Things You May Notice

Increased fussiness and inconsolable crying during the first week

Immediately after the procedure, it is best to give pain medication(s) in order to stay ahead of any discomfort. This may be necessary during the first few days and sometimes up to one week.

Bleeding after doing the stretches

Keep in mind that a little bit of blood in a pool of saliva is not as bad as it looks. This is not a concern and it is safe to feed your baby.

Difficulty with latch during the first week

Due to the initial soreness and re-learning of suck, feedings may be inconsistent during the first week. In some cases, latch or symptoms may worsen before it gets better. It is critical to follow up with your IBCLC for any feeding related issues.

Increased choking and spitting up

Initially, babies may have a hard time adjusting to the change in latch. This is usually temporary and should be addressed with your IBCLC.

Increased drooling and saliva bubbles

The healing process increases saliva production. Additionally, the new movement of the tongue creates a surplus of saliva. This is usually temporary.

Increased sleeping

This may be due to medication, exhaustion, or that the infant is feeding better and is more satisfied. Sleep may also act as a coping mechanism for discomfort.

Helpful Tips

- If your baby is extra fussy or inconsolable, be sure to use lots of skin to skin contact. This increases oxytocin levels which lowers pain.
- If your baby is fussy and struggling to latch, try feeding your baby while taking a nice warm bath.
- If your little one is extra squirmy during the stretching exercises and you do not have a second person there to help, try using a swaddle.
- Using good lighting and an LED head light during the stretches really helps visualize the diamonds and ensures accurate, precise technique.
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves.
- Frozen breast milk can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie, chip off tiny pieces and place under the lip, tongue, or cheek and let melt slowly.
- The stretches can be done before, after, or in the middle of a feeding—whichever seems to work best. It may be best to feed before the stretches during the first week as the infant is most sore at that time.
- Try suck training exercises in conjunction with the stretching exercises to assure baby that not every oral stimulus is unpleasant.

When You Need to Call the Office

Although rare, please do not hesitate to call us if you experience any of the following:

- **Fever greater than 101.5° F (38.6° C)**
- **Uncontrolled bleeding**
- **Refusal to feed (bottle and/or breast) for over 8 hours**

Understand that feeding problems are quite common and that you are not alone. Please reach out for emotional support from others who can understand. A local tongue and lip tie support group can serve as a good resource to share with others, connect with an IBCLC, or find body workers and other helpful therapies.

Thank you so much for choosing Cabana Dental! We truly wish you and your baby a fast and easy recovery. If you have any questions or concerns, feel free to call us at 519-300-3000.

Suck Training Exercises

Important: Suck training exercises are helpful for regaining proper tongue function. The exercises below are **NOT** intended to replace the in-person help of a lactation consultant or health care professional. Any delay in seeking expert help may put the breastfeeding relationship at further risk.

Use these exercises before feeding or as a playtime activity. Be sure to stop any exercise that your baby dislikes. It is not necessary to do every exercise;

only use those that are helpful for your baby. Before beginning, wash your hands and be sure your nails are short and smooth. It is best to work directly with a lactation consultant to determine which exercises are best for you and your baby.



Exercise 1: Finger Sucking

Use a finger (with a trimmed and filed nail) that closely matches the size of your nipple. Place the backside of this finger against the baby's chin with the tip touching the underside of the nose. This should stimulate the baby to gape widely. Allow the baby to draw in the finger, pad side up, and suck. The tongue should cover the lower gums and your finger should be drawn into the juncture of the hard and soft palate. If the tongue is not forward over the lower gums, or if the back of the tongue bunches up, gently press down on the tongue (saying "down") and use forward (towards the lips) traction.



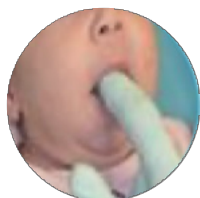
Exercise 2: Down and Out Stroking

Begin as in exercise 1, but turn the finger over and press down on the back of the tongue and draw slowly out using downward and forward (toward lips) pressure on the tongue. Repeat a few times.



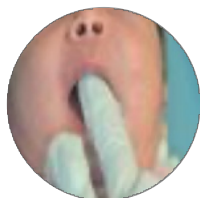
Exercise 3: Lateralizing Side to Side

Gently stroke the baby's lips until the mouth opens, and then stroke the lower and upper gums side to side. The tongue should follow your finger.



Exercise 4: Circular Strokes

Touch the baby's chin, nose and upper lip. When the baby opens wide, gently massage the tip of the tongue in circular motions pressing down and out, encouraging the tongue to move over the lower gums. Massage can continue back further on the tongue with light pressure as the finger moves back and firmer pressure when the finger moves forward. Avoid gagging baby.



Exercise 5: Desensitizing Gag Reflex

If a baby has a high or narrow palate and gags on the nipple or insists on a shallow latch, it may help to desensitize the palate. Begin by massaging the baby's palate near the gum-line. Progressively massage deeper, but avoid gagging the baby. Repeat until the baby will allow a finger to touch the palate while sucking on a finger. It may take several days of short exercise sessions to be effective.

Tips for the Tight and Tense Baby

If your baby does not open wide, a gentle massage may help relax the jaw and facial muscles. A skilled body-worker such as a chiropractor, osteopath or craniosacral therapist who specializes in infant care may also help your baby. Begin with a light fingertip circular massage under the baby's jaw from back to front on both sides. Using fingertips, massage the baby's cheeks from the center toward the temple on both sides. Massage in tiny circles around the mouth, near the lips, clockwise and counter clockwise. Massage around the baby's mouth, near the lips, from center outward, on both sides of the mouth, top and bottom. Gently tap a finger over the baby's lips. Massage the baby's chin.

Additional Therapies

Body Work

Body work is the general term used to describe therapies that may help relieve and normalize structural issues in the body. Some babies may need more body work than others. Babies who receive some form of bodywork seem to heal and rehabilitate better. For more info or to find a provider, please visit www.ankyloglossiabodyworkers.com. Some types of therapies are listed below:

Tummy Time

This is a simple at-home therapy you can perform a few times a day for 5–20 minutes. This may help your infant gain strength in the neck muscles that support proper sucking.

Craniosacral Therapy

Craniosacral Therapy (CST) is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction. It also improves whole-body health and performance. CST is usually performed by a chiropractor or an osteopath.

Myofascial Release Therapy

Myofascial Release Therapy is a safe and very effective hands-on technique that involves applying gentle sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion. It is usually performed by a physical therapist or massage therapist.

Oral Motor and Sensory Therapy

Oral Motor and Sensory Therapy is different than bodywork and takes a comprehensive approach to assess sucking, swallowing, and general feeding issues. You may ask your pediatrician for a referral to a highly skilled therapist. The following types of providers may help:

- **IBCLC/CBS** – (International Board Certified Lactation Consultant) Some IBCLCs may have extra training in suck dysfunction.
- **OT/PT** – (Occupational or Physical Therapist) May help with feeding difficulties in infants and children.
- **SLP** – (Speech Language Pathologist) May help with speaking and/or feeding difficulties in infants/children.
- **OMT** – (Orofacial Myofunctional Therapist) OMT is a relatively new and emerging field; this type of specialist helps restore proper muscle balance and function of the mouth.