



Aftercare for babies and young children after removal of a tongue tie and/or upper lip tie.

Pain and discomfort after treatment

- Babies and young children can experience irritability for between 24 to 48 hours and then up until a few days after treatment.
- You can give pain relief such as Paracetamol (in a suppository form for babies). Refer to your doctor or chemist for the correct dose.

Feeding

Babies:

- Breast or bottle feeding may be given directly after the procedure.
- There can be swelling of the lip and this can cause difficulties in the beginning. The baby also needs to get used to his or her newfound movements of the tongue which can affect the drinking technique. If this becomes a problem offer your expressed milk on a small spoon, in a bottle, syringe, finger feeding or in a small cup or beaker.
- Make sure you and your baby have lots of skin-to-skin contact. Keep baby close.
- Position your baby well. Lean back in the cushions, lie your baby between your breasts and let him search for your breast. Make a "form" of your breast and nipple so that it is easier for him to latch on. Let him come at his own speed then when he is latched on compress your breast to help the milk flow.
- Lactation Consultation Aftercare:
- The baby has to get used to his/her new tongue. Parents regularly ask about feeding after the treatment has taken place. Good guidance and help from a Lactation Consultant is in most cases required after treatment of the lip and tongue to ensure that your baby learns how to drink correctly from the breast.

Young children:

- Water or bottle feeds may be given directly after the treatment.
- Offer first liquids then solids. If solids cause pain then offer only liquids.
- It is better to offer cold or lukewarm food, not too hot or spicy to prevent irritation to the wound.



Healing

- Healing can occur anytime from a few days to a few weeks. The wound will be "diamond-shaped" and will look like a hole in the beginning. This will change in a few days to a white/yellow colour. The wound can appear infected (see photo's) but this is the normal healing process.
- The wound can bleed a little and there can be a little bit of blood in baby's nappy (black in colour) due to ingestion. The wound can bleed slightly when touched. This will do no harm. If necessary press on the wound for a few minutes with a swab or clean cloth.
- Haemorrhage or prolonged bleeding occurs rarely. If this does occur always contact the provider. It is vital to inform the provider before any treatment takes place of any problems in the family such as scar tissue, clotting problems or absence of vitamin k drops given to baby.

Aftercare and Tongue exercises baby / child

- Wash hands and keep nails short.
- Carry out the exercises preferably before a feed or meal.
- Remain relaxed when carrying out the exercises so that your baby/child will relax too.
- Sing a song or play a favourite piece of music.
- The aftercare exercises should last around 15 to 30 seconds.
- Do not expect immediate results, sometimes it can take a few weeks or more before there is a noticeable improvement especially when the baby or child is older.





Aftercare

The tongue now has more possibilities to move but this does not always happen automatically. The resting tongue can lie in its old position. This also applies to the upper lip. The wound healing in the mouth can occur fast resulting in the ties growing back. If this occurs then the treatment can be re-done.

<https://www.youtube.com/watch?v=ln-jbr5iEXY>

- Aftercare should be carried out for at least two weeks.
- Minimal 3 times a day, eventually also at night if the baby is awake and relaxed.
- Begin,(dependant on the time of the treatment) at the next feed.
- The wound appears in a "diamond-form".
- The baby/child will probably find it more comfortable if you use cold fingers.
- Massage 5 or 6 times the wound on the upper jaw with the top of your index finger from left to right. Repeat with the wound under the tongue.
- Lift the tongue or lip up once or twice with both index fingers. It is important to separate the upper half of the diamond on the tongue from the bottom of the mouth so that an actual stretch occurs. It is preferable to stand behind the baby or child so that you can pull up the tongue and lip with your two index fingers.



Exercises or games for the tongue

It is advisable to let the tongue perform different new movements at least once a day.

View our exercise video on Youtube:

<https://www.youtube.com/watch?v=JNad6DnLkVg>

- Touch chin, tip of nose, and upper lip to ensure the mouth opens wide.
- Allow the baby to suck on your finger and pull the chin down so that the baby makes a good vacuum.
- Massage the palate as this can reduce the chance of choking.
- Walk with your finger on the middle of the tongue and make a pushing movement. Continue to walk towards the outside of the tongue. This is done to stimulate the cupping of the tongue and the vacuum with the nipple or teat in the mouth.
- Massage the jaw (similar to brushing the teeth with the tip of the index finger). This is to encourage the tongue to move.

Exercises- Child

Clean the teeth normally, it is important to keep the mouth clean.

- Stick the tongue out then move it upwards and downwards.
- Stick the tongue out then move it from left to right.
- Stick the tongue out 10 times.
- Move the tongue from left to right 10 times.
- Move the tip of the tongue from upper lip to lower lip 10 times.
- Lick an ice-cream where the tongue can be stimulated to move.
- Suck against the palate and hold for 10 seconds.
- Make a clicking sound with your tongue as often as possible.



Compensation Mechanisms

Because of a tongue tie babies can use compensatory mechanisms, such as muscles in the mouth, neck, throat and shoulder to drink.

Because of this compensatory behavior blockages can occur in these areas. If there is no improvement seen it can be that the baby/child feels discomfort and tension in these areas.

Examples of this include overstretched or crooked lying, a preferred position or lots of crying. If these problems persist after the removal telephone the Lactation Consultant who was present at the time of the treatment.

Lactation Consultants:

Groningen:

- Berber Meihuizen , Lactation Consultant IBCLC: +31 (0) 6-21200560
- Maaïke Broekhoven, Nurse and Lactation Consultant IBCLC: +31 (0) 6-10852588

Veldhoven:

- Helen Marshall, Children's Nurse and Lactation Consultant IBCLC: +31 (0) 6-12219634