

General Information about Frenulum Procedures for the Infant (Frenotomy or Frenectomy)

What is a frenotomy?

A frenotomy or frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restrictions in movement that can result in significant difficulty with breastfeeding, and in some instances, other health problems like dental decay or orthodontic issues, speech problems, and digestive disturbances. When it affects the lingual frenum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 5% of the population has the condition, and your lactation consultant or physician may feel that a procedure is warranted to improve symptoms. Dr. Stacey uses the most up-to-date laser available for pediatric patients, the Solea CO₂ laser, to release the tethered oral tissues, providing greater mobility in the tongue and/or lip.

Post-surgical discomfort

Using a laser to release the frenulum will result in less discomfort than traditional methods of surgery (scalpel or scissors) as well as promote faster healing after surgery. However, infants may show signs of discomfort 4-6 hours after a frenectomy, and crying is a normal response to this discomfort. Feel free to nurse your infant as much as possible, provide him or her with as much skin-to-skin contact as you can, and as a last resort, you may use Tylenol (dose according to the manufacturer's package instructions). Do not use Ibuprofen on children less than 6 months of age, and do not use Orajel topical anesthetic.

Wound healing

There are 2 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 (therefore, the need to keep it dilated open).
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.



The surgical site of the frenulum release will look like a diamond-shaped wound. The main risk of a 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.

Starting several days after the procedure, the surgical site will look white and/or yellow and similar to pus. This is not an infection and is a normal healing process.

Post-surgery stretches

Post procedure stretches are the key to getting an optimal result. These stretches are not meant to be forceful or prolonged. It's best to be quick and precise with your movements. A small amount of bleeding or spotting is common after the procedure, especially in the first few days.

The exercises outlined below to prevent reattachment are best done:

- With the baby placed in your lap with the feet pointing away from you.
- Using a headlamp (camping type) or with a partner holding a flashlight.
- Hands washed with soap and water (gloves are not necessary).
- A dab of coconut oil applied to your finger prior to the stretches.

Timing: Do one stretch on the evening of surgery. Then, skip ahead to the next morning (keep in mind this is the only time that you should skip the overnight stretch). Do stretches 6 times a day, 3 seconds for each stretch, for 3 weeks total. Five stretches are done during the waking hours, and one stretch should be during the night-time hours. Take care to not go more than 6 hours between stretches.

The Upper Lip is the easier of the 2 sites to stretch. If you must stretch both sites, start with the lip. Typically, babies don't like either of the stretches and will cry, so starting with the lip allows you to get under the tongue easier once the baby fusses. 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). Then, gently sweep from side to side for 3 seconds. 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.

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 baby's mouth. There are 3 separate stretching exercises:

1. Once you are under the tongue, try to 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 (the fold of the diamond across the middle is the first place it will reattach). Push your index fingers together (location of arrows in photo) to prevent them from separating, push towards the diamond and then make sure the tongue goes **up** and not **backwards**. 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.
2. 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 stays within the diamond when doing this stretch.
3. Massage on either side of the diamond (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.

If you allow the area to grow back together (i.e., do not follow the stretching protocol), you will need to “pop open” the site or return for another treatment. If you are able to reopen it, it will most likely bleed since healing will bring new blood vessels into the area.

Sucking exercises

Infant’s brains are wired to breastfeed as soon as they are born. When an infant cannot achieve this, his or her brain attempts to compensate for problems and the longer this compensation occurs, the longer it may take to retrigger the correct way to latch on. Some infants can do this immediately and some may take a week or longer. To help retrain the brain you can do the following exercises. Start these 3 days after the surgery and do them for 30 seconds each *prior* to the wound stretches.

1. Slowly rub the lower gum line 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. This can also be done with a pacifier.
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. With one index finger inside the baby's cheek, use your thumb outside the cheek to massage the cheeks on either side to help lessen the tension.

Wonderful resources for parents

Below are two websites of renowned specialists in the surgical release of infant frenulums. Both Dr. Ghaheri and Dr. Kotlow have been kind enough to mentor me as well as hundreds of other professionals with a desire to help breastfeeding mothers and their babies. Much of the information in my handouts is courtesy of these 2 specialists. Please visit their websites for detailed videos of stretching exercises, as well as information on the benefits of infant frenectomies.

<http://drghaheri.squarespace.com/aftercare>
<https://www.kiddsteeth.com/breastfeeding.php>



Dr. Kotlow’s book is a great resource for any parent. It is available on Amazon.