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INSTRUCTIONS FOR PARENTS

MAXILLARY FRENUM ("LIP TIE")

1. What is the Maxillary Frenum ("Lip Tie")?

The maxillary frenum is the central band of tissue that spans from the upper lip to the lower part of the upper gum line. Ordinarily, the upper lip is freely mobile and can be fully extended over the upper gum line. Sometimes, a prominent mature maxillary frenum results in significant separation of the two upper incisors creating a "tooth gap".

2. How does the Maxillary Frenum affect my child?

1. In the newborn, significant upper lip movement restriction can, on occasion, result in poor "latching on" to the breast or for bottle-feeding. This inability to make an adequate seal around the nipple may prevent the baby from taking in an appropriate amount of nutrition.

2. As your child grows, a prominent extension of the maxillary frenum can create a midline barrier affecting the position of the upper two incisor teeth. While most children do not have this problem, in others, removal of this tissue becomes part of the orthodontia plan to correct teeth alignment when older.

3. How does one treat a child with significant Maxillary Frenum?

After birth, while a newborn, if significant "latching on" or feeding problems are recognized, a simple "maxillary frenum release" procedure in our office is often all that is necessary to free the upper lip and allow it to function more normally. This relatively painless procedure (for the child) is performed using topical anesthetic gel and with minimal blood loss, if any. With a dose or two of an over-the-counter medication such as acetaminophen or ibuprofen *(ibuprofen cannot be given under 6 months of age)*, there are almost no post-procedural difficulties. The release of this restrictive midline tissue in the office is called a **maxillary frenotomy** and can usually be safely performed up to several months of age.

In older children, however, because the tissue has matured and is usually thicker, an office procedure is generally not recommended. In many of these children, surgery to release the midline band of tissue is not necessary. Because it is difficult to predict which child will progress to having a noticeable "tooth gap" it is sometimes recommended to include a procedure when a child is already planned for general anesthesia, usually for a fairly routine ENT surgical procedure, such as 'ear tubes' or "tonsils and adenoids'. The surgical procedure on the upper lip performed under anesthesia in the operating room is called a **maxillary frenotomy** or **maxillary frenectomy** depending on what was done.

3. What can I expect after my child has a maxillary frenotomy or frenectomy?

When office maxillary frenotomy is performed on infants, you can reasonably expect to see improvement in the ability to latch on to the breast, or bottle nipple, and for feeding to improve. If desired, you may feed your newborn/infant in the office shortly after the procedure has been completed.

In older children who have had a maxillary frenotomy or frenectomy, while there will be more upper lip mobility, long term results are the reason for performing the procedure. The actual outcome will have to wait until the permanent teeth erupt and move into position.

4. Care of the upper lip after maxillary frenotomy or frenectomy

Upper lip mobility is important after the procedure to reduce the potential for the body to try and naturally 'heal' by having two open surfaces stick to one another. Upper lip movement stretching is most effective when done several times a day for the first several weeks. In infants, it is advised to gently roll the upper lip upwards until the natural crease is reached. Since upper lip movement is not the primary reason for the procedure in older children, this maneuver, while recommended, is less necessary.

5. Are there any long-term problems from maxillary frenotomy or frenectomy?

1. Bleeding – usually described as blood tinged mucus - is an uncommon development, but when it occurs is usually due to the infant or child rubbing over the area in the first 24-48 hours. Simply wipe the wound gently and apply pressure.
2. In some infants and children, there is a temporary small degree of central lip swelling noticed that will resolve in a few days.
3. Pain is rarely a problem outside the first 24-48 hours, and is usually well controlled with non-narcotic over the counter pain medications if needed.

There are many reasons for post-procedure healing challenges.
Please call our office for any questions.