



## *Dr. Peterson's Background*

*\*When Dr. Peterson's daughter, Audrey, was only weeks old she was unable to sleep well due to gassiness and excessive discomfort. Audrey was not breastfeeding properly resulting in a very painful case of mastitis for his wife Rachael. This led to many long nights with an uncomfortable and fussy baby. After seeing a lactation consultant, Audrey was referred to a specialist for a tongue tie release. After the release, she was a completely different baby! She was more content and was able to breastfeed successfully for 13 months. Seeing the toll this took on his young family, Dr. Peterson set out to educate and help other families with similar issues.*

*\*Dr. Peterson received specialized training on tongue and lip ties at Tufts University School of Dental Medicine in Boston. He was provided in-depth education on breastfeeding, the problems that tongue, lip, and cheek-ties can produce, and how to properly fix ties in infants, children and adults using a CO<sub>2</sub> laser.*

*\*Dr. Peterson then further educated himself and flew to Arizona where he obtained his CO<sub>2</sub> Dental Laser Certification.*

*\*Dr. Peterson attended a conference taught by Dr. Bobby Ghaheri, a national leader in tongue and lip tie surgery and research.*

*\*Since 2017, Dr. Peterson has treated over 500 infants and he continues to impact the Green Bay/Fox Valley region by educating other professionals and families on the importance of recognizing and treating tongue and lip ties.*

[Dr. Peterson's full bio](#)

<https://www.deperesmiles.com/about/meet-team/>



# What is a Tongue Tie?

A tongue tie occurs when the band of tissue (frenum) under the tongue limits the mobility of the tongue. The limited mobility does not allow the tongue to function properly. This often affects breastfeeding, eating, speech and more. Although present at birth, many doctors do not consistently check for tongue restriction.

## Tongue Tie Terminology

Frenum: a small fold or ridge of tissue that supports or checks the motion of the part to which it is attached, in particular a fold of skin beneath the tongue, or between the lip and the gum

Tie: this term describes when the frenum causes dysfunction (reduced movement of tongue, lip, or cheeks)

Release: repair/removal of the frenum

Revision: this term is used if the release ever has to be repeated

## Scissors vs. Laser

**CO<sub>2</sub> Laser Release**: Laser surgery removes excess tissue in the mouth for infants, children, and adults.

Simply put, a laser release is the use of a very precise and safe laser to detach the frenum from the upper lip, tongue, or cheek by a trained dentist. Advantages include: less pain after procedure, virtually no bleeding, safety, precision, and sterilization (less chance for infection).

**Scissors Release**: Conventional releases consist of cutting the frenum with a scalpel or a pair of scissors. The problem, or limitation, is that these older instruments can cause a great deal of bleeding and consequently, these treatments tend not to be thorough, leaving the connective tissue still partially intact for the provider's fear of causing a scary bleeding episode. Sometimes it's not enough to solve the problem.

## All Lasers Are Not Created Equally!

**CO<sub>2</sub> lasers (what we use)** – COLD laser, uses only laser beam to vaporize excess tissue, no bleeding which means good visualization, sterilizes during use, vaporizes nerve endings and therefore numbs area for a few hours (vs. scissors or other lasers that cut nerve endings, which is painful).

**Diode lasers** – Most common laser used for various dental procedures that MELTS/BURNS tissue with a HOT glass tip (ouch!)

**Erbium lasers** – Uses laser beam to ablate tissue, but has poor control over bleeding

## Infant Tongue/Lip Tie Release Information

<b>Setting up the appointment</b>	<ul style="list-style-type: none"> <li>• Call our office at 920.336.6594 to set up an appointment with Dr. Peterson.</li> <li>• We will discuss your/your child's symptoms, how you heard about us, and we will add baby's information as well as parents' information into our system.</li> <li>• We always schedule enough time for the evaluation and the procedure on the same day so you don't have to come in twice.</li> <li>• This is a "no pressure" initial evaluation. If you or Dr. Peterson are not comfortable moving forward with the procedure, other options can be discussed! We want to come up with the best plan for YOU and YOUR CHILD!</li> </ul>
<b>Before the appointment</b>	<ul style="list-style-type: none"> <li>• If you have dental and medical insurance, we will ask that you email a copy or picture of your insurance card to <a href="mailto:frontdesk@deperesmiles.com">frontdesk@deperesmiles.com</a>. This allows us to see what your expected cost will be.</li> <li>• Fill out the age appropriate paperwork online (infant=0-13 months, child=14 months-17 years, adult=17+ years) <a href="https://www.deperesmiles.com/new-patient/">https://www.deperesmiles.com/new-patient/</a></li> <li>• Reminder: please bring baby hungry as we will give you privacy and time to feed and comfort your baby shortly after the procedure is done.</li> <li>• For more information, visit our tongue/lip tie page at: <a href="https://www.deperesmiles.com/dental-services-de-pere-wi/lip-tongue-tie-laser-release/">https://www.deperesmiles.com/dental-services-de-pere-wi/lip-tongue-tie-laser-release/</a></li> </ul>
<b>At the appointment</b>	<ul style="list-style-type: none"> <li>• Our front desk staff will get you checked in and make sure we have all of the necessary paperwork filled out.</li> <li>• You will be brought back for the initial evaluation with Dr. Peterson. He will discuss his findings and you will decide the best plan of action.</li> <li>• Parents will be asked to wait in the waiting room during the procedure so Dr. Peterson and his staff can focus all of their attention on caring for the baby (this can be discussed if parents prefer to stay in the room).</li> <li>• Baby will be swaddled and will wear protective eye gear. A topical anesthetic will be applied for numbing (upon approval by parent(s)).</li> <li>• Dr. Peterson will perform tongue, lip, and/or cheek releases using a Co2 laser.</li> <li>• You may hear your baby crying! This is a good thing as it ensures the baby is breathing properly and is opening his/her mouth for an easier procedure.</li> <li>• The procedure itself only takes a few seconds.</li> </ul> 
<b>After the appointment</b>	<ul style="list-style-type: none"> <li>• Dr. Peterson will bring parents back to the procedure room to show them results and exercises.</li> <li>• Parents will be given some privacy with baby for feeding.</li> <li>• After feeding, Dr. Peterson will discuss any immediate progress, initial questions, and the best plan moving forward.</li> <li>• See "<i>Infant Frenectomy Surgical Site Management</i>" page for post-op instructions and what to expect in the next few days/weeks!</li> </ul>

# Infant Frenectomy Surgical Site Management

## Post-Op Instructions for Infant Tongue/Lip Tie Releases

### Days 1-3

- Baby will be most sore during the first few days after procedure
- Discomfort may cause baby to be more fussy than usual
- Use arnica or tylenol as directed by Dr. Peterson (see below)
- Baby is learning how to use "new mouth" - therefore he/she may have trouble latching/ feeding
- Stay in touch with your support team (lactation consultant, speech therapist, chiropractor, etc)
- White/yellow patch will start to form (this is a sign of healing and is NOT an infection!)
- Expect that baby will cry during exercises

### After Week 1

- Discomfort should begin to subside
- Although they may remain difficult, it is very important to continue with proper exercise method and frequency
- Fussiness may continue
- White/yellow patch may start to shrink
- Continue pain meds as needed (see below)
- Continue working with support team to continue learning "new mouth"

### Weeks 2-4

- Soreness should be very minimal if not gone completely
- Continue with exercises (baby will likely cry during exercises)
- White/yellow patch may disappear completely
- Continue working with support team to continue learning "new mouth"
- Should see some progress with feeding
- Frenum should begin taking it's new shape

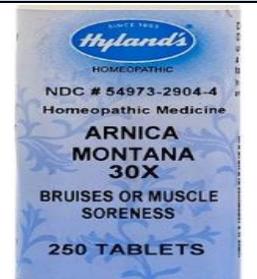
### Week 4

- Should continue to see progress with feeding
- At the start of week 4, exercises should begin to taper off from 6 per day, down to 5 the next day, 4 the day after that, and so on, until down to 0 when exercises are complete at the end of week 4
- White/yellow healing patch should disappear and the new frenum should be taking shape

### Suggested Pain Management

If your baby seems uncomfortable, Children's Tylenol (acetaminophen) can be administered every 4-6 hours as needed. If patient is older than 6 months, Motrin (ibuprofen) can be administered as well. It is not uncommon practice for parents to dose regularly within the first 72 hours. Remember that proper infant dosage depends on their weight. Consult your physician if you are unsure about which medications are safe for your baby.

Children's Tylenol Dosages	Children's Motrin Dosages	Arnica Montana
<p><b>*Concentration- 160mg / 5mL*</b></p> <p>Over 6 lbs = 1.25 ml                      Over 12 lbs = 2.5 ml                      Over 18 lbs = 3.75 ml                      Over 24 lbs = 5.0 ml</p>	<p><b>*Only if older than 6 months*</b></p> <p><b>**Concentration- 40mg / mL**</b></p> <p>12-17 lbs = 1.25 ml                      18-23 lbs = 1.875 ml</p>	<p>For homeopathic pain reliever, some parents will use <b>Arnica Montana</b>. The recommended dosage is 30x or 30c tablets. Place 2 tabs in the infant's cheek to dissolve every 2-4 hours as needed. We recommend <i>Hyland's</i> brand.</p>



## Exercises/Stretches

### Schedule

**Day 1**= one stretch before bed

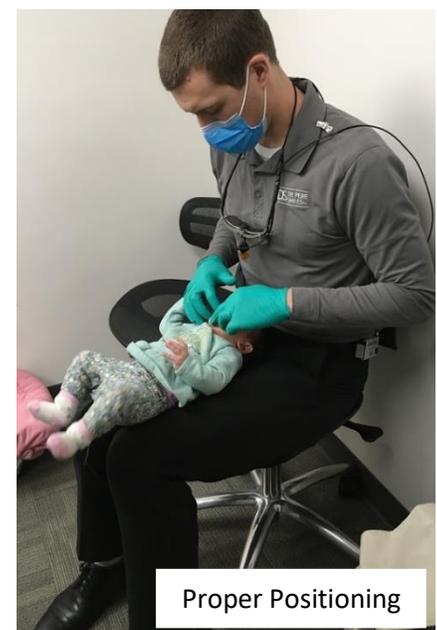
**Day 2-Week 3**= first thing in the morning and every 4-6 hours (6 total)

**Week 4**= 6 total on first day of the week, 5 total on second day of the week, 4 total on third day of the week, and so on until zero

\*\*\*Reminder: when doing 6 per day, do not wait more than 6 hours between stretches. You may have to wake your child up during the night to accomplish this.

### Technique

- **Lip:**  
First put your fingers all the way in the fold of the lip and pull the lip up and out as high as possible so you can see the white/yellow diamond and cover the nostrils while holding for 10 seconds. Sweep your fingers across the surgical area 6 times. It may bleed slightly the first few days; this is not a concern.
- **Tongue:**
  1. *The Forklift (see figure 2)*  
With two fingers, press directly on each side of the diamond and press tongue back into throat and then lift tongue to top of mouth. This will elongate the diamond. Do this ten times.
  2. *Pressure*  
With one or two fingers, push the tongue directly on the white diamond straight back into the throat putting tension on the wound for 10 seconds. Sweep one finger back and forth and up and down across the surgical area 6 times to keep it from sticking back together. It may bleed slightly the first few days; this is not a concern.
- The main goal is to open the "diamond" all the way up on the lip and especially the tongue. If you notice it is becoming tight, then stretch with more pressure to open it back up.



#### Some helpful videos of exercises:

[www.DrGhaheri.com/aftercare](http://www.DrGhaheri.com/aftercare)

[TongueTieAL.com](http://TongueTieAL.com)

## Other Helpful Hints

### Fussiness and Discomfort

#### Skin to Skin Contact:

Try some extra skin to skin contact. Pain can decrease due to the increased levels of oxytocin which occur during skin to skin contact.

#### Frozen Breast Milk:

Place a baggie of breast milk flat in the freezer. Once frozen, chip small pieces of milk off and place in painful areas of the mouth.

#### Pain Medication:

Give as directed on *Infant Frenectomy Surgical Site Management* page.

#### Nursing:

You may notice that your baby wants to nurse more often for comfort.

**\*\*\*Please call if baby has a fever of 101.5 or higher, uncontrollable bleeding, or refusal to feed for over 8 hours!**

### Sleep

You may notice your baby sleeping more. This could be from exhaustion, pain medication, or they could be more content after feedings.

Your baby's sleep schedule may be disrupted due to discomfort while healing.

### Exercises/Stretches

It is always helpful to have a second person available to help with stretches as your baby might be extra squirmy.

It is not a concern if you experience some bleeding during exercises.

It is up to you whether you like to do exercises before, after or during feeding.

It might help you to wear a headlight for a better view of the mouth.

**Thank you for choosing De Pere Smiles! We sincerely wish you and your baby all the best and we hope for a quick and easy recovery. Please don't hesitate to contact us with any questions or concerns you may have!**

**Office phone number: 920.336.6594**

**Dr. Peterson's personal cell: 920.740.8761**