

# CENTER FOR TETHERED ORAL TISSUES (TOTs) INFANT FRENOTOMY/FRENECTOMY AFTERCARE

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## **BEGIN EXERCISES EVENING OF SURGERY**

**Introduction:** As with any cut, your baby's body wants to heal the released tissue back together and make it as it was before the procedure. Even though the frenotomy released abnormal attachments that were causing problems, your baby's body doesn't realize this yet and it wants to put everything back together exactly as it was. This is not what we want. We want the frenotomy sites to heal in a new way to allow for increased mobility and function. A multidisciplinary team of tongue-tie experts from around the world has developed a protocol for post frenotomy therapy to assist this. This has been developed through the clinical experience of many providers and has demonstrated improved outcomes. Important to wash hand thoroughly beforehand or use gloves.

**IMPORTANT:** the **wounds** will appear **yellow/gray/white** for the first two weeks. This is **NORMAL** and **not** a sign of infection!

1. **Lay baby on their back with their head towards you and feet away from you.** It can be helpful to swaddle baby and roll a hand towel or receiving blanket and place it behind baby's neck. This helps his head flex back making it easier to get into his mouth.
2. Bring the tips both pointer and index fingers together and slide them **under the upper lip** on either side of the central frenotomy site.  
**Lift lip up to fully expose the entire wound.**  
**Hold the lip up for a total of 5 seconds.** Do this once, **five times daily for two weeks.**
3. Bring tips of index fingers **under the tongue** with the pads of your fingers firmly pressing towards the base of the baby's tongue. Your fingers should now be directly on either side the frenotomy site. Now **stretch tongue upward and backwards** toward roof of mouth (palate) to open up the "**DIAMOND**" shaped frenotomy site. Hold this position for a solid **5 seconds, five times daily for 2 weeks.**
4. Now take index finger and gently **pressing into the frenotomy site**, rub **side to side** for a few strokes. (This also will **take 5 seconds**).

**Repeat these stretching exercises 5 times per day for the first two weeks unless otherwise specified. Do not go more than 6 hours between exercises.**

The goal of this therapy is to keep the tissue healing in an open or separated manor, without the released tissue healing back together. Being diligent with the therapy will help reduce the risk of this happening. It is not necessary to take a long time to do them. It is best to get in and out quickly, but to be sure you are effectively separating the tissues when you stretch. Particularly in the first few days following the procedures, it is normal to see a bit of bleeding, especially if there has been some reattachment that releases with the therapy. Breastfeeding your baby will help any bleeding stop. If it is more than a little bleeding, please call your provider for guidance.

5. Be sure to incorporate pleasant oral work too which will encourage development of better tongue function: Tickle baby's lower lip with your finger encouraging them to stick his tongue out. Slide your finger along baby's lower gums from one side to the other, all the way to the back, encouraging him to open wide. When he does, slide your finger in his mouth, pad up, on top of his tongue and allow him to suck. While baby sucks and you press down on his tongue slightly, gently play tug-o-war, pulling your finger out slightly and letting him work to suck you back in. This can be especially helpful just before baby breastfeeds since it helps baby learn proper tongue movement for breastfeeding. These pleasant exercises can be repeated many times per day.
6. If you are using pharmaceutical or homeopathic medications for pain, you can time them so they will be at peak effect for the therapy sessions. For most babies, the first two to three days are most intense and then the discomfort subsides considerably. Continue the therapy for 2-3 weeks and the area becomes completely pink, like the rest of baby's mouth. Seek the guidance of your care providers for exactly how long your baby needs this therapy.
7. Take note of what the incisions look like immediately after the procedure( taking a Photo during the first session is a great way to do this) watch for any changes to the shape. The edges of the diamond should stay sharp. If they begin to look muddled or "tucked in", or you see tissue protruding from the rest, there may be some reattachment starting. Be sure to pay extra attention to this area, using a slightly firmer pressure during the therapy session. You will likely be able to release it yourself with your fingers. (It may bleed a little, that's ok, just breastfeed your baby) Addressing it early is key.

**\*\* Any questions or concerns call our office at 631-465-0300**

**\*\*\*TEXT or Email Post- op pictures at 1 week and 2 week mark to Dr. Siegel's cell phone. Body of text should include name, date of procedure and photos to cell 516-217-8898**

**\*Pacifiers use:** Pacifiers may be used, but only for short intervals. This means no longer than 30 minutes at a time. After 30 minutes you should stretch the wound open, and then pacifier may be used again. Theory of pacifier use after the surgery is that it has the potential to increase risk of "Reattachment". Pacifiers may be used as a tool for suck training under guidance by your lactation consultant and/or feeding therapist.

**Helpful Hint:**

**Youtube Video:** Lunalactation (Melissa Cole, IBCLC) has wonderful video on post-frenotomy suck training for infants and older children.