Child Tongue & Lip Tie Information

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. A prominent upper lip frenulum can cause problems like tooth decay, excessive dental spacing between incisors, and discomfort when brushing teeth properly. A prominent lingual (tongue) frenulum can cause speech difficulties, recession of gum tissue, restriction/constriction of normal dental arch growth, and abnormal swallowing. 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. Our office utilizes a CO_2 soft tissue laser to perform frenectomies. This maximizes precision while minimizing bleeding, inflammation, and post-operative discomfort.

How to prepare for the procedure?

We encourage you to practice tongue stretching before the procedure and this can be done with the help of a Speech Language Pathologist or Orofacial Myologist. Please consider consulting with them a month prior to your planned procedure. We recommend you use Tylenol or Ibuprofen 30 minutes prior to the procedure which may help to minimize discomfort. Proper dosages should be based on your child's weight, not age. Numbing medicine is used during the procedure and the laser itself has some analgesic properties.

What to Expect?

In general, the procedure is well-tolerated by children. We take every measure to ensure that pain and stress during the procedures is minimized.

1. Most children do not require any sedative. Sometimes nitrous oxide (laughing gas) is used intermittently to minimize the discomfort associated with administering a dental injection prior to the laser procedure. Even less frequently, I.V. sedation is used in young, pre-cooperative children.
2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure. All children and dental staff members wear laser protective eye wear.
3. For children 12 months of age or older, numbing cream is first applied and then an injected local anesthetic is used for additional anesthesia.
4. Your child may eat or drink immediately after the procedure. Care should be taken to avoid sucking or biting on a numb tongue that a child may not fully comprehend.

Discomfort

Discomfort is mild to moderate and usually lasts for about 12-36 hours, although sometimes it may last longer. This discomfort is similar to the feeling of an ulcer or cold sore. Mild swelling of the lip will also occur if a lip revision was performed. Ibuprofen (Motrin/Advil) or Acetaminophen (Tylenol) should be given and can be rotated every 4 hours. Avoid citrus or spicy food and beverages to minimize discomfort.

Post-Procedure Care

There are two 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.
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.

Post-procedure stretches are critical to achieve optimal results. These stretches are not meant to be forceful or prolonged, but rather quick and precise. The stretching exercises are best done with the child laying down with the feet going away from you. A small amount of bleeding is common after the procedure in the first few days. Wash your hands prior to your stretches (gloves are not necessary). Stretching should be done 4x/day for the first 3 weeks.

The Upper Lip is the easier of the two sites to stretch. Simply place your finger under the lip and flip it up as high as it will go (until it covers over the nostrils). Then gently sweep from side to side for several 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. Envision yourself rubbing the base of the nose, but from the internal surface of the lip.

The Tongue should be stretched by inserting both index fingers and diving under the tongue to pick it up towards the roof of your child's mouth. Focus on lifting the tongue up as high as it will go and holding it for 1-2 seconds. Relax and do it once more. Also use a sweeping motion to rub your finger under the tongue completely from left to right. The goal is to re-open the raw diamond shaped area at the center of the underside of the tongue. Encourage your child to stick out their tongue frequently. An incentive can be licking an ice pop or even placing peanut butter in the bottom of a shallow shot glass.

Expectations & Improvement

Please understand that once your child has a tongue/lip revision, any speech or dental growth improvements will not occur by themselves. The revision of the frenulum is usually just the first step. Speech Therapy, Orofacial Myology Therapy 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.

Starting several days after the procedure, the wound(s) will look white and/or yellow and will look very similar to pus. This is a completely normal inflammatory response and not infection. Just like a scab will turn white when you swim in a pool, when a wound is constantly wet it will take on this white/yellow appearance. Full healing takes a few weeks. Post-operative visits are scheduled at 2-5 days. You may also send photos to info@drmaggiedavis.com.

Please view the following video:

https://youtu.be/BLeZ451PrGM

Tongue-Tie Surgery Tips for Adults and Kids! By Sarah Hornsby, RDH (Orofacial Myologist)