

CO₂LLABORATIVE CARE + RESEARCH



INFANT + BABY HOME CARE FOR POST-OP FRENECTOMY

WHAT YOU MAY EXPECT AFTER THE PROCEDURE

Please note that not all babies follow the typical healing timeline depicted below.

DAY 1- 3	WEEK 1	WEEK 2-3	WEEK 4
Baby may be sore, expect fussiness - begin first stretch in evening of procedure day	Soreness tapers off	Commitment necessary with post-op wound stretching	Continued oral exercises and massaging of healed Frenulum encouraged
White healing patch forms - this is nature's band-aid	May observe minor bleeding from corners/creases of patch after stretching	Healing patch shrinking	Healing patch gone - new frenulum taking final shape and position
Baby may have trouble with latch	Baby is adjusting to new mobility and suck pattern	Implement oral strengthening exercises daily	baby continues building oral strength and coordination
Have back up feeding plan and comfort measures prepared	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed	Further progress with feeding to be expected
Bodywork follow within first 3 days is highly recommended	Post-op bodywork, OT, PT highly recommended	Bodywork and LC follow-ups as needed	Bodywork and LC follow-ups as needed

PAIN MANAGEMENT RECOMMENDATIONS

OVER SIX (6) MONTHS OLD

If older than two months and Tylenol is ineffective, get consent from your physician for Ibuprofen use.

Dose based on weight; given every 6-8 hours for first few days as needed for pain.

NATURAL REMEDIES

Breast Milk Ice Chips

Can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie and place tiny pieces under lips, tongue, or cheek and let melt slowly.

Organic Coconut Oil

Best if kept chilled. Safe for any age. Apply small dab to treated areas 4-6 times a day.

Homeopathic Remedies

Homeopathy is a system of holistic medicine that stimulates the body to heal itself. It uses high dilute solutions specially prepared from natural plant and mineral extracts which are gentle on the body and produce very little risk of side effects. It is ideal to use with infants, pregnant and nursing women, chemically sensitive individuals, and those seeking a more natural alternative to pharmaceuticals.

Bach Kids Rescue Remedy

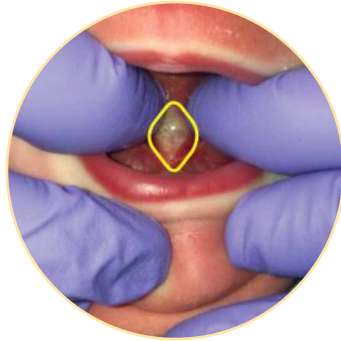
- Chamomilla (irritability + inflammation) – Boiron Camilia, single doses
- Arnica Montana 30C (wound healing) – Dissolve 5 pellets in 1 oz dropper bottle of distilled water. Give 5-10 drops every 2-3 hours as needed. Store chilled.
- Staphysagria 6C (wound healing) – 1 pellet 2x/day



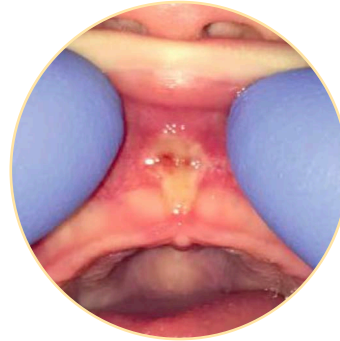
WHAT ARE THE "WHITE DIAMOND" HEALING PATCHES?

The released area will form a wet, soft scab after the first day. This is nature's "band-aid" and while typically 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.

LINGUAL HEALING SITE
(TONGUE)



LABIAL HEALING SITE
(LIP)






TWO VITAL CONCEPTS TO UNDERSTAND ABOUT ORAL WOUNDS

1. Any open oral wound likes to CONTRACT and shrink towards the center of the wound as it is healing.
2. If you have two raw surfaces in the mouth together, they may STICK together.

STRETCHING PROTOCOL TO AVOID CONTRACTION & STICKING

1. Start by lifting tongue/lips to see entire diamond.
2. Stretch each site 4-6 times daily for 3-5 seconds (the same time it takes for you to say push, scoop n' stretch out loud). You do not need to wake your infant while they are sleeping during the night. Instead, be sure to complete a thorough stretch after he/she wakes after a longer stretch of sleep.

1 SECOND	1 SECOND	1 SECOND
		
PUSH...	SCOOP...	STRETCH...
directly into the bottom edge of the wound site with one index finger, using other hand to stabilize.	upwards to lift up the tongue or lip until finger rests at the top of the diamond.	· up the tongue to ensure the diamond elongates vertically. · up the lip to ensure visibility of the entire wound site.

* Please view video emailed to you for additional stretches. Or watch it here www.drghaheri.com/aftercareh

We recommend checking and training your baby's tongue to seal to the upper jaw, especially during sleep.

If baby's lips are closed:

Using one finger pressure:

1. Press down on chin to open mouth and see if tongue is suctioned up to top jaw, especially during sleep.
2. Pull down on chin until tongue seal pops.
3. Close mouth again by pressing below chin behind jawbone in soft muscle

If baby's lips are open:

Using finger pressure:

1. Close baby's mouth by pressing up from below the chin behind the jawbone.
2. Pull down on chin to see if tongue is suctioned up to the top jaw.
3. Pull down on chin until tongue seal pops
4. Close mouth again by pressing below chin to re-establish tongue seal to upper jaw.



PURPOSEFUL STRETCHING

Post-procedure stretches are key to getting an optimal result.

These stretches are NOT meant to be forceful or prolonged. Be quick and precise with your movements.

It is recommended that you have a headlight to allow you to get the best results.

We highly encourage you to approach these exercises in a positive manner and ideally prior to breast or bottle feeding.

You do not need to wake your infant while he/she is sleeping during the night but instead, be sure to complete a thorough stretch when he/she wakes after a longer stretch of sleep.

YOU MAY NOTICE

You may see 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 this same pressure in subsequent stretches. The healing process increases saliva production. Also, your infant may be adjusting to a new range of motion and can have difficulty controlling saliva. This is usually temporary.

NORMAL POST-TREATMENT OCCURRENCES

Increased fussiness during first week: Be sure to use lots of skin to skin contact. This increases oxytocin levels, lowering pain sensitivity.

Trouble 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. Seek the advice of a lactation consultant (IBCLC) for any feeding related issues.

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 IBCLC.

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.

WHEN YOU SHOULD CALL DR. PADA

Please contact us 250-215-2292 if you experience the following:

- Fever greater than 101.5F (40 °C)
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for over eight hours

CONTINUED POST-RELEASE SUPPORT

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.

