

What you may expect after the procedure:

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

Days 1-3

- Some 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 "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 recommended

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

- If symptoms return, additional exercises may be needed.
- Healing patch gone and new frenulum takes final shape and position
- Bodywork, OT, PT or LC follow ups as needed
- Continual progress with feeding

Pain Management Recommendations

**Tylenol Dosage:** Use the dropper in the manufacturer's packaging. This can be given every 4-6 hours after the procedure as needed. These doses are for Infants' Tylenol Concentrated drops 80mg/1ml

**6-11 pounds- 0.5 ml | 12-17 pounds- 1 ml | 18-23 pounds- 1.5 ml | 24-35 pounds – 2 ml**

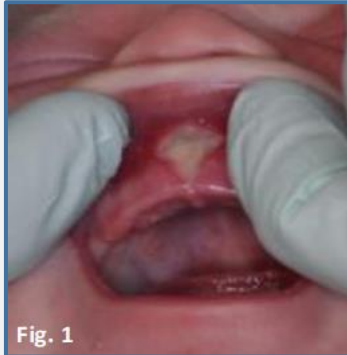
Teething gels (containing benzocaine) are not recommended.  
Ibuprofen (if 6 months of age or older)

**Arnica Montana 30C tablets** - homeopathic remedy to help decrease inflammation, bruising and swelling

**Instructions** - Add 1 pellet to 2-3 ounces of breastmilk or water. Store chilled. Give approximately 2ml every 1-2 hours for 1-2 days as needed, then 1-3 times per day for days 3-7

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 start the exercises the day after the procedure.



## Exercise Protocol

Stretch the area

4 times a day

For approximately 3 weeks



### Lip tie release:

Roll your index finger inside the top lip until you can stretch and visualise the diamond, hold for **5-10 seconds** depending on baby's tolerance. Repeat **5 times**.

It is not uncommon for the upper lip to swell slightly after the lip tie is revised. If this occurs you can place a cold compress on the upper lip but don't apply ice directly to the skin.

### Tongue tie release:

Lateral movement: walk your finger slowly along your child's gum pad and allow your child's tongue to instinctively come over to explore your finger.

Vertical stretches: Place your two index fingers into the floor of the mouth on either side of the surgical site, elevate the tongue from the floor of the mouth. Lift the tongue as high as it will go towards the palate. Hold it there for **5-10 seconds** depending on baby's tolerance, relax, and do it again **5 times** in total. You need to be able to visualize the entire diamond.

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. 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 After the Procedure**

#### **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.

#### **Increased fussiness and 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 tongue creates a surplus of saliva. This is usually temporary.

- If your baby is extra fussy 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 baby is extra squirmy during the stretching exercises and you do not have a second person there to help, try using a swaddle.
- Use a rolled up receiving blanket under your baby's neck to allow easier access for the stretching exercises.
- Using good lighting and an LED head light during the stretches really helps visualize the diamonds and ensures accurate and 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 lip or, tongue, and let melt slowly.
- It may be best to feed before the stretches during the first week as the infant is most sore at that time.

See <https://www.drghaheri.com/aftercare> for helpful videos about wound exercises.

The biggest concern in infants and children is dehydration. If your child will not nurse it is imperative you get fluids into your child by any means, which may include bottle feeding, cup or syringe feeding. Contact the pediatric dentist right away, you may be advised to go to the nearest hospital. If your child is in discomfort, do not deny your child pain medications so that they can feed. Once your child is well fed, pain controlled and rested, you can try nursing again.

Thank you so much for choosing us! We truly wish you and your baby a fast and easy recovery. If you have any questions or concerns, feel free to contact us.