



Elizabeth R. Dy, DMD

Functional Frenuloplasty + Myofunctional Therapy

The success of our releases is thanks to the Functional Frenuloplasty protocol created by Dr. Soroush Zaghi of the Breathe Institute. This protocol allows for a complete and effective release of tethered oral tissues via the incorporation of a multidisciplinary approach. As a result, we integrate myofunctional therapy (as well as other types of therapy and bodywork when necessary) 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. As an Affiliate of The Breathe Institute, Dr. Elizabeth R. Dy was personally trained by Dr. Soroush Zaghi.

The tongue is one of the most critical organs in our bodies as it has 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. The Breathe Institute's functional frenuloplasty approach honors the changes that occur during a tongue-tie release and prepares the body for acceptance and optimal healing post-treatment.

Frenuloplasty Pre-operative FAQs

Your active participation is important to the post-operative success of your treatment. The following FAQ's will help you know what to expect in the days following surgery, and will help to optimize a successful surgical outcome. Do not, however, hesitate to call if you have any questions or concerns.

Q: CAN YOU DESCRIBE THE TREATMENT FOR A PATIENT THAT IS TONGUE-TIED? DOES IT HURT?: A frenuloplasty is a straightforward outpatient procedure that can be completed in office without the need for general anesthesia. If a release is recommended, the treatment takes less than an hour. Dr. Dyi will apply an effective topical anesthetic gel on the frenular tissue underneath the tongue prior to treatment, followed by an injection of lidocaine, allowing for zero to minimal discomfort during the procedure. The anesthetic wears off approximately 30-45 minutes after the procedure is completed. For the first several days (occasionally up to 5 days) following surgery, pain is to be expected. This can usually be controlled with over-the-counter medication such as Tylenol or Ibuprofen.

Q: ARE THERE ANY PRE-OPERATIVE INSTRUCTIONS?: We encourage you to eat a full meal prior to your procedure. We also encourage getting a good night's sleep the night before. Please refrain from consuming caffeine prior to the procedure.

Q: WHAT HAPPENS AFTER THE PROCEDURE?: It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. We recommend using Tylenol and Ibuprofen as needed for pain. 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. We will provide you with detailed post-operative instructions at the time of your procedure.

Q: ARE ANTIBIOTICS ADMINISTERED?: No, antibiotics are not administered. We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection.

Q: WHAT ARE THE POSSIBLE RISKS?: Complications of surgery are rare, but may include numbness, bleeding, pain, failure of procedure, infection, injury to adjacent structures, and scarring. It is crucial to follow the post-operative instructions to prevent scarring or re-attachment of the frenum. Pre- and post-operative myofunctional therapy is essential for optimal recovery after frenuloplasty.

Q: WHAT IS THE PROPER WAY TO ACTIVELY MANAGE THE WOUND POST-PROCEDURE? WHAT CAN I EXPECT TO SEE AFTER THE PROCEDURE?: 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, a white diamond-shaped area may appear where the frenum was. This is normal and not an infection, rather, it is granulation healing tissue that will heal and disappear in approximately two weeks. We will provide you with a soft toothbrush to remove any oral debris.

Post-operative Instructions

After the surgery:

Patients can expect some mild swelling, pain, and/or discomfort as a normal process of wound healing. Generally, this is fairly mild and can be controlled with over-the-counter pain medications. Possible (but very rare) complications of frenuloplasty may include anesthesia complications, bleeding, pain, numbness/ tingling, failure of procedure, voice and swallowing changes, infection, injury to adjacent structures, and scarring.

Immediately after surgery:

- Wound Care and Bleeding: To alleviate discomfort, you can apply a small amount of topical anesthesia to a piece of gauze, place on the surgical site, and replace as needed every 1-2 hours, maximum of 4 times daily. 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. Dy. If heavy bleeding persists, please 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. The majority of patients will find relief using Tylenol and Ibuprofen as needed for pain. We also recommend holistic options such as arnica, turmeric, and ginger. If you are already taking chronic pain medications, we would recommend discussing alternatives with your pain doctor.
- 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 those that are more textured and thus require more chewing.
- Sutures: We use resorbable sutures that will fall off or dissolve on their own within a week after surgery. After the sutures come out, granulation tissue that is whitish in appearance will fill the open wound(s). This is normal and expected. Only if the granulation tissue overgrows the wound should the excess tissue be cleansed gently with a soft brush to remove oral debris. It is not necessary to completely remove the granulation tissue.
- Oral hygiene: We recommend rinsing with salt water and/or alcohol-free mouthwash several times a day to keep the wound clean and reduce the risk of infection. Colloidal silver spray is an excellent antimicrobial option.
- Surgical Glue: PeriAcryl surgical glue may be applied to the wound site in addition to sutures. Over time, the glue can have a hard and rough texture. It is important to refrain from touching or picking at it. If the glue stays on past 1 week, we encourage gentle massage with Vitamin E oil, coconut oil, or mineral oil to dissolve and remove the material.

Post-operative Instructions, Cont.

- Myofunctional Therapy Exercises: We recommend gentle tongue movements only for the first 3 days after your procedure and to focus on minimizing the pain. This may include light movements with your tongue by lifting it up to the front teeth with your mouth wide open, moving side-to-side inside the cheeks, tracing the tongue back-and-forth along the palate, and elevating the tongue in suction-hold. Avoid sticking your tongue out during the first few days to prevent tearing the sutures. Wound contraction may occur by around day 5-7. It is extremely important to perform the stretches and exercises as prescribed by your therapist to obtain the most optimal results.
- 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: Many patients benefit from co-therapy with myofascial release, craniosacral therapy, osteopathic manipulation, and/or other forms of bodywork both pre- and post-operatively, depending on clinical circumstance. Dr. Dy has a list of Preferred Providers for these different modalities.

If you experience any of the following, call our practice:

- severe pain that does not improve with medication
- brisk bleeding
- severe swelling at the site of surgery
- difficulty breathing
- fever higher than 102°

For emergencies, such as excessive swelling that is closing the airway, please call 911 or proceed to your local urgent care facility.