

Tips and Frequently Asked Questions:

Begin keeping the surgical sites open tonight. You do not need to wear gloves or wake your infant up during the night.

1. How often do we need to **fully open** and separate the surgical sites under the tongue and lip?
 - a. At least 3 times a daily for 3 weeks
 - b. Opening of the surgical areas can be completed before you breastfeed, after nursing on one breast and before nursing on the other breast, or after breastfeeding.
2. How hard do we push?
 - a. Use enough force to make sure the area remains open and the surgical areas do not heal together. The amount of force should be comparable to how far you can stretch your index and middle fingers apart
 - b. If you see a **red line** in the healing area you are not opening the surgical areas adequately. A red line means the area is healing together. Just pushing on the lateral area of the tongue is not adequate. **You must open the surgical areas.** There is no need to cause your baby to choke.
3. How long do I push or pull the surgical sites each time we open the area?
 - a. Long enough to make sure the entire diamond is opened up. Usually about a slow count of **3 seconds**.
4. What if I push or pull too hard? Will this cause any damage?
 - a. You cannot make the surgical sites bigger or cause any damage when you stretch either the lip or tongue revisions no matter how much force you use.
 - b. This procedure and the physical therapy stretches will not make the existing problem any worse.
 - c. The **white area** which develops within the surgical site is normal and is **not an infection**. Lasers are bactericidal. Your child's physician may not understand the look of normal healing. Please contact our office directly if you are concerned.
5. Will there be any swelling or bleeding?
 - a. It is not uncommon for the upper lip to swell after the tethered tissue is revised. If this occurs you can place a cold compress on the outside upper lip. Do not place ice directly on the lip. This should gradually disappear after a few days and is not a sign of infection.
 - b. If your infant has any excessive post-surgery bleeding, it is **not an emergency**. Place a regular teabag on the area for 3-5 minutes. Herbal tea does not work. Typically, nursing immediately after will help to stop any bleeding
6. If your infant appears to have excessive drooling, this is normal after surgery due to your infant's increased tongue mobility, which will stimulate salivary flow.
7. If your infant cries about 3 hours after surgery it is normal. This may occur when the analgesic effects of the laser wear off. You can use an infant pain medication as directed to help with any discomfort. If your infant fails to latch on immediately and initially refuses the breast or bottle, you can feed your baby using a small eye-dropper or syringe. Do not skip a feeding.
8. When should we see improvements in breastfeeding?
 - a. Many infants will show an improved latch on the breast immediately after surgery, however in some instances this may take as long as a week. If you see immediate improvement and then after a week or so discomfort returns, you may have allowed the surgical sites to heal together and the sites may need to be retreated with the laser. In many instances, you will not experience full improvement unless you have scheduled follow-up care with a lactation consultant and a body work professional with experience in **cranial-sacral therapy**.
 - b. Some newborn infants may take a few days to develop a good latch as they begin to gain strength. If this is your first time breastfeeding it may take time to develop a proper technique. Practice the exercises listed in the pamphlet provided to improve strength. You may need to aid your infant in flipping the upper lip outward when latching them to your breast.