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DENTAL SURGEONS

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WHAT IS A FRENECTOMY?

A frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restriction in movement that can cause significant difficulty with breastfeeding, and in some instances, other health problems like dental decay or spacing, speech difficulties and digestive issues and improper development of the sinuses and airway. When it affects the lingual frenulum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 20% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

WHAT TO EXPECT

In general, the procedure is very well-tolerated by children. We take every measure to ensure that pain and stress during the procedure is minimized. We utilize our Solea CO2 laser for these procedures. General anesthesia is not utilized in the office to perform the procedure. One parent will be allowed in the clinical room during the procedure.

For babies under the age of 12 months, a topical numbing cream is applied to the area that will be treated. This medication works very quickly. For children 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.

Children will be swaddled and goggles/glasses placed on the eyes for safety. Crying and fussing are common during and after the procedure. Some bleeding may occur and usually subsides within a few minutes.

You may breastfeed, bottle-feed, or soothe your child in any manner you would like following the procedure.

FRENECTOMY POST-OP INSTRUCTIONS - INFANTS

STRETCHES

Video Link for a demonstration of stretches:
Tongue & Lip Tie Exercises for Infant Frenectomy

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. We feel that post-procedure stretches are key to getting an optimal result. Your goal is to have the frenum heal and reform as far back as possible. Begin the stretches the evening of the procedure, just before bedtime. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements.

- Begin with clean hand with nails trimmed. Gloves aren't necessary but are fine to use if you prefer.
- You should do these stretches with the baby laying down on a bed or couch facing away from you like during the exam.
- Start with the upper lip, if it was release, by pulling the upper lip up as high as possible, so you can see the white diamond as the lip covers the nostrils. Hold for 3 seconds at this fully lifted/stretched position. Then, with firm but gentle pressure, take your index finger and roll it along the wound from the gums to the lip 3 times. The wound may bleed for the first few days; this is not a concern. It is normal for the lip to swell slightly. This is normal and should subside after a day or two.
- With one or two fingers, lift the tongue up as high as you can just above the white diamond to put tension on the wound and hold for 5 seconds. Then, with firm but gentle pressure, take your index finger and roll it along the wound from the bottom to the top of the diamond. The wound may bleed the first day or two; this is not a concern.
- The goal is to open the "diamond" all the way up on the lip and especially the tongue. If you notice it is becoming tight, then stretch a little more to open it back up.
- Repeat this ideally 3 times a day (change up the time during the day.)
- Repeat this for 4 weeks. During this time, play in your child's mouth a few times a day with clean fingers to avoid causing an oral aversion. Tickle the lips, the gums, or allow your child to suck your finger.

The released area will form a wet scab after the first day. It will appear white and soft. It may change color to yellow or even green. This is not infection, but rather a scab in the mouth. The white / yellow area will get smaller each day lengthwise, but HEALING IS STILL HAPPENING! So even though the white scab will heal you must continue stretching or the new frenum will not be as long as possible and the surgery may need to be repeated.
Drooling and a low-grade fever (under 101) are normal following the procedure. The area(s) will be sore for a few days. At one week the wound(s) will look much better and at two weeks look almost normal.

Informed Consent for Frenectomy

Once your referral has been received, you will be contacted to book a consultation. During the consultation, Dr. Stevenson will determine if the patient is a candidate for the referred treatment. Once determined, the procedure can be completed at the consultation appointment. A consent form to be signed will be provided, the details of the consent form are listed below for your review.

Diagnosis: After a thorough oral examination, the dentist has advised me that the reduction of a frenum(s) in my child's mouth may help to restore anatomy, function, and/or possibly prevent commonly associated future problems.

Recommended Treatment: To treat this condition, the dentist has recommended that a frenectomy be performed at the selected site(s). A soft tissue laser will be utilized.

Principle Complications: I understand that a smooth recovery is expected, however, there are always associated risks that cannot be eliminated and may occur in a minority of cases. These complications include, but are not limited to, post-surgical bleeding, infection, swelling, pain, damage to adjacent structures such as salivary glands, nerve, muscle, and skin. A more common complication is re-attachment of the frenum. Genetics also plays a strong role in healing, such as formation of scar, keloid, or overt fibrous tissue formation.

Follow-up: I have been made aware of and understand the post-surgical exercises and care to be completed at home. I am advised to return for a 1-week check, a 3-week check, 6-week check and a final 6-month check to follow up. I will also stay in contact with my other health care providers and alert Dr Stevenson to any concerns or problems that I or any of these identify. I have been made aware of the Kitimat Community Development Centre for additional follow up support. Photos may be taken, but not of the face without permission.

No Warranty or Guarantee: Because growth and development are multi-factored, I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. I do expect however that the doctor performs the surgery to the best of their ability.