



Dr Justin Roche  
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Tongue Tie and Lip Tie Services

## Post Frenotomy Care

# Prescription

Date:

Baby's name:

Date of Birth:

Address:

**Today's weight:** Kg

The following are the correct doses for analgesia based on today's weight:

Paracetamol (eg Calpol) (120mg/5ml): ml  
4 times per day for 5 days

Ibuprofen (eg Nurofen) (100mg/5ml): ml  
4 times per day for 3 days

Either of these can be given for up to 7 days. If needed beyond this time, please contact us.

Signed

Dr Justin Roche

Medical Council Number: 171584

If your baby is unwell, lethargic or has a fever over 38°C then please seek medical review, as you normally would, as these are not symptoms associated with tongue tie or lip tie division

Further information is available at [www.drjustinroche.com](http://www.drjustinroche.com)

Your baby has been weighed and the doses opposite are calculated based on this weight and are safe to give regularly even if your baby is less than two months old.

As it is a precise dose for your baby it is important that your baby takes the full dose to achieve a therapeutic level. If baby spits out a significant amount they will have no benefit from taking the medicine. To reduce the chance of this, position your baby with their head tipped slightly backwards and to one side. Insert the syringe into their lower cheek, away from the tongue, right to the back, then slowly give just 1ml at a time. Allow it to flow beyond the back of the tongue and for baby to swallow before administering the next 1ml. If you know your baby has a particular issue with oral medications please let us know and we can prescribe suppositories instead.

If your baby is being fussy around feeding, not tolerating their woundcare/mouthwork, or is generally unsettled then it is likely that they are experiencing discomfort and should be given pain relief. It is very important to maintain your baby's comfort so that they move their tongue effectively for feeding and tolerate their exercises well.

If your baby's tie(s) are particularly thick or fibrous, it will take a little more energy to divide; if so, we will advise you that regular analgesia should be started straight away to prevent discomfort.

If your baby does require pain relief it may be worth giving Calpol regularly for at least 24-48 hours. If Calpol alone does not appear to be adequate then Nurofen may be taken at the same time. Often a one off dose of Nurofen helps reach a baseline comfort zone which

can then be maintained with Calpol alone. If your baby is one of the few who appears very uncomfortable it may be worth staggering the timing of the doses of Calpol and Nurofen to achieve best cover rather than having both doses wearing low at the same time.

If your baby has had regular Calpol for a day or two always wean them off it in a morning. This way if you have stopped it too soon you will have plenty of time to catch up again and have a settled baby before bedtime.

The laser will give a pain relief effect lasting 2- 6 hours post procedure, there will also be an inflammatory response as part of normal healing at about 36 hours. If your baby is more unsettled or reluctant to feed during either of these timeframes it would be reasonable to assume this is due to discomfort and treat appropriately with pain relief.

If your baby shows other signs of being unwell, such as a high fever, please seek help as you normally would as this is unlikely to be associated with the tongue tie release.

## Post Frenotomy Exercises

We advocate two types of aftercare following release of tongue tie /lip tie;

- Active wound management to prevent reattachment
- Mouthwork / bodywork to aid transition to a more effective way of feeding.

It is very important that you maintain a very positive association with touching your baby's mouth. Firstly ensure that you choose times during the day in which your baby will be most receptive and ensure they are kept comfortable, so have given pain relief if necessary. For a young baby, mid-feed can often be a good choice; your baby is less likely to be hungry but not so sleepy that they don't want to be disturbed.

Sit in a comfortable position with your baby facing you, resting on a cushion on your lap. Keep the interaction relaxed and playful.

Done correctly these exercises will not cause any distress to your baby and a good relationship with you touching their mouth can be created and maintained.

### Active Wound Management

Following the procedure your baby now has a diamond shaped surgical site under their tongue. We need this wound to heal slowly, from the outside inwards, maximum 1mm a day, over the space of a week or two. If your baby has also had a lip tie release that site will need to be cared for in the same way.

The most efficient way for the body to heal itself is to reseal the site along the line of division (reattachment) so we have to actively

maintain the surgical site open to achieve healing by re-epithelialisation, whereby you get new skin cell growth across the surface of the wound. This maintains the freedom of movement of the tongue which was achieved by the surgical release.

Babies have an exceptionally good healing potential, the mouth provides an environment promoting healing and the body wants to respond to the insult of surgery. Therefore in order to ensure correct healing you are going to need to work at maintaining the surgical site open.

The bottom half of this diamond shaped wound is on the floor of your baby's mouth and the top half is under their tongue just in front of the base. Therefore it is important to separate the back edges of the wound to achieve adequate separation of these two raw surfaces to prevent either primary or secondary intention healing. We will show you how to do this and all the other exercises before you leave clinic.

As well as keeping the surgical site open we will show you how to massage the diamond. This also interrupts any attempt at formation of scar tissue before it can become established.

In our experience babies tolerate this wound management very well when the surgical site is maintained open. The problems only arise when scar tissue has been allowed to develop by either too infrequent or ineffective wound care. Pulling against this scar tissue is painful, and aggravating established scar tissue can encourage it to become more organised and fibrous.

Our aim is to make sure you are confident in your ability to adequately manage the wound so this scenario never arises.

Active wound management also ensures that your baby achieves their optimal outcome from the procedure not just a partial improvement.

## Mouthwork/Bodywork

In our experience babies fall into one of the three following groups after release;

1. Baby automatically seems to know how to co-ordinate movement of the freed up tongue resulting in a fast improvement of their feeding technique. This is typically about one third of babies.
2. Although we know that the baby now has the ability to alter their feeding pattern they need help and time to adapt from established habits. A baby has had 6 months in-utero, sucking and swallowing amniotic fluid plus their experience since birth. This is typically two thirds of the babies.
3. Baby has developed a compensation mechanism in order to cope with the tie(s). By releasing the tongue tie we interfere with this technique and thus baby has to find a new feeding pattern. The advantage of this group of babies is that as they are forced to reorganise how they feed, they can achieve a new pattern quite quickly once the initial frustration has been overcome. This group is rare, about one in a thousand, but they are very unsettled for the first couple of days.

Even if your baby adapts quickly to a more effective way of feeding, they are still going to need help as they will fatigue due to using the muscles in a different way to what they have previously been accustomed to.

Also, if your baby has been compensating for poor tongue movement by using more jaw activity, the tongue may have taken a 'back seat' and we need to help your baby utilise the tongue again as the primary tool for feeding. Even though we have freed the tongue up, the baby may not use all this extra range of movement so we need to encourage it.

If you are breastfeeding our Lactation Consultant will help you to achieve a deep latch and discuss ways to encourage and maintain an effective feeding technique.

If bottle feeding they will show you how to use paced bottle feeding, as this will help your baby to use the tongue in the best functional way for rehabilitation following release.

We also show you suck training to help with co-ordination and strengthening of tongue and mouth muscles.

We are strong advocates of Craniosacral Therapy as releasing any residual tension, especially around the jaw, can help achieve a more effective suck. If you would like to explore this option we can suggest Therapists either here in Knocklofty or local to where you live.

### Active Wound Management

**This needs to be carried out 3-4 hourly, with one maximum 6 hour gap at night (i.e. 6 times in 24hrs).**

**Do this diligently for 4 weeks, then on a reducing basis before stopping at the end of the 5<sup>th</sup> week.**



Start with massage around the temporomandibular joint and lower jaw until mouth is relaxed; don't force your way into baby's mouth.

- Lower the chin and hold with both thumbs. With both index fingers scoop under tongue; gently and smoothly stretch upwards at very base of tongue so that the diamond opens fully. Repeat three times.
- With the pad of one index finger sweep upwards on the centre of the diamond. You do not want to disrupt the fibrin patch but prevent the upper and lower halves from adhering. Repeat three times.
- Sweep once side to side at the very base of the tongue to ensure there is no vertical band of tissue forming.
- Massage the diamond with a little virgin coconut oil to help keep the diamond flattened thus working against the contraction of the edges towards the centre.

## Mouthwork

These only need to be done during daytime.

- Gently rub your finger along baby's lower gumline and stimulate the sides of the tongue. As you go to each side your baby will habitually follow with their tongue, strengthening the lateral muscles and encouraging use of the new extra range of movement.

- Sweep finger side to side across palate going backwards a tiny bit each day to reduce hypersensitivity of the gag reflex.
- Stimulate a suck rhythm with index finger uppermost on palate, gently circling if necessary. With other hand gently tuck chin so tongue remains elevated in mouth. Next draw finger towards yourself coaxing tongue to extend. As baby's suck gains in co-ordination and strength combine the two elements.

Video of exercises;

<http://www.drjustinroche.com/post-division-care.html>

Tummy time is very important as it encourages mobilisation of the neck and throat muscles, and strengthens the muscles involved in sucking. With babies needing to sleep on their backs, it is important to ensure that they have periods of active time when they are awake. We will show you in clinic the best way to work with your baby in the prone position and encourage you to do this at each daytime nappy change so that there are regular periods of active exercise throughout the day.

Your baby has had their tongue / lip tie fully released. A successful outcome is now dependent on your management of your baby's oral care over the next few weeks.

Our Lactation Consultant will maintain contact with you over the coming days and you are also welcome to contact us at any time if you have any concerns. If you would like us to review photos of the healing surgical site please email them to [drjustinrocheclinic@gmail.com](mailto:drjustinrocheclinic@gmail.com)

## Looking after you and your baby - The early days after a tongue / lip tie release

Releasing your baby's tongue / lip tie forms a small part of your and your baby's journey toward more comfortable feeding.

Your baby has had minor surgery and may be a little fragile for a day or two.

Plan to be in the comfort of your own home for the first couple of days following a release.

Your baby will need time to adapt to their new tongue function and you may find that feeds become a little irregular. Continue to feed your baby according to his feeding cues and be mindful that some babies will do better with shorter more frequent feeds throughout the day and night.

Comfort measures that can help you and your baby may include:

- Taking a warm bath together
- Lots of cuddles and extra time in skin to skin contact
- Wearing your baby in a sling
- Tummy time, when baby is in good form and is playful
- Pain relief as prescribed by Dr Justin Roche
- Getting other people to help you with household chores
- Expect more short, frequent feeding
- Getting out to meet other mothers is a great way of sharing knowledge and knowing that it is normal for babies to have fussy times. If breastfeeding re-connect with breastfeeding support services in your area.

Further information is available at [www.drjustinroche.com](http://www.drjustinroche.com)

Whether you are breast or bottle feeding feel free to contact the Lactation Consultant who cared for you at our clinic at any stage when you go home, especially if you are unsure about pain relief, exercises or feeding.

## Further Advice