

TONGUE & LIP-TIE PRE-SURGICAL TREATMENT GUIDE

Before proceeding with your Tongue & Lip-Tie Surgical Treatment, we encourage patients to pre-read the important information below about the procedure for the treatment of Oral Restrictions:

This document contains the following information:

1. Tongue and Lip-tie treatment introduction
2. Signs and Symptoms
3. Laser Surgery (Frenectomy)
4. MS Dental Visit
5. Treatment process – before, during and after
6. Post-Treatment Care
 - a. Active Wound Management (AWM) Stretches
 - b. Multidisciplinary Approach
 - c. Probiotics

What is a Tongue/Lip-Tie?

Tongue-tie, also known as Ankyloglossia, is an inherited condition in which the lingual (tongue) and/or labial (lip) frenum is too tight, causing restrictions in movement of these parts. This in turn can cause significant difficulty with key functions of this area of the mouth including eating, breathing, swallowing, speech, and oral hygiene. Most often in infants, tongue ties limit the movement of the baby's tongue causing difficulty in nursing or bottle feeding.

Tongue and lip-ties can manifest differently in anyone as it can take form in varying shapes and appearance. Classic tongue-ties are usually at the end of the tip of the tongue which causes a heart-shaped tongue. Some can be even more difficult as some can be deceptively hidden under the base of the tongue.

Every tongue restriction begins under the skin of the mouth (mucosa) and extends outside towards the middle or at the tip of the tongue. The understanding of oral restrictions is still limited due to the lack of exposure and education but finding a trained consultant to help you is important. If a patient or an infant's mother experiences the symptoms of a tongue or lip tie, it is advised to consult an experienced practitioner to diagnose and treat the oral restriction.

Signs and Symptoms

In infants, tongue and lip-ties can be observed with the following symptoms:

- Poor or inability to latch
- Fatigue or sleepiness during feeds
- Sliding off the nipple
- Irritability or clicking during feeding
- Poor weight gain
- Dribbling milk at the breast/ bottle
- Digestive issues (such as increased gassiness, reflux, colic, vomiting, distended stomach)
- Maternal nipple pain/ damage (feels like the infant is compressing, chewing, gumming, pinching the nipple)
- Breast infection
- Compromised maternal milk supply

In children or in adults, tongue or lip ties may be present when:

- A history of difficulty breastfeeding as an infant
- Speech challenges especially with the sounds: S T L R Ch Sh Th F Z
- Strong gag reflex

- Clenching or grinding teeth
- Difficulty nose breathing
- Recurrent ear, nose, or throat infections
- History of bed wetting
- Extended pacifier/dummy use
- Thumb sucking, hair chewing or eyelash pulling
- Tiredness after speaking for extended periods
- Challenges with brushing upper front teeth
- History of decayed posterior teeth
- Frequent bad breath
- Crowded teeth
- Dislike of certain textures of food
- Difficulty swallowing food or tablets
- Difficulty clearing mouth of food
- Slow eater
- Digestive problems such as reflux or constipation
- Sleep Apnea
- Noisy breathing and/or snoring
- Neck, back or head pain
- Migraines
- TMJ pain or jaw clicking

Laser Surgery (Frenectomy)

Frenectomy is the removal or “freeing” of the fold of mucosa under the tongue or the upper or lower lip by surgery. This process is often referred to as freeing or releasing a Tongue or Lip-Tie.

Laser surgeries for tongue or lip-ties use light energy to safely remove tissue entirely rather than cutting it, which occurs with traditional surgery of scissors and scalpels.

Advantages of Laser for Infant Frenectomy:

- No local anesthetic required
- Less topical anesthetic required
- Less analgesic required
- No allergic or drug interactions
- Short operative time
- Significantly reduces risk of bleeding because of hemostatic properties of laser
- More precise control; if baby moves, tongue is not cut
- Reduces post-surgical swelling, pain, discomfort
- Starts healing through initiating biologic pathways
- Bactericidal properties of laser mean reduced chance of infection

In using laser to surgically remove the oral restrictions, your dentist must have a good working knowledge of your condition and required treatment. They should also have more adept training in using laser machines and techniques.

Your visit at MS Dental

During your visit with MS Dental, your consultation will be done by your dentist and Registered Nurse (Midwife).

In your consultation, the participant should be ready for the following:

1. A manual examination to identify and evaluate the presence of ties and form a diagnosis.
2. A thorough discussion to provide information and answer any questions about the condition, its treatment and expected outcomes.

For infants, the mother should be ready for additional questions:

1. Notable information about the infant/mother's challenges (past and present)
2. A visual examination to observe the limitation of movement and position of the tongue whilst feeding.

Treatment Process

MS Dental believes in a multi-disciplinary approach in successfully treating tongue and lip-ties. For an effective treatment, a combination of laser surgery and body therapy is advised.

For the laser surgery, MS Dental uses Waterlase – a high quality, non-contact laser. The procedure is a straightforward procedure and is completed within one to two minutes. Ideal for quick and painless procedures, Waterlase starts to work when the cells absorb the laser energy directly, which causes vaporisation and complete removal of the tissue. Waterlase also has an analgesic or numbing and works with a cool stream of air and water that relieves patient's discomfort. Procedures with Waterlase are quick, suitable for infants and children.

After the laser surgery, we advise going through [Orofacial Myofunctional Therapy](#) or working with body workers like [Chiropractors, Doctor of Osteopathic Medicine, and Lactation Consultants](#) to achieve a better outcome after the surgery.

Ahead of treatment

Laser treatment, especially with the Waterlase a will not be painful immediately after the surgery (due to the analgesic effect of the Waterlase), the surgical area will likely be tender after a few hours. As such, you may wish to pre-medicate with your chosen pain-relief substance about an hour ahead of the procedure. MS Dental recommends a non-blood thinning pain reliever.

For infants/toddlers, they will likely object by crying as we must hold them still during the procedure for safety and precision of treatment.

During treatment

The treatment allows the use of anesthesia for children and adults for easier and comfortable surgery. But for infants and toddlers, we do not numb the surgical area to allow the tongue and lip to fully function after treatment in breastfeeding or bottle feeding. Waterlase, our laser, has an analgesic effect and numbing effect that relieves discomfort on the patient.

As introduced by Australian Dental Association, MS Dental believes in this approach to observe how the mouth functions after the treatment (breastfeeding, bottle feeding, drinking). Numb tissue may not behave normally as the infant will not be able to fully feel its position.

In agreement with the parents, MS Dental may allow anesthesia for toddlers for special cases. We will use a topical anesthetic gel for your child. Because of this, your toddler may be more distressed because of the numb sensation brought by both the gel and the treatment. Parents should also consider the consequence of a toddler biting his tongue because of numbness.

After treatment

Post treatment, patients will experience different degrees of pain or discomfort for the first 3 days. Every case is unique, and the distress depends on the nature of the surgery, the current state of the patient and other factors.

For infants, MS Dental recommends a relaxed environment with plenty of skin-to-skin mother-child contact. We want to enable optimum breastfeeding or a comforting cuddle for bottle feeding for natural pain relief. Infants under 4 weeks of age where usual pain relief medication is not recommended.

For patients older than 4 weeks old, patients and parents may decide to use their own pain relief medicines as advised by their respective doctors to deal with the discomfort. Everyone has their own choice and beliefs in pain relievers. Some patients prefer natural pain relievers dispensed by homeopaths or naturopaths while some prefer generic pain relievers such as Paracetamol. Always choose and seek help from medical practitioners and doctors and ask what's best for you or your baby.

Post-Treatment Care

Discomfort, along with other challenges, may be felt after surgical treatment. The patient, or the patient's parents, may experience physical and emotional roller-coaster post-surgery. So, we have round up the best practices in taking care of a patient after their tongue-tie removal.

For parents, your infants will likely be irritable or unsettled throughout the day. Some days, they may even be inconsolable and feel very tired. If your child is not settling or drinking milk, get in touch with an International Board-Certified

Lactation Consultant. Your chosen IBCLC will help you with your child's recovery. While waiting for your IBCLC, parents should stay calm and keep providing skin to skin contact. Also, parents should always try to feed their baby. This encounter may continue for days depending on the child's healing process and circumstances.

Bleeding is also normal following the surgery. A small amount of blood is not a concern, especially when it stops quickly like when a bleeding occurs and stops due to a stretch. But if the bleeding is not normal, please contact us at the practice on (02) 4953 8614 during business hours. An after-business hours number will be provided to you after your surgery.

For a successful recovery, we recommend the following practices:

Active Wound Management (AWM) Stretches

The tissue of an open wound will attempt to return as close as possible to its original position. This is called *healing by primary intention*. The outer edges of the tissue may migrate tightly together – sometimes causing the skin to be pulled even tighter than its original form.

In curing a Frenectomy wound, we'll use *healing by secondary intention* where healing factors ideally migrate from the outer edge of the wound to the center, to Minimise tightness. To do this, a thorough post-operative stretch needs to be followed to prevent the tissue from returning and encourage the freedom of movement by the surgery.

For infants, breastfeeding is a helpful mouth function that minimises the rapid closure of wound borders after the surgery. However, this may not be enough in providing adequate stretching of the wound to prevent it from forming a restriction. Stretching by gentle but firm pressure on the wound, on a regular basis, is strongly recommended to prevent primary intention healing. These stretches, even though very challenging for the parents and baby, are instrumental in minimising the reattachment of the frenum to its former position.

Post-operative instructions and AWM stretches will be given and shown at the patient after their appointment with MS Dental. The Active Wound Management stretches are a three-second motion for each treated area. For parents, including it as a part of your everyday bonding with your toddler will make the process easier and healing faster.

In any instance, infants/toddlers are provided with additional exercises as recommended by their body workers or lactation consultants to correct muscle tone or habit issues. These recommended stretches are different from the AWM stretches and should be done with the AWM stretches.

Multidisciplinary approach

Improvements can be seen in an unpredictable time. The amount of time for changes to effect are highly variable and could be seen from an instant or a few months. This depends on the patient, age and severity of the dysfunction. A multi-disciplinary approach in post-treatment care uses the help of other body workers and centers or medical practitioners such as Osteopaths, Chiropractors, Lactation Consultant, and others. Removing a tongue/lip-tie by surgery is just an initial step of eliminating the dysfunction and using a multidisciplinary approach will help the patient get the best post-recovery results.

Our body is composed of parts that work connectively. The functions of one body part greatly affect the others in a ripple effect. In a sense, this is the main reason why a simple oral restriction calls for the aid of a body worker. Surgical removal of the tongue/lip-tie may release the restriction for the patient, but this influences the deep muscles beyond the tongue/lip. It is also notable that a restricted tongue has an influence on all its attachments – the paired tongue muscles (right and left) as attached into the lower jaw (mandible), the lower base of the skull (styloid process), a bone at the base of the throat (hyoid bone) and the palate (palatine aponeurosis).

Addressing and correcting impairments on these attachments alongside the release, results in better post-treatment results. Patients who receive manual therapy from experienced Osteopaths and Chiropractors for muscle irregularities present significantly

greater mobility of the tongue/lip and have greater potential for rapid improvement of function post-surgery.

Body work involves controlling the soft bones of the face, head, or neck to help with its stabilisation in conjunction with laser surgery. Body work releases lip/tie restriction pressure and has a flow of effect on the areas that cranial nerves supply. Your visits to your manual therapy depend on your needs. In observation, patients have been to at least two sessions of manual therapy, one before the surgery, for a more thorough procedure. MS Dental suggests a minimum of one visit 24-48 hours ahead of frenectomy and another 24-48 hours after the frenectomy. This allows the tissues to support the new found freedom of the released tissues. More visits may be required to ensure maximum and sustained improvement in tongue function.

As a new process for a toddler, your baby might require additional assistance in learning a new mechanism of latching on. The challenge in breastfeeding comes from different factors. Your International Board-Certified Lactation Consultants (IBCLC) may help you in this case.

Same with body workers, it's also recommended to see an IBCLC at least twice – before and after the toddler's surgery. Difficulties in breastfeeding and latching will be answered by your preferred IBCLC. IBCLCs go through extensive training programs and regularly renew their certification through exams. They also observe a rigorous code of professional conduct.

For a list of our recommended Osteopaths, Chiropractors and Lactation Consultants, view this [page](#).

We should stress that MS Dental has no business or financial relationship with these practitioners, but we have a high level of confidence in their competence as we have found that their care ensures optimum outcomes. Our employees are also only paid for their work at our surgery and no further financial relationship exists.

Probiotics

The health of our digestive system has a great effect on our body functions including our immune response and ability to heal. For mothers and babies, if you have taken antibiotics, experience digestive issues and an ongoing infection or thrush, MS Dental recommends that both the mother and baby should take probiotics. Consuming probiotics will optimise the mother's milk content for the baby that can improve the baby's gut health. A practitioner brand of prebiotics is preferred, for stronger potency and broad content spectrum to enter into breast milk.

For more information, contact us below:

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Monday 9:00 AM - 5:30 PM

Tuesday 9:00 AM - 5:30 PM

Wednesday 9:00 AM - 5:30 PM

Thursday 9:00 AM - 5:30 PM

Friday 9:00 AM - 5:30 PM

Saturday 9:00 AM – 1:00 PM