



LIP AND TONGUE FRENECTOMY INFORMED CONSENT

LIP TIE: A tight upper lip tie (frenum) attachment may compromise full lip flanging and appears 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 loss of tooth enamel and dental decay. This develops when the milk is not able to be cleaned off due to the presence of the frenum attachment and tight lip against the teeth. This same issue can occur with bottle feeding.

If the frenum attaches close to, at or beyond the edge of the bone that will hold the teeth, a diastema or gap between the front teeth can also occur. This gap is only a problem when the permanent teeth erupt.

TONGUE TIE: A tight sublingual frenum attachment (tongue tie) may restrict the mobility of the tongue and appear as cupping or heart shaped tip of the tongue when the tongue is extended. This can result in an inability to get the tongue under the nipple during breast feeding to create suction to draw out milk. Long term, a tongue tie can result in speech problems and/or problems later with transferring food around the mouth for chewing. Lack of proper range of motion of the tongue can prevent proper development of the dental arch resulting in orthodontic problems.

SYMPTOMS: Some babies can have ties and not have problems. To know if the ties are a problem we ask two major questions: “Is the baby getting enough to eat?” and “Is nursing comfortable for the mother?” Breast or bottle feeding should be a positive experience for both baby and mother. Symptoms can be as follows:

- Poor latch
- Slides off nipple or falls asleep while attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Continuous feedings/long feedings
- Gumming or chewing the nipple
- Unable to take a pacifier or bottle
- Creased, cracked, bruised or blistered nipples
- Bleeding nipples
- Incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis (inflammation of the breast)
- Nipple thrush

PROCEDURE FOR CORRECTION: Addressing problems caused by incorrect frenum attachments is straightforward for infants. The procedure takes very little time. Your Doctor will use a laser that vaporizes the unwanted tissue anchoring the lip or tongue. No stitches are required and there is usually little bleeding. This procedure is done in our office. We start by swaddling the child placing them in our

dental chair while being stabilized by an assistant to minimize movement during the procedure. On occasion and depending on a child's size a stabilizer referred to as a, "Papoose Board", is used instead of swaddling if it can provide better stability and a safer procedure. A small amount of local anesthetic is administered in the area to be treated using an injection computer. The baby's eyes are covered by goggles with tinted lenses appropriate to the type of laser being used. The laser procedure is completed and parents are escorted back to the treatment area to reunite with their baby. Babies will cry during the procedure, NOT because they are in pain, but because they are being wrapped up and they are having uncharacteristic sensations. We encourage nursing after the procedure although since the baby's mouth is numb it may be difficult for them to do so.

Some babies show improvement immediately and some, probably most, require time to learn to use their new found freedom of movement in their mouth. This may take a few days to a few weeks depending on the child.

ALTERNATIVE TREATMENTS: The alternative to laser treatment includes surgery with a scalpel or scissors using local anesthesia and often sedation or general anesthesia. The other alternative is to do no treatment. No treatment could result in some or all of the conditions listed under "Symptoms" above. Advantages (benefits) of laser vs. scalpel or scissors include lower probability of re-healing, less bleeding, no sutures (stitches) or having to remove sutures. Disadvantages (risks) are included in the "Risks of Procedure" section below.

RISKS OF PROCEDURE: While the majority of patients have an uneventful procedure and recovery, a few cases may be associated with complications. There are some risks/complications that can include:

- Bleeding. This may occur either at the time of the procedure or in the first two weeks afterward. It is usually slight and stops readily.
- Infection
- Pain
- Damage to the sublingual gland which sits below the tongue. Damage to this salivary gland or its ducts may require further surgery.
- Injury to teeth, lip, gums, cheeks or tongue
- Burns from equipment
- The frenum can heal back to its original position and require further surgery to free it again
- Swelling and inflammation, especially of the upper lip
- Scarring is rare but possible

PARENTAL CONSENT: I ACKNOWLEDGE THAT THE DOCTOR AND/OR HIS ASSISTANT HAS EXPLAINED MY CHILD'S CONDITION AND THE PROPOSED TREATMENT/PROCEDURE. I understand the risks of the procedure, including the risks that are specific to my child and the likely outcomes.

I was able to ask questions and raise concerns with the doctor about my child's condition, its risks and treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that photographs or video may be taken during my child's procedure to be used for educational or promotional purposes. (Your child will not be identifiable 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 child's condition worse.

On the basis of the above statements, I REQUEST THAT MY CHILD HAVE THE PROCEDURE/PROCEDURES INDICATED BELOW AND I GIVE DOCTOR _____ MY PERMISSION TO USE THEIR PROFESSIONAL JUDGEMENT IN TREATING MY CHILD.

Name of Patient: _____ Date: _____

Signature of Parent/Guardian: _____

Witness: _____ Doctor: _____