



What should I see or expect after the release of the tongue and or lip?

Pain, bleeding and appearance: Immediately following the procedure you may notice a diamond appearance in the area that was revised. Sometimes this diamond is under the tongue and can only be seen when you reflect the tongue up or your little one cries. The border of this area may have a slight white appearance to it, which is completely normal. The inside of the diamond may appear pink or slightly red. **Bleeding from the site is extremely rare, BUT may occur during stretching or massage exercises which will be touched on later.**

The first 24 hours typically is when discomfort may be noticed, but may last up to 36 – 48 hours. It is not uncommon to see changes in behavior and discomfort last into a full second or third day. Every child will respond different to treatment. Tylenol is the best for pain relief. At times the infant may find “skin to skin” contact to be soothing and help if fussiness continues. Before giving any pain medicine, please refer to the medication dosing sheet I can provide at your visit. It is highly recommended to avoid Motrin or Advil in anyone under 6 months of age. Aspirin should NEVER be given to infants. Teething gels with benzocaine (typically by Orajel or Anbesol) are NOT advised in infants due to health risks, also the medicine would cause a burning sensation to the revised area.

Post-revision drooling that is excessive is normal and should not alarm you. The next day you may notice the upper lip (if it was revised) to be slightly puffy. This is caused by an inflammatory reaction within the body and typically will subside within 24-48 hours. Do not be alarmed.

The diamond area that was revised will change from a pinkish-red to a white-off yellow appearance within a day typically. This is NOT an infection. The mouth will not form a typical scab that we see on our skin, but fill in with a whitish/yellowish coat. The diamond will shrink and become smaller and smaller over approximately a 2 week period, depending on the severity of revision that was needed.

Stretching and Massage of the Area: To help limit scarring and constriction of the revision site it is highly recommended that the tongue and/or lip be gently stretched or massaged 7-8 times per day. **The first day I would stretch 4 times, then start a 7-8 time per day for day 2 through day 4. This, along with the first 24-36 hours, is typically the toughest part of the post-revision period. From day 5 until day 14, I would stretch 4-5 times per day.** It is best to try and make this time “playful” and doing it prior to feeding may be beneficial. Some children will do better prior to feeding, while others between feeding. It is natural for your child to resist, however you do want to keep the treated area stretched so that healing will not allow a tightened tissue. (It will not reattach to the original position but the area can shorten a little). Multiple videos are available to illustrate how to stretch the lip and tongue area.

To stretch the upper lip: Lay your child flat on the floor or in your lap, facing yourself. Take both thumbs or index fingers on either side of the lip, adjacent to the revision site and gently pull up and roll the upper lip up and out away from the nose and nostrils. Breast milk or formula on the finger can help keep the

infant more calm and help lubricate the stretching motion. Hold that position for 10 seconds and then rub the revision site gently. Repeat this and then proceed to nurse or calm your child back down as needed.



To stretch the tongue revision site:

Gently lay your child on the floor or into your lap. Gently sweep your finger under your child's tongue and with light pressure, and apply even pressure to the underside of the tongue and push the tongue back and upwards, this will help open the diamond and keep it mobile. Do not hesitate if you

feel tightness, gently, but firmly run your finger from 12 O'clock to 6 O'clock and back. Move your finger back to the mid-point under the tongue and try to gently reflect it upwards and slightly backwards and hold that position. This will expose the revision site and try to hold that for 5 - 10 seconds.

Example of tongue-tie exercises and positioning: <https://www.youtube.com/watch?v=-llmAhDoKno>

Continue the stretches for 10-14 days post revision. If pain, bleeding or increased fussiness that is not controlled by Tylenol or "skin to skin" contact, try to back off pressure used or frequency and duration of stretching.

Changes to Tongue Behavior and Lip Position: If the tongue/Lip was revised it may take time for the infant to adjust to the new found range of motion. Younger children seem to adjust quicker and do not have to "re-learn" as much compared to an older infant (4+ Months old) who may have become accustomed to the restricted tongue movement. It is highly recommended that you have your lactation consultant help with re-learning and possible repositioning to help with breastfeeding.

Improvement is rarely an instant phenomenon, it will take time for your child to learn how to manipulate the tongue and coordinate sucking. The tongue is a large muscle and the frenum is a connective piece of tissue. The tongue may have been an accessory muscle and other muscles of the face that typically are not used in sucking may have been primary muscles. With time the tongue will hopefully predominate the function of sucking and make breastfeeding more efficient and comfortable.

As the tongue and accessory muscles learn to work together and in harmony you should notice a difference in the overall nursing. It may take 3 weeks to fully get adjusted. If sucking is still fairly uncoordinated and problematic after 3 weeks, you should be in touch with your lactation consultant to find exercises to use to work on getting into a better routine and always feel free to contact me again.

If the lip was revised an almost instant improvement in latch, seal and decrease in leaking should be noticed. **The lip, much like the tongue, needs to be guided to flip out to make a seal.** The lip will at times need to be flanged out to make a better seal, but in time should be more natural for the child and they should be able to adjust in a short period of time with some guidance.

Call us if you have any questions or concerns.

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Thank you for trusting us to care for your child's dental needs.