KIM FEUQUAY DDS

HOME CARE INFORMATION

FOR POST-OP FRENECTOMY

www.kimthekidsdentist.com

WHAT IS A LINGUAL FRENULUM?

During development, the tongue starts off completely attached to the floor of the mouth. Once the tongue is fully formed in utero around week 8, it begins to separate from the base of the mouth, becoming free to move around. The lingual frenulum is the name given to the connective tissue remnant under the tongue that serves to support and limit its movement in different directions. Yes, every person is born with one!

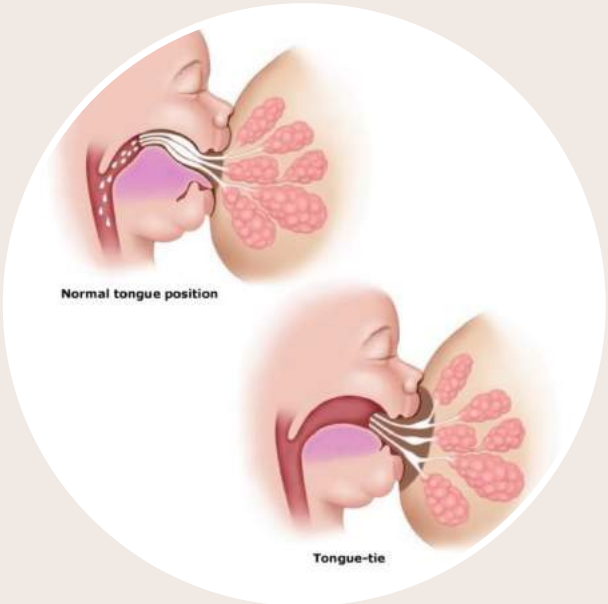
WHAT IS A TONGUE TIE?

For approximately 5-10% of babies, the tongue and floor of mouth separation process is disrupted in utero, leading to an abnormally short frenulum. The presentation can vary widely in thickness, elasticity and specific location on the tongue and floor of the mouth. Sometimes a frenulum may completely tether the tip of the tongue to the edge of the lower jaw. Different presentations may restrict tongue range of motion to varying degrees, and may impact oral motor development, feeding skills and breathing habits even in infancy.

The medical term for tongue tie is "ankyloglossia" and studies show the defect is hereditary. A tongue tie diagnosis and treatment recommendation should be made based upon a true functional limitation. Simply seeing a frenulum under the tongue does not mean it is restricting tongue range of motion. Feeding assessments from appropriate specialists provide crucial insights on a baby's oral motor skills and it takes an experienced provider to thoroughly investigate anatomical presentation and associated symptoms.

HOW CAN A TONGUE TIE AFFECT BREAST AND BOTTLE FEEDING?

During infancy, the tongue needs full range of motion to create adequate suction to express milk from the breast. The front-mid portion of the tongue draws in, cups and compresses breast tissue while strength and flexibility in the mid-back portion of the tongue is needed to create the negative pressure to remove milk from the breast.

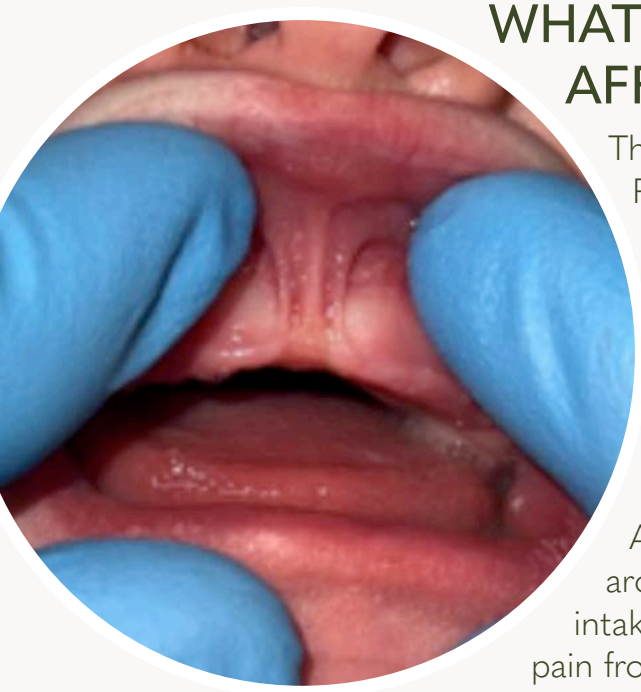


A baby with a tongue tie may be unable to latch deeply onto the breast, leading to possible nipple pain and damage. When the tongue cannot extend up and over the lower jaw, a baby's latch may feel uncomfortable. Maintaining a latch could pose as a challenge for these babies; some may remain attached to the breast for long periods of time without taking in enough milk.

When the suction is compromised and a baby repetitively loses the seal at the breast or bottle, milk can consistently spill out the sides of the mouth and air may be swallowed, leading to excess gas and fussiness. A tongue tie may impact oral motor coordination and feeding efficiency at the breast or bottle.

WHAT IS A LABIAL FRENULUM?

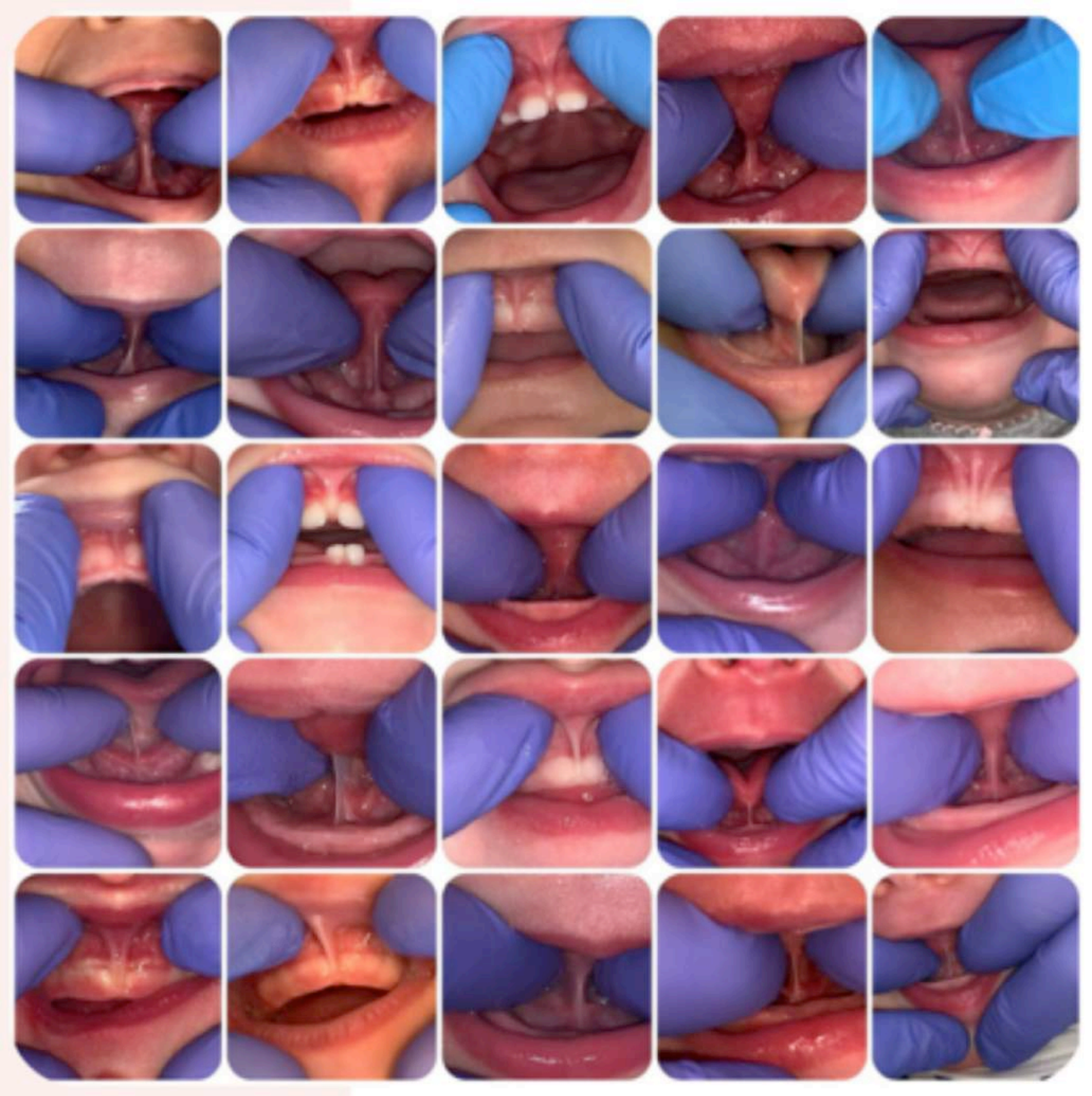
Just like under the tongue, every baby is born with connective tissue under the upper lip, called the labial frenulum. This tissue helps to anchor the lip to the jaw for proper movement and facial development. Almost 90% of babies are born with a frenulum that attaches to the lower edge of the gum line – the presence of the tissue is normal anatomy. As children get older and the jaw develops, the labial frenulum attachment has been shown to shift upward.



WHAT IS A LIP TIE AND HOW CAN IT AFFECT FEEDING?

The length and thickness of a baby's labial frenulum varies. Research suggests tissue that stretches easily has less risk of labial tethering, whereas a short frenulum that is inflexible has a higher risk of restricting movement. Sometimes a frenulum may be so short and thick that it creates a visible notch in the lower edge of a baby's jaw bone – this particular presentation may contribute to a large gap between the permanent front teeth.

An abnormally tight labial frenulum can disrupt the seal around the breast or bottle nipple, leading to increased air intake – contributing to reflux and gas symptoms or breast pain from the tight upper lip. The lip should play a passive role when a baby is feeding, gently rounding to maintain the seal at the breast or bottle nipple so milk doesn't spill out. In toddlerhood, a short labial frenulum may impact a child's comfort forming a seal on a straw or clearing food from a spoon.



This photo gallery illustrates a variety of anatomical presentations of lingual and labial frenula. Some of these babies were diagnosed with tongue or lip ties while others presented with functional, flexible connective tissue allowing for full range of motion. It takes an experienced provider to investigate anatomical presentation (taking into account the variations in clinical appearance), tongue function and associated symptoms.

WHY IS TONGUE POSTURE IMPORTANT FOR BREATHING AND OROFACIAL DEVELOPMENT?

In order to direct airflow in and out of the nose, the tongue must be able to rest up against the roof of the mouth. When we breathe through our nose, we can efficiently humidify and filter the air and improve oxygen circulation in our bodies! A tongue tie physically pulls the tongue down towards the floor of the mouth, making it challenging and sometimes impossible to achieve a tongue to palate seal. Low tongue posture may lead to snoring and disrupted sleep patterns.

At rest, the consistent pressure of the tongue against the palate, balanced by the pressure provided by proper lip sealing, serves as a guide for the growth of our upper jaw.Literature shows children with untreated tongue ties may develop abnormal tongue function early in life with a secondary impact on orofacial growth and sleep disordered breathing.

COLLABORATIVE CARE TREATMENT APPROACH

Prior to having a tongue or lip tie evaluation, children should be assessed by an International Board Certified Lactation Consultant (IBCLC) or feeding specialist (a trained SLP or OT).

- Lactation consultants are experts in guiding mothers throughout their feeding journeys and addressing concerns regarding milk supply, latch comfort, breast and bottle feeding techniques, infant feeding patterns, positioning and so much more.
- Some speech language pathologists or occupational therapists have special training to become experts in pediatric feeding and swallowing; they can assess and address concerns regarding oral tone, strength and oral motor coordination in infancy and childhood.

Working with a functional specialist provides important insight on oral reflexes, postural habits, or speech (if age appropriate) to help differentially diagnose the root cause of the child's symptoms or to clarify a potential link between a short frenulum and the symptom presentation.

A tongue or lip tie release (called a frenectomy) is a minor surgical procedure that removes the tight frenulum, allowing for improved range of motion and flexibility. Because the frenectomy addresses an anatomical limitation, it aids in shifting the physiology in order to reduce or eliminate symptoms.

Many children are able to quickly adapt and thrive following the procedure. Others may take some time to adjust to the new movement and benefit from continued support from an oral motor/feeding specialist to optimize their oral strength and skills. Consideration of other therapeutic modalities may be helpful.

- A pediatric craniosacral therapist, osteopath or chiropractor can help babies to release tight fascia/muscles that have compensated for a short frenulum or improper suck. Such therapy aims to calm the nervous system and improve structural mobility to assist with latch, feeding, sleep, movement, mood and digestion.
- A physical therapist or occupational therapist can address range of motion limitations, weak or tense body tone, sensory motor difficulties, and asymmetries in physical development.

Some children may benefit from working with an oral motor or bodywork specialist in preparation for or following the frenectomy procedure. Each case needs to be assessed by a trained practitioner on an individual basis.

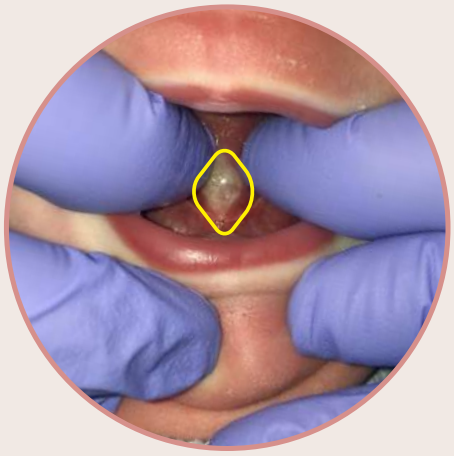
DAY 1-3	WEEK 1	WEEKS 2-3
Baby may be sore, expect fussiness (especially at the 5-hour mark post-procedure)	Baby is adjusting to new mobility and suck/ feeding patterns	Follow wound care timeline as advised by Dr. Feuquay; healing patch shrinking
Expect inconsistency in baby's feeding patterns; have back up feeding plan and comfort measures prepared	May observe minor bleeding from healing site after performing wound care stretching	Baby continues building strength and coordination; implement oral exercises as recommended
Begin wound care stretching the evening of procedure or next morning	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed
Consider homeopathic remedies as needed	Soreness tapers off	Bodywork/oral motor therapy/feeding support as needed
White healing patch forms day 2-3, this is nature's band-aid	Recommend scheduling post-op lactation/feeding support session or additional bodywork/ therapy as needed	Healing patch starts to disappear; a "new" longer, more flexible frenulum begins to take shape over coming weeks

Please note the healing timeline may vary among children.

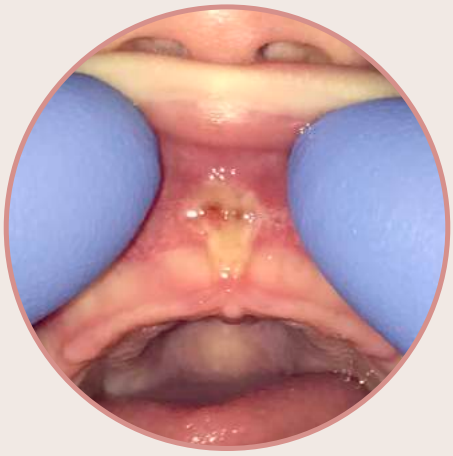
POST-FRENECTOMY HEALING SITES

The incision site will form a wet, soft scab after the first day (resembling a diamond shape under the tongue). This is nature's "band-aid" and while typically white in color, in some cases it is yellow. The scab usually peaks in size by day five and then starts to shrink over the following weeks. The size of the healing site may vary among children and is based upon individual frenulum anatomy.

Lingual Healing Site (Tongue)



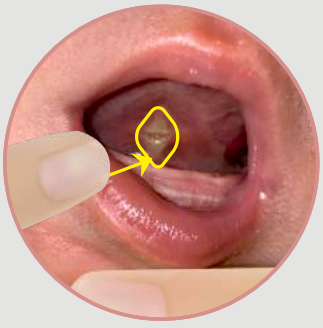
Labial Healing Site (Lip)



POST-FRENECTOMY WOUND CARE

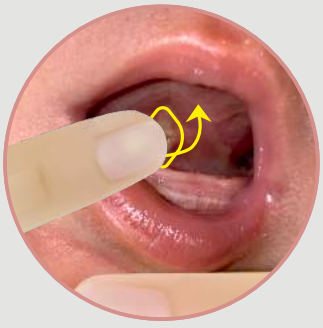
Dr. **Feuquay** recommends gentle, manual stretching of the treated area(s) 3x daily to help support tissue flexibility and optimal healing patterns. Use adequate lighting to visualize the area(s) as needed. You may use gloves or clean hands.

TONGUE: PUSH, SCOOP N' STRETCH



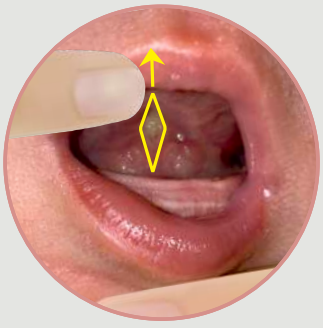
PUSH...

directly into the bottom corner of the site using one index finger; use the other hand to gently press down on child's chin to open and stabilize the mouth.



SCOOP...

to lift the tongue up towards the roof of the mouth.



STRETCH...

the tongue up for a few seconds and ensure the diamond elongates vertically; your index finger should now rest at the top of/above the diamond-shaped incision.

LIP/CHEEK: FINGER SWEEP

Place your index finger inside your baby's cheek area making sure your finger is all the way up in the "pocket." Sweep your finger across the healing site 1-2x; this should only take a few seconds.

Alden Bridge Pediatric Dentistry
Kim Feuquay DDS

THE WOODLANDS TONGUE TIE CENTER
PATIENT POST-OP FOLDER

Thank you for letting us join you in your infant feeding journey. Tongue and lip ties can be a difficult road for many parents and infants. It is our hope that your time in our office has given you everything you need to navigate this road with confidence and hope! The following packet will be your guide for the coming weeks. It includes: pain med options, stretches, playtime exercises, basic breastfeeding plan of care, local contacts, and frequently asked questions. The following is some important introductory information to get you started:

- Please visit our website www.thewoodlandstonguetiecenter.com and click on the orange Infant Frenotomy Tab at the top for questions and for a link to stretches and exercises, please see our YouTube channel: Alden Bridge Pediatric Dentistry:
    - Exercises https://www.youtube.com/watch?v=FXD7_Qr_TPM
    - Stretches https://youtu.be/XoE9UZT80bo
    - Wound Stretches: http://www.youtube.com/watch?v=l-xrsECqVW4
- Swelling is normal for the first few days, especially if the lip was released.
- The released area will appear white while healing, this is normal in the mouth, see FAQ section of this packet.
- Most infants do not require any pain medications. However, every child is different and responds in his or her own way. You may notice more irritability or fatigue depending on the severity of the treated ties or just individual sensitivity differences. If you feel that you must use medications, please see the Pain Med Option page included in this packet.
- We will see you back in 1 week for post-op check, it is a 15 min appointment to check the wounds.
- We will give you a copy of our evaluation with a provider letter, you can share with your pediatrician or care team informing them about the evaluation and procedure.
- Follow up with a lactation consultant is critical if nursing or bottle-feeding. We recommend seeing your IBCLC between day 3-5, day 10, and day 21 to assess healing, oral function and evaluate feedings. In addition, a body worker/chiropractor can also be helpful with tension in infants. You should expect one better feed a day (two better feeds the second day, etc.).

- Remember that this is not a “quick fix” and only a piece of the puzzle. Babies with ties have compensated by over-developing the wrong muscles and under-developing the proper muscles. It takes time, patience and commitment to re-train through feeding and exercises. Stay positive and committed to your journey in having a beautiful, successful breast/bottle-feeding relationship.

Please contact us with any needs that you may have, we love our mommies & babies! If calling Dr Kim cell’s: leave a voice or text message, picture of the area of concern with your name, infant's name & DOB, we will respond as soon as possible.

Office: 832-521-9024 during regular office hours
Dr Kim Feuquay Cell: 832-515-0533

FRENECTOMY PAIN MED OPTIONS- This may be helpful to plan ahead and have your pain med options available to use prior to day of release.

1.TYLENOL Dosing: Infant bottle 160mg/ 5cc (1cc=32mg)
Dosing is 10mg/kg for infant or 10mg/ 2.2lbs

Your baby weight: _____ Dose for weight is: _____

TYLENOL Conversion table for 160mg/5cc bottle:
6lbs= 2.7kg= 27mg= .8mL
8lbs= 3.6kg= 36mg = 1.1ml
10lbs= 4.5kg= 45mg= 1.4ml
12lbs= 5.4kg= 54mg= 1.7ml
14lbs= 6.3kg= 63mg= 2.0ml
16lbs= 7.2kg= 72mg= 2.3ml
18lbs= 8.1kg= 81mg= 2.5ml
20lbs= 9.0kg= 90mg= 2.8ml
22lbs= 10kg= 100mg= 3.0ml

2. MOTRIN (only for those over 6 months of age or older)
50mg/1.25mL for those over 6 months or 12lbs give every 4-6 hours
12-17lbs (6-11 months)= 1.25mL
18-23lbs (12-23 months)= 1.875mL

3.BREASTMILK ICE CHIPS

Simply pour a small amount of breastmilk into a small sandwich sized zip lock bag- enough to form a thin line and freeze. Once frozen you can break apart small pieces for use. Melt slightly in your fingers to make more of a slushy and then can apply to lip or tongue areas to help with pain and swelling. Can use 3-4 times daily for the first 24-48 hours or as needed. If baby is older, can make a breastmilk popsicle for baby to suck on.

If you have been instructed to stretch or rub the treatment zones, give your baby breastmilk ice chips or popsicle approximately two minutes beforehand. The chilled liquid may reduce pain by numbing the soft tissue being manipulated. **Do NOT apply anything frozen (especially ice) directly to the open treated area, due to risk of cold burn.**

4. HOMEOPATHIC RECIPE:

- Homeopathic 30 C Arnica: 10 pellets (turn upside down and twist lid to dispense pellets, pour directly from cap into mixture. Do not touch- will interact with the homeopathics.
- One liquid vial of the homeopathic camilla teething drops
- 1oz spring or nursery and water. Mix all together and swirl to dissolve

Can give baby 3-5 drops of mixture by mouth before feedings and stretches. Can repeat as often as 15-30 mins if baby is fussy or inconsolable up to 3 doses in a row. This mixture will last you SEVERAL days, is not to give all at once. These ingredients are all homeopathic, so use as needed. Can keep in refrigerator and use medicine dropper to administer by mouth.

*If your baby is needing additional pain relief- can add 2-3 drops of organic liquid stevia to mixture. This will provide additional calming and pain relief.

5. Rescue Remedy: Bach Flowers Kid's Rescue Remedy- this helps with the emotional side of pain and healing. If your baby is becoming very upset after stretches and not calming down- you can give 4 drops as recommended on packing. This typically works very quickly, and can also be taken by parents if you are just as stressed.

You may use whatever works for your family. This includes homeopathic remedies like Arnica or Rescue Remedy, or nothing at all. We offer an infant safe numbing medicine created by a pharmacist that can be used during the procedure, and because the laser itself has some analgesic properties, not everyone needs a medication before or after the procedure.

***Dairy Allergy:** if your child has a severe dairy allergy- please keep in mind that MOST homeopathics are made with lactose**. Ollios** brand is dairy free, available on their website, Amazon, Granary in Conroe and even some HEB's in the Healthy Living

section. Lactose/Dairy Free Acetaminophen options: Genexa and Little Remedies brand.

Soothing Tips Post Frenotomy:

Skin to Skin and Baby Wearing: Research shows close contact with your little one helps baby regulate physical and emotional responses.

Co-bathing: if your baby becomes very fussy, try a warm bath with your baby. Lay your baby vertically on your chest and allow the water to only over the baby below the shoulders or lower. Some babies will even latch better in the bath tub! You can add in some Epsom Salt (plain, unscented) to help decrease inflammation, just make sure that baby does not drink the bath water.

Normal Post-Treatment Occurences:

Due to the initial soreness and changes in child's latch/oral mechanics, feedings may be inconsistent the first week. It is crucial to have support from an IBCLC or feeding specialist for guidance. Snuggle and love on your baby as much as possible to increase oxytocin levels and to help lower pain sensitivity.

Increased Sleeping: may be due to tiredness/discomfort or that your child is feeding more efficiently and, in turn, more satisfied post feeds.

Changes in symptoms and feeding habits may take time: Expect an adjustment period, remember that healing is not linear. Some babies may require more support than others to help address tongue tie related compensatory patterns and the adjustment to new oral mobility.

Please note- your current feeding plan may not change much the first week post frenotomy- you will want to follow up with your IBCLC to evaluate milk transfer and baby's weight within a week after procedure. Every baby is different, and make take weeks to become more efficient with breast and/or bottle feeding. This is normal and to be expected.

Minor bleeding from site(s): a few drops of blood in the saliva may occasionally occur after stretching. Not to panic- apply gentle pressure with a cloth for 3-5 seconds and allow baby to start sucking (breast, bottle or paci) and the bleeding should quickly stop.

Increased spitting up or salivary production: Some babies may take in more week after the procedure, causing a temporary increase in reflux symptoms. As your child adjusts to increased oral mobility, you may observe increased salivary production during the first week post procedure.

STRETCHES: https://youtu.be/XoE9UZT80bo

Wound Care Tips: Laying baby down to perform wound care typically provides you with the best view of the healing site(s). It may help to lay the baby's head over a travel/neck pillow to slightly recline the baby. This will allow for a deeper stretch.

A great alternative is the **"bouncing technique**". Hold your baby in one arm while using your index finger on your free hand to access sites. It helps to face a mirror and engage with the baby. Gently rub your finger on the gum line to have baby open their mouth. Once under the tongue- can do the push scoop stretch technique while bouncing. Bounce, walk, and shush as needed to quickly complete the care. This technique will help the baby be much calmer with exercises.

Begin doing the stretches the day of the procedure. Gloves (preferred) make stretches easier for the parent and provide traction on wet surfaces. Clean hands with nails trimmed can be used for stretches if gloves are not available.

PUSH! SCOOP! STRETCH!
ONCE, THREE TIMES PER DAY

Breakfast/Lunch/Dinner- no more than 4-6 hours in between stretches. Stretching the wound sites will be a part of your day for 3-4 weeks post procedure. You will likely need to do playtime oral exercises to rehabilitate your baby's tongue for a full 6-8 weeks. These exercises are typically given by your IBCLC and feeding specialist.

PUSH directly into the bottom edge of wound site with one index finger, using other hand to stabilize. Do this for 1 second.

SCOOP upwards to lift up the tongue or lip until finger rests at the top of the diamond.

STRECH up the tongue to ensure the diamond elongates vertically or up the lip to ensure visibility of the entire wound site.

BUCCAL TIE: If either/ both of the buccal ties were revised, do the following stretch one time a day for one week.

FINGER SWEEP. Gently sweep your fingers between gum pads and cheeks where release was. Reattachment of buccal ties is extremely rare therefore one sweep a day for one week should suffice.
Minor bleeding during stretches can occur. This is normal and is usually stopped with methods on FAQ page. If bleeding amount is in question, please contact us.

PLAYTIME EXERCISES:
https://www.youtube.com/watch?v=FXD7_Qr_TPM

After a Tongue-Tie release, you must provide tongue strengthening exercises. Even though the new release and tongue-stretching you have been taught to do will ensure the best possible outcome in tongue mobility, there may still be trouble with muscle coordination and strength.

At approximately 20 weeks in utero, your infant began sucking and using his/her tongue. So there have been at least five months of developmentally restricted tongue muscle movement. Therefore we need to train the tongue to move, with exercises to allow for the proper three-dimensional movement the tongue muscles need to function correctly. This is to be considered play time.

For six weeks, do the following exercises 3-4 times a day to encourage your baby to extend and point his/her tongue, create a central groove in the tongue to encourage side grasping or control of the nipple, and improve right and left lateral movement that had been inhibited by the restrictive tongue-tie. We have found the following to be the easiest for patients to do. These are considered basic playtime exercises, to be carried out at a different time than the tongue stretching exercises. Your IBCLC may add to this list or change your exercise routine throughout your journey (more specific to your baby).

TMJ MASSAGE/FISHY FACE. Using your index fingers, gently massage TMJ in a circular motion 3-4 times, then gently bring your fingers down the cheek line to sides of lips. This will create a cute “fishy face”.

TONGUE POINTING/ EXTENSION. Place your finger pad on the bottom lip and gently tap and stroke it down toward the lower jaw until your baby responds. Pause, and then repeat this same stroking of the lower lip two more times with a pause after each stroke. Wait for your baby to respond. That is an invitation to the tongue to extend from the mouth and point, which will stretch the tongue muscle to whatever position is comfortable. Tongue extension is an inborn infant reflex that becomes a habit by 4-6 months of age but is impeded when there is a tongue-tie.

SIDE TO SIDE MOTION. Place your finger pad on the top surface of the front gum area of the lower jaw and gently slide your finger tip from the middle, where the bottom front teeth will eventually be, to the right back molar area, then slowly back to the starting point on the midline. Repeat on the right side at least three times. Then pause for a few seconds and slide to the left side and repeat for three strokes. This will encourage the tongue to move laterally, as tongue mobility improves and strengthens through the exercises. Your baby may turn and root instead of trying independent tongue motion. That is a normal reaction as, until recently, moving the tongue independently from the whole head had been impossible. With practice your baby's tongue will naturally acquire greater agility. Lateral movement also is a natural tongue reflex, which becomes habit between ages 6-9 months, but is hindered when there is a tongue-tie. Once your baby can easily follow your finger to the stimulated side, it is time to stroke past the midline to stimulate full right and left motion. There is no need to rush this exercise. It may take a few weeks for your baby to respond to the specific side stimulus.

BITING. Place your finger between the two gum pads where your infant would get their molars/ back of the mouth. Allow them to bite down on your finger 5-10 times and then repeat on the other side of the mouth. This will help strengthen your baby's jaw.

SUCK TRAINING: Allow baby to suck on your finger- preferably pad side up. Once baby is in a good sucking rhythm, gently push down on the back of the tongue and pull your finger towards you and continue repeating with each suck. Goal of this exercise is to play "tug of war" and help teach the tongue the proper peristalsis needed to properly suck. This will also help strengthen the posterior tongue.

SLEEPY HEAD. When infant is sleeping in a closed mouth position, gently press the chin down, opening the mouth, until the tongue releases from it's position in the roof of the mouth/ palate. When the tongue releases and falls into the floor of the mouth, press the chin and base of the tongue back into a closed mouth position and hold until tongue suctions back into the roof of the mouth. Repeat the opening & closing of the mouth, releasing and sealing the tongue, several times while infant remains asleep.

TUMMY TIME: Tummy time is extremely important in developing your infants core, neck, arms, and optimal tongue position. For infants less than 2 months, 30 min of alert tummy time is recommended throughout the day. www.tummytimemethod.com is a great resource, see parent tab.

FREQUENTLY ASKED QUESTIONS

Q: What is mouth breathing and why/how should I close my infants lips?

A: An infant should be in a closed mouth position at rest and sleep unless sick/ congested. This allows for nasal breathing, proper oxygenation of the lungs, correct suck/swallow/breath pattern during feeding, proper development and growth of the palate and oral cavity which all matters to breastfeeding and long-term health. When mouth breathing over nasal breathing dominates, this can be the beginning of airway issues. Proper tongue position (tongue resting elevated to the palate) is the scaffolding of the infants palate and will encourage long term health and growth. If the tongue is not resting in the palate, it will inevitably fall back into the airway space causing the infant to get less oxygen, waking often, and this is not optimal for brain development. ***Any time your infant is in an "open mouth" position:*** *make sure the infant's head is not falling back, if needed roll head forward several millimeters to reposition and place your finger under chin right behind the chin bone where the base of the tongue rests and press up and hold for several seconds. It may take many days-weeks to achieve closed mouth position as we are retraining infant from learned behavior.*

Q: Why does the wound feel tighter at 3 weeks?

A: You will notice around day 21 that the new frenum (tongue and/or lip) are forming and feel tighter as you stretch, and may even notice some regression in feeding. This is a normal part of the healing process as a "new" frenum forms. The goal is a longer, stretchier, more flexible frenum so please stretch THROUGH the tightness into week four where you will see the floor of the mouth flatten out.

Q: How do I know if I need a follow up apt after 1 week?

A: We are here for you if needed after your one week follow up. It is possible for us to "break up" the wound or scar tissue that forms if necessary prior to week 4 post op. If there is not improvement every week, things start to go backwards other than 3 weeks post procedure explained above, you do not stretch over a period of time, or things don't seem right anymore, please reach out to us to determine if we need to see your infant for another follow up.

Q: What if it bleeds during stretches?

A: Minor bleeding during stretches can occur when you are breaking up tissue that is trying to reattach. Remember, the mouth heals quickly and infants heal quickly. The purpose of stretches is to slow the healing process and allow the wound to heal under the tissue first and then form a new longer more flexible frenum. If there is minor bleeding, apply breastmilk to the would, breastfeed, or you can apply pressure with a clean, wet washcloth if necessary. Please call our office or cell phones if there is more than 'minor' bleeding or if you are unsure.

Q: Why is the wound in my infants mouth white?
A: This is not an infection, but the normal healing tissue in the mouth. Just like you would get a scab over a cut on your skin, the mouth forms a white, sometimes yellow, scab over the area that was revised. You can touch it, stretch it, and exercise as instructed. It will begin around day 2 post op and over time grow smaller lengthwise each day as the new frenum forms. Once the white has disappeared (can be 1-2 weeks depending on your infant), your chance of reattachment is extremely small, but healing is still happening, therefore stretches and exercises are just as important! If the wound is not continually stretched it may not heal as long as possible and surgery may need to be repeated.

Q: Why do people say my infant's body may be more relaxed post procedure?
A: The body has fascia that begins in the oral cavity, at the tongue, and goes throughout the entire body to the toes. It is a web of connective tissue formed in bands that wraps around all the internal parts of the body. A release of a tongue tie actually releases fascia and infants may feel the effects throughout the body.

Q: Can Tongue Tie change my infant's digestion/ constipation/ stools?
A: Yes. Peristalsis is a wave like motion that begins with the tongue and is the start of digestion. When the tongue is not functioning properly, this wave-like motion that moves the bolus of food from the mouth to excretion is affected. You may see your infant increase stool regularity.

Q: Why do infants with Tongue Ties often have Reflux issues?
A: Aerophagia, which is the swallowing of air, exhibits the same symptoms as reflux. When an infant has oral restrictions (tongue and/or lip), they often also have a bubble or high palate, disorganized swallow, inadequate seal on the breast, pop on and off the breast, clicking or loss of suction throughout the feed. These contribute greatly to the amount of air an infant swallows and therefore the release of the tongue and lip can greatly improve the infant's ability to latch to both breast and bottle. Some infants may be diagnosed with true reflux but more often than not, the reflux symptoms are caused by the inadequate seal around the breast/bottle causing the swallowing of air. Many infants may be spared from invasive testing or medications that have been shown to have potentially significant side effects.

Q: Why do I need to release the Tongue Tie; won't it stretch over time?
A: Research shows that tissue under the tongue is mainly comprised of Collagen 1 fibers which do not stretch over time (less than 1%). If left untreated it will persist into adulthood. Some children can remarkably compensate with a tight tongue but no child should have to miss out on proper development and struggle with daily activities for a condition that is so easily treated.

Q: Is Tongue Tie a fad?
A: No. Formula originated in the 1920's and made a massive push against breastfeeding in the 1970's and 1980's. Ten years ago, the amount of adults with long term health issues (sleep apnea, early heart attacks, oral malocclusion, airway issues) began to be more heavily

researched and linked back to lack of breastfeeding in the 70’s/80’s. Breastfeeding helps with proper oral development (palate and spacing), proper airway development, proper nasal breathing, proper oxygenation of the lungs. Folic acid also became a main fortifier in many of our foods which thickens the midline structures in the body, mainly to reduce spine bifida, but has been thought to play a role in tongue tie prevalence. Environmental factors may also play a role but research is still lacking in this area. Genetics as well as epigenetics also play a role and that is why you may see tongue ties throughout your family. The prevalence of tongue ties is now thought to be about 25%.

Infant Referral List:

IBCLC/Lactation

Bayou City Breast Feeding
Karen Zacharias-Enax RN, BSN, IBCLC
Mandy Wilson RN, IBCLC
(281) 305-0411
https://bayoucitybreastfeeding.com/
Several Houston office locations, accepts most major insurances

Kellye Skaer, IBCLC @ Milk & Mom
EMAIL: **KELLYE@MILKANDMOM.COM**
(936)217-0099
https://milkandmom.com

Sherri Urban, IBCLC @ Memorial Hermann Hospital Lactation Store
(713) 897-5832
https://memorialhermann.org/services/specialties/womens/the-woodlands/lactation-center

Referral List: Chiropractors

Dr. Christina Brasher @ Amazing Health Chiropractic
832-585-5224
http://amazinghealthchiro.com/index.html

Dr. Julia Havis @ Ommabe
(281) 231-8008
https://www.ommabe.com

Dr. Brittany Shannon @ Fount Chiropractic
(832)-400-9499
https://www.fountchiropractic.com

Alternative Health Center
Dr. Sara Riley
2829 Technology Forest Blvd Ste. 250
The Woodlands, Tx 77381
281-419-9104

SLP Referrals:
Cody Haney, MS, CCC- SLP, QOM
Located @ The Woodlands Tongue Tie Center
(832)592-0040

Physical Therapy Referrals:
Physio Baby Physical Therapy & Wellness
832-308-0381
Physiobabypt.com

Baby Begin “The Helmet Alternative”
Babybegin.com