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Form “PO-V” Guidelines after Frenulectomy (tongue or lip)

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.



Pain control, hydration, diet, nausea/vomiting, wound care, and bleeding are the main factors in care after frenulectomy.

Pain Control:

Pain after frenulectomy is usually mild and can be managed with acetaminophen (Tylenol®). A Teething Gel may be used before stretching exercises to help relieve the discomfort.

Additional pain control recommendations for **children**: Be sure to ask your child regularly if he or she has pain. About 30-60 minutes after giving pain medicine, ask your child if the pain is improved, and you may re-treat if necessary. Age-appropriate distractions help—playing with them, having their favorite toys or video games available, blowing bubbles, doing an art project, watching a video, or reading a book helps.

Hydration:

Despite soreness, it is imperative to stay hydrated after frenulectomy. As a general rule, keeping urine a light yellow or clear is a good sign of adequate hydration. For children in diapers, the frequency of diaper changes and the weight of the diaper are indicators.

Diet:

I do not recommend any dietary restrictions after frenulectomy. Tongue movement helps the healing.

Nausea/Vomiting:

Nausea and vomiting can occur after surgery for multiple reasons, including the anesthetic medicines and any swallowed blood.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and combined with other medicines, particularly narcotics, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metoclopramide (Reglan).

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Wound care:

It is normal for the wound(s) to appear white or yellow with an irregular surface during the healing process. This [YouTube video](#) illustrates healing over time.

Stretching exercises are necessary to prevent the wound edges from sticking together, which would undo the benefit of the procedure.

Stretching exercises after lip frenulectomy: Place your finger under the lip and gently sweep the finger from side to side, crossing over the wound site about five times. Perform this three times a day for two weeks.

Stretching exercises after tongue frenulectomy: Position your child with the head extended over the edge of the changing table, as shown in this [YouTube video](#). This helps the child's mouth open. Place one or two of your index fingers under the tongue and gently push the tongue backwards, creating stretch on the wound. Perform this three times a day for two weeks.

Bleeding:

A small amount of bleeding may occur for the first day after the procedure and after stretching exercises. For any significant bleeding, hold pressure with a gauze (or washcloth) against the bleeding area for a few minutes.

Fever:

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

Return to Driving and Other Activities Requiring Alertness:

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

You may find more information at DoctorLansford.com

Acetaminophen (Tylenol) dose for children based on weight and specific product. Each dose may be repeated every four hours.

Child's weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96 and up	Unit
Liquid 160 mg per 5 milliliters (mL)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Liquid 160 mg per teaspoon (tsp)	--	½	¾	1	1½	2	2½	3	4	tsp
Chewable 80 mg tablets	--	--	1½	2	3	4	5	6	8	Tab
Chewable 160 mg tablets	--	--	--	1	1½	2	2½	3	4	Tab
Adult 325 mg tablets	--	--	--	--	--	1	1	1½	2	Tab
Adult 500 mg tablets	--	--	--	--	--	--	--	1	1	Tab