

Lip and Tongue Frenectomy Informed Consent

LIP TIE

A tight upper lip frenum attachment may compromise full lip flanging and appear as a tight, tense upper lip during nursing. This can result in a shallow latch during breastfeeding. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle-feeding. If the frenum attaches close to the ridge or into the palate a future diastema (gap between the teeth) can also occur.

TONGUE TIE

A tight lower tongue frenum attachment may restrict the mobility of the tongue and appear as a cupping or heart shaped tongue when the tongue is elevated. This can result in an inability to get the tongue under the nipple to create a suction to draw out milk. Long term a tongue tie can result in speech problems and/or issues later with transferring food around the mouth for chewing.

SYMPTOMS

Some babies can have ties and not be symptomatic. To know if the ties are a problem we ask two major questions: “Is the baby getting enough to eat?” and “Is nursing comfortable for the mother?” Symptoms can be as follows:

- Poor latch
- Slides off nipple or falls asleep while attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Continuous feedings
- Gumming or chewing of the nipple
- Unable to take a pacifier or bottle
- Creased, cracked, bruised or blistered nipples
- Bleeding nipples
- Incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis (inflammation of the breast)
- Nipple thrush

PROCEDURE

Addressing frenums is simple in children less than 9 months old. Older children can require the use of general anesthesia or conscious sedation that would be referred to the oral surgeon or require an anesthesiologist to be brought in. The procedure itself takes less than a minute each frenum. A laser is used that cuts and seals the tissues resulting in very little or no bleeding. The laser procedure takes slightly longer than a clipping

procedure but is the preferred method of Clear Fork Healthy Dental Care due to the minimal bleeding and lower probability of healing back together. We start by using a specially compounded topical anesthetic on the upper lip frenum but not the tongue since there is minimal nerve development in that area and we want the baby to be able to nurse immediately after the procedure. After the topical is placed, the baby is swaddled and placed in our dental chair while being stabilized by an adult to minimize movement during the procedure. Then the laser procedure is completed and aloe vera gel placed on the site. The baby and mom are left in the room to nurse. Babies will cry during the procedure, not because they are in pain, but because they are being wrapped up and something is in their mouth that is not food.

ALTERNATIVE TREATMENTS

The alternative to laser treatment includes scalpel surgery using local anesthesia and/or sedation. The other alternative is to do no treatment. No treatment could result in some or all of the conditions listed under “Symptoms” above. Advantages (benefits) of laser vs. scalpel or scissors include lower probability of re-healing, less bleeding, no sutures (stitches) or having to remove sutures. Disadvantages (risks) are included in the “Risks of Procedure” below.

POST OP INSTRUCTIONS

Following the procedure the baby may be fussy and may not nurse much at first. Breastfeeding will have to be retrained so may be difficult at first. **Some swelling** and/or a fever may occur during the first 24 hours but then should go down. Children’s Tylenol can be administered to help with this. Some **aloe vera gel** will be dispensed, and should be placed on the wound area **2-4 times** a day. Keeping the lip and tongue mobile is important during the healing time. When nursing make sure to flange the upper lip up and over the breast to stretch the area and lift the tongue with a tongue blade or your fingers to keep the tongue mobile. Doing this at least two times a day is sufficient. A way to help retrain the nursing can be to use a bottle nipple, which is more rigid than the breast. Pushing the bottle deeper in the baby’s mouth and flanging the lips over will force the tongue forward and create a proper sucking habit. A white patch around the lasered area is normal and this is the clotting material in the mouth. **Keep the area stretched and mobile until all the white is replaced by pink tissue.**

RISKS OF PROCEDURE

While the majority of patients have an uneventful surgery/procedure and recovery, a few cases may be associated with complications. There are some risks/complications, which can include:

- Bleeding. This may occur either at the time of the procedure or in the first 2 weeks after.
- Infection.
- Pain.

- Damage to sublingual gland, which sits below the tongue. This may require further surgery.
- Injury to the teeth, lip, gums, or tongue.
- Burns from the equipment.
- The frenum can heal back and require further surgery.
- Swelling and inflammation, especially of upper lip.
- Scarring is rare but possible.
- Eye damage if baby or parent looks directly into the laser beam. Complete eye protection is available for all.

PARENT CONSENT

I acknowledge that the doctor has explained my child’s condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to my child and the likely outcomes. I was able to ask questions and raise concerns with the doctor about my child’s condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that photographs or video footage may be taken during my child’s procedure and these may be used for teaching health professionals. (Your child will not be identified in any photo or video). I understand that **no guarantee** has been made that the procedure will improve the condition and that the procedure may make my child’s condition worse. I understand and **agree to stretch and massage the areas**, retraining the proper latch, and referring to a lactation consultant, chiropractor, or Cranial Sacral Therapist to help with post op soreness. I understand **that other factors** affecting milk supply could be interfering medicines, stress, smoking, pituitary dysfunction, pain, irregular feeding routines, or impaired let down. On the basis of the above statements, I REQUEST THAT MY CHILD HAS THE PROCEDURE.

Name of Patient: _____ Date: _____

Signature of Parent/Substitute decision maker: _____

Witness: _____ Doctor: _____