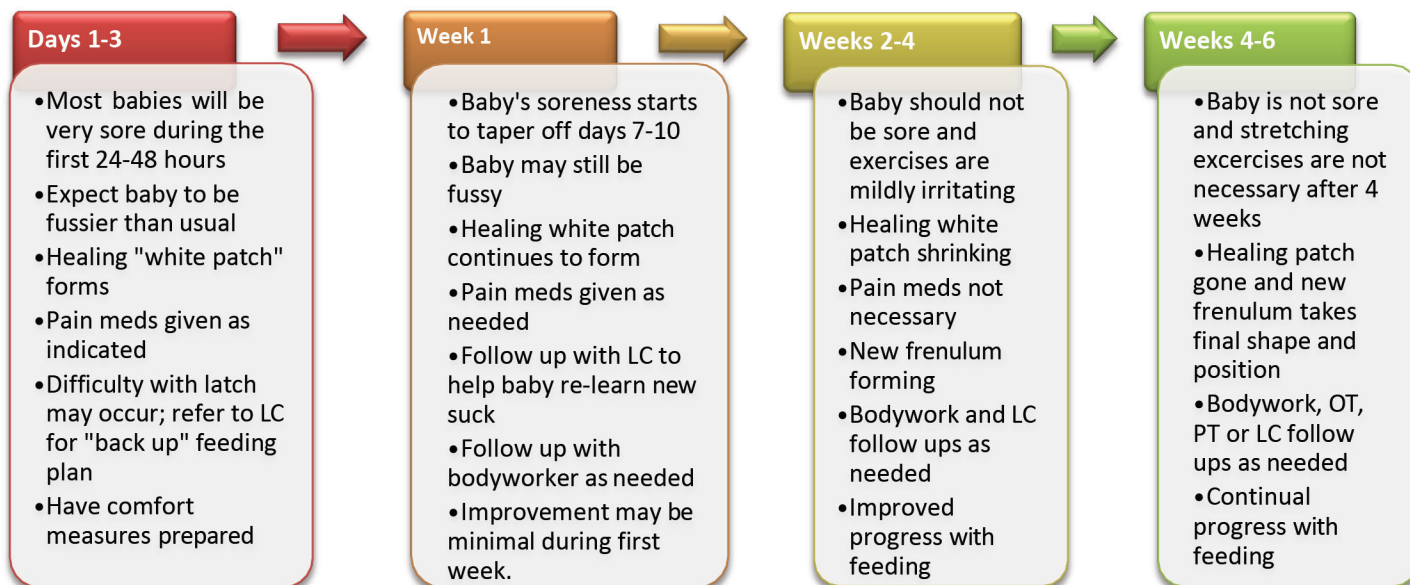


Post-Op Frenectomy Home Care Information

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 a little time. Improvements in feeding are typically **gradual** and may take anywhere from **2-4 weeks**. In most cases the frenectomy alone will not fix all of the feeding problems and additional therapies may be needed. Therefore, it is **critical** to work with a professional with training who specializes in infant oral suck dysfunction (This may be your IBCLC, SLP/Feeding therapist amongst others) in order to achieve the optimal end goal. Outcomes may vary baby to baby.

What you may expect after the procedure:

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



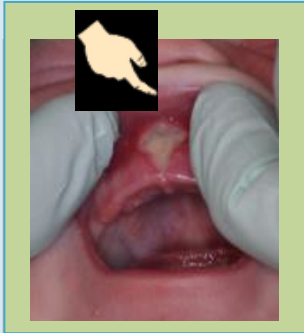
Pain Management Recommendations:

Under 6 months:	<ul style="list-style-type: none"> • Infant Acetaminophen/Tylenol (160 mg/5mL concentration) TYLENOL DOSEAGES: 6-11lbs: 1.25ml 12-17lbs: 2.5 ml 18-23lbs: 3.75ml 24-35lbs: 5.0 ml Dose based on weight. Give every 4-6 hours for first few days as needed for pain. • Sugar water-can have similar pain relieving results compared to tylenol/ibuprofen Under 6 months: Mix 1 tsp of refined white sugar with two teaspoons of distilled or COOLED boiled water. Over 6 months can use tap water. Put in bottle, can use dropper or syringe to instill drops, can repeat as necessary. • Arnica Montana 30C pellets – Homeopathic remedy used to treat inflammation. <u>Instructions:</u> Dissolve 10 pellets in 2-3 ounces of breast milk or water. Store chilled. Give approximately 2 mL every 1-2 hours for the first few days and then give as needed. May be given every 15 minutes during an acute episode. • Frozen breast milk- place pumped breast milk in a small zip lock bag and lay flat in freezer to freeze. You can break off small ice chips and let them melt under tongue/in babies mouth.
Over 6 months	<ul style="list-style-type: none"> • Children's Ibuprofen/Advil/Motrin Infant's drops (50 mg/1.25 mL) or children's concentration (100 mg/5 mL) • Dose based on weight every 6-8 hours as needed for pain • OK to give with tylenol for additional pain relief
Soothing Gels/Oils	<ul style="list-style-type: none"> • Recommended Options: <ul style="list-style-type: none"> • Camilia Teething Drops-made by Boiron- recommended for one month or older • Helps to lubricate sites and offer localized relief if kept chilled. • Simply apply a few small drops to treated areas 4-6 times a day, can use more frequently if needed up to 9 doses per day. • If using during stretching exercises, make sure that the liquid does not make area too slippery to lift effectively.

Stretching Exercises:



The lasered area(s) naturally want to heal back to its original attachment if left alone. The goal of the stretching exercises is to help guide the healing process by creating a longer and more flexible attachment. Please utilize the following techniques shown below.



Lip Stretch

1. **Lay Baby flat and come from BEHIND!**
2. **LIFT:** With clean hands, grasp the upper lip and lift it up firmly to nose from the top center part of the wound and hold. You should make sure to **FULLY OPEN THE WOUND!!**
3. **HOLD:** Hold this position for **5 Seconds.**
4. **SWIPE:** only in the event you notice any fibers or bands of tissue that are starting to reattach, you can swipe them with your finger or a Q-tip (cotton swab).
5. **DO NOT MASSAGE** or **RUB WOUNDS** as this can cause scar tissue.

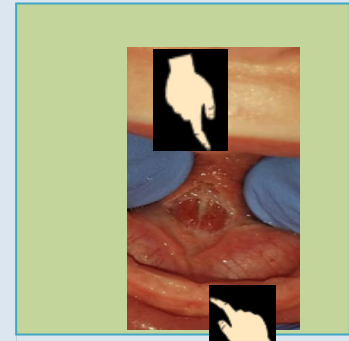
Buccal Stretch

Place index finger inside corners of lip and slide along the gums. With gentle pressure lift cheek at the point where it meets the gums for **5 seconds.**

Stretching Protocols:

After stretches that we do with your child in the office, continue the stretches every **5 hours for 2 weeks**, unless instructed differently by clinical assistant.

At two weeks Dr. Siegel will instruct you on further stretching as indicated.



Tongue Stretch

1. **Lay Baby flat and come from BEHIND!**
2. Take index finger from one hand and **push firmly down on the gums of the lower jaw** (or teeth if present). This is to open jaw and give counter pressure and stabilize.
3. Now with index finger from other hand come **under the tongue** and **push firmly back and up** from the top center part of diamond shaped wound to **open the wound fully.** This step requires **FIRM PRESSURE!**
4. **HOLD:** Hold this position for **5 Seconds.**
5. Make sure to **FULLY OPEN THE WOUND!!**
6. **SWIPE:** only in the event you notice any fibers or bands of tissue that are starting to reattach, you can swipe them with your finger or a Q-tip (cotton swab).
7. **DO NOT MASSAGE** or **RUB WOUNDS** as this can cause scar tissue

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, neon 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 or the surgery will need to be repeated.

**MAKE SURE TO USE FIRM PRESSURE TO OPEN
THE WOUND UP FULLY!!!!**

Normal Things You May Notice After the Procedure

Increased fussiness and inconsolable crying during the first week

Immediately after the procedure, it is best to give pain medication(s) around the clock 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, symptoms may worsen before it gets better. **It is critical to follow up with your IBCLC for any troubleshooting 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.

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.

Swollen lip or cheeks



- 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 and precise technique.
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves. Make sure gloves fit well.
- 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, 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.
- Use a clean washcloth and grab the tip of the tongue when taking pictures. It will give you a better grip.



Although rare, if any of below, please do not hesitate to call us.

Dr. Siegel can be reached by text at 516-217-8898

- Temperature greater than 100.4° F
- Uncontrolled bleeding.
- Refusal to feed (bottle and/or breast) for over 8 hours- it is common for them to refuse in first 6-8 hours, no need to force feed.

*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 call us at **212-204-7923** or **631-465-0300***

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 that closely matches the size of your nipple. Place the backside of this finger against the baby's chin with the tip of your finger touching the underside of the nose. This should stimulate the baby to gape widely. Allow the baby to draw in 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.



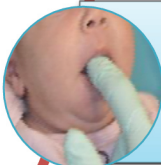
Exercise 2: Down and Out Stroking

Begin as in exercise 1, but turn 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 on the tongue 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 exercise until the baby will allow a finger to touch his 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 & Pacifier Use

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. These therapies are an important adjunct and not a replacement or stand alone to the specific oral functional therapies.

Tummy Time - www.tummytimemethod.com

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. Myofascial Release Therapy is usually performed by a physical therapist or massage therapist.

Oral Motor and Sensory Therapy

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

SLP – (Speech Language Pathologist)/Feeding Therapist - highly trained specialist. Will help with feeding and/or speech difficulties in infants/children.

OMT – (Orofacial Myofunctional Therapist) OMT this type of specialist helps restore proper muscle balance and function of the mouth.

IBCLC – (International Board Certified Lactation Consultant) Some IBCLC's may have extra training in suck dysfunction.

OT/PT – (Occupational or Physical Therapist) May help with aspects of feeding difficulties in infants and children. There are many different types of healthcare specialists that work in conjunction as part of the 'team' and may be integrated on an individual basis.

PACIFIER USE:

Pacifiers may be used, but only for short intervals as they may increase risk of 'REATTACHMENT' This means no longer than 30-45 minutes at a time. After the 30-45 minute mark, remove the pacifier, stretch the wounds and can replace pacifier.

Pacifiers may also be used as a tool for suck training under guidance by your lactation consultant and/or feeding therapist.

IMPORTANT: Please TEXT photos of surgical wounds at 1 week and 2 week marks to Dr. Siegel's CELL (516) 217-8898. Dr. Siegel MUST SEE 1 week and 2 week photos. If area reattaches and you do not send photos there will be a charge for revision.