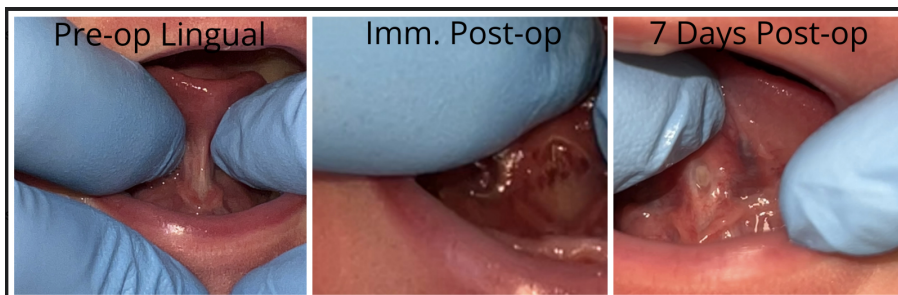


Post Tongue Tie Release Wound Care and Exercises

Your little one has just had their tongue tie release. Now what? There are several things to keep in mind. The first is that every baby heals differently. Some babies will have a significant reduction in symptoms right from the time of the release. Other babies may struggle with feeding for a few days and some symptoms, like reflux, may get worse before they get better. Working with your IBCLC lactation consultant and current bodyworkers like chiropractor and craniosacral therapist can be very helpful for the first few weeks after the procedure. A new frenulum is supposed to form in place of the old one, both for the lip and tongue. So don't be surprised if you see a new frenulum eventually form. The stretches and exercises should help that new frenulum form correctly, allowing for full range of motion of the tongue.

- | Day 1-3 | Week 1 | Weeks 2-3 | Week 4 |
|---|---|--|--|
| <ul style="list-style-type: none"> ● Baby may be sore, expect fussiness; begin first stretch in evening of procedure day ● While healing a white patch forms, this is nature's Band-Aid ● Baby may have trouble with latch ● Have back-up feeding plan (spoon, syringe, cup or bottle) and comfort/pain management ready ● See original lactation consultant (LC) 3-5 days after the release to work latch | <ul style="list-style-type: none"> ● Soreness tapers off but some may still want pain management ● Minor bleeding after stretching is normal ● Reflux is often worse ● Baby is adjusting to new mobility and suck pattern ● Improvements seen but feedings inconsistent ● Post-op bodywork, OT, PT highly recommended | <ul style="list-style-type: none"> ● Continue with consistent wound stretching ● Healing patch shrinking ● Implement oral strengthening exercises daily ● More consistent improvements in feeding typically observed ● Bodywork and LC follow-ups as needed | <ul style="list-style-type: none"> ● Continued oral exercises and massaging of healed frenulum encouraged ● Healing patch gone; new frenulum taking final shape and position ● Baby continues building oral strength and coordination ● Further progress with feeding to be expected ● Bodywork and LC follow ups as needed |



WHAT ARE THE “WHITE DIAMOND” HEALING PATCHES?

The released area will form a wet, soft scab after the first day. This is nature's “Band-Aid” and white in color, in some cases it is yellow. The diamond will typically peak in size by day five and then start to shrink over the following weeks. Any open oral wound like to contract down towards the center of the wound as the heal and “stick together” or “reattach”. This is what we are trying to prevent

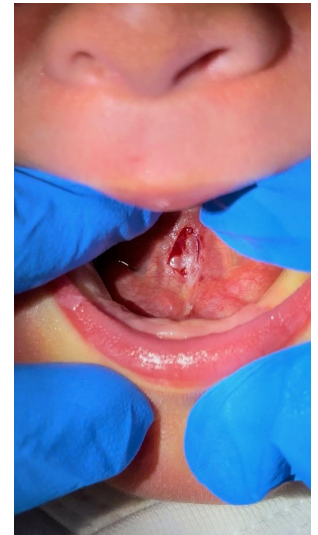
QUALITY AND PURPOSEFUL ACTIVE WOUND CARE STRETCHES

Post-procedure stretches are key for optimal healing (and combined with improving function of the sites will get you more overall optimal results). These stretches are NOT meant to be forceful or prolonged. Your baby may be uncomfortable and cry during the stretches and exercises, but should be easily consolable as soon as they are done. Doing them too hard or rough may unnecessarily create an oral aversion. Be precise with your movements while using a **light touch** when doing the stretches to see the wound. **Swaddling** the baby will help keep their little hands away from their mouth during the wound care stretches. Having their head in extension helps. See my videos for how to do this.

The videos provided for you will demonstrate how to stretch and what to look for at the wound sites after the procedure with you. Weeks 1 & 2 are critical for proper wound care stretching to decrease the chances of the margins of the wound from sticking back to each other. Your release provider may tell you how many times a day and repetitions of each stretch to complete. Every baby may need a different amount, but in general they should be done 3-6x/day. I do recommend allowing baby to sleep overnight and not stretch in the 10-12 hours of overnight sleep as long as they are being properly completed during the day. **On the day of the procedure, just do one stretch at the end of the day. The next morning, make sure that the first stretch is a good quality stretch and that will be the start of stretching throughout the day and next two weeks.**

For the tongue:

- **Stretch** up the tongue to ensure the diamond elongates vertically. Stretch up the lip to ensure visibility of the entire wound site. Using the pad of your index finger, start from the bottom of the diamond wound to the top with the following motion: **PUSH SCOOP LIFT**.
- **Push** directly into the diamond wound
- **Scoop Lift** upwards to lift the tongue until the finger rolls at the top of the diamond. Do this 3-4 times with the right and left finger.



For the top lip:

- Flip the upper lip back towards the nose. Hold for 5 seconds so you can see the entire wound.
- Gently on top of the wound, roll the pad of your index finger from the gums up into the fold under the lip separating the margins of the wound from each other. Roll into the wound about 3-4 times with the right and left finger.

Suggestion: think of the pad of your index finger as a rolling pin, doing the PUSH SCOOP LIFT action with gentle firm pressure, separating the margins of the wound down to the corners of the diamond seeing earlier in the photos being pointed to with arrows. DO NOT do a flicking action using your nail as that will cause irritation to the wound site. You may see a few drops of blood in the saliva after a stretch of the site(s). This is normal and will typically result if areas of the healing site were sticking together. The key is to use the same pressure in subsequent stretches.

PAIN MANAGEMENT RECOMMENDATIONS

NON-PHARMACOLOGICAL PAIN MANAGEMENT STRATEGIES

- Environment interventions: dim lights, provide warmth, reduce noxious sounds
- Nutritive, nonnutritive suck
- Skin to skin contact, contact naps, bathing together
- Baby wearing, swaddling
- Massage
- Music therapy



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HOMEOPATHIC/HOLISTIC ALTERNATIVES

- Breast milk ice chips – acts as a natural numbing agent for pain. Freeze milk flat in a baggie and place tiny pieces under lips, tongue, cheek and let melt slowly.
- Organic Food Grade Coconut Oil – Best if kept chilled and safe for any age. Simply apply a small dab to treated areas 4-6 times a day.
- Chamomilla (irritability and inflammation) – Boiron Camilia single doses (follow directions on box).
- Bach Kids Rescue Remedy
- Arnica Montana 30C (wound healing)- Dissolve 5 pellets in 1oz dropped bottle of distilled water or expressed breast milk; give 5-10 drops every 2-3 hours as needed. Store chilled.

PHARMACOLOGICAL PAIN MANAGEMENT

- **Infant Tylenol** for children **under** 6 months of age
- **Ibuprofen (Motrin)** for children **over** 6 months of age

COMMON FINDINGS AFTER FRENECTOMY AND TIPS

- **Increased fussiness during the first week.** Be sure to use lots of skin-to-skin contact. This increases oxytocin levels, lowering pain sensitivity.
- **Increased saliva (drooling) and bubbles.** This occurs because of healing and adjusting to a new range of tongue motion. This is usually temporary.
- **Difficulty with latch during first week.** Due to the initial soreness and re-learning of suck, feedings may be inconsistent the first week. In some cases, latch or symptoms may worsen before they get better. It is critical to work with a lactation consultant for any feeding related issues within the first week of healing to ensure the best outcome of the frenectomy.
- **Increased choking and spitting up.** Some babies may have a harder time adjusting to an increased milk flow. This is usually temporary and should be addressed with your lactation consultant.
- **Increased sleeping.** This may be due to medication, exhaustion, or that the infant is feeling better and is more satisfied. Sleep may act as a coping mechanism for discomfort.

Every baby is different, feeding improvement can take up to 2-4 weeks to be seen. Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to new oral mobility. In addition to bodywork therapy, oral motor therapy with a trained OT/SLP/PT helps build oral tone and suck/swallow coordination. **Remember:** Healing happens very quickly and it's extremely important for follow up appointments with your release provider and lactation consultant to help oversee the healing process and to provide any support that you need.