

Frenectomy Post-Op 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 (hence the need to keep it dilated open).
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.
 - Post-procedure stretches are KEY to getting an optimal result. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements.
 - You may use Tylenol, Ibuprofen (if 6 months of age or older) or other measures to help with pain control.
 - The main risk of a frenotomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. The exercises demonstrated below are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you.

Stretches and Timing

Be aware that a small amount of spotting or bleeding is common after the procedure, especially in the first few days. Wash your hands well prior to your stretches (gloves are not necessary). Apply a small amount of the coconut oil to your finger prior to your stretches.

- Do one stretch on the evening of surgery. Beginning the next day, the stretches should be done 6 times each day for the first 3 weeks (6x/day for 3 weeks).
- In the 4th week taper from 6 times, to 5, to 4, to 3, to 2 and then finally on 1 time on the last day of the 4th week.
 - It may be easiest to perform 5 of the stretches during the child's waking hours and one of those during the middle of the night, taking care to not go more than 6 hours between stretches. Diaper changes are a good time to do the stretches.

The Upper Lip is the easier of the 2 sites to stretch. If you must stretch both sites, I recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, simply place your finger under the lip and move it up as high as it will go (until it bumps into resistance). Then gently sweep from side to side for 1-2 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.



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The Tongue should be your next area to stretch. Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and pick it up, towards the roof of the baby's mouth. The tongue needs three separate stretching motions:

1. Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the baby's mouth). Hold it there for 1-2 seconds and then relax. **The key to the success of this stretch is that your fingers are placed deep enough prior to lifting the tongue up.** Once you are under the tongue, then lift the tongue so that the middle of the tongue comes up with you.
2. With one finger propping up the tongue, place your other finger in the middle and turn your finger sideways and swipe side to side. This stretch should not be forceful or rough within the wound.
3. Massage on either side of the wound to loosen up the musculature of the remainder of the floor of the mouth. You can use more pressure when doing these stretches because you aren't in the wound at this point.

