

# **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

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**PROCEDURE**

The procedure itself takes less than a minute for each frenum. A laser is used that cuts and seals the tissues resulting in very little to no bleeding. The laser procedure takes slightly longer than a clipping.

Potential Risks:

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 and required for all.**

**PARENTAL 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, including but not limited to: medicines, stress, smoking, pituitary dysfunction, pain, irregular feeding routines, 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: \_\_\_\_\_

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## Frenectomy Post-Operative Instructions

1. It is **normal for swelling** to occur in the lasered areas. This will usually resolve after about a day and a half.
2. The baby **can be fussy** the afternoon and evening following the procedure and may not nurse as much. This is **normal and will subside**.
3. Apply the **aloe** 2-3 times a day until all gone. It is okay if you forget to apply.
4. If the lip is bumped the area **may bleed** again. Just apply pressure to the area to stop the bleeding.
5. **Stretching Information: Very Important, can determine the success of Surgery**
  - a. Place the baby's head in your lap to aid in proper direction and force.
  - b. The stretching process should not take more than **15-20 seconds**.
  - c. If your fingers do not fit well in the baby's mouth for the stretches then you can use the **plastic tongue depressor**.
  - d. **For the lip:** lift the lip up to full extension with mild to moderate force.
  - e. **For the tongue:** lift the tongue up from the sides to the full extension with mild to moderate force.
6. When nursing, get as much of the nipple/areola/breast in the baby's mouth as possible. This will help the baby use suction by creating a vacuum rather than pinching.
7. Compress the breast a little when the baby gets the latch right. This will help the milk flow and lets the baby know that this is a better and easier way to nurse.
8. When nursing hold the baby at a 45-degree angle and watch below the chin. You can confirm the suckling and swallowing. The lower lip should be next to the breast, and the nose is free to breath. YouTube is a good source for visual examples of a proper latch.
9. **Review** this video for stretching examples:  
Google Dr. Kotlow stretching video  
Please review this blog for more information and videos:  
<http://drghaheri.squarespace.com/aftercare>.

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