

Gentle Frenectomy Post-Operative Instructions

It is normal for swelling to occur in the lasered areas. This will usually go down within 2 days.

The baby will be fussy the afternoon and evening following the procedure (usually this will start 4-6 hours after the procedure) and may not nurse as much.

Even if they nursed and nursed well immediately following the procedure, you can expect some difficulty later in the day.

This is normal and will subside.

You may syringe, cup or bottle feed if absolutely needed, until your baby latches again.

Please start each feeding session with an attempt to breastfeed and only use the alternative if the baby is refusing to nurse, or if you are no longer breastfeeding.

If you are breastfeeding, it's best to avoid the bottle at this time, until baby has fully resumed breastfeeding post revision and is breastfeeding well. This on average will take 2-4 weeks post revision.

Syringe or cup feeding would be the preferred method of feeding, if baby is not yet latching post revision.

If you are breastfeeding, you can freeze breastmilk and shave small pieces off. These shavings can be given orally to help with the pain and swelling.

Taking a warm bath with your baby can be very comforting. Breastfeeding in the warm water is often very helpful for a baby struggling to latch post procedure.

Skin to Skin and babywearing are also very helpful for pain management and the initiation of breastfeeding post procedure.

Laying down in bed, skin to skin with your baby, is also very helpful post revision. This increases pain relief for baby and side lay nursing will often assist with a better latch. Feeding baby in a side lay position while skin to skin in bed, also allows for dream feeding which is particularly helpful post revision.

We have supplied you with a Homeopathic Arnica and Hypericum mixture for pain and swelling reduction. This mixture consists of 5 pellets of each remedy, in 1 ounce of spring water.

Before each use, gently swirl the bottle in order to activate the remedies.

You may give 1 dropper full (1 ML) orally every 2 hours as needed.

This is rarely needed after day 2-3 post revision. If you find you need this mixture on day 3, please contact us for a fresh bottle and recheck.

If you feel that baby needs additional pain medication, you may use infant dye free Tylenol or Ibuprofen as the package directs. Use the appropriate dose for the weight of your child. This is very rarely needed and only suggested as a last resort option.

If the lip is bumped the area may bleed again. This is normal, just apply pressure to the area to stop the bleeding.

Tongue exercises for aftercare:

Extension

Place the tip of your index finger on the center of the baby's lower gum ridge and lightly touch the tip of the tongue, enticing baby to stick their tongue out and touch your finger. Repeat 3-4 times in a row, 5 times per 24 hours.

Lateralization

Place tip of your index finger on the the center of the baby's lower gum ridge to encourage baby's tongue to touch your finger. Gently slide your finger along the lower gum ridge to the left encouraging baby's tongue to reach for your finger. Hold for a slow count of 3 gently rubbing the gum ridge. Remove finger. Repeat for the right side. Do each side 5 times per 24 hours.

Floor of mouth massage

Gently slide your finger under baby's tongue and onto the floor of the mouth. Slowly run your finger along the floor of the mouth from center to the middle of the left side and then back to the middle of the right side and back to the center. Repeat 2-3 times, 3 times per 24 hours. Use a freshly washed finger with short nails, or preferably a gloved finger.

Notes

Keep all games happy and fun. If baby gets cranky or "tells" you to stop (frowning, fussing, crying, turning head away, closing mouth) STOP. Start again later.

These exercises can be done gently and effectively without causing pain and trauma to baby.

Please monitor your baby's tolerance levels to these activities. It is better to do short duration exercises more often, than longer duration exercises less often.

Your LC may suggest suck training also and will give you instructions on how to do so, for your particular situation.

Continue these exercises for 2 weeks.

Please keep in mind that the best exercise is the tongue movement and swallow motion, that is found in effective breastfeeding!

The more you breastfeed correctly, the stronger these newly released muscles will become and oral function will improve daily.

Remember, your baby practiced sucking in the womb. Even if only a few days postpartum, your baby had months of sucking before birth, all with oral restrictions.

A restricted tongue/lip and potentially high palate, is all your baby knows and your baby has already formed compensations, to work around the oral restrictions, and suck to the best of their ability.

They now will need to strengthen muscles that have never been used before. These new muscles will become sore quickly until they are strengthened.

You may have good and bad days post-revision, this is completely expected and normal. As baby learns to properly feed and overcome all of those compensations they developed pre-revision, these muscles will become strong and you will have less bad days.

If you have breast/nipple damage or low supply, these will all start to improve with more effective breastfeeding and transfer. Be sure to breastfeed every 2-3 hours, 20 minutes on each breast, round the clock.

You can do this- you are doing this!
Ask for help and stay calm.

Snuggle your baby and stay in bed, skin to skin, as much as possible for the next 7 days. This will help reduce pain and frustration for both you and baby, and will help regulate your supply.

This can be an incredibly emotional and frustrating time for both mom and baby, but it does pass. A support system is incredibly helpful.

Additional tips:

When nursing, get as much of the nipple/areola/breast in the baby's mouth as possible. This will help the baby use suction by creating a vacuum rather than pinching.

Compress the breast a little when the baby gets the latch right. This will help the milk flow and allows the baby to know that this is a better and easier way to nurse.

When nursing in a seated position, hold the baby at a 45-degree angle and watch below the chin. You can confirm the suckling and swallowing. The lower lip should be next to the breast, and the nose is free to breathe.

YouTube is a good source for visual examples of a proper deep latch.

Please seek assistance from a Lactation Professional who is well versed in ties and breastfeeding post procedure. Please ask us for a referral if needed.

Skype sessions are available for both lactation and follow-up post procedure.

Bodywork is imperative and we feel it is a key component to restoring full function. Bodywork can be performed by a Doctor of Osteopathic Medicine who specializes in OMT, PT with CST training, Chiropractor or CranioSacral Therapist. It is important to use a provider who has experience with infants and children and preferably has knowledge of proper breastfeeding mechanics and intraoral bodywork.

Please ask us for a referral if needed.

