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Aftercare Instructions for Laser Revision of Lip, Tongue, and/or Cheek Ties

Post Op Behavior/Comfort

Discomfort may be experienced by some patients more than others and usually diminishes greatly after the first day. A baby is likely to be fussy on the day of the procedure. Some babies are very sleepy and some cry a lot when they are awake. Some things you can do to offer comfort include skin to skin contact, swaddling, waking a warm bath with your baby, singing to your baby, and cuddling with your baby. **Infant Tylenol** is offered prior to the procedure. If after 4 hours of the first dose, you feel your baby needs an additional dose, you may give 1.25mL (6-11lbs and 0-3 months of age), 2.5mL (12-17 lbs and 4-11 months of age.) Tylenol dosages for older/heavier infants and children are 3.75mL (18-23 lbs) and 5mL (24-35lbs). **Please note that Infant Ibuprofen (Motrin or Advil) is NOT recommended for use under 6 months of age.** If your child is over 6 months of age, Tylenol and Motrin can be alternated every 3 hours at the dosage recommended on the bottle. You may apply a small amount of our tongue tie tincture (available for \$25), coconut oil, breast milk, breast or milk ice chips, or cold water you wish to your fingers prior to stretching. (**AVOID Orajel or Hyland's teething gel**). Pedialyte popsicles and frequent sips of cold water help with post op pain as well for older patients.

Bleeding/Drooling

Minor bleeding is expected during the procedure and during the exercises and stretches following the procedure. You may hold gauze pressure with wet gauze and/or a wet black tea bag to help stop bleeding when needed. Afrin nasal spray on a dry gauze with applied pressure can help control a more aggressive bleed. Contact our office if bleeding continues after holding pressure. It is not uncommon to swallow some blood, which may lead to spit up containing blood, darker stools, and/or nausea. You may also notice pink tinged saliva.

Stretches/Exercises

Your child now has mobility of his or her mouth and will need some help learning what to do with it. Also, we want to help the areas heal most effectively. The more your child moves their lip, the more they are stretching the surgical areas and strengthening the muscles.

To ensure optimal results, it is **IMPERATIVE** to complete stretches with your child **4-6 times per day for 4 weeks**. At your 4 week post op appointment, we will give guidance as to whether or not the stretches/exercise need to be continued based on your child's specific needs. Be sure to thoroughly wash your hands or wear gloves. Also be sure that your fingernails are short prior to the stretches. If both the lip and tongue were revised, we recommend you start with the lip each time you stretch since it is the easiest of the sites to stretch.

The wounds created are typically diamond shaped. This diamond has 3 dimensions (height, width, and depth). This is especially important for the tongue wound which is much deeper than the lip or cheek wounds. **Maintaining these 3 dimensions is the key to successful healing.**

UPPER LIP STRETCHES

Simply place your index fingers under the lip next to the diamond and put it out and up as high as it will go (until it bumps into resistance) then hold for 5 seconds. Then gently sweep on the wound to the left of it using the right hand for 1-2 seconds. Next gently sweep on the wound to the right of the wound using the left hand for 1-2 seconds. Windshield wiper strokes inside of the cheeks are also recommended when cheek muscles are tight and after buccal frenums are released. Lip and cheek puffs may also be done to stretch and strengthen the orofacial muscles.

TONGUE STRETCHES

1. **FORKLIFT:** Insert both fingers in the mouth folding back the tongue until you have a clear view of the diamond. Then use both index fingers to push the tongue back towards the airway, unfolding and lengthening the diamond. Hold for 5 seconds. Repeat 3 times. The key to success of this stretch is that your fingers are placed close enough to the diamond (fingers together) so that they do not separate and slip off of the tongue. If your fingers separate and go on either side of the diamond, your lifting pressure will be directed at the sides of the tongue and not at the diamond.
2. **C-STRETCH:** With one finger propping up the tongue, place your other finger in the middle of the diamond, turn your fingers sideways, and use a lifting/swiping motion up and down along the vertical length of the wound. Try to keep the diamond as deep as possible. Use a lifting motion when you sweep through the diamond to separate the horizontal fold across the diamond. Make sure your finger starts within the diamond when doing this stretch. This stretch should not be forceful or rough within the wound.
3. **CORKSCREWS:** Place your index fingers on wound side of the diamond (do not touch the diamond), and gently massage the floor of the mouth between the diamond and lower jaw. Then repeat on the opposite side of the tongue to massage the floor of the mouth. This relaxes the musculature of the floor of the mouth. It is safe to use more pressure with these stretches because the stretch is not directly on the wound.

If sutures were placed at the revision site, fingers stretches typically are not needed to prevent reattachment in the first week following the procedure unless you have been instructed to work to keep the “Eiffel Tower” incision open. Exercises that encourage elevation, lateralization, and extension of the tongue in conjunction with stretches will commence after the 1 week post op. Examples include: licking a popsicle or lollipop, clucking, and practicing /L/ sounds. Follow up with your child’s therapist is recommended within 3-10 days post revision. As well as post op appointments with AIPD at 1 and 3 weeks.

SUCKING EXERCISES may also be introduced at this time to help disorganized feeders or those with incorrect or weak sucking patters. We recommend you do these before or after stretches and/or before feeds.

- Rub lower gum line from side to side and watch for baby's tongue to follow your finger. This will help strengthen tongue lateralization.
- Tug of War: Let baby suck your finger and slowly try to pull it out of their mouth while they attempt to suck it back in; this strengthens your baby's suck.
- While letting your baby suck your finger, apply gently pressure to the palate while stroking forward (finger pad up). Turn the finger over slowly so that the finger pad is on the baby's tongue and push down on their tongue while gradually pulling the finger out of his mouth. This exercise is helpful before latching baby to the breast.

FEEDINGS

Feeding patterns may be different in the days following the procedure. Your baby has a new mouth to get used to. Occasionally they know just what to do with it but usually it takes time and practice. On the day of the procedure and sometimes the day after, your baby may not eat as much as usual and may even skip some feedings or have feeding that seem shorter or longer than usual. Focus on responding to your baby's cues and be flexible as things are changing. Always ensure baby is getting enough milk by counting wet and dirty diapers but do not worry. These temporary changes are expected. When breastfeeding it is important to ensure that you are using proper technique.

ADDITIONAL SUPPORT

It is expected to need more support in helping your child become as effective as he or she can post revision. This will be new to you both as you are learning the proper feeding techniques and addressing any problematic issues. In order to gather both information and support, we suggest that you request to join the **LOUISIANA TONGUE TIE SUPPORT GROUP** Facebook Page where our doctors are listed as preferred providers. We strongly recommend that you seek out further support beyond our care within 48-72 hours of the procedure and anytime it should be needed thereafter. At the time of your child's speech and feeding evaluation their therapist would have set goals that should be met to ensure that the best results are achieved.

RECOMMENDED RESOURCES

Lactation

Baton Rouge

-Bodyworks Therapy Specialists (225) 366-8016

Erin Collins MA, CF-SLP,CLC

Kirsten Pecquet MCD,CCC-SLP

-Baton Rouge General (225) 763-4127

-Magnolia Lactation (225) 230-9054 *call or text

Amanda Western BSN,RN,IBCLC *offers in home lactation consulting

-Ochsner O'Neal (225) 755-4448

-Woman's Hospital (225) 924-8239

Denise or Roxanne

-Baton Rouge Birth Services (225) 333-8410

Lauren Standridge *offers in home lactation consulting

New Orleans/Metairie

-Lakeside Lactation (504) 780-8282

Lafayette/Opelousas

-Opelousas General Hospital (337) 316-7354

Lauren David, IBCLC *offers in home lactation consulting

-Pediatric Therapy and Learning Center (337) 504-4244

Jeanne Pichoff, OT/CLC

Houma and Thibodaux

-TGMC (985) 232-5891

Pamela Folse or Candice Pitre

Occupational Therapy

Baton Rouge

-Woman's Hospital (225) 955-5070

Teresa Miller, OT

-NeuroTherapy Specialists (225) 272-0150

-Baton Rouge General Pediatric Rehabilitation Center (225) 381-6527

-Abilities (225) 292-4138

Prairieville

-Center for Pediatric Therapies (225) 744-1717

Stephanie Hoffman, MOT, LOTR

New Orleans

-Crane Rehab (504) 866-6990

Lafayette/Opelousas

-Pediatric Therapy and Learning Center (337) 504-4244

Jeanne Pichoff, OT/CLC

Houma/Thibodaux

-Sensory Solutions (985) 665-7575

Ashley Waguespack MS/LOTR *also offers in home lactation consulting

SPEECH AND FEEDING THERAPY

Baton Rouge

-Baton Rouge General (225) 381-6527

Megan Dewberry MA, CCC/SLP

Crista Stephens MS, CCC/SLP

Kara Coe MCD,CF-SLP

-BodyWorks Therapy Specialists (225) 366-8016

Erin Collins MA, CF-SLP,CLC

Kirsten Pecquet MCD,CCC-SLP

-LSU Feeding Clinic (225) 578-9054

Courtney Gonsulin MS, CCC/SLP

Melissa Lalonde MA, CCC/SLP

Margaret Reed MA (225)292-4138

-Center for Pediatric Therapies (225) 744-1717

-Comprehensive Speech Therapy (225) 248-0477

Megan Stout M.ED/CCC/SLP

-Dynamic Therapy Specialists (225) 767-5032

Prairieville

-Thrive Therapies (225) 283-4860

Danelle Augustine

Denham Springs

-Launch (225) 380-1894

New Orleans

-Crane Rehab (504) 866-6990

Anna Weller MS, CCC/SLP

Rebecca Kleinpeter MS, CCC/SLP

-Ochsner (504) 842-4022

Camille Steiden SLP

Slidell

-Grow Therapy Services (985) 243-0660

Kelsey Brasseaux

Hammond

-North Oaks Hospital (985) 230-6160

Covington

-Live Oak Children's Center (985) 230-6160

Laura Fuller MA, CCC/SLP

St. Tammany

-Dea Frederick M.S. (985) 373-5448

Lafayette/Opelousas

-Moureaux Physical Therapy (337) 942-2218

Christie Rowzee SLP

Lake Charles

-Hope Therapy (337) 478-5880

Sonya Brooks MA, CCC/SLP

-Magnolia Pediatric Therapy (337) 419-0086

Kacie Peterson MA, CCC/SLP

Megan Musso SLP

Houma/Thibodaux

Holly Grabert MA, CCC/SLP (225) 229-4047 *also offers in home therapy

BODYWORKERS

-Bodyworks Therapy Specialists (225) 366-8016

Ashley Larson PT, C/NDT *specializes in orofacial myology

-Core Chiropractic Clinic (225) 313-064 Dr. Josh Blanchard

-Elite Chiropractic (225) 324-4308

Candace Bozeman DC

-Optimized Living Institute (225) 339-9911

Rebekah Bruner DC

-Craniosacral Therapy Myra Buller, CST (504) 495-6855

MASSAGE THERAPY

Therapy Center of Round Rock (225) 218-6859 Jessica Moench LMT,CPMT