

HOME CARE INFORMATION FOR POST OP FRENECTOMY PROCEDURES

What You May Expect After The Procedure:

Please note that not all children will follow the typical healing timeline depicted below.

Day 1-3	Week 1	Weeks 2-4	Weeks 4-6
Baby will be sore, expect fussiness	Soreness starts to reduce at 7-10 days	Exercises mildly irritating to baby	Exercises may stop
Healing seen as white/light yellow patch	Healing patch reaches maximum size	Healing patch shrinks	Healing patch gone and looks more pink
Pain meds may be used	Baby may be fussy	Pain meds not necessary	Bodywork, OT, PT, LC follow up as needed
May have trouble with latch	Baby relearning how to suck	New frenulum forming	Continued progress with feeding
Have back up feeding plan and comfort measures in place	Feedings may be inconsistent	Bodywork and LC follow ups as needed	
	LC follow up within first 5 days highly recommended	Start to see signs of feeding improvement	
	Pain meds used as needed		

Helpful Tips

- If your baby is extra fussy, be sure to use lots of skin-to-skin contact. This increases oxytocin levels, lowering pain sensitivity
- If latch has become difficult, try taking a nice warm bath with your baby and try latching again
- If your baby is extra squirmy during exercises, try using a swaddle

What Are The White Diamond Shaped Healing Patches?

- The released area will form a preliminary scab after the first day and will appear white/yellowish and is soft.
- Sometimes it can be brighter yellow or grey
- Over time the diamond will start to appear more like shades of pink

Pain Management Recommendations

Under 6 months:

Infant Acetaminophen/Tylenol

Dose based on weight; given every 6-8 hours for the first few days for pain

Over 6 months:

If Tylenol is ineffective get consent from your family doctor for Ibuprofen/Advil use.

Children's Ibuprofen/Advil

Dose based on weight; given every 6-8 hours for the first few days for pain

Natural Remedies

Breast milk ice chips – can act as natural numbing agent and help with pain. Freeze flat in a baggie and place tiny pieces under tongue, lip, or cheek, and let melt slowly

There Are Two Important Concepts To Understand About Oral Wounds:

1. Any open wound likes to contract towards the center of the wound that is healing (therefore you must keep it dilated open)
2. If you have two raw surfaces in the mouth in close proximity, they will reattach

Normal Occurrences Post Treatment

Increased fussiness and inconsolable crying during first week

Bleeding after stretching

A little bit of blood in saliva appears worse than it really is. If bleeding seems out of the ordinary, please phone the office and apply pressure.

Trouble with latch during first week

Due to initial soreness and re-learning how to suckle, feeding may be inconsistent for the first week. In some cases, symptoms may worsen before getting better. It is important to work alongside a breastfeeding team for feeding related issues.

Increased choking and spitting up

Some babies may have a harder time adjusting to an increased milk flow. This is usually temporary and should be addressed with your breastfeeding team.

Increased drooling and saliva bubbles

The healing processes increases saliva production. Your infant may be adjusting to a new range of motion and can have difficulty controlling saliva. This is usually temporary.

Increased sleeping

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

STRETCHING EXERCISES:

Stretch 4 times per day for 4 – 8 weeks. Try to do one set of exercises **before bed on the day of the procedure followed by one set of exercises first thing the morning after.**

STRETCHING PROTOCOLS:

Labial Frenum (Lip)

1. With clean hands, grasp the upper lip and lift up and back towards the nose.
2. Hold this position for 5 seconds.
3. Then use your index finger| to gently sweep side to side (5x) and up and down (5x). Make sure you engage high into the fold under the lip.



Remember, the main goal of this stretch is to insert your finger between the raw, opposing surfaces of the lip and the gum so they can't stick together.

Lingual Frenum (Tongue)



Correct Finger Placement

1. With clean hands, place both index finger tips at the left and right corners of the diamond (just below where fingers are in top photo). This area is squishy, so make sure your fingers sink in behind the diamond.
2. Use other fingers to push down on chin to counter any chomping.
3. In this position, lift the tongue up and down 5x.
4. Gently massage into the diamond up and down (5x) and side to side (5x).

When To Phone For Help

Although rare please phone Dr. Rullo's cell phone 905-466-5431 if any of the following are experienced:

- Fever over 38 °C
- Uncontrolled bleeding
- Refusal to feed (bottle or breast for over 8 hours)