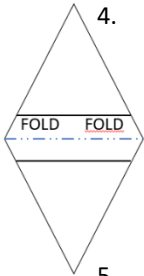


Post-Procedure Care for Your Infant

After the revision of your infant's oral tissues you can do the following to make their surgery successful:

1. Your main concern at this point is making sure your baby **remains hydrated**. You can finger feed, spoon feed or dropper feed the infant during this period. Although this is not seen frequently it **is not abnormal**.
2. Pain Management:
 - a. Comfort Measures: Nursing, skin to skin, cuddling
 - b. Have the infant suck on your finger with some breast milk or sugar water on the finger
 - c. Tylenol is recommended for infants over 3 months of age. If younger, please consult with your PCP.
 - d. If desired, you can ask your lactation consultant about Arnica (homeopathic remedy)
3. Exercises:
 - a. Retraining your infant to latch correctly: The longer you child has been struggling with restricted tissues, the longer it may take to retrigger a proper latch. Some infants can do this immediately and some may take a week or longer and may need the assistance from a lactation consultant.
 - b. To help relax your infant before any stretching with your fingers gently stroke in a **circular motion** around the lips until the baby opens his or her mouth. Then you can gently massage the gums and inside of the upper lower lip.
 - c. Once your infant seems less stressed, gently place a finger with *the nail downward into the mouth following the hard palate* to the junction of the hard and soft palate and allow them to **pacify**. After release, their tongue should press between your knuckles rather than on the fingernail.
 - d. Gently pushing down on the back of the tongue to help the infant realize he or she can now feel safe and latch without gagging to protect the airway.
 - e. Additional exercises: Rubbing gums (tongue follow fingers), Tug-a-war, massage muscle of tongue (5 sec/side)
4. Stretches (4-6 times a day, for 3 seconds, for 3-4 weeks): Raw surfaces in proximity want to reattach. Stretches prevent the folding area from reattaching. Wash your hands before stretches. Gloves are not necessary.
 - a. **Upper lip:** Place your thumb and index fingers on either side of the surgical release, until they almost touch, you elevate the lip. You need to see the entire surgical site and the entire inside of the lip to be successful in preventing healing tissue to repair itself back together.
 - b. **Tongue:** Gently lift the tongue towards your stomach like a forklift until you can see the diamond of the surgical site or entire surgical site. Your fingers need to be touching. You need to **peel the tongue away** from the floor of the mouth.
5. **Healing surgical sites will turn white or yellow:** this is a normal appearance and is not any type of infection. Infection of these surgical sites is almost nonexistent.
6. **Excessive drooling** is normal after a tongue release. This is due to increased tongue mobility.
7. Complete resolution of symptoms often involves seeing your lactation consultant and/or some form of body work.

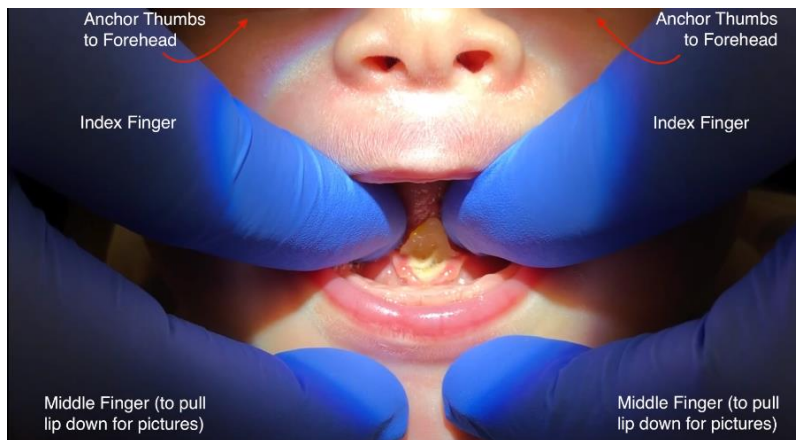


Please call the office 701-235-3205 with any questions or concerns.

More information on bodywork: www.ankyloglossibodyworkers.com/

More post-release care with videos: <https://drghaheri.squarespace.com/aftercare>

More information about research articles: www.kiddsteeth.com



Fingertips pressed together