

Post Tongue-Tie Release

Aftercare Information for Parents

Dear Parents,

As yet, there is no nationally agreed protocol for 'post-procedure wound care'. If you have spoken to friends or relatives who have had a baby treated for tongue-tie, or read about it on the internet, you may have heard talk of 'post-procedure exercises' or 'stretches'.

The purpose of these post-procedure 'exercises' is to help reduce the recurrence of tongue restriction due to 're-attachment', or 'scar tissue'. According to the Association of Tongue-tie Practitioners, approximately 4% of babies will heal so well that scar tissue will form and this can have the same detrimental effect on feeding as the tongue-tie and therefore may require further management.

One London hospital clinic recommends something called 'disruptive wound management', which means breaking/rubbing the wound site whilst it heals. You may also have read about similar techniques originating from the United States, however, this aggressive approach to wound management has not been evidenced as effective and is therefore not in line with NICE guidance (National, Institute of Clinical Excellence).

The information provided has been gathered from regular queries received and you will find this guide a really useful resource to address any concerns you may have. If you feel you need to discuss anything further then please do not hesitate to contact me!

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Post Procedure - What to Expect

Once the baby's tongue-tie has been released (frenulotomy), there may be a diamond-shaped wound under the tongue. You will probably only notice this if the baby is lifting its tongue whilst crying.

Day 1

The wound will look pink and healthy, like the floor of the mouth.



Day 2 onwards

The wound will usually look white, or even yellow if your baby is a little jaundiced (this is not a sign of infection). If the baby is very jaundice the wound area may even look bright yellow or orange!



Day 2-5

The wound may continue to be quite visible like an ulcer in the mouth and white/yellow in colour.

Picture by Dr B. Ghaheri



Day 5-14

The area will continue to heal and slowly shrink. The wound is usually healed by day 14 but occasionally can take a little longer to disappear completely.

Picture by Suzanne Barbour



Post Procedure Aftercare

Whilst the wound is still healing; frequent, regular feeding every 2-3 hours is recommended around the clock.

For older babies, this may mean gently rousing the baby through the night to ensure that they feed regularly (this is also important to support a full milk supply).

I recommend you start a few tongue exercises the day after the tongue-tie division/release, which will assist the wound to heal without adhesion (sticking together) and continue until the site is completely healed at around 10-14 days.

Improving Mobility and Tongue Function

Most U.K. practitioners, myself included, advocate a more conservative approach during the healing phase with some simple 'tongue exercises'. The aim of this is to increase tongue mobility and improve function, with the primary aim of improving feeding.

Based on what we know about the healing process and in particular the mouth, following the frenulum release we need the tongue to remain as mobile as possible.

How to Perform Tongue Exercises with your Baby

You can watch a video of me demonstrating how to perform some tongue exercises post-procedure via the resources page on my website.

- 1 Start the day **after** the procedure
- 2 As shown in the video, start by rubbing a clean finger around the baby's gums. There is no need to wear gloves, but you need to have freshly washed hands and short fingernails.
- 3 Gently sweep your finger under the tongue back and forth 3 or 4 times. This helps prevent the wound edges from sticking together. It's a good idea to do this each day until the yellow/white patch disappears, it can take approximately 10-14 days to disappear completely.
- 4 Allow your baby to suckle on your finger (with the pad of your fingertip facing up into their palate) and gently play 'tug of war' with the baby's tongue. This helps to strengthen the grip and cupping reflex.
- 5 Hold your baby only about 30cm away from your face (this is how far the baby's eyes can focus) and stick your tongue out at them, so that your baby can copy.
- 6 Make the exercises stress free and fun. Smile at your baby. Singing a song, or making funny sounds whilst you 'play' to keep them amused.

You want to get the most from your baby undergoing this procedure, but remember every baby is different and each baby will respond differently. Give them time to adjust how they feed.

How the wound site heals does not reflect on how the frenotomy was performed. If you notice a marked deterioration in feeding 2-3 weeks after the frenotomy please get in touch and I will review your baby free of charge at my clinic. Home visits and appointments for further feeding support will be charged.

Signs of Infection - What to Look Out For

High temperature in a baby (temperature over 37.5), is a sign that something is wrong and could be a sign of infection. Also, if the wound site looked very red or swollen. If you have any concerns about the wound please contact me immediately by phone **07754 020143** and send me a picture.

If I am concerned I will recommend you see your GP, although it is unlikely that your baby will need antibiotics.