# Infant Lip and Tongue Frenectomy Informed Consent

**LIP TIE** A tight upper lip frenum attachment may compromise lip flanging and may appear as a tight, tense upper lip during nursing or bottle feeding. This can result in a shallow latch during breastfeeding resulting in nipple pain for the mother and excessive air intake for the child. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle-feeding. If the frenum attaches close to the ridge or into the palate a future diastema (gap between the teeth) can also occur. A tight frenum is a risk for development of gum disease in the future. Sometimes a child's smile is impacted by a tight lip frenum.

**TONGUE TIE** A tight lower tongue frenum attachment may restrict the mobility of the tongue and may or may not appear as a cupping or heart shaped tongue when the tongue is elevated. This can result in an inability to get the tongue under the nipple to create a suction to draw out milk. Long term, a tongue tie can result in speech problems, airway and palatal development issues and/or dental issues.

**SYMPTOMS AND ASSESSMENT** Everyone has a frenum, but not every frenum is a "tie". To know if a frenum is a problem, a physical and functional assessment must be completed. In breastfeeding families, both mother and baby must be assessed and you may be asked to demonstrate a breastfeeding session for assessment. Symptoms may include the following:

- Poor latch (breast or bottle)
- Leakage of milk from the mouth while eating
- Slides off nipple or falls asleep while attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Extended/continuous feedings
- Gumming or chewing of the nipple
- Unable to take a pacifier or bottle
- Thin smile/curled lip
- Creased, cracked, bruised or blistered nipples
- Bleeding nipples
- Incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis (inflammation of the breast
- Nipple thrush
- Decay on baby teeth

**PROCEDURE** Addressing a tight frenum is straightforward in young children. Older children and some very strong infants may require the use of sedation which is not available in this office. Such children will be referred as needed. The procedure itself takes less than a minute for each frenum. Dr. Wehmeyer uses a laser that cuts and seals the tissues resulting in very little or no bleeding. During the procedure, the baby is swaddled and placed in our dental chair while being stabilized by an adult to minimize movement during the procedure. Families are asked to step out of the room for everyone's safety. Then the laser procedure is completed and cold ice water is placed on the site. The baby is immediately returned to the family to nurse or soothe. Babies will cry during the procedure, but they are typically soothed almost immediately afterward. Unfortunately, parents or visitors are not allowed in the room during the procedure due to laser safety regulations.

**ALTERNATIVE TREATMENTS** The alternative to laser treatment includes scalpel or scissor surgery using local anesthesia and/or sedation. The other alternative is to do no treatment. No treatment could result in some or all of the conditions listed under "Symptoms" above. Advantages (benefits) of laser vs. scalpel or scissors include less bleeding, no sutures (stitches) or having to remove sutures. Disadvantages (risks) are included in the "Risks of Procedure" below.

**POST OP INSTRUCTIONS** Following the procedure breastfeeding and bottle feeding will have to be retrained, so may be difficult at first. Helpful supplies to have on hand include coconut oil and any post op pain management supplies approved by your physician including Tylenol, Ibuprofen or homeopathic remedies you may wish to use (arnica, Rescue Remedy, etc.). Keeping the lip and tongue mobile is important during the healing time. When nursing or using a bottle, make sure to position baby with a good

latch every time. Complete the wound care described on the post-op care handout you are given every 4 hours for the directed amount of time. A white/yellow patch around the treated area is normal. This is how the mouth forms a "scab". Keep the area mobile until all the white is replaced by pink tissue. Many families find that "body work" by an experienced chiropractor, craniosacral therapist or physical therapist is critical to achieving successful results.

**RISKS OF PROCEDURE** While the majority of patients have an uneventful procedure and recovery, a few cases may be associated with complications, which may include:

- **Reattachment of the frenum requiring additional surgical procedures**
  ***this is the most common complication**
- Bleeding either at the time of the procedure or in the first 2 weeks after
- Infection
- Pain
- Fussiness
- Damage to, or infection of the sublingual gland, which sits below the tongue which may require further surgery
- Temporary or permanent nerve damage
- Refusal to feed (nursing strike or bottle refusal)
- Impact on speech
- Lack of improvement
- Injury to the teeth, lip, gums, or tongue
- Alterations in child's smile, including increased show of upper gums when smiling (for lip tie release)
- Burns from the equipment
- Swelling and inflammation, especially of upper lip
- Scarring
- Eye damage if baby looks directly into the laser beam (eye protection is always used)
- Inability to complete procedure (children who are too strong/resistant may need to be referred for sedation)

**PARENT CONSENT** I acknowledge that the doctor has explained my child's condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to my child and the likely outcomes. I understand that a small number of patients do not respond successfully to this procedure. Because each patient's condition is unique, long-term success may not occur and is not guaranteed. I understand that failure to follow recommendations could lead to ill effects, which would become my sole responsibility. I will need to come for appointments following my surgery so that my healing may be monitored.

For breastfeeding families: I understand that breastfeeding is a team activity between both the breastfeeding parent and the baby and as such, they will be assessed together. I understand that this requires Dr. Wehmeyer to collect health information about both baby and the breastfeeding parent. Furthermore, I understand that it may require Dr. Wehmeyer to assess the breastfeeding parent's breasts as well as observe a breastfeeding session. I give my consent for this assessment.

I was able to ask questions and raise concerns with the doctor about my child's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that photographs or video footage may be taken during my child's procedure and these may be used for teaching health professionals. (Your child will not be identified in any photo or video). I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my child's condition worse.

**On the basis of the above statements, I (name of parent/legal guardian) _____ request that my child (name) _____undergo the procedure(s) described above**.

Signature of Parent/Guardian: _____Date: _____

Witness: _____ Date: _____

Doctor: _____Date: _____
Meggan M.H. Wehmeyer, DDS, MS

# Limitation of Services

I understand that all medical care including, but not limited to, monitoring weight and growth and approval of medications is to be provided by my own physician and all lactation support is to be provided by my own lactation consultant and that any changes in care are to be discussed with her/him.

I understand that although Dr. Meggan Wehmeyer is a trained, certified IBCLC, **she does NOT provide full lactation support**, but may complete a limited examination in order to aid in accurate diagnosis of oral restrictions.

Such an exam may or may not include a visual and manual assessment of the mother's breasts, the baby's mouth and suck, observation of the mother and baby breastfeeding, analysis of information relating to the breastfeeding situation, demonstration of techniques for improving breastfeeding, use of breastfeeding equipment, and recommendation of a care plan to resolve breastfeeding issues which may be adjusted during the course of treatment. **I understand this is not a substitute for care by my own lactation consultant.**

I am responsible for seeking care from an IBCLC lactation consultant and I understand failure to do so may jeopardize the success of this procedure. I am responsible for informing Dr. Wehmeyer and my lactation consultant of any relevant information or changes that affect my breastfeeding situation. It is my responsibility to call Dr. Wehmeyer AND my lactation consultant with any progress reports, updates, questions or concerns.

I grant consent for the following: (please initial)

_____Information about this consultation to be mailed, faxed, or emailed to my attending physician/health care providers and lactation consultant

_____Information from this consultation to be used for teaching purposes, with the understanding that no identifying names, features, or information will be used.

_____Treatment according to the scope of practice outlined above

Name of Baby: _____

Signature of Parent(s)/Guardian(s):

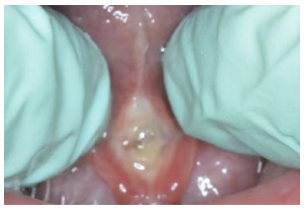
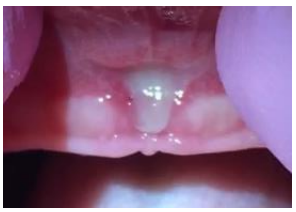
_____ Date: _____

# Frenectomy After Procedure Care

A white/yellow film is the mouth's version of a "scab". This is normal and is not a sign of infection. Minor swelling and bleeding is also normal. A moist black tea bag applied with firm pressure stops minor bleeding.

Call **Dr. Wehmeyer's cell phone** at **802 280 8450** for the following:

-fever >101 degrees Fahrenheit
-foul smell or discharge from the procedure site
-uncontrollable pain
-baby refuses eat for more than 2 feeds in a row

Call **911** for the following rare emergencies:

-severe swelling in the floor of the mouth that comes on very quickly or restricts baby's breathing
-uncontrollable bleeding (not controlled by a tea bag/pressure after 15 minutes)

Follow up care is critical to the success of this procedure. **It is essential that you follow up with your lactation consultant or speech/feeding therapist and bodywork provider following the procedure. These physical therapy activities below are a key part of your infant's successful treatment.**

Please do the therapy below to help prevent reattachment of the frenum and to help the tongue muscles and brain learn about their new freedom. Use a clean finger with short, clipped fingernails. Minor bleeding may occur and is normal. Some parents find gauze helps to get a more precise lift of the tongue and a headlamp/flashlight helps them to see better. Place baby's head on your lap, with their body facing away from you. A helping partner may be useful. Please view some excellent videos of post op therapy here: http://www.drghaheri.com/aftercare/

**Wound care: every 4 hours for 2 weeks, starting tonight (goal is to keep the edges of the site from sticking together).**

1. Flip the upper lip towards the nose to separate the edges of the diamond (3 seconds)
2. Lift the tongue up towards the roof of the mouth with two fingers (separate the tongue from the floor of the mouth to keep the edges of the diamond open/separated (3 seconds).

**Exercises: 4-6 times per day for 2 weeks, starting tomorrow (goal is to help tongue and brain learn new movement)**

1. Slowly rub the lower gum line from side to side and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue.
2. Let your child suck on your finger and do a tug-of-war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself. This can also be done with a pacifier.
3. Let your child suck your finger and apply gentle pressure to the palate, and then roll your finger over and gently press down on the tongue and stroke the middle of the tongue.
4. With one index finger inside the baby's cheek, use your thumb outside the cheek to massage the cheeks on either side to help lessen the tension.

**Additional therapy may be suggested by your IBCLC, bodyworker, feeding specialist or speech therapist. If so, please do that in addition to the therapy listed above.*

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# Infant/Toddler Pain Management

**Frequent nursing/feeding** is one of the best ways to keep baby's pain under control. **Skin to skin, a warm bath with a parent and lots of cuddling also help**.

***Please verify all medications with your child's physician before administering***

Tylenol, ibuprofen and homeopathy are popular choices for pain relief**.** Some physicians do not recommend Tylenol for pain control in infants and some do not recommend Ibuprofen for children under 6 months old. Homeopathy requires specific remedies and dosing regimens. Please contact your child's physician/PCP for individualized recommendations of all medications.

| | **ACETAMINOPHEN (TYLENOL)**<br>**Can give every 4-6 hours**<br>**No more than 5 doses in 24 hours** | | | **IBUPROFEN (ADVIL/MOTRIN)**<br>**Can give every 6 hours**<br>**No more than 5 doses in 24 hours** | | |
|---|---|---|---|---|---|---|
| **Weight:** | **Milligram Dosage 7mg/lb** | **Infant Drops 80mg/0.8ml** | **Children's liquid 160mg/5ml** | **Milligram Dosage 4mg/lb** | **Infant Drops 50mg/1.25ml** | **Children's liquid 100mg/5ml** |
| **5-8 lbs** | 40mg | ½ dropper (.4ml) | ¼ tsp (1.25ml) | Ask | Ask pediatrician | Ask pediatrician |
| **9-10 lbs** | 60mg | ¾ dropper (0.6ml) | 1/3 tsp (1.8ml) | 25mg | 1/3 syringe (0.625ml) | Use Drops |
| **11-16 lbs** | 80mg | 1 dropper (0.8ml) | ½ tsp (2.5ml) | 50mg | 2/3 syringe (1.25ml) | ½ tsp (2.5ml) |
| **17-21 lbs** | 120mg | 1 ½ droppers (1.2ml) | ¾ tsp (3.75ml) | 75mg | 1 syringe (1.875ml) | ¾ tsp (3.75ml) |
| **22-26 lbs** | 160mg | 2 droppers (1.6ml) | 1 tsp (5ml) | 100mg | 1 1/3 syringe (1.875ml + 0.625ml) | 1 tsp (5ml) |
| **27-32 lbs** | 200mg | 2 ½ dropper (2ml) | 1 ¼ tsp (6.25ml) | 125mg | 1 2/3 syringe (1.875ml + 01.25ml) | 1 ¼ tsp (6.25ml) |
| **33-37 lbs** | 240mg | 3 droppers (2.4ml) | 1 ½ tsp (7.5ml) | 150mg | 2 syringes (2 x 1.875ml) | 1 ½ tsp (7.5ml) |
| **38-42 lbs** | 280mg | 3 ½ droppers (2.8ml) | 1 ¾ tsp (8.75ml) | 175mg | 2 1/3 syringes (2 x 1.875ml + 0.625ml) | 1 ¾ tsp (8.75ml) |
| **43-53 lbs** | 320mg | 4 droppers (3.2ml) | 2 tsp (10ml) | 200mg | 2 2/3 syringes (2 x 1.875ml + 1.25ml) | 2 tsp (10ml) |

**If desired, Acetaminophen and Ibuprofen can be alternated with each other every 3 hours**
**(ie Give Acetaminophen, wait 3 hours, give Ibuprofen, wait 3 hours, give Acetaminophen…etc.)**

**Caution:** Acetaminophen (Tylenol) and Ibuprofen (Motrin/Advil) can be found in many prescription and over-the-counter medicines. Read the labels to be sure your child is not getting it from two products.

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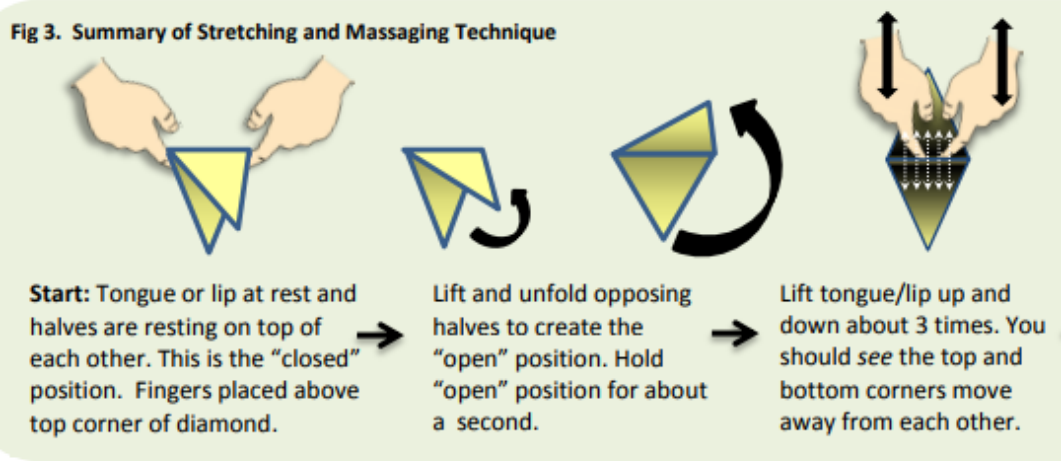
# Infant Frenectomy Follow-Up Wound Care




**Weeks 1 and 2 goal: prevent the sticky sides of the white wound from gluing back together (reattachment)**

Week 1: Every 4 hours, starting evening of the procedure

Week 2: Every 4 hours

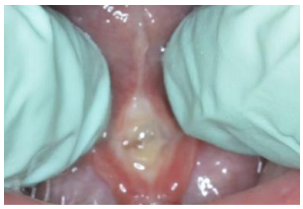
**Weeks 3-6 goal: focus on keeping wound soft and flexible**

Week 3: 4 times a day, up to one 8 hour interval

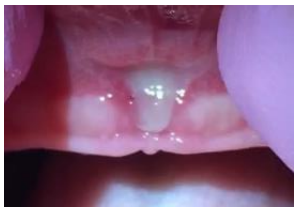
Week 4: 3 times a day, up to one 10 hour interval

Week 5: 2 times a day, no time limit

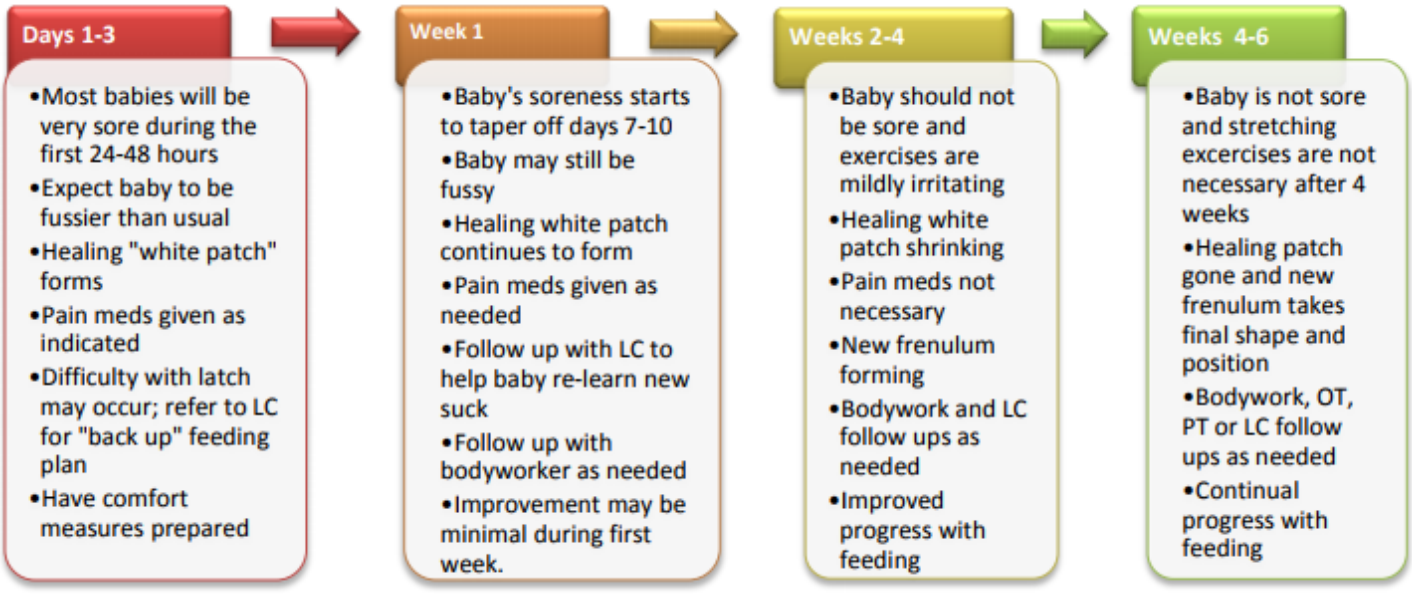
Week 6: 1 time a day



Tongue at 1 week



Lip at 1 week




Graphics this page courtesy of Dr. Mikel Newman

**Please contact our office at 603 287-1300 or Dr. Wehmeyer's cell phone at 802 280-8450 or meggan.wehmeyer@gmail.com with questions or concerns.**

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# Frenectomy Helpful Links/Videos

Wound care (Ghaheri) http://www.drghaheri.com/aftercare/ **But please no rubbing the wound!

Wound care (Newman) https://www.youtube.com/watch?time_continue=1&v=jCQ6xBAbbhA

Suck training exercises https://www.youtube.com/watch?v=W4N7VoMn1C8

Information on bodywork https://www.youtube.com/watch?list=PLTdSLlBX2obwH8VeA8Obl4Kn-N9WQz8vB&v=ciTx4KkerWU&app=desktop

Post release oral massage https://www.youtube.com/watch?v=0BgGWNp0-GA

Breast compressions https://www.youtube.com/watch?v=wBrLYhABUlM&t=1s

Nursing strike https://rachelobrienibclc.com/blog/7-tips-for-ending-a-nursing-strike/

Weaning off a nipple shield https://rachelobrienibclc.com/blog/my-ten-step-process-for-weaning-from-the-nipple-shield/

Dealing with stress https://rachelobrienibclc.com/blog/stress-and-breastfeeding-protect-milk-supply/

"Flipple" exaggerated latch technique https://www.youtube.com/watch?v=OGttPTx7iSs&feature=youtu.be and http://www.pumpstation.com/breastfeeding/help-library/deep-latch

Asymmetric latch http://www.lactation-911.com/how-to-asymmetrical-latch/

Laid back nursing https://www.youtube.com/watch?v=KYRg8DTbZCc

"Natural Breastfeeding" https://www.youtube.com/watch?v=diuGQhbjC6s&list=PLpJt_90JhxkPJ6wQ-6VNggkqw0aWCfRD3

Choosing a lactation consultant http://www.second9months.com/choosing-your-lactation-consultant/

It takes a team http://www.drghaheri.com/blog/2014/3/13/it-takes-a-team-to-improve-breastfeeding-after-a-tongue-tie-procedure

Myofunctional exercises

1. Breathing exercises https://www.youtube.com/watch?v=65tlxqQ4A3A
2. Before and After frenectomy https://www.youtube.com/watch?v=ouuIOo5F0aQ

Tether-berg http://www.michalechatham.com/blog/tether-berg-or-tether-floe

Websites with more information
http://www.drghaheri.com/downloads/
www.kiddsteeth.com

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