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Lip and Tongue Frenectomy Informed Consent

What is a frenotomy?

Frenotomy is a procedure used to correct a congenital condition when the lingual (tongue) or labial (lip) frenulum is tight resulting in restriction of function potentially resulting in difficulty breastfeeding and other concerns such as dental, digestive and speech issues. If your lactation consultant or doctor feels that this procedure is warranted, then the following is what you can expect.

LIP TIE

A tight upper lip frenum attachment may compromise full lip flanging and appear as a tight, tense upper lip during nursing. This can result in a shallow latch during breastfeeding. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle-feeding. If the frenum attaches close to the ridge or into the palate a future diastema (gap between the teeth) can also occur.

TONGUE TIE

A tight lower tongue frenum attachment may restrict the mobility of the tongue and appear as a cupping or heart shaped tongue when the tongue is elevated. This can result in an inability to get the tongue under the nipple to create a suction to draw out milk. Long term a tongue tie can result in speech problems and/or issues later with transferring food around the mouth for chewing. Approximately 3-5% of the population presents with this condition.

BEFORE THE PROCEDURE

The baby must not have had any Tylenol within the last 7 days.

If the mother has had any seizure medications, tuberculosis medications, and/or blood thinners, the baby **MUST** have had Vitamin K injections/drops before doing any surgical procedure

SYMPTOMS

Some babies can have ties and not be symptomatic. To know if the ties are a problem we ask two major questions: “Is the baby getting enough to eat?” and “Is nursing comfortable for the mother?” Symptoms can be as follows:

- Poor latch
- Slides off nipple or falls asleep while attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Continuous feedings
- Gumming or chewing of the nipple
- Unable to take a pacifier or bottle
- Creased, cracked, bruised or blistered nipples
- Bleeding nipples
- Incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis (inflammation of the breast)
- Nipple thrush

PROCEDURE

The procedure is tolerated very well by babies and we try to ensure that discomfort is minimized. A topical numbing gel is placed on the frenulum for frenotomies (an incision of the frenulum attachment) and a very small amount of local anesthetic may be injected for frenectomies (frenulum tissue removal). It is common for babies to cry and/ or act fussy during and after the procedure. Babies typically lose only a small amount of blood, if any at all when a laser is used. You may notice a very dark stool if your baby swallowed any blood and this is normal. Your baby may have even experience oozing of blood or brown spit ups or stools after the procedure if he or she swallows blood after the procedure. Once baby is numb, they are treated in our laser treatment room and immediately returned to you. Please feel free to nurse, bottle-feed and/ or cuddle your baby, depending on your preference. Note that it is common for babies to drool after the procedure until the numbing dissipates.

Dr. Abramczyk recommends Hyland’s Teething Gel and any natural remedies you prefer (Tongue Tie Remedy, Arnica, Rescue Remedy, etc.)

AFTER THE PROCEDURE

The complication after the procedure is that due to the **rapid** healing capability of the mouth, the healing site may want to reattach. Therefore, it is highly recommended that you follow the guidelines listed on stretching exercises for your baby. Failure to stretch with the pressure and frequency that Dr. Abramczyk demonstrates may lead to reattachment. Wash your hands very well prior to performing the stretches. You may consider coconut oil to aid in the stretches due to its slippery nature and anti-bacterial properties. Rest baby on your lap with his/ her head closest to your hips. You can make these exercises fun if you sing a song or play when stretching. Please ensure the stretches happen as prescribed and that caretakers are proficient at stretching as well. If you are unable to perform stretches or the caretakers are unable to do so, you may want to consider scheduling when proper care is available. Keep in mind that the wound may ooze the first few days but healing happens rapidly in the oral cavity. Keep the tissues open and the wounds will heal for optimal function *as long as they are not allowed to close.*

- 1) Lift the upper lip to the nose pressing the finger until resistance is met then wiggle side-to-side (back and forth = 1, repeat five times).
- 2) Press the tongue up to the palate (not back into the throat area) with one index

finger and with the other index finger, roll into the deep fibers of the fold like a “rolling pin” (up and down = 1, repeat five times).

3) Rub the gumline of the infant to encourage their tongue to follow your finger.

4) Let baby suck your finger and play “tug-of-war” to build strength.

5)! Gently press the palate, roll the finger over and gently stroke the middle of your baby’s tongue.

Perform these stretches on day 1 at dinner then six times a day for 3 weeks (rub back and forth or up and down = 1, repeat five times at each stretch). Then five times a day for a week, four times a day for a week, then three times a day for a week, and so on. Dr. Abramczyk recommends following up with your lactation consultant within a week and as well as a Cranial Sacral Therapist. A white or yellow patch around the lasered area is normal and this is the clotting material in the mouth. Keep the area stretched and mobile until all the white is replaced by pink tissue.

It is normal and expected for babies to be fussy once the numbing medicine wears off, approximately 4-5 hours from time of application. Most babies are fussy for 2 days, others fussy for 5 days, others are not at fussy at all. Some babies may go on a “feeding strike” and this may last 5-6 hours. We understand this is a scary experience, but stay calm for your baby and focus on nurturing them through this time. If they refuse breast and / or bottle, try syringe feeding or finger feeding.

Due to the risk of excessive bleeding, Tylenol should not be taken after the procedure.

Remember that Arnica is an effective, non-toxic alternative to Tylenol that can help with pain, swelling, healing and trauma. The tablets can be crushed and ½ tsp of breast milk or water added and drawn in a syringe. Keep the syringe refrigerated and administer in very small amounts every 15 minutes as long as baby is fussy. Once baby is comfortable, discontinue use

Warm baths, playing music, skin to skin and changing environments often helps to keep a fussy baby happy.

Lip swelling is normal after a lip release, so consider small frozen milk chips for comfort. Swelling may last 3-4 days. Additionally, many moms have found that amber necklaces are very effective with pain management. We have arnica, coconut oil and amber necklaces available in our office for your convenience.

Remember that this is not a “quick fix” and only a piece of the puzzle. Babies with ties have compensated by over-developing the wrong muscles and under-developing the proper muscles. It takes time, patience and commitment to re-train with suck training and bodywork. Stay positive and committed to your journey in having a beautiful, successful breast-feeding relationship.

Call our office for any of the following:

Uncontrolled bleeding

Refusal to nurse or bottle-feed

Fever > 101 F

Consent for Frenotomy/ Frenectomy

Diagnosis:

My baby has been carefully examined and I have been advised that he / she has excessive gum tissue between the lip and jaw bone (labial frenum) and / or a tight band between the tongue and the floor of the mouth (lingual frenum). I understand these tight attachments can limit function during breastfeeding, speech, swallowing, TMJ function and sleep apnea.

Recommended Treatment:

I understand the doctor has recommended a procedure to either release the tight frenum (frenotomy) or removal of the tight frenum (frenectomy). I understand that topical anesthetic and/ or local anesthetic may be administered as part of the treatment.

ALTERNATIVE TREATMENTS

The alternative to laser treatment includes scalpel surgery using local anesthesia and/or sedation. The other alternative is to do no treatment. No treatment could result in some or all of the conditions listed under “Symptoms” above. Advantages (benefits) of laser vs. scalpel or scissors include lower probability of re-healing, less bleeding, no sutures (stitches) or having to remove sutures. Disadvantages (risks) are included in the “Risks of Procedure” below.

RISKS OF PROCEDURE

While the majority of patients have an uneventful surgery/procedure and recovery, a few cases may be associated with complications. There are some risks/complications, which can include:

- Bleeding. This may occur either at the time of the procedure or in the first 2 weeks after.
- Infection.
- Pain.
- Damage to sublingual gland, which sits below the tongue. This may require further surgery.
- Injury to the teeth, lip, gums, or tongue.
- Burns from the equipment.
- The frenum can heal back and require further surgery.
- Swelling and inflammation, especially of upper lip.
- Scarring is rare but possible.
- Eye damage if baby looks directly into the laser beam. Complete eye protection is mandatory and will be worn by baby and staff.

Necessary Follow-Up Care

I understand that failure to follow Dr. Abramczyk’s recommendations could lead to undesired outcomes, which are my sole responsibility. I will need to come to follow up appointments after the procedure so that healing may be monitored and for the doctor or lactation consultant to evaluate and assess the outcome upon healing completion. Smoking and alcohol may adversely affect healing and may limit successful healing. I understand it is imperative to follow the specific instructions given by Dr. Abramczyk.

PARENT CONSENT

I acknowledge that the doctor has explained my child's condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to my child and the likely outcomes. I was able to ask questions and raise concerns with the doctor about my child's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that photographs or video footage may be taken during my child's procedure and these may be used for teaching health professionals. (Your child will not be identified in any photo or video). I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my child's condition worse. I understand that my child may need another procedure if the initial results are not satisfactory. On the basis of the above statements, I REQUEST THAT MY CHILD HAS THE PROCEDURE.

Name of Patient: _____ Date: _____

Signature of Parent/Substitute decision maker: _____

Witness: _____ Doctor: _____