



Frenectomy Procedure

The frenum/frenulum is a small fold of tissue that connects loose tissue or organs to attached tissue. In the mouth, the two most common frena attach the upper lip to the upper gums (maxillary labial frenum) and the tongue to the lower gums (lingual frenum). These "tethered oral tissues" serve no functional purpose, and can actually be harmful in certain circumstances.

In newborns and infants, a thick maxillary labial frenum can prevent a proper latch during breast and bottle feeding, causing pain to the nursing mother and inadequate feeding and swallowing of air by the infant. This is called a "lip tie". Frequently, this is accompanied by a "tongue tie", due to too long of an attachment of the lingual frenum. The presence of one or both of these pathologies can lead to a very frustrating experience for both the mother and infant. Additionally, the presence of these problems can lead to oral hygiene issues (higher risk of cavities), speech difficulties, gum recession, teeth spacing, and muscle tension.

A frenectomy/frenotomy is a relatively quick procedure that helps remedy this problem and alleviate these issues. Through the use of a laser, the frenum is removed and separated in seconds. The procedure can sometimes be performed without local anesthesia in older patients, but is used for younger patients. There is typically little post-operative bleeding, because the laser collapses the small blood vessels prior to cutting the tissue. Patients are able to resume normal activity after, with post-operative discomfort managed with Tylenol (acetaminophen) or Motrin (ibuprofen). A normal diet can be resumed immediately in most cases.

Our office policy is to allow parents to be with their children during all procedures. For older children, the frenectomy procedure is no exception, and I often recommend the use of nitrous oxide (laughing gas). The Solea CO2 laser with the addition of topical anesthetic typically provides for a painless experience, but it is still a procedure that many patients get nervous about, and nitrous oxide can help with the anxiety, as well as provide some numbing of the oral tissues.

For newborns and infants, parents are present for the consultation, but not for the procedure. We offer a separate consultation room for parents to wait while the surgery is completed. Your child will never be left alone, with the assistant and doctor always present. We feel that this allows us to focus all of our attention on the patient without distraction, which is of the utmost importance.

After the procedure (typically 5-10 minutes start to finish), you will be shown a series of exercises to be performed 2-3x/day for about 2 weeks to prevent healing of the tissues back together. The area will appear white and almost "infected looking", but will look normal in 2 weeks.