

Guidance during the healing period after frenulotomy (tongue-tie release)



Please stay in touch with us as much as you need during your feeding journey.

The following tips may help over the coming 24 hours

Fussy when latching: For babies under 8 weeks, offering a clean upturned finger to suck before offering the breast or bottle, can sometimes seem to help infants experiencing difficulty latching post procedure .

Feed a small amount: using a teaspoon or syringe to give baby small amounts of milk, will often soothe a young baby enough to reconsider feeding.

For older babies: consider giving paracetamol as per the box directions if you feel baby is experiencing discomfort. For babies under 8 weeks, please contact your GP or 111 for guidance.

Please contact us if you have any questions. Our opening hours are Monday to Saturday 0830-1800. If you have an urgent query outside of these hours, please contact us and we will endeavour to reply. Where possible please text rather than leaving a voicemail.

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Simon Prideaux, Heavens Gate, 07501 221701 Charlotte Young, Infant Feeding Solutions (Milk Matters): 07411 276302

Frenulotomy is performed by S Prideaux, CQC Registered & insured tongue tie practitioner

Within a day or so, a diamond-shape soft scab will be visible in your baby's mouth. The area may then turn white or yellow, lasting 1-14 days. If baby has jaundice it is common for the wound to appear bright yellow and is not cause for concern. Please ensure feeding equipment & pacifiers are sterile and hands are washed before feeding or handling baby. Feed baby at least every 3 hours (day and night) for the first 48 hours to keep the tongue mobile.

You can undertake activities such as swimming as normal 24 hours post-procedure.

Whilst we do not anticipate any further bleeding once you return home, there are reported cases of secondary bleeding. Usually this is very light, mixed with saliva and is triggered by strenuous crying (resulting in the tongue lifting and disturbing the wound) or when the wound is disturbed during feeding, particularly if the wound is knocked by a bottle teat or tip of a nipple shield. Rarely heavier or prolonged bleeding may occur.

Bleeding guidance for parents:

Please Note: It can be normal for some babies to experience small amounts of pink saliva in the hours and first day or two following the procedure.

- If you notice any blood in your baby's mouth, this is typically a small amount and offering the breast or bottle will usually stop any bleeding within a few minutes, just as it did immediately after the procedure. Sucking a sterilised pacifier or your clean finger can have the same effect.
- If the bleeding doesn't reduce and stop with feeding, or is a large amount of frank blood - apply pressure to the wound under the tongue with one finger using a clean muslin, for **5 timed continuous minutes. Do not apply pressure under the baby's chin as this can affect breathing.**
- Your finger is bigger than the wound site and so this should always stem bleeding. If not check you are covering the wound site by using two fingers. Once bleeding is stemmed, don't lift the pressure until the 5 minutes is complete (doing so can make the wound bleed again).
- If the bleeding continues after this time, repeat the above for 10 times minutes.
- If after 10 minutes the wound bleeds again when you lift the muslin, reapply pressure to the wound to stem bleeding as above and take your baby to hospital (call an ambulance if you live more than a very short distance from the Accident and Emergency Department). Please take this and the following page of this document with you if possible.
- If you cannot stem bleeding with pressure, there is profuse or heavy bleeding or your baby shows any other concerning signs, as above seek medical assistance immediately.
- Please notify us of any significant secondary bleeding events

Bleeding guidance for healthcare professionals:

- Put some gauze on the raw diamond under the tongue and hold in place firmly with one finger. Press for at least 5 timed minutes. When applying pressure ensure that the airway is maintained. Keep baby warm and calm. If the gauze becomes soaked while you are pressing, you are not pressing in the right place. Replace the gauze and check you are pressing under the tongue on the raw diamond, but now press with two fingers, side by side, to ensure you are pressing on the outer edges as well as the centre. Sit down again and wait for at least 5 timed minutes.
- Do not continually remove the gauze to see if the bleeding has stopped – wait for at least 5 minutes. This should control 99.7% of bleeding. (1:300 chance of continued bleeding)
- If there is still ooze, use Kaltostat or Sorbsan and press with one or two fingers for a further timed 5 minutes.
- In a controlled, hospital environment, with suitable monitoring, put a few drops of 1:100,000 adrenaline on a gauze swab and press for 5 minutes, as before. (or lignocaine 1% with 1:100,000 adrenaline). There is no correct dose, but this seems to be a safe compromise between a stronger concentration of adrenaline and the theoretical side-effects of systemic absorption.
- If all this fails (Estimated risk 1: 100,000) Silver Nitrate, electrocautery and suturing are options at this point. This group of babies have had a long period of sublingual pressure followed by some form of surgery, resulting in oedema and some oral aversion, so they need to be kept under very close supervision as an inpatient for several days until feeding normally. A prompt naso-gastric tube for initial stress-free feeds is very useful and avoids an unnecessary IV line.

Mervyn Griffiths, Consultant Paediatric Surgeon, Southampton, references available on request.

Please notify us where possible of any significant feeding events:

Simon Prideaux: simon@heavens-gate.org.uk / 07501 221701

Aftercare:
Gentle/fun games to help develop tone and mobility:

❖ **Tease baby's mouth with your nipple or the bottle teat before latching to encourage rooting behaviours which include protruding and stretching the tongue**

❖ **Pulling Tongues - to encourage protrusion (bringing the tongue forward and out):**

Poke your tongue out at baby to encourage them to copy. Blowing raspberries can also be funny for slightly older babies or building them into a song.

❖ **Gum Tickle - to encourage lateralisation (side-to-side movement):**

Rub your finger along the gum line to encourage your baby to follow with his/her tongue. Move from side to side to slowly. If baby doesn't like or tolerate this, touching the front middle, then the side at the back (where back teeth will be, along with a silly noise is sometimes better received).

❖ **Tug of War - to encourage baby bringing the tongue down and forward:**

Place a clean finger, pad side up into baby's mouth, once he/she starts sucking on the finger, turn the finger slowly around and gently press down on baby's tongue as you slowly withdraw the finger. This will encourage the baby to follow your finger out with his tongue. Babies older than 8 weeks may not suck a finger.

There is currently no research exploring aftercare and what confers the best outcome following frenulotomy. When we want wounds to knit together, the edges need to sit together. Following a tongue tie release, the wound needs to heal with the top and bottom edges apart.

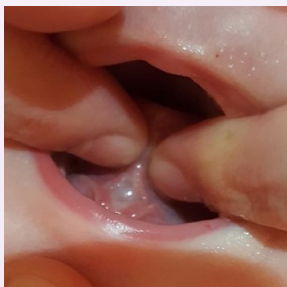


When the tongue is down, the diamond shape wound created is folded in half. When the tongue elevates the diamond is opened.

Some babies lift their tongue as expected post treatment, like the baby on the right. In our experience this significantly reduces risks of reattachment as baby is doing their own "lift" to unfold the diamond.



If baby doesn't elevate their tongue like the image, lifting your baby's tongue for them may help to ease any discomfort associated with the area tightening and in our experience also reduces the risk of reattachment. Please see the reverse for guidance.



The diamond shape is retained during healing, as we can see on the following photographs taken 5 & 14 days post procedure:

Timing:

Recommendation to do one stretch on the evening of surgery and then continue the following morning. This is the only time you should skip the overnight stretch.

Frequency:

4 times per day for the first 3 weeks, then spending the 4th week quickly tapering down ie 3 per day, then 2 and so on until the end of the 4th week.. Care to not go more than 6 hours between lifts should be taken. Nappy changes are a good time to do the exercises.

The exercises demonstrated below are best done with the baby placed in your lap (or lying on a bed) with the feet going away from you. These stretches are NOT meant to be forceful or prolonged. It's best to be quick and precise with your movements.

Please note - the wound below is particularly large, to give good visibility of the wound site. The majority of "diamonds" will be smaller than those shown.

Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue.

Once you are under, try to pick the tongue up as high as it will go (towards the roof of baby's mouth). Hold it there for 1 seconds and then relax. The goal is to completely unfold the diamond so that it's almost flat in orientation.

The key to the success of this stretch is that your fingers are placed deep enough prior to lifting the tongue up.

Picture how a forklift works: If you don't get the forklift tynes completely under the pallet, lifting the pallet up will cause it to tip backwards. If **you get the** tynes completely under the pallet, you can lift the pallet straight up.

I recommend pushing your index fingers together to prevent them from separating, then push at the top of the diamond into the tongue (in the direction of the tonsils). 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 itself.

If you are struggling and would like to see a video, please [click here](#).

