



**Doctor Staci Whitman**  
Certified Pediatric Dentist

## FUNCTIONAL FRENULOPLASTY FOR TODDLERS AND CHILDREN

The success of our practice is based on our ability to provide a complete and effective release of tethered oral tissues by incorporating a multidisciplinary protocol that integrates myofunctional therapy (and sometimes physical therapy) before, during, and after surgery.

Our tongue-tie release procedure is based on precision: releasing the appropriate extent of tissues for maximal relief; not too much, and not too little. The tongue is one of the most critical organs in our bodies as it has the ability to regulate and shape orofacial structure and musculature. The un-tethered mobility of the tongue is required for optimal speech, chewing, swallowing, oral hygiene, and breathing functions, as well as for development of the skeletal structures of the jaw and the airway. Because the tongue plays such an important role in so many functions, restricted mobility of the tongue may lead to compensatory behaviors that may negatively affect nasal breathing and cause snoring due to low tongue posture, or contribute to chronic stress on the other muscles of the head and neck. The tongue also has connections to the whole body through a system of connective tissue known as fascia, and a restrictive tongue may place tension on the fascia networks causing neck tension, pain, and postural dysfunction. Our functional frenuloplasty approach honors the changes that occur during a tongue-tie release and prepares the body for acceptance and optimal healing post-treatment.

Our group is highly active in clinical research and committed to anything that we can do to promote optimal outcomes after surgery. In addition, we now offer monthly courses to share our knowledge and experience first-hand to help interdisciplinary teams strive for higher standards in the delivery of tongue-tie release surgery. We are delighted by the opportunity to share our knowledge and experience to help inspire the field to move towards higher standards in the delivery of tongue-tie release surgery.

## FRENULOPLASTY PRE-OPERATIVE FAQ'S

Your active participation is important to the post-operative success of your treatment. The following FAQ's will help you know what to expect in the days following surgery, and will help to optimize a successful surgical outcome. Do not, however, hesitate to call if you have any questions or concerns.

**Q: CAN YOU DESCRIBE THE TREATMENT FOR A PATIENT THAT IS TONGUE TIED? DOES IT HURT?:** A frenuloplasty is a straightforward outpatient procedure that can be completed in office without the need for general anesthesia. If a release is recommended, the treatment takes less than an hour. Doctor Staci will apply an effective topical anesthetic gel on the frenular tissue underneath the tongue prior to treatment, followed by an injection of lidocaine, allowing for zero to minimal discomfort during the procedure. The anesthetic wears off approximately 30-45 minutes after the procedure is completed. For the first several days (occasionally up to 5 days) following surgery, pain is to be expected. This can usually be controlled with over-the-counter medication such as Tylenol or Ibuprofen.

**Q: ARE THERE ANY PRE-OPERATIVE INSTRUCTIONS?:** We encourage you to eat a full meal prior to your procedure. We also encourage getting a good night's sleep the night before. Please refrain from consuming caffeine prior to the procedure.

**Q: WHAT HAPPENS AFTER THE PROCEDURE?:** It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. We recommend using Tylenol and Ibuprofen as needed for pain. During the first few days, you may find it helpful to have soft, cool foods. You may find it challenging to consume hot or spicy foods, or foods that require a lot of chewing. We will provide you with detailed post-operative instructions at the time of your procedure.

**Q: ARE ANTIBIOTICS ADMINISTERED?:** No, antibiotics are not administered. We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection.

**Q: WHAT ARE THE POSSIBLE RISKS?:** Complications of surgery are rare, but may include numbness, bleeding, pain, failure of procedure, infection, injury to adjacent structures, and scarring. It is crucial to follow the post-operative instructions to prevent scarring or re-attachment of the frenum. Pre- and post-operative myofunctional therapy is essential for optimal recovery after frenuloplasty.

**Q: WHAT IS THE PROPER WAY TO ACTIVELY MANAGE THE WOUND POST-PROCEDURE? WHAT CAN I EXPECT TO SEE AFTER THE PROCEDURE?:** We use absorbable sutures that will usually fall off or dissolve on their own within 3-5 days and sometimes anywhere from 1-10 days after surgery. As the sutures fall out, a white diamond-shaped area may appear where the frenum was. This is normal and not an infection, rather, it is granulation healing tissue that will heal and disappear in approximately two weeks. We will provide you with a soft toothbrush to remove any oral debris.

# POST-OP INSTRUCTIONS

**AFTER THE SURGERY:** Patients should expect some mild swelling, pain, and/or discomfort as a normal process of wound healing. Pain is often controlled with over-the-counter pain medications, and other symptoms usually self-resolve over the course of 1-2 weeks with proper rest and myofunctional therapy. Possible (but very rare) complications of frenuloplasty may include bleeding, pain, numbness, failure of procedure, scarring, and injury to adjacent structures which may result in salivary gland dysfunction.

## **IMMEDIATELY AFTER THE SURGERY:**

**1. Bleeding:** It is normal to experience some bloody oozing during the first 1-2 days. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Doctor Staci, or go to your local emergency department.

**2. Swelling and Inflammation:** It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. Your tongue may feel larger than usual and more painful to move. We recommend using Tylenol and Ibuprofen as needed for pain. We also recommend holistic options such as arnica, turmeric, ginger, and CBD oil. Patients who are more sensitive to pain may benefit from narcotic pain medications such as Tramadol.

**3. Wound Care:** You will be provided with topical oral analgesic gel and gauze. Apply a small amount of gel to the gauze, place on surgical site, and replace as needed every 1-2 hours, up to 4 times daily.

**4. Oral Hygiene:** Please continue brushing teeth as usual. We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection.

**5. Food/Drink:** During the first few days, you may find it helpful to have soft, cool foods. You may find it challenging to consume hot or spicy foods, or foods that require a lot of chewing.

**6. Sutures:** We use absorbable sutures that will usually fall off or dissolve on their own within 3-5 days and sometimes anywhere from 1-10 days after surgery. As the sutures fall out, granulation healing tissue will fill the open wounds. If the granulation tissue overgrows the wound, we recommend brushing the surgical site with a soft brush to remove any oral debris. It is not necessary to completely remove the granulation tissue. As the granulation tissue heals, this tissue will begin to contract by around day 5-7. This is when the myofunctional therapy exercises become the most important.

**7. Myofunctional Therapy Exercises:** We recommend that you rest for the first 3 days after your procedure and focus on minimizing your pain. Once the pain is well-controlled, we encourage you to do light movements with your tongue by sticking it up to the front teeth with your mouth wide open, side to side inside the cheek, around the teeth, and suction hold. Avoid sticking your tongue out during the first 5-7 days and begin these more advanced exercises only once you have been cleared by your myofunctional therapist. It is extremely important to perform the stretches and exercises as prescribed by your therapist to obtain the most optimal results.

**8. Wound Stretches:** Wound stretches are only recommended for wounds that are left open to heal by secondary intention, or if the patient is unable to comply with the myofunctional therapy exercises with maximum efficacy due to pain or contraction. Wound stretches involve wrapping the tongue in a paper towel or gauze, and pulling the tongue outwards, downwards, upwards, and to each side, to feel a stretch for 10 second holds.

**9. Lip and Buccal Ties:** We recommend that you take it easy for the first few days. Afterwards, run your tongue around the oral vestibule several times a day. We also recommend air puffs. After one week, you can do lift stretching and manual intraoral massage.

**10. Physical Therapy:** Many patients benefit from fascia physical therapy, craniosacral therapy, osteopathic manipulation, and other forms of physical therapy post-operatively depending on the clinical circumstance.

At any time, call our practice if you experience any of the following:

- Severe pain that does not improve with medication
- Brisk bleeding
- Severe swelling at the site of surgery
- Difficulty breathing
- Fever higher than 102 degrees F (-39 C).

**For emergencies, please call 911 or proceed to your local emergency department and call Doctor Staci directly: 971.978.0009**

This document was originally created by Dr. Zaghi and The Breathe Institute.