



London Tongue & Lip Tie Network

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Postoperative Instructions for Lip Tie Release

After your lip tie release, these stretching exercises are recommended to prevent reattachment and the need for additional revisions. Please complete the following stretches 3 times daily for at least 2 weeks, until your postop follow up. It is not necessary to do preoperative exercises for the lip!

1. Lip Pull Downs: Pull your top lip over bottom lip as far as possible; release lip from fingers but keep lip in position; hold to a count of 5. Complete 5 reps.
2. Lip Pull Ups: Pull your bottom lip over top lip as far as possible; release lip from fingers but keep lip in position; hold to a count of 5. Complete 5 reps.
3. Puffer Fish: Puff your top lip (not your cheeks) full of air; hold to a count of 5. Move the air to fill just your bottom lip; hold to a count of 5. Complete 5 reps.
4. Active Wound Management: Place the pad of your finger directly on top of the wound. Gently but firmly rub three circles in one direction, then three circles in the other direction. Next, roll your finger side to side (like a rolling pin) for three seconds. Finally, roll your finger up and down for three seconds.

Postop Expectations and Pain Management

1. After the procedure, Tylenol or Motrin (if even that) is generally enough for pain control. No antibiotics are needed.
2. Active bleeding is very rare. A spot of blood may appear during the first few days, and most often with stretches. Should active bleeding occur, place a cold wet tea bag at the site and apply firm pressure. Please contact your operating dentist for further consultation.
3. For the first 2 days, avoid foods that require biting with the front teeth (apples, carrots etc) which would cause foods to dig into the surgical site. Foods with rigid corners should also be avoided, such as tortilla chips. Avoid foods which are very acidic or spicy.
4. As the wound heals many colours can appear, from white to brown to yellow. These are all normal but if you are ever questioning the appearance, text or call Alicia.
5. Additional pain management suggestions should they be needed: popsicles or ice chips, drinking ice water, massaging coconut oil or vitamin E, Rescue Remedy, Arnica

❖ Your post-op evaluation is scheduled _____

What comes next?

A *full* course of myofunctional appliance therapy may be indicated after a frenectomy (lip release). The lip may be more mobile, but it has NO CLUE what to do. The incorrect speech patterns, incorrect lip posture at rest and swallowing functions will likely not correct themselves. Over the years, individuals with lip-tie develop strong abnormal habits to compensate for the lip being attached too tightly to the gingiva. A habit is not something easy to change, and most people do not know what the correct function should be. Our myofunctional therapist with experience in proper lip resting posture can help with learning correct placement for articulation, at rest, and while eating, drinking and swallowing.

Teaching the lip its new, correct position is pivotal in helping to avoid mouth breathing, dysfunctional swallowing habits, and certain speech sounds. An improper lip function is often accompanied with changes in the craniofacial dentoskeletal structures; such as a gummy smile, spaces between the teeth or gum recession/bone loss.

Additionally, we may recommend bodywork such as myofascial release, chiropractic or osteopathic supportive therapy.

If the lip tie has caused a space between the front teeth, orthodontics may be required to close it.

However natural eruption of adult teeth may be enough to close this space now that there is no restriction.

If the lip tie has caused gum recession, we may take a wait and see approach or recommend a referral for gum grafting. In either case please be sure to brush the recessed gum area with gentle pressure and in a rolling stroke away from the gum line. Your dental hygienist will be happy to practice this technique with you.

For your specific case, the operating dentist will advise of appropriate options.