



# CONSENT FOR FRENECTOMY

I \_\_\_\_\_ hereby authorize Dr. Rebecca Taylor, DDS and/or associates to perform the following procedure: \_\_\_\_\_.

## LIP TIE

A tight upper lip frenum attachment may compromise full lip flanging and appear as a tight, tense upper lip during nursing. This can result in a shallow latch during breastfeeding. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle-feeding. If the frenum attaches close to the ridge or into the palate a future diastema (gap between the teeth) can also occur.

## TONGUE TIE

A tight lower frenum attachment beneath the tongue may restrict the mobility of the tongue and appear as a cupping or heart shaped tongue when the tongue is elevated. This is commonly known as a tongue tie. For an infant, this can result in an inability to get the tongue under the nipple to create a suction to draw out milk. Long term a restricted frenum can result in speech problems, sleep issues, postural issues, abnormal facial development, TMJ issues, breathing issues, digestive issues, and bite issues.

Sometimes a tongue tie is very obvious, and is referred to as an anterior tie and other times it is harder to see, and is called a posterior tie. There is always a posterior tie when there is an anterior tie. We identify tongue tie based on various assessments. What is important to look at is function. Can we hold the tongue suctioned on the roof of the mouth for 10 seconds? Can we breathe through our noses and have proper tongue posture. We ask all of our patients to work with a myofunctional therapist at least 4 weeks prior to surgery (perhaps longer if needed). Once nasal breathing has been established and the patient can sleep through the night with mouth tape for 2 weeks, the patient is ready for surgery. We also ask that you receive bodywork and intraoral work to release the fascia prior to surgery. It is highly recommended afterward as well. In our office, we have a Myofunctional Cranial Sacral therapist (LMT) who sees you pre and post-surgery.

## PROCEDURE

The procedure itself takes roughly between 15-30 min. Dr. Taylor uses scissors and a scalpel. She works functionally and slowly, and asks you to engage your tongue so she can make sure she is releasing all of the fascia. She uses a local anesthesia, and makes sure you are comfortable.

### Green City Dental

O: 425-776-3352    F: 425-361-1485    E: [lovemyteeth@greencitydental.com](mailto:lovemyteeth@greencitydental.com)  
A: 8405 196<sup>th</sup> St SW Edmonds, WA 98026    W: [greencitydental.com](http://greencitydental.com)



**POTENTIAL RISKS:**

I understand that a smooth recovery is expected, however, there are always associated risks that cannot be eliminated and may occur in a minority of cases. These complications include:

Post surgical bleeding

Infection

Swelling

Pain

Damage to sublingual gland

(salivary gland in floor of the mouth). This may require further surgery.

Injury to the teeth, lip, gums, or tongue.

The frenum can heal back and require further surgery.

Scarring is rare but possible.

Damage to nerves in the tongue- numbness could last days or indefinitely.

**(PARENTAL) CONSENT**

I acknowledge that the doctor has explained my (or my child's) condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to myself or my child and the likely outcomes. I was able to ask questions and raise concerns with the doctor about my condition or my child's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that photographs or video footage may be taken during my or my child's procedure and these may be used for teaching health professionals. (You or your child will not be identified in any photo or video). I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my or my child's condition worse. I understand and agree to perform the exercises and to work with a bodyworker, chiropractor, or Cranial Sacral Therapist to help with post-op soreness.

On the basis of the above statements, I REQUEST TO HAVE THE PROCEDURE (OR THAT MY CHILD HAS THE PROCEDURE).

Name of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Substitute decision maker/Self: \_\_\_\_\_

Witness: \_\_\_\_\_

Doctor: \_\_\_\_\_

**Green City Dental**

O: 425-776-3352      F: 425-361-1485      E: [lovemyteeth@greencitydental.com](mailto:lovemyteeth@greencitydental.com)

A: 8405 196<sup>th</sup> St SW Edmonds, WA 98026      W: [greencitydental.com](http://greencitydental.com)



## POST-OP Instructions

### After the surgery:

Patients can expect some mild swelling, pain, and or discomfort as a normal process of wound healing. Generally, this is fairly mild and can be controlled with over-the-counter pain medications. Possible (but very rare) complications of frenuloplasty may include anesthesia complications, bleeding, pain, numbness, failure of procedure, voice and swallowing changes, infection, injury to adjacent structures, and scarring.

### Immediately after surgery:

1. **Bleeding:** It is normal to experience some bloody oozing during the first 1-2 days. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Dr. Taylor. If heavy bleeding persists, please go to your local emergency department.
2. **Wound Care:** You will be provided with gauze, which is to be placed on the surgical site. Leave the gauze in place for as long as you can for the first 24-48 hours. Replace the gauze as needed.
3. **Pain Medications:** We recommend using Tylenol and/or ibuprofen as needed for pain.
4. **Sutures:** We use absorbable sutures that will fall off on their own within a week after surgery. After the sutures come out, we then encourage you to brush the surgical site with a soft toothbrush.
5. **Oral Hygiene:** We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection. Colloidal silver spray is an excellent antimicrobial option.
6. **Myofunctional Therapy Exercises:** It is extremely important to perform the stretches and exercises as prescribed by your therapist to obtain the most optimal results. We especially encourage: waggle spot, waggle flaps, flat tongue (also known as puppy tongue), skinny tongue (pointy tongue or snake), clicks (tongue pops), and caves (suction). See our website for more resources.

**Lip and buccal ties:** Place a gauze at the wound site for 30 minutes, three times per day for the first 7-10 days.

**Tongue-tie:** Massage between the floor of mouth and ventral (underneath) tongue twice a day for a few minutes ongoing until your 2 month follow up.

### At any time, call our practice if you experience any of the following:

- Severe pain that does not improve with medication
- Brisk bleeding
- Severe swelling at the site of surgery
- Difficulty breathing
- Fever higher than 102°F

**For emergencies, please call Dr. Taylor directly: 360-622-9159**

### Green City Dental

O: 425-776-3352    F: 425-361-1485    E: [lovemyteeth@greencitydental.com](mailto:lovemyteeth@greencitydental.com)  
A: 8405 196<sup>th</sup> St SW Edmonds, WA 98026    W: [greencitydental.com](http://greencitydental.com)