



Adult Tongue & Lip Tie Information

What is a Frenectomy versus Frenuloplasty?

A **frenectomy** simply removes the excessive tissue or fascia from under the tongue or lip. A **frenuloplasty** removes the tissue but then repositions the wound together with sutures to prevent reattachment. Both procedures are used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight. When it affects the lingual frenulum, this condition is often called a tongue tie (or ankyloglossia). Approximately 5-10% of the population has this condition, so your orthodontist or speech therapist may feel that a procedure is warranted to improve symptoms.

We refer to our tongue-tie release in adults as a Functional Frenuloplasty: releasing the appropriate extent of tissues for maximal relief. The tongue is one of the most critical organs in our bodies as it has the ability to regulate and shape orofacial structure and musculature. Free mobility of the tongue is required for optimal speech, chewing, swallowing, oral hygiene, and breathing functions, as well as for development of the skeletal structures of the jaw and the airway. Because the tongue plays such an important role in so many functions, restricted mobility of the tongue may lead to compensatory behaviors that may negatively affect nasal breathing and cause snoring due to low tongue posture, or contribute to chronic stress on the other muscles of the head and neck. The tongue also has connections to the whole body through a system of connective tissue known as fascia, and a restrictive tongue may place tension on the fascia networks causing neck tension, pain, and postural dysfunction.

How to prepare for the procedure?

We encourage you to have myofunctional therapy and/or bodywork prior to the procedure to ensure optimal results. The exercises are designed to specifically train proper breathing, speaking, chewing and swallowing. This myofunctional therapy can be done with the help of a Speech Language Pathologist or Orofacial Myologist. Bodywork can be very helpful to release tension and can be performed by trained Chiropractors, Craniosacral Therapists, or Physical Therapists. We can refer you to expertly trained therapists.

On the day of your procedure we recommend you have a full meal prior to your procedure. We also encourage getting a good night's sleep the night before. Please refrain from consuming caffeine prior to the procedure. We recommend you use Ibuprofen 30 minutes prior to the procedure which may help to minimize discomfort. Have soft, cold foods available to eat for the first few days after the procedure.

What to Expect?

Our office utilizes a CO2 soft tissue laser to perform frenectomies. This maximizes precision while minimizing bleeding, inflammation, and post-operative discomfort. A frenuloplasty is a straightforward outpatient procedure that can be completed in office without the need for general anesthesia. If a release is recommended, the treatment takes less than an hour. Dr. Maggie Davis will apply an effective topical anesthetic gel on the frenular tissue underneath the tongue prior to treatment, followed by an injection of septocaine, allowing for minimal discomfort during the procedure. The anesthetic wears off approximately 30-45 minutes after the procedure is completed.

Five to ten absorbable sutures are usually placed under the tongue. This may dissolve anywhere from Day 1 to Day 10. You will be given laser protective eye wear during treatment. You may eat or drink immediately after the procedure once the numbing has worn off.

Discomfort

Discomfort is mild to moderate and usually lasts for the first several days (occasionally up to 5 days). Mild swelling of the lip will also occur if a lip revision was performed. Your tongue may feel larger than usual and more painful to move. Ibuprofen (Motrin/Advil) or Acetaminophen (Tylenol) should be given and can be rotated every 4 hours. Avoid citrus or spicy food or foods that require a lot of chewing to minimize discomfort. No antibiotics are administered. We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection. Please continue normal tooth brushing, flossing and oral care.

Post Procedure Care (Day 1-5)

If the wound is closed with sutures at the time of procedure then no post-op stretches are required. The tongue should only be used minimally the first 1-5 days after the procedures. Avoid sticking your tongue out in the first 5 days. It is normal to experience some bloody oozing during the first 1-2 days. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Dr. Maggie Davis. At your post-op examination, the doctor will evaluate healing of the wound. The sutures will dissolve on their own. As the sutures fall out, a white diamond-shaped area may appear where the frenum was. This is normal and not an infection, rather, it is granulation healing tissue that will heal and disappear in approximately two weeks.

Myofunctional Therapy (Day 5)

Please understand that once your tongue tie is released, any speech, tension, sleep or dental growth improvements will not occur by themselves. Being established with a myofunctional therapist or familiarity with myofunctional exercises is critical. As the granulation tissue heals, this tissue will begin to contract by day 5-7. This is when the myofunctional therapy exercises become the most important. We will give you a list of exercises as a guide. We encourage you to do light movements with your tongue by sticking it up to the front teeth with your mouth wide open, side to side inside the cheek, around the teeth, and suction hold. A pre-established relationship with a therapist ensures customized exercises to address your unique problem areas.

Expectations & Improvement

Speech Therapy, Orofacial Myology Therapy, Chiropractic (Gentle Bodywork) and Orthodontic support is essential for an ideal outcome. Sometimes speech temporarily worsens and a lisp can be heard in the first few days until healing is complete. The lisp is ***not*** permanent. Possible (but very rare) complications of frenuloplasty may include bleeding, pain, numbness, failure of procedure, scarring, and injury to adjacent structures which may result in salivary gland dysfunction. Full healing takes a few weeks. Post-operative visits are scheduled with Dr. Maggie at 5-7 days. You may also send photos to floridatongue@gmail.com.

Please view the following video: <https://youtu.be/BLeZ451PrGM>
Tongue-Tie Surgery Tips for Adults and Kids! By Sarah Hornsby, RDH (Orofacial Myologist)

10 Myofunctional Exercises

Exercise 1: Push Up the Tongue - Place the tip of the tongue against the hard palate on the roof of the mouth, just behind the top teeth, and push upwards and hold for 5 seconds. Repeat 10 times. This is sometimes referred to as 'Tongue to Spot'.

Exercise 2: Touch Nose - Stick out your tongue and try to touch the tip of your nose and hold for 10 seconds, then relax. Repeat 10 times.

Exercise 3: Touch Chin - Stick out your tongue and try to lick the bottom of your chin and hold for 10 seconds, then relax. Repeat 10 times.

Exercise 4: Push Tongue Left - Stick out your tongue and move it as far as you can to the left and hold for 10 seconds, then relax. Repeat 10 times. This is sometimes referred to as 'Gumball in the Cheek'.

Exercise 5: Push Tongue Right - Stick out your tongue and move it as far as you can to the right and hold for 10 seconds, then relax. Repeat 10 times. This is sometimes referred to as 'Gumball in the Cheek'.

Exercise 6: Roll Tongue - Roll your tongue by folding the edges toward the middle lengthwise, so it looks like the end of a taco shell. Stick it out as far as you can while keeping it folded and hold for 10 seconds, then relax. Repeat 10 times.

Exercise 7: Click the Tongue - Make a loud clicking sound with the tongue against the roof of the mouth. Click the tongue for 15 seconds and then repeat 10 times.

Exercise 8: Push the Tongue Against a Spoon - Push the tip of your tongue firmly against a spoon held in front of your lips for 10 seconds. Keep the tongue straight and don't let it point downwards. Repeat 10 times.

Exercise 9: Hold a Spoon - Place the handle of a metal spoon between your lips and hold it in place with only your lips for 10 seconds. Do not place the handle between your teeth. Try to keep it parallel to the floor. As your strength improves, you can place other small objects on the spoon for added weight (i.e., sugar cube). Repeat 10 times.

Exercise 10: Hold a Button - For children and adults who are not at risk of swallowing a button, tie one to a piece of string at least 10 cm in length. Place the button between the teeth and lips. Purse your lips tightly and pull out on the string, not letting it to slip out. Pull for 10 seconds, then relax. Repeat 10 times. For added difficulty, place the button flat between the lips.