

## Aftercare

Begin stretching exercises the night of surgery, during waking hours. Massage the surgical sites at every nursing session. Stretch the tongue and lip at least 2–3 times a day for 10–14 days.

Use enough force when stretching to make sure the area does not close. If you see a red line in the healing area, the tissue is reattaching, and you are not stretching adequately.

Stretch the area for about 5–10 seconds, long enough to make sure that the entire diamond is opened up. The stretching will not cause any damage or enlarge the surgical sites. As the tissue heals, it will appear white in color. This is not infection.

Upper lip swelling is common following a lip-tie revision. If swelling occurs, place a cold compress on the outside of the upper lip. Do not place ice directly on the lip. The swelling will resolve after a few days, and is not a sign of infection.

Your infant may have increased saliva production due to the increased mobility of the tongue.

Improvements in breastfeeding may occur immediately after surgery or may take as long as a week. If you see improvement initially and later discomfort returns, you may not have used adequate force when stretching the surgical site.

Some newborn infants may take a few days to develop a good latch as they gain strength.

## Expectations

The typical timeline for revisions is as follows:

**Day 1:** The evening of the revision your baby will be sore and fussy and may not want to breastfeed.

**Day 2:** Your baby may have a renewed interest in learning tongue movements.

**Day 3 or 4:** Increased range of movement of the tongue can lead to muscle soreness.

Soreness and inflammation can come and go through the first and second week and your baby's interest in breastfeeding may change accordingly.

## Daily Stretching Exercises

### The tongue-tie stretching:

Place your index fingers on each side of the tongue and forcefully open the diamond shaped surgical site. Use enough force to open the entire surgical site. Gently push or pull downward towards the infant's throat. Some bleeding may occur and is not of concern.

### The upper lip-tie stretching:

Grasp the upper lip with two hands and gently pull the upper lip upward until it touches the infant's nose. Use enough force to open the entire surgical site.

# Lip & Tongue Revision



## Difficulty Breastfeeding?

An infant's inability to breastfeed often results from abnormal attachments of the tongue and/or lip to the rest of the oral structures. Such abnormal attachments make normal function and mobility difficult or impossible.

**Annelise Hardin DDS MS**  
Board Certified Specialist in Pediatric Dentistry

**Southern Village Pediatric Dentistry**  
410 Market Street, Suite 430 | Chapel Hill, NC 27516  
919-967-2773 | office@southernvillagepedo.com  
svpediatricdentistry.com



**Southern Village**  
**PEDIATRIC DENTISTRY**  
*Growing Healthy Smiles*

## Latching

### Poor latch can result in *infant*

- Colic & excessive gassiness
- Reflux
- Difficulty with adequate milk intake
- Poor weight gain
- Falling asleep at the breast
- Extended nursing episodes
- Unable to sustain a latch
- Unable to develop a deep enough latch
- Unable to hold a pacifier
- Early weaning from the breast

### Poor latch can result in *mother*

- Difficulty or unable to breastfeed
- Painful compression of nipples
- Mastitis, engorgement, thrush
- Vasospasm
- Anxiety, stress and fatigue
- Post-partum depression
- Slow weight loss from pregnancy
- Early cessation of lactation
- Bleeding, cracked and flattened nipples
- Low milk supply
- Feelings of guilt

### If left untreated, the attached tissue can lead to future problems:

- Painful latch once upper front teeth erupt
- Orthodontic problems such as large gaps between the front teeth or relapse after orthodontic care
- Dental decay of upper front teeth when still nursing
- Speech problems
- Esthetic problems
- If lacerated due to injury, heavy bleeding may occur

Normal tongue position



Tongue-tie



## Laser Treatment

### Advantages of laser surgery include:

- No sedation or trip to the operating room necessary
- Bactericidal: virtually no chance of infection
- Reduced post-surgical pain or discomfort
- Significantly reduces bleeding
- Procedure takes less than 5 minutes in the office
- More precise surgery

We request that the infant does not nurse for at least 90 minutes prior to surgery. As soon as the surgery is completed, the infant is returned to the mother to nurse and a hungry infant is more likely to go to the breast quickly.

## Post-surgery appearance of tissue

The frenum attachment opens up into a diamond shape. The diamond fills in with white granulation tissue as it heals. This white tissue is not infection.



This surgery can be very successful in assisting with improved latch. It is extremely important to follow all post-surgery exercises to make sure that the final results are effective.

After surgery you may wish to follow up with your Lactation Consultant and a person knowledgeable in Cranial-Sacral therapy on infants who can aid in restoring full oral function and mobility.