



Dr. Samira Jafari
Integrative Family Dentistry

FUNCTIONAL FRENULOPLASTY + MYOFUNCTIONAL THERAPY

The success of our practice is based on our ability to provide a complete and effective release of tethered oral tissues by incorporating a multidisciplinary protocol that integrates myofunctional therapy (and sometimes physical therapy) before, during, and after surgery.

Our tongue-tie release procedure is based on precision: releasing the appropriate extent of tissues for maximal relief; not too much, and not too little. The tongue is one of the most critical organs in our bodies as it has the the ability to regulate and shape orofacial structure and musculature. The un-tethered mobility of the tongue is required for optimal speech, chewing, swallowing, oral hygiene, and breathing functions, as well as for development of the skeletal structures of the jaw and the airway. Because the tongue plays such an important role in so many functions, restricted mobility of the tongue may lead to compensatory behaviors that may negatively affect nasal breathing and cause snoring due to low tongue posture, or contribute to chronic stress on the other muscles of the head and neck. The tongue also has connections to the whole body through a system of connective tissue known as fascia, and a restrictive tongue may place tension on the fascia networks causing neck tension, pain, and postural dysfunction. Our functional frenuloplasty approach honors the changes that occur during a tongue-tie release and prepares the body for acceptance and optimal healing post-treatment.

POST-OP INSTRUCTIONS

After the surgery:

Patients should expect some mild swelling, pain, and/or discomfort as a normal process of wound healing. Pain can be controlled with over-the-counter pain medications, and other symptoms usually self-resolve over the course of 1-2 weeks with proper rest and myofunctional therapy. Possible (but very rare) complications of frenuloplasty may include bleeding, pain, numbness, failure of procedure, scarring, and injury to adjacent structures, which may result in salivary gland dysfunction.

Immediately after the surgery:

Wound Care and Bleeding

It is normal to experience some bloody oozing during the first 1-2 days. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Dr. Jafari, or go to your local emergency department.

Swelling and Inflammation

It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. Your tongue may feel larger than usual and more painful to move. We recommend alternating Tylenol and Ibuprofen every 3 hours the first day and as needed for pain thereafter. We also recommend using Stella life Gel 3-5 times a day to assist in healing and to reduce inflammation.

Oral Hygiene

Please continue brushing teeth as usual. We recommend rinsing with warm salt water several times a day to keep the wound clean and reduce the risk of infection.

Food/Drink

During the first few days, you may find it helpful to have soft, cool foods. You may find it challenging to consume hot or spicy foods, or foods that require a lot of chewing.

Sutures

We use absorbable sutures that will usually fall off or dissolve on their own within 3-5 days and sometimes anywhere from 1-10 days after surgery. As the sutures fall out, granulation healing tissue will fill the open wounds. If the granulation tissue overgrows the wound, we recommend brushing the surgical site with a clean, gauze-wrapped finger to remove any excess oral debris. It is not necessary to completely remove the granulation tissue. Serapeptase enzyme applied directly on the wound can naturally reduce the granulation tissue and improve healing. (more info will be provided)

PeriAcryl Glue

We may apply PeriAcryl glue to the wound site in place of or in addition to sutures. Over time, the glue can have a hard and rough texture, but try to refrain from picking at it. If the glue stays on past 1 week, we encourage gentle massage with Vitamin E oil or coconut oil to dissolve and remove the material.

Myofunctional Therapy Exercises

We recommend gentle tongue movements for the first 3 days after your procedure. It is highly recommended to move the tongue in gentle, natural motions - such as speaking, singing, reading out loud, etc. Refrain from strong suction, sticking your tongue out, and other strenuous stretches and/or exercises to avoid losing the sutures within the first few days. Please follow up with your myofunctional therapist 5-7 days post release so they can guide you on recommended stretches and exercises.

Wound Stretches

Check in with your myofunctional therapist within a week after your procedure to assess the progress of your wound healing and determine whether wound stretches are indicated. Wound stretches involve wrapping the tongue in a paper towel or gauze, and pulling the tongue outwards, downwards, upwards, and to each side, to feel a stretch for at least 30 seconds or until there is a release of tension.

Lip and Buccal Ties

We recommend that you take it easy for the first few days. Afterwards, run your tongue around the oral vestibule several times a day. We also recommend air puffs. After one week, you can stretch the lip outwards and perform manual intraoral massage.

Bodywork/Physical Therapy

Many patients benefit from fascia physical therapy, craniosacral therapy, osteopathic manipulation, and other forms of bodywork post-operatively depending on the clinical circumstance.

At any time, call our practice if you experience any of the following:

- Severe pain that does not improve with medication
- Brisk bleeding
- Severe swelling at the site of surgery
- Difficulty breathing
- Fever higher than 102 degrees F (~39 C).

For emergencies: please call 911 or proceed to your local emergency department and call or text Dr. Jafari directly: (678) 622-8839