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## Aftercare Instructions

Most babies appear to experience slight discomfort for the first few days after the procedure. Provide pain medication, if needed, as well as skin to skin warm bath minding fresh C-section wound and umbilical stump water exposure guidelines.

Starting several days after the procedure, the healing site will look white and/or yellow and will look very similar to pus. A bit of blood early on should not be a concern. Breast feeding is one way to stop the bleeding. In the unlikely event that the bleeding continues, using a soft cloth apply pressure on the wound. If still concerned contact us for help.

### There are two important concepts to understand about oral wounds:

- Any open oral wound likes to contract towards the center of that wound as it is healing (hence the need to keep it dilated open).
- If you have two raw surfaces in the mouth in close proximity, they will reattach.

The primary risk of a frenectomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing new limitation in mobility and the persistence or return of symptoms. Post-procedure stretches are key to getting an optimal result.

These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements and use good lighting. Stretches are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you. Coconut oil can be used on the healing site during the stretches and can help soothe afterwards. Wash your hands well prior to the stretches.

## Stretches

Do one stretch on the evening of surgery. Then, skip ahead to the next morning (keep in mind that this is the only time that you should skip the overnight stretch). My recommendation is that stretches be done 6x/day for the first 3 weeks, and then spending the 4<sup>th</sup> week quickly tapering from 6 to 5 to 4 to 3 to 2 to 1 per day before quitting completely at the end of the 4<sup>th</sup> week. It is easiest for parents to do 5 of the stretches during their waking hours and one of those stretches in the middle of the night, taking care to not go more than 6 hours between stretches.

**The Lip** is the easier of the 2 sites to stretch. If you must stretch both sites, I recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, simply place your finger under the lip and move it up as high as it will go. Then gently sweep from side to side for 1-2 seconds. Remember, the main goal of this procedure is to insert your finger between the raw, opposing surfaces of the lip and the gum so they can't stick together.

**The Tongue** should be your next area to stretch. Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and pick it up, towards the roof of baby's mouth. The tongue needs separate stretching motions:

Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the baby's mouth). Hold it for 1-2 seconds and then relax. The goal is to completely unfold the diamond so that it is almost flat in orientation (remember, the fold of the diamond across the middle is the first place it will reattach). The key to success of this stretch is that your fingers are placed deep enough prior to lifting up the tongue. Picture how a forklift works: If you don't get the forklift completely under the pallet, lifting the pallet up will cause it to tip backwards. If you get the forklift completely under the pallet, you can lift the pallet straight up. Place your fingers on either side of the diamond and push into the sides of the diamond before lifting up on the tongue. TO make the stretch effective, make sure the tongue goes up and not backwards.

With one finger propping up the tongue, place your other finger in the middle of the diamond and turn your finger sideways and use a lifting motion from front to back to try and keep the diamond as deep as possible. Use a lifting motion when you sweep through the diamond, trying to separate the horizontal fold across that diamond. Make sure your finger starts within the diamond when doing this stretch.

## Sucking Exercises

It is important to remember that you need to show your child that not everything that you are going to do to the mouth is associated with pain. Additionally, babies can have disorganized or weak sucking patterns that can benefit from the exercises. The following exercises are simple and can be done to improve sucking quality.

- Slowly rub the lower gumline from side to side and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue.
- Let your child suck on your finger and do a tug-a-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.
- 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.

## Exercise videos:

<https://youtu.be/TvrzAjQ160>

<https://vimeo.com/55658345>

It is very important for you to follow up with your lactation consultant or pediatrician.

If there are any concerns or questions please call our office at (360)779-7115 or please **text** Dr. Self's cell (360)464-0990 and include your name, baby's name and your concerns.



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### **Normal Things You May Notice After The Procedure:**

#### **Increased fussiness and inconsolable crying during the first week**

*Immediately after the procedure, it is best to give pain medication(s) in order to stay ahead of any discomfort. This may be necessary during the first few day and sometimes up to one week.*

#### **Bleeding after doing the stretches**

*Keep in mind that a little bit of blood in a pool of saliva is not as bad as it looks. This is not a concern and it is safe to feed your baby.*

#### **Difficulty with latch during the first week**

*Due to the initial soreness and re-learning of how to suck, feedings may be inconsistent during the first week. In some cases, latch or symptoms may worsen before it gets better. **It is critical to follow up with your IBCLC for any feeding related issues.***

#### **Increased choking and spitting up**

*Initially, babies may have a hard time adjusting to the change in latch. This is usually temporary and should be addressed with your IBCLC.*

#### **Increased drooling and saliva bubbles**

*The healing process increases saliva production. Additionally, the new movement of tongue creates a surplus of saliva. This is usually temporary.*

#### **Increased sleeping**

*This may be due to medication, exhaustion, or that the infant is feeding better and is more satisfied. Sleep may also act as a coping mechanism for discomfort.*

### **Helpful Tips**

- *If your baby is extra fussy or inconsolable be sure to use lots of skin to skin contact. This increases oxytocin levels which lowers pain.*
- *If your baby is fussy and struggling to latch, try feeding your baby while taking a nice warm bath.*
- *If your little one is extra squirmy during stretching exercises and you do not have a second person there to help, try using a swaddle.*
- *Using good lighting and/or an LED head light during stretches really helps visualize the diamonds and ensures accurate and precise technique.*
- *Although not necessary, you may find the stretching exercises more comfortable using gloves.*
- *Frozen breastmilk can act as a numbing agent and help with pain. Freeze milk flat in a baggie, chip off tiny pieces and place under lip or tongue and let it melt slowly.*
- *The stretches can be done before, after, or in the middle of a feeding- whatever seems to work best. It may be best to feed before the stretches during the first week as the infant is most sore at the time.*