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Labial and Lingual Frenectomy

What is a Lip tie?

The piece of tissue behind your lip that connects it to the gum tissue is called the frenulum. When these membranes are too thick or too stiff, they can keep the lips from moving freely. This condition is called a lip tie. You can find this frenulum by pulling your child's lip gently away from their gums. The connective tissue makes a "v" shape where it connects from the inside of the lip to the gum tissue right above, in front of, and/or between where the 2 front teeth are or will erupt. This tissue often blanches white and can be uncomfortable to the patient when tension is put on it. A lip tie can cause infant feeding issues, speech issues, a gap between the front teeth, recession of gum tissue, discomfort with and difficulty brushing, and demineralized/decayed/loss of tooth structure due to trapped food, drinks, plaque and bacteria.

What is a Tongue tie?

The band of tissue under the tongue connecting it to the floor of the mouth is known as the lingual frenulum. Typically, the frenulum separates before birth, allowing the tongue to have full range of motion. Everyone has a frenulum, but in some people, it is especially tight or fails to recede and may cause tongue mobility problems. Tongue muscles are important for all oral functions. For this reason, having a tongue tie can lead to nursing, feeding, dental, orthodontic, sleep, breathing, and speech problems, as well as headaches and neck pain.

Procedure:

The procedure itself is relatively quick for each frenulum. The laser procedure is the preferred method of our doctors due to a more efficient revision as well as a lower probability of bleeding and healing back together too fast (reattachment).

For most children under the age of one, a swaddle wrap is used without sedation, and they are placed in our dental chair while being stabilized by an adult to minimize movement during the procedure. Eye protection is utilized. It is normal for the child to cry during the procedure because they are being swaddled and something is in their mouth other than food. Once the laser procedure is completed, the child is returned to the family to feed and review exercises/stretchers.

In order to most appropriately manage both behavior and anxiety in a toddler through adolescent age range child, our doctors may suggest the use of conscious sedation or general anesthesia, which may require anesthesia personnel to be utilized. These methods of choice for behavior management allow for accuracy of the procedure and safety of your child by minimizing movement during the use of laser.

Topical numbing gel and/or local anesthesia may be used in conjunction with the laser procedure to manage discomfort where appropriate. Occasionally, sutures (stitches) may be placed to potentiate healing and prevent reattachment.

Team Approach:

Most cases are done in collaboration with a lactation consultant and/or therapist who performs a functional assessment prior to the procedure as well as provides pre-op/post-op therapy, wound management, and a home exercise program for best results. Each child's surgical and therapeutic care plans are tailored to their individual needs.