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## **POST OP INSTRUCTIONS FOR FRENULECTOMY**

Tongue-tie is a condition in which the free movement of the tongue is restricted due to abnormal attachment of lingual frenulum towards the tip of the tongue. The frenulum may be too short and taut, or it may be attached too far along the base of the tongue. Tongue tie can cause feeding problems in infants, and may cause speech impairments as a child learns to speak. In many cases tongue tie diminishes on its own after two or three years of age and surgery may be unlikely. Unless feeding is a problem, we usually recommend waiting at least a year before considering surgery.

### **The Procedure:**

Overall, the procedure of cutting the lingual frenulum is relatively simple, and babies may breastfeed immediately afterwards. The surgery may even be done in children less than 3 months of age. Risks of frenulectomy are very low but may include pain, bleeding, or infection.

For children who do require frenulectomy, we use a brief general anesthesia, and cautery to divide the frenulum. A few dissolvable stitches may be placed to re-approximate the mucous membrane of the tongue. The whole procedure takes approximately 15 minutes.

### **After the Procedure:**

You may notice some slight swelling or bleeding to the site for 24-48 hours. Typically the swelling is not excessive but if you experience significant swelling and/or bleeding please contact our office at 309-585-0370.

The patient should eat a soft, non-spicy food for the first few days following the procedure or until a regular diet is tolerated.

Patient's experience a varying degree of pain at the area which are typically controlled well with over the counter pain medications such as Tylenol. Please hold off on any medications that may thin the blood, including Advil, Motrin or Ibuprofen for 1 week after surgery.