

LASER Tongue Tie / LIP-TIE RELEASE
also referred to as a FRENECTOMY or LABIAL FRENECTOMY



Dr Gera uses a laser scalpel. There is no beam, the laser evaporates, cauterises and sterilizes the tissue it touches and allows the procedure to be carried out while the child is awake without the need for a general anaesthetic. If the traditional method of snipping with a scissors is used it is not possible to release the lip as the lip tie is fleshy, requires some anaesthetic, will bleed if cut or snipped and would require sutures. No infant would be able to tolerate this amount of treatment so a general anaesthetic would be required

The lip is held up and if the baby will remain still the upper lip is released in a minute or so. Then either 2 fingers are placed into the mouth under the tongue or a tongue retractor is placed under the tongue. Most infants will cry while you do this and this facilitates the procedure as the mouth is opened for crying.

The risks of surgical release of a tongue Tie / maxillary frenulum are;

- Pain
- Bleeding
- Infection
- Recurrence
- Scarring/Adhesions

Pain - The baby will experience some pain and discomfort after the procedure until the ulceration has healed and baby should be given age appropriate paediatric analgesics during the healing phase. It is helpful to give the first dose of analgesic before treatment is carried out. For babies under 8 weeks old the analgesic is the sucrose and other sugars in breast milk.

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PRIVATE OPERATING AT SJOG MURDOCH, SJOG SUBIACO, GLENGARRY PRIVATE HOSPITALS

Most babies will cry during the procedure, faces may go red and the baby may cry. They are not in pain as anaesthetic has been given but objecting to being held and the intrusion into their mouth. Babies settle once they are reunited with their mother and begin to breastfeed. The rapidly absorbed sugars present in breast milk are a very effective pain reliever. They need to be hungry at the time of the procedure so they will feed quickly post procedure.

Some babies are a little unsettled for several days after the procedure, The upper lip may swell slightly for 24 to 48 hours. Babies may be difficult to feed for several days as moving the upper lip and tongue may be uncomfortable for baby.

Bleeding - The only blood normally seen is several drops from the injection site. The laser will seal any blood vessels as it evaporates tissue.

If a baby accidentally scratches the wound (very rare) the wound may bleed. Sit the baby up on your lap and with a clean tissue apply pressure to the wound for several minutes. If you are worried seek medical advice. Bleeding after laser surgery is extremely rare. Placing socks on babies' hands for 48 hours should prevent scratching the wound.

Infection - This is a very rare complication. But infection is possible after any surgery however minor. Infection will cause pain, swelling, redness, reluctance to feed and possible bleeding. If you suspect infection you should bring your baby to your medical practitioner straight away.

Recurrence and Adhesions after Tongue Tie / maxillary frenulum Surgery

Following Frenectomy once the baby has fed if you look under the baby's tongue you should see a small diamond shape patch which can vary in size from approximately 4-10mm, this will be grey/black in colour. After several days as it heals it resembles an ulcer, a yellow/greenish diamond shaped area, this is normal healing of tissue in the mouth and is not an infection.

Recurrence of tongue-tie is not due to the membrane growing back, it is due the diamond shaped wound of the frenectomy adhering/sticking or scarring and then the resultant scar contracting. It is estimated that there is a 4% incidence of scarring causing the tongue to tighten again after release. To ensure optimum surgical outcome of frenectomy is necessary to try and ensure that the wound heals without scarring or tightening of the wound.

Recurrence of Tongue Tie, if it does happen will take several months, the recurrence will be incomplete and for most mum's they are already weaning their baby so a small recurrence at this stage is of no importance and needs no treatment

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