

Information to help you and your baby achieve the best outcome from Frenulotomy



I have written this advice & information document and hope that you will find it useful and informative to enable the best possible outcome for you and your baby after the procedure to release their Tongue- tie.

Please remember I can be contacted any day of the week, 9am to 7pm if you have any concerns

The Procedure

The procedure that your baby has had is called Frenulotomy. A small piece of tissue under your baby's tongue has been divided to enable the best tongue movement and function, to help you and your baby to breastfeed more effectively. Immediately following the surgery there will be a dark red diamond shaped patch visible under the tongue where the Tongue -tie used to be. I will have shown you this after baby's surgery.

Pain

It can be entirely normal for some babies to be unsettled for 1-7 days after the procedure. Your baby may display some 'wound /gag guarding' behaviour, in that they may be reluctant to move their tongue to feed. Approximately 20-30mls of expressed milk prior to a breastfeed may help, as it contains sugars an effective pain reliever for babies.

If you feel that your baby needs some pain relief and is aged 2-6 months old, you may give Paracetamol suspension (120mg/5ml). Give 2.5ml (60mg) every 4-6 hours when required, do not give more than 4 doses in 24 hours do not exceed giving this medication for longer than 48 hours. The application of an age appropriate teething gel /solution/granules before or after feeds may also assist with relieving any discomfort from the wound that baby may be experiencing in the first few days after the procedure. If your baby is younger than 2 months, I will have advised you on the dosage of Paracetamol specific to your baby's weight.

It is important to check with a pharmacist that your chosen over the counter medication is appropriate for your baby's age.

Wound and scar management

Any wound/scar massage is best undertaken as demonstrated in clinic, by laying your baby on a firm surface, for example on a changing table. Gently hold baby's head by resting it in the palm of one hand, placing your thumb on one ear and your smallest finger on the other ear. With your free hand massage the wound with your index finger. It is important to attempt to close the circle made by your index finger and thumb whilst in baby's mouth.

Following the procedure to release the tongue tie, for some mothers and their babies there will be an immediate improvement in feeding, for others there may be a transient deterioration in feeding, due usually to wound guarding or baby learning to adjust to new tongue mobilities. For some it will take longer, sometimes a week or more for feeding to improve as the baby acquires new skills to breastfeed. Whilst baby has been Tongue tied, they will have acquired a neural pathway and tongue muscle memory an acquired adaptation for feeding with Tongue -tie. All the above is entirely normal and expected.

If you have elected not to have post-surgical follow up appointments with me, it will be important that you seek help from a Lactation Consultant or other Breastfeeding Specialist within 5-7 days to assist you and your baby. Also, for them to revise any feeding plan that they may have written for you previously and to review the new plan that I have written for you. Frenulotomy should not be viewed

as an instant cure, for breastfeeding difficulties but as a window of opportunity to maximise the effectiveness of good breast-feeding technique and a plan.

I feel it is also equally important that either myself or the Breastfeeding Specialist can examine the procedure site/wound within 5-7 days. If they are competent to do so, they can apply pressure with a gloved finger to release any wound adhesion of the Frenulotomy site that may have occurred. I will also perform this with your consent if it is required. If it has been necessary to do this there may be a small bleed which will usually quickly stop if baby is offered a breastfeed.

You may notice for 1-7 days after the procedure that there is a little bleeding from the wound especially post wound massage which may stain baby's saliva a pinkish colour. This is normal and can be stopped by offering baby a breastfeed. In the event of more noticeable bleeding which has not stopped after a breastfeed, apply firm pressure with your finger on the wound for 5-10 minutes. If the bleeding does not stop, please call me on 07949176776 or take baby to your local A&E department.

There may also be some black or grey flecks in baby's stools/nappy for a day or so, again this is normal and is a result of baby swallowing a little blood from the procedure site.

You will also notice under baby's tongue a small diamond shaped patch which may become white or yellow as it heals. This is normal healing of tissue in the mouth and does not indicate an infection. In the event of baby developing swelling under the chin or a fever please call me or seek medical advice. There is a tendency for the horizontal axis of the diamond to adhere together, reducing the size of the diamond shaped wound which can result in a recurrence of tongue tie, with a risk of less than 2% in my practice. The following advice is given to try and reduce the risk of this happening:

It is especially important in the 7 days following the procedure that your baby is breast fed 2-3 hourly during each 24 hours. You may need to set an alarm to wake your baby to ensure that they feed.

This will exercise the tongue at regular intervals while healing is occurring. If you top up feeds with a bottle, syringe or finger feeding, this should only be done after at least 10-15 mins of breastfeeding, as bottle feeds alone will not achieve the same result.

Additional wound and scar management

Studies demonstrate that post-frenulotomy wound massage/stretching is effective in reducing recurrent Tongue-tie, in addition it is advised by many Frenulotomy practitioners world-wide. Please see links on the last page. The following wound care advised in my practise is also optional.

Day 1

- During consultation, and before your baby's tongue tie has been divided you will have been invited to feel where the Tongue-tie is, this is important as you will be able to feel when the wound is adhering/recurring, or any scar is tightening post-surgery.
- On the same evening of the day of your baby's procedure, but before the second feed after your return home sweep softly and deeply under the tongue from left to right/ right to left. You will be able to feel that the area is now flat and free from restriction the aim is to keep this area flat for the following 6 weeks and beyond. The following wound care will assist in keeping this area flat and free from wound adhesion, scarring and recurrence of Tongue-tie. If your baby is old enough for the use of teething gel apply this 2 minutes before attempting wound massage.

Day 1 cont.

- Begin to immediately practice the deep latch techniques that I have shared with you, it is important that if your baby has been a 'nipple feeder' whilst Tongue -tied that they are helped to become a competent breast feeder. They may over the next few days resist a deep latch as the wound may be painful causing baby to 'guard' it and not mobilise the tongue fully temporarily, causing frequent feeding, and feeling like a deterioration in feeding, this too is normal.

Day 2-7

I will have demonstrated to you immediately before your baby's procedure how to perform the wound care, it is important that both parents undertake this, as you can help each other.

- On the day after the procedure, undertake firm massage twice a day of the wound seen under the tongue as a red, yellow, or white diamond shaped patch. If age appropriate teething gel/solution to the wound and wait 2 minutes before commencing wound/scar massage. Each wound massage episode commences with soft side to side under tongue sweeps as above.
- This additional massage can assist the wound to heal without adhesion, particularly if the wound appears to be tightening. The massage should be done with a clean fingertip in a firm motion, attempting to push the four edges of the wound apart, for 5-6 seconds twice a day before feeds. Always as above finish with a soft side to side sweep, to check if the area is remaining flat and supple.
- Massage the wound daily until the yellow/white patch heals and becomes pink again this is the scar forming and can take approximately 7-10 days. The scar will form on all four sides of the diamond shaped wound, slowly and covering the wound.
- Massage before a feed as it will help to settle your baby if they find this uncomfortable or if there is some bleeding.
- Some parents may find that offering part of a breastfeed before undertaking the wound care also helps in reducing discomfort, finish with the remainder of the feed.
- It will be entirely normal for your baby to cry loudly during the wound care especially in the first 7 days post-surgery, the wound may also bleed, this too is normal. Any wound care may also be performed in a playful manner, a helpful demonstration of how this may be achieved is available on the websites detailed on the last page of this document.

Day 7-42+

- When the yellow/white patch has disappeared, and the area become pink again, usually at day 7-10 massage the scar tissue as demonstrated by me at your follow up appointment in a firm up and down, vertical smoothing, stretching and softening motion to help any scar tissue to remain soft and supple. An up and down sweep counts as 1 sweep perform 6 of these manoeuvres twice daily. Continue to finish with a soft side to side sweep to check that the area is not tightening. You will need to continue this form of massage for at least another 42 days.
- If the frenulotomy wound /scar is progressing well baby can now be fed responsively, your breastfeeding specialist or I can advise on whether continued supplementation is required and how this should be administered i.e. by finger feeding or paced bottle feeding.

Thrush

If you or your baby have symptoms consistent with a fungal infection called Thrush, I will have given you a letter for your GP so that you can obtain a prescription for the necessary medication, or for some medications that can be purchased over the counter.

What are the signs of thrush?

Thrush is caused by a fungal infection on the baby's tongue or inside of the mouth, where it looks like a thick white coating, flecks or spots or an all over filminess. These white patches cannot be wiped off. Thrush can also infect the skin on your baby's bottom, where it appears as raised spots that can quickly breakdown into raw and bleeding skin. In some babies there may be no symptoms in the mouth but they if have a rash on their bottom, both the mouth and bottom may need to be treated. Other supporting signs of oral Thrush infection in babies include windiness, explosive stools, baby pulling away from the breast, cradle cap and a creamy build up in the folds of the groin or under baby's arms. In addition, it can also infect the skin on your nipple and areola making them appear paler or pinker than usual. This will make them very sensitive and painful; the pain is often described as being needle- like and can continue after a feed has finished.

What is the treatment?

Thrush in Baby's mouth: For baby's Thrush in the mouth you may be given Miconazole 2% oral gel. The table below sets out how much your baby should be given:

Age of baby	Amount of Miconazole (Daktarin) gel each dose	How many times a day?
0 - 4 weeks	1 ml	Once a day. Continue treatment for 2 days after thrush has gone.
4 weeks - 2 years	1.25 mls	4 times a day. Continue treatment for 2 days after thrush has gone.

It is important when giving your baby the gel that you measure the dose out on a clean spoon and using your finger or a cotton bud to **make the gel more like a liquid**. Apply this to all the internal surfaces of baby's mouth, including the tongue. When you collect the gel from the pharmacy the accompanying PIL (Patient Information Leaflet) will advise that the medicine should not be used for babies aged less than 4 months, this advice relates only to the possible choking hazard the gel may present if not rendered more into a liquid as above. Continue the use of the above medicines for 2 days after all symptoms of Thrush have resolved in both mother and baby.

For babies that are pre-term delivery or have prolonged jaundice we may suggest that your GP prescribes Nystatin oral suspension, 1ml 1-4 times a day according to baby's age. For nappy rash or fungal infection under the arms/chin caused by Thrush you may have been given Miconazole Nitrate 2% cream (Daktarin) or Clotrimazole 1% cream (Canestan) which for any age baby needs to be applied twice a day. You will need to continue all treatments for a further 2 days after the symptoms in the mouth and on the bottom have gone.

Nipple Thrush

In the case of nipple Thrush, you will need to take the letter given to you to your GP in order that they can write a prescription for you for either Miconazole Nitrate 2% cream (Daktarin) or Clotrimazole 1% cream (Canesten). You should apply the cream to your nipples/areolae twice day after feeds continuing treatment for 7 days after the symptoms have gone. The cream should be applied in a thin film and then massaged into the nipples and areolae until you can no longer see it. There is no need to wash the cream off before breastfeeding your baby. Avoid using baby/water wipes on the breasts as it is my view these can amend the PH of the skin facilitating fungal/bacterial infection. It is very important that all areas of the infection are treated simultaneously. If your baby has no signs of Thrush in its mouth or on its bottom, but you have nipple thrush or ductal candidiasis, its mouth will still need to be treated with Miconazole oral gel or Nystatin suspension as prevention from getting Thrush. Continue this until you have finished your treatment.

For mothers who have symptoms of ductal candidiasis (thrush inside the breast), or poor resolution of symptoms with topical creams you will have been given a letter and information sheet to take to your GP suggesting treatment with Fluconazole.

Usually once Thrush treatment begins the pain and other symptoms will begin to improve within 2-3 days. It may take longer for full recovery. If there is no improvement at all after 7 days call Katherine or your Breastfeeding Specialist or GP as there may be a different cause of the pain. Please note that cream preparations do not work in the mouth, and oral gels are not formulated for use on the skin.

Low milk supply

For mothers with breast milk insufficiency I may have given you a letter and supporting information sheet to take to your GP suggesting treatment with Domperidone. This is an agent which increases the milk hormone prolactin and can help start or increase a milk supply. It will need to be prescribed at you GP's discretion.

Further resources and information about Frenulotomy aftercare

Lawrence Kotlow

- <http://www.kiddsteeth.com/articles.php>
- <https://www.youtube.com/watch?v=62pZwOLqYv8>

Dr Bobby Ghaheri

- <http://drghaheri.squarespace.com/aftercare>

Melissa Cole

- <https://www.youtube.com/watch?v=-llmAhDoKno>

Katherine Fisher

- <https://www.youtube.com/watch?v=4X-yfci49uI&t=>
- <https://www.youtube.com/watch?v=p2QkqVNTmjI>

Rajeev Agarwal

- https://www.youtube.com/watch?v=R_qnkhlw184