

COMPLIMENTARY  
BREATHE BABY  
E-BOOK



SECOND EDITION

# HOME CARE INFORMATION FOR POST-OP INFANT FRENECTOMY

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## TONGUE AND LIP TIES

Some babies with tongue ties and lip ties are able to attach to the breast and suck well. However, many of these infants have breastfeeding problems. The following signs are common amongst infants with tongue and lip ties and their mothers. However, it is important to note that these signs can be linked to other breastfeeding problems and are not solely related to ties.

### INFANTS MAY EXHIBIT:

- noisy suckling or clicking
- popping on and off the breast
- leaking on the sides of the mouth
- poor weight gain
- coughing or gagging
- lip blisters
- gas pain
- noisy breathing/snoring sounds when sleeping
- reflux or colic symptoms

### MOTHERS MAY EXHIBIT:

- flattened nipples after breastfeeding
- nipple pain and damage
- prolonged feedings
- poor breast drainage
- decreased milk production

### HOW ARE TONGUE AND LIP TIES DIAGNOSED?

Tongues and lips are only considered to be tied if their movement is restricted, impairing function. Correct examination of infants requires the infant be placed on the examiner's lap with the infant's head facing the same direction as the person evaluating the infant. It is important to note that not all ties cause problems and require correction. Tongue tie is a diagnosis based upon function, so what your baby's tongue looks like can sometimes be less important than how it can move. Each case needs to be assessed by an educated and trained practitioner on an individual basis.



## TREATMENT FOR TONGUE AND LIP TIES

Tie releases (called frenectomies) remove the tissue or tight frenulum under the tongue or upper lip. Dr. Handa uses a state of the art LightScalpel CO2 laser for a safe and quick procedure that allows for greater tongue and lip mobility. In some instances, frenectomies can aid in the prevention of other health problems like mouth breathing, high narrow palate, tooth crowding, speech difficulties, and oral motor dysfunction.

While the procedure can be done with a laser or scissors, advantages of releasing ties with a laser include: Minimal discomfort and bleeding during and after the procedure (the laser aids in hemostasis, faster healing, increased precision and visibility for complete removal of a tie.

### OUR TEAM APPROACH:

Dr. Handa feels that post-revision care is important to the success of the revision. Essentially, the baby must learn how to use his or her tongue in a new way. Some babies need no help at all and immediately breastfeed post-procedure, while other babies may need help by additional professionals.

- An International Board Certified Lactation Consultant (IBCLC) can help improve latch, provide suck strengthening exercises and develop a feeding plan to address issues of latch, nipple healing, and low milk supply.
- A speech or developmental feeding therapist can help babies learn to use their tongues for more effective eating and speech.
- A craniosacral therapist or chiropractor can help babies to release tight muscles that have compensated for a tight frenulum or improper suck.

# POST-OP

WHAT YOU MAY EXPECT  
AFTER THE PROCEDURE:

Day 1-3	Week 1	Weeks 2-3	Week 4
Baby may be sore, expect fussiness; begin first stretch in evening of procedure day	Soreness tapers off	Commitment necessary with post-op wound stretching	Continued oral exercises and massaging of healed frenulum encouraged
White healing patch forms, this is nature's band-aid	May observe minor bleeding from corners/crease of patch after stretching	Healing patch shrinking	Healing patch gone; new frenulum taking final shape and position
Baby may have trouble with latch	Baby is adjusting to new mobility and suck pattern	Implement oral strengthening exercises daily	Baby continues building oral strength and coordination
Have back up feeding plan and comfort measures prepared	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed	Further progress with feeding to be expected
LC follow up within the first 3 days highly recommended	Post-op bodywork, OT, PT highly recommended	Bodywork and LC follow ups as needed	Bodywork and LC follow ups as needed

PLEASE NOTE THAT NOT ALL BABIES FOLLOW THE TYPICAL HEALING TIMELINE DEPICTED ABOVE.



# NATURAL REMEDIES

## BREAST MILK ICE CHIPS

Can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie and place tiny pieces under lips, tongue, or cheek and let melt slowly.

## ORGANIC COCONUT OIL

Best if kept chilled and safe for any age. Simply apply small dab to treated areas 4-6 times a day. (Recommended for mothers who are no longer breastfeeding or have access to breast milk.)

## HOMEOPATHIC REMEDIES

Homeopathy is ideal to use with infants, pregnant and nursing women, chemically sensitive individuals, and those seeking a more natural alternative to pharmaceuticals.

## SUGGESTIONS

- BACH KIDS RESCUE REMEDY
- CHAMOMILLA (IRRITABILITY & INFLAMMATION) BOIRON CAMILIA SINGLE DOSES
- ARNICA MONTANA 30C (WOUND HEALING) - DISSOLVE 5 PELLETS IN 1 OZ DROPPER BOTTLE OF DISTILLED WATER; GIVE 5-10 DROPS EVERY 2-3 HOURS AS NEEDED. STORE CHILLED.
- STAPHYSAGRIA 6C (WOUND HEALING) - 1 PELLETT 2X/DAY

# RECOMMENDATION FOR PAIN MANAGEMENT



## NATURAL REMEDIES

Homeopathy is a system of holistic medicine that stimulates the body to heal itself. It uses high dilute solutions specially prepared from natural plant and mineral extracts which are gentle on the body and produce very little risk of side effects.

## UNDER 6 MONTHS:

If infant is older than two months and Tylenol is ineffective, get consent from pediatrician for Ibuprofen use. (Children's Ibuprofen/Advil/Motrin 50mg/1.25mL or 100. mg/5mL concentration)

\_\_\_\_\_ mL

Dose based on weight; given every 6-8 hours for first few days as needed for pain



## OVER 6 MONTHS:

If infant is older than two months and Tylenol is ineffective, get consent from pediatrician for Ibuprofen use. (Children's Ibuprofen/Advil/Motrin 50mg/1.25mL or 100. mg/5mL concentration)

\_\_\_\_\_ mL

Dose based on weight; given every 6-8 hours for first few days as needed for pain

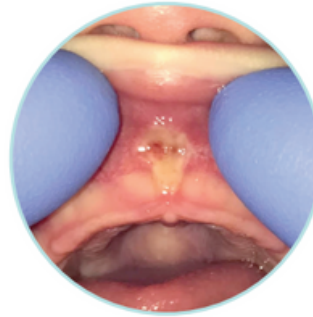
### WHAT ARE THE “WHITE DIAMOND” HEALING PATCHES?

The released area will form a wet, soft scab after the first day. This is nature’s “band-aid” and while typically white in color, in some cases it is yellow. The diamond will typically peak in size by day five and then start to shrink over the following weeks.

#### Lingual Healing Site (Tongue)






#### Labial Healing Site (Lip)



### STRETCHING PROTOCOL:

#### *Push, scoop n’ stretch*

Stretch each site **3x daily for 3 seconds** (the same time it takes for you to say “push, scoop n’ stretch” out loud). 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 after a longer stretch of sleep.

<p><b>1 Second</b></p>  <p><b>PUSH...</b></p> <p>directly into the bottom edge of wound site with one index finger, using other hand to stabilize.</p>	<p><b>1 Second</b></p>  <p><b>SCOOP...</b></p> <p>upwards to lift up the tongue or lip until finger rests at the top of the diamond.</p>	<p><b>1 Second</b></p>  <p><b>STRETCH...</b></p> <ul style="list-style-type: none"> <li>• up the tongue to ensure the diamond elongates vertically</li> <li>• up the lip to ensure visibility of the entire wound site.</li> </ul>
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### THERE ARE TWO IMPORTANT CONCEPTS TO UNDERSTAND ABOUT ORAL WOUNDS:

1. Any open oral wound likes to contract towards the center of the wound as it is healing (hence the need to keep it dilated open).
2. If you have two raw surfaces in the mouth in close proximity, they may stick together.

### PURPOSEFUL STRETCHING:

#### GET IN. GET OUT.

- Post-procedure stretches are key to getting an optimal result.
- These stretches are NOT meant to be forceful or prolonged. Be quick and precise with your movements.
- It is recommended that you purchase an affordable LED headlight to allow you to get the best results.
- We highly encourage you to approach these exercises in a positive manner.
- 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 after a longer stretch of sleep.

### YOU MAY NOTICE:

- You may see a few drops of blood in the saliva after a stretch of the site(s). This is normal and will typically result if areas of the healing site were sticking together. The key is to use this same pressure in subsequent stretches.
- 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.

### NORMAL POST-TREATMENT OCCURRENCES

#### Increased fussiness during first week

Be sure to use lots of skin to skin contact. This increases oxytocin levels, lowering pain sensitivity.

#### Trouble with latch during first week

Due to the initial soreness and re-learning of suck, feedings may be inconsistent the first week. In some cases, latch or 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 IBCLC.

#### 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.

### WHEN YOU NEED TO CALL THE DOCTOR

**Although rare, please do not hesitate to call the office (978) 635-9995 if you experience the following:**

- Fever greater than 101.5F
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for over eight hours

### CONTINUED POST-OP SUPPORT

Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to new oral mobility. In addition to bodywork therapy, oral motor therapy with a trained OT/SLP/PT helps build oral tone and suck/swallow coordination. Please take advantage of the team of professionals in our referral network to help optimize your baby's oral motor functioning.