



London Tongue & Lip Tie Network

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Postoperative Instructions for Tongue Tie Release

Good news! These are the same exercises you have been doing prior to your surgery. These exercises continue to be important to do following the release in order to bring our attention to how these muscles should be used and restore proper oral motor function. Please complete the following stretches 3 times daily for at least 2 weeks, until your postop follow up.

1. Click your tongue 30 times as quickly as possible.
2. Lipstick: With mouth wide open trace the outer edge of the lips with the tongue. Do this 5 times, keeping the chin as still as possible (use your thumb to keep your chin still, if needed).
3. Turtles: Extend the tongue out as far as it will go to a count of 5 (use your pointer finger to aim for, keep the tongue as straight as possible).
4. Jawbreaker: Push the tongue firmly into each cheek to a count of 5. Repeat each side 5 times.
5. Peanut butter: Imagining you have sticky PB on the roof of your mouth, firmly and quickly rub the whole surface of your tongue back and forth on the roof of your mouth; freeze your tongue at *the spot*/"N" position as firmly as possible against the roof of your mouth and suck in. Hold for 30 seconds You should see the belly of the tongue elevate and the frenum exposed ("string in the cave"). Can the tip of your tongue touch your uvula?
6. Click-Click-Close: With your mouth wide open, quickly click your tongue twice against the roof of your mouth. Immediately close your mouth with the teeth lightly touching, the lips tightly sealed and the tongue against the roof of your mouth. There will be no air spaces anywhere in the mouth. This teaches you where to place the back of your tongue to close the airway when swallowing.
7. Patty-Cake: Say PUH-PUH-PUH. Say TUH-TUH-TUH. Say KUH-KUH-KUH. Say PA-TTY-CA-KE (three times). This teaches lip seal and brings an awareness to tongue posturing on the roof of the mouth and improves mobility.
8. Gargling: Channel your inner Chewbacca and make a high pitched and then a low pitched gargling sound. Feel the vibration on the roof of your mouth with the high pitched gargle and then deeper in the throat with the low pitched gargle. This is to make you aware of and to strengthen the muscles at the back of the throat to have better control when swallowing.

In addition to these stretches, you will now also need to begin "Active Wound Management" to prevent reattachment. Those instructions will be found on page two.

The following is to be done postoperatively, following each set of exercises as described on page one.

With freshly cleaned hands, insert both index fingers into the mouth in a v shape, dive under the tongue and apply pressure to the side borders of the wound. Visualize you are a forklift picking up as much of the bulk of the tongue as possible!

1. Once you are under the tongue, pick up the posterior part of the tongue as high as it will go toward the palate. Hold it there for 3 seconds, relax, and do it again. The goal is to unfold the wound so that you can visualize the entire diamond shape. The fold across the middle of the diamond is the first place it will reattach.
Tip: for younger children or if you are struggling, the Liper Device may be helpful!
2. Place your finger in the middle of the diamond and do a gentle circular stretch for several seconds, in each direction. This will dilate or open up the diamond again.
3. Hold your finger horizontally and do a rolling pin motion up and down with firm pressure as deep as possible. Hold your finger vertically and do a rolling pin motion side to side with firm pressure as deep as possible.

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. You may even see a disc shaped object protruding from the site! 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 (tongue release). The tongue may be more mobile, but it has NO CLUE what to do. The incorrect speech patterns, incorrect tongue placement at rest and swallowing functions will likely not correct themselves. Over the years, individuals with tongue-tie develop strong abnormal habits to compensate for the tongue being attached on the floor of the mouth. A habit is not something easy to change, and most people do not know what the correct position should be. Our myofunctional therapist with experience in proper tongue resting posture can help with learning correct placement for articulation, at rest, and while eating, drinking and swallowing.

Teaching the tongue its new, correct position is pivotal in helping to avoid future TMJ issues, bite dysfunctions, tension headaches, and mouth breathing. A low tongue rest is often accompanied with increased occlusal vertical dimension and changes in the craniofacial dentoskeletal structures. Additionally, we may recommend bodywork such as myofascial release, chiropractic or osteopathic supportive therapy.