

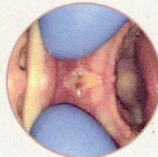
POST-FRENECTOMY HEALING SITES

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 peels 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)

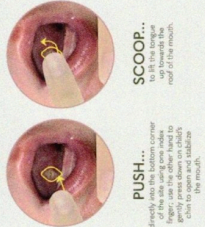


Labial Healing Site (Lip)



Dr. Fallon recommends gentle, manual stretching of the site(s) 6x daily to help support flexibility and optimize healing patterns. Use adequate lighting to best visualize the area(s). You may use either gloves or clean hands.

TONGUE:
PUSH, SCOOP 'N' STRETCH



PUSH...
directly into the bottom corner of the tongue. Use a few gentle presses down on the tongue to help it move back into the mouth.

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

STRETCH...
the tongue as far as a few inches and then slowly pull it back down to the diamond-shaped incision.

LIP/CHEEK:
FINGER SWEEP



Place your index finger inside your baby's cheek area and sweep it back and forth. The sweep is in the "cheek" area, not the "lip" area. Only take a few seconds.

We're Here For You!

Although rare, please do not hesitate to call Dr. Fallon if you experience the following:

- Fever over 101.5F
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for over 8 hours

Wound Care Tips

Standing Stretch

- Laying baby down to perform wound care typically provides you with the best view of the healing site(s).
- If you find this challenging and/or your child is getting upset, Try the "standing stretch technique." Hold your baby in one arm while using your index finger on your free hand to access site(s) - Bounce, walk and shush as needed to quickly complete the care with as little distress to baby as possible.
- TIP: Gain site visibility by standing in front of wall mounted mirror.

Toddler Recommendations

- If laying child down is not working for your family, you may find it easier to sit your child in your lap or on the couch to complete wound care.
- Consider using a chewy oral motor/teething toy or homemade popsicle to achieve better compliance and access. Rely on take-home bite sticks as needed
- TIP: Optimize child's movement during healing with mirroring games, a variety of foods and textures (if appropriate) and by working closely with your oral motor specialist when recommended.

HEALING REMEDIES

HOMEOPATHIC REMEDIES

Homeopathy is a system of holistic medicine that stimulates the body's own healing abilities and can be used alongside conventional medication or as an alternative option. Homeopathic remedies are made from plant, mineral, or animal sources and are diluted to such a degree that they contain no active ingredients. They are used for young children (who often respond quickly to treatment).

Biotin Camellia Oral Liquid Doses

- Children 1 month and up: Administer one entire liquid dose, you may repeat every 15 minutes for 12 more doses. This repetition of 3 doses can be repeated 3 times a day for a total of 12 doses each day.

Hyland's Natural Baby Oral Pain Relief:

Dissolvable oral tablets

- Children under 6 months: Dissolve 2 tablets on tongue every hour up to 4 hours as needed. If symptoms persist, 2 tablets may be dissolved in a small amount of water and given.
- Note: For infants, consider dissolving tablet with a drop of breast milk or a drop of water to create a paste you can wipe inside of the mouth.
- Children 6 months to under 3 years: At onset of symptoms, dissolve 3 tablets on tongue every hour up to 4 hours as needed. If symptoms persist, 3 tablets every 4 hours during the night until relieved.

INFANT ACETAMINOPHEN/TYLENOL (3-4 MONTHS) OR CHILDREN'S IBUPROFEN/ADIVIL/MOTRIN (OVER 6 MONTHS).

Please use caution & consult with pediatrician.



FUSSY BABY POST-FRENECTOMY? TRY THESE SOOTHING TOOLS.

Baby Wearing or Skin-to-Skin

Research shows close contact with your little one helps baby regulate physical and emotional responses. Try using a hands-free baby carrier/wrap to keep your baby close and to lessen feelings of stress or discomfort should they arise.

Bouncing & Rocking

These gentle movements aid to soothe and comfort. If you are having a hard time calming your baby or getting him/her to sleep, try holding your child while sitting on a large exercise ball and bouncing for a few minutes. One of Dr. Pinto's favorite tricks!

Fresh Air

Get outside and breathe it in. This should help calm your baby's emotional state (as well as yourself). Try holding, bouncing, baby wearing or a stroller ride.

Cold Yummies

Breast-milk ice chips/pops, homemade frozen yogurt drops, and/or cold teething toys (if age appropriate) may help with oral discomfort.



Normal Post-Treatment Occurrences

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

Increased Sleep

May be due to tiredness/discomfort or that your child is feeding more efficiently and, in turn, more satisfied post-feeds.

Increased Salivation and Saliva

Some babies may take in more milk in shorter time frame after treatment, causing a temporary increase in reflux/symptoms. As your child adjusts to increased oral mobility, you may observe increased saliva production during the first week post-procedure.

Mucous Bleeding From Site(s)

A few drops of blood in the saliva may occasionally occur after stretching the site(s).

Change in Symptoms and Feeding Habits May Take Time

Expect an adjustment period. Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to all the new mobility. Please take advantage of the professional referrals Dr. Fallon may recommend for your child.