



Gentle Family Dentistry

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Parent's /Guardian Name(s) _____ Phone _____

Patient's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Which pharmacy do you use (phone # and Address): _____

Lactation Consultant: _____

Medication Allergies: _____

Current Medications (including over the counter, herbal, vitamins): _____

PAST MEDICAL HISTORY

Birth Weight (lb/oz): _____

Present Weight: _____

Received Vitamin K injections at birth? yes no

Was your infant premature? yes no

Does your infant have any heart disease? yes no

Has your infant had any surgery? yes no

Has your infant had prior surgery to correct the tongue or lip tie? yes no

BABY'S SYMPTOMS

- Poor Latch
- Falls asleep while attempting to nurse
- Slides off the nipple when attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Gumming or chewing of your nipple when nursing
- Unable to hold a pacifier in his or her mouth
- Short sleep episodes requiring feeding every 2-3 hours

MOTHER'S SYMPTOMS

- Creased, flattened or blanched nipples after nursing
- Cracked, bruised or blistered nipples
- Bleeding nipples
- Severe pain when your infant attempts to latch
- Poor or incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis or nipple thrush

Family History of Tongue Tie Lip Tie

Has your baby had any of the following?

- Weight loss/gain
- Nasal obstruction
- Swallowing issues
- Cyanosis (turning blue)
- Breathing issues
- Reflux / Vomiting / Spitting up
- Bleeding problems



WHAT IS A FRENECTOMY?

A frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenulum is too tight, causing restriction in movement that can cause significant difficulty with breastfeeding, and in some instances other health problems like dental decay or spacing, speech difficulties, and digestive issues. When it affects the lingual frenulum, this condition is commonly called a tongue tie (the medical term is ankyloglossia). Approximately 5% of the population has this condition, so your lactation consultant or doctor may feel that a procedure is warranted to improve symptoms.

WHAT TO EXPECT

In general, the procedure is very well tolerated by children. We take every measure to ensure that pain and stress during the procedure are minimized.

1. General anesthesia is not utilized in the office and is almost never needed to perform the procedure.
2. Due to laser safety regulations, parents are not allowed in the treatment room during the procedure. I will carry your baby to and from the room and the approximate time away from you is about three minutes. The actual time of lasering is 30-60 seconds.
3. A topical numbing cream will be applied to the area(s) that will be treated. This medication works very quickly.
4. For children, 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.
5. You may breastfeed, bottle feed or soothe your baby in any manner you'd like following the procedure. You may stay as long as necessary.

HOW TO PREPARE FOR THE PROCEDURE

The best way to prepare for the procedure is to have the medications that you will need on hand so you can focus on your child following the procedure.

Tylenol may be used afterward but is often not needed. Other helpful supplies to have on hand include Hyland's Teething Gel / Tablets and any homeopathic remedies you want (Rescue Remedy, arnica, etc.).

Tylenol – You do not need to give any medication before the procedure. Dosage: Using the dropper in the manufacturer's packaging. This can be given every 6-8 hours after the procedure. The concentration of Tylenol should be the 160mg/5mL dosage. Some places may sell a concentrated form at 80mg/0.8mL – this is not the one I want you to use.

- 6-11 pounds – 1.25mL
- 12-17 pounds – 2.5mL
- 18-23 pounds – 3.75mL
- 24-35 pounds – 5mL



EXERCISES

These exercises are often easier if the infant is placed on your lap facing away from you so both your hands can be free. Just spend a short amount of time doing these exercises. Numbers 1 and 2 are essential, but the rest of the exercises can be done when the infant is quiet and alert as a fun, interactive time for both parent and baby.

1. Lift the lip up towards the nose and roll your finger over the incision site like a “rolling pin.”
2. Push the tongue up with two fingers and roll under the tongue like a “rolling pin.”
3. Rub the gum line; the infant will follow your finger with their tongue.
4. Let the infant suck on your finger and do a little “tug-o-war” to help the tongue strengthen.
5. Let the infant suck your finger and apply gentle pressure to the palate then roll finger over and gently stroke the middle of the infant’s tongue.

Aim for repeating them 3-4 times a day for 30 days after the procedure. As the incision site heals it may look like a white or yellowish coating has formed; that is normal and does not indicate infection. Occasionally, more specific oral motor work is needed, so it is essential that you continue to follow-up with your lactation consultant after the procedure to ensure optimal results.

CALL OUR OFFICE FOR ANY OF THE FOLLOWING:

- Uncontrolled bleeding
- Refusal to nurse or take a bottle
- Fever greater than 101 degrees Fahrenheit