POST PROCEDURE INSTRUCTIONS
Tongue Tie and Upper Lip Tie Releases

What to Expect

After the procedure, tylenol or motrin alone (if even that) is enough for pain control if > 3 months. Infants < 3 months do not typically require anything, but coconut oil or teething gel may be applied right on top of the wound for pain control if needed. Rarely, Tylenol and even Motrin may also be given. Dosages based on weight can be found here: http://bit.ly/1KPm19z. No antibiotics are needed unless fed by formula only. Frank bleeding (if occurs) typically stops within 15 minutes. There may be a drop or 2 of blood that may sporadically appear in the area for the next few hours as well as after stretches for a few days. Rarely, the infant may go on “nursing strike” due to the mouth discomfort/numbness and may become dehydrated due to feeding refusal. If this happens, the infant may need to go to the ER for IV fluids. It is encouraged to follow-up with your lactation consultant if any feeding problems or concerns persist after the procedure.

It is not unusual for a filmy white patch to appear over the wound. Do not worry if this happens. It is just a scab that is wet (recall what a scab looks like on your hand if you get it wet... it turns white). It will nearly disappear within 2 weeks.

Improvement in feedings typically occur on the same day of procedure, but a minority may take up to two or more days. Please be aware that statistically, 20% report no improvement whatsoever in spite of performing release(s).

With posterior tongue tie release, a single stitch may occasionally be placed. This stitch is absorbable and will fall off or disappear in about 5-10 days. If the suture is found to be “dangling,” one can gently tug the suture off or use scissors to snip it off. It is also not unusual with posterior tongue tie releases that mild swelling under the tongue occur that slowly resolves over one week.

Diet

Breast-feeding may immediately be resumed. In the older child, avoid foods that require biting with the front teeth (apples, carrots, etc) which would cause the food to dig into the surgical site. Stick with soft foods for about one week. After that, a normal diet may be resumed.

Stretching Exercises

In certain situations, it is very important to perform stretching exercises 5x per day for the first 2 weeks to prevent reattachment. When performing, you are doing it for 2 seconds.

For upper lip tie releases, firmly push under the upper lip towards the nose right over the wound with a finger. If these exercises are not performed, the upper lip tie may reform in about 80% of patients within one month.

For tongue tie releases, stretching exercises involve pinching under the tongue with the first finger and thumb and firmly lifting the front part of the tongue towards the roof of the mouth (lift method). Imagine using your fingers like a forklift lifting the tongue up like a pallet. Once a day, sweep a finger under the tongue to assess for reattachment due to scarring. If scar reattachment starts to occur, instead of the lift method, resort to the push method which entails pushing a finger over the wound towards the back of the mouth (this may temporarily choke/gag the infant). HOWEVER, if a suture was placed, no stretching exercises are necessary unless the suture falls off prematurely and the wound opens up.

Follow-Up Appointments

2 week follow up appointments are typically scheduled to check how everything is healing, but if all appears to be healing well, you may cancel this follow-up appointment. If any concerns are present, please call our office for a follow-up appointment. It is strongly encouraged to follow-up with your lactation consultant or infant feeding specialist within one week.