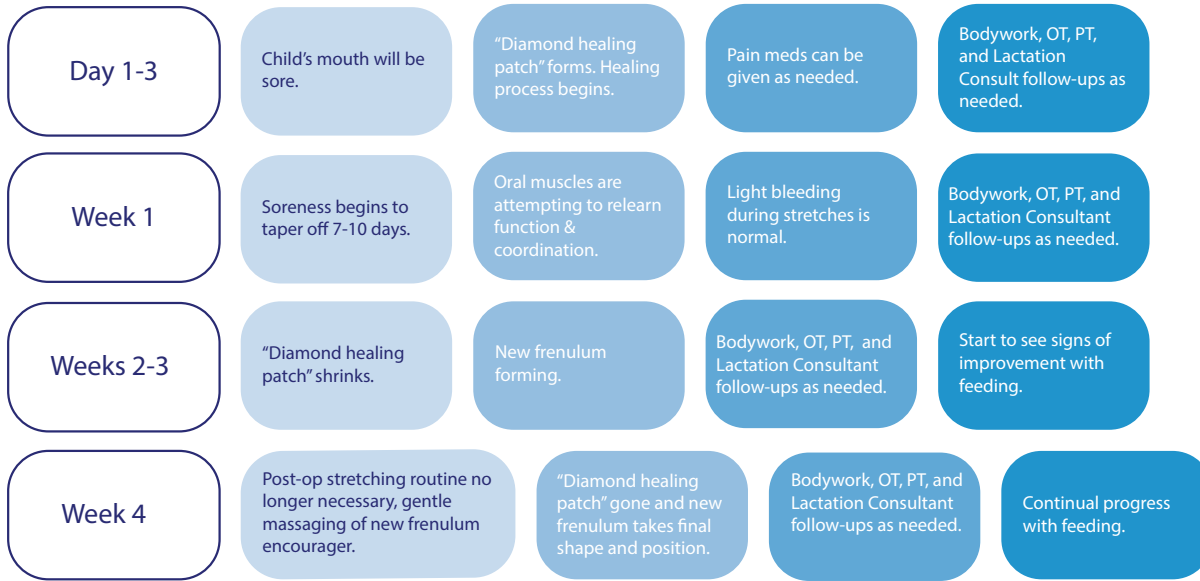










**Post-Op Frenectomy:
Home care Information
for Newborns and Infants**

What you may expect after the procedure:

Please note that all babies follow the typical healing timeline depicted below.



Pain Management Recommendations: Weight _____

Weight(lb)	Age(mos)	Infant's TYLENOL Oral Suspension	Children's TYLENOL Oral Suspension
6-11 lbs	0-5mos	 1.25mL	—
12-17 lbs	6-11 mos	 2.5 mL	—
18-23 lbs	12-23 mos	 3.75 mL	—
24-35 lbs	2-3 years	 5 mL(1tsp)	 5 mL(1tsp)
36-47 lbs	4-5 years	—	 7.5 mL(1.5tsp)

Under 6 months:

- Infant Acetaminophen/Tylenol (160 mg/5mL concentration)
- Dose based on weight; given every 6-8 hours for first few days as needed for pain
- If infant is older than two months and Tylenol is ineffective, get consent from pediatrician for Ibuprofen use. Dose based on weight.

Over 6 months:

- Ibuprofen (Children's Motrin may be used doses based on weight)
- Infant's TYLENOL and Children's TYLENOL (see chart)

Natural Remedies

- Organic Coconut Oil
 - Keep the Coconut oil chilled and apply a small amount to the surgical site 4-6 times a day
- Homeopathic remedies
 - Bach Kids Rescue Remedy
 - Chamomilla (irritability & inflammation)- Boiron Camilia single doses
 - Arnica Montana 30c (wound healing) - Dissolve

The Diamond Healing Patch

The released surgical site will form a diamond shaped patch after the first day. This diamond patch is either white or yellow in color. The diamond will peak in size by day seven and then start to shrink over the following weeks.

Any open oral wound in the mouth wants to contract towards the center when healing. Therefore, it is important to follow the stretching protocol below to ensure the frenum remains dilated and heals without reattachment. In fact, the post-procedural stretches are key to getting optimal results.

Stretching Protocol

Begin stretches the NIGHT OF the procedure.

The goal is to have the surgical site stretched out 3-6 times a day for at least 5 seconds. Exercises should be done for the next three weeks. Stretching can occur at feeding times, no earlier than 2 hours post procedure. Stretches are done with parent stationed behind the head. You do not need to wake your infant while he/she is sleeping during the night, but instead be sure to complete a thorough stretch after he/she wakes.

Lingual Frenum (Tongue)

- ▶ With clean hands, use some organic coconut oil and place both index finger tips under the tongue to lift the tongue up and back towards the throat. The diamond wound should now be seen and tension is placed on the diamond for 5 full seconds.

Labial Frenum (Lip)



- ▶ With clean hands, use some organic coconut oil and place your index fingers on the fold of the lip and flip the lip up and out as high as possible so you can see the white diamond. Stretch the lip to cover the nostrils. The patch may bleed slightly for the first few days, but this is not a concern. Hold the stretch for 5 seconds.
- ▶ Gently swipe your finger from side to side in the fold under the lip.

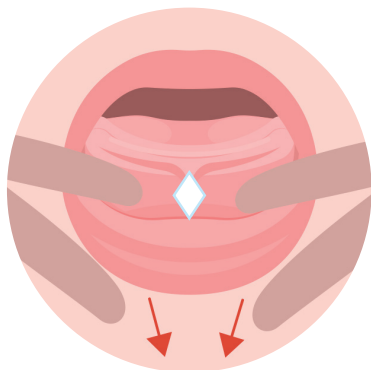
Helpful Tips

Cold compress or popsicle can be pressed on lip for lip frenectomy recovery or frozen teething toy for tongue. Consider using a headlight to free both hands or a cellphone light.

Consider making a log when stretches are done; use cell phone alarms/timers.

At other times, play in your child's mouth a few times a day with clean finger and organic coconut oil to avoid causing oral aversion. Tickle the lips, the gums, and allow your child to suck your finger.

The stretches are meant to be quick and purposeful. They should not take long or be torturous



Normal Post-Treatment Occurrences

- Yellow color of wound
 - A yellow scar is normal in the mouth and means that healing is occurring as expected
- Increased fussiness and inconsolable crying during the first week
 - Make sure to stay ahead of discomfort and be proactive with pain medications
- Bleeding after stretching
 - A little bit of blood in a pool of saliva appears worse than it really is. If this happens, nothing needs to be done and it is safe to feed immediately after.
- Trouble with latch during the first week
 - Due to the initial soreness and re-learning of suck, feedings may be inconsistent within the first week. In some cases, latch or other symptoms may worsen before they get better. It is critical to work with an IBCLC for any feeding related issues
- Increased choking and spitting up
 - Some babies may have a harder time adjusting to an increased milk flow. This is usually temporary and should be addressed with your Lactation Consultant (IBCLC).
- Increased drooling and saliva bubbles
 - The healing process increases saliva production. Also, your infant may be adjusting to a new range of motion and can have difficulty controlling saliva. This is usually temporary
- Increased sleeping
 - This may be due to medication, exhaustion, or that the infant is feeling better and is more satisfied. Sleep may act as a coping mechanism for discomfort.

Post Operative Support

Some babies may require support to adjust to new oral mobility. The following are a team of professionals that will help support your baby through his or her rehabilitation and healing.

- Body Work includes Tummy time, Myofascial Release Therapy
- Oral Motor and Sensory Therapy includes working with Lactation Consultants (IBCLC), Speech Language Therapist, Occupational Therapist/Physical Therapist

When you need to call the doctor

Although rare, please do not hesitate to call our office if your child experiences any of the following:

- A high fever of greater than 101°F
- Uncontrolled bleeding
- Refusal to eat for over eight hours

If it is after hours, follow the prompts to be connected to our answering service. If you feel that your symptoms warrant a physician, and you are unable to reach Sugarbug Dental & Orthodontics, please go to the closest hospital emergency room immediately.