

INFORMED CONSENT - FRENECTOMY DIAGNOSIS

Lip Tie: A tight upper lip tie (frenum) attachment may compromise full lip flanging and appears as a tight, tense upper lip during nursing. This can result in a shallow latch during breastfeeding. Additionally, the tight upper lip may trap milk, resulting in constant contact of the milk to the front teeth. This can result in decalcification (loss of enamel strength) and dental decay can develop when the milk is not cleaned off of these areas. This same issue can occur with bottle feeding. If the frenum attaches close to the ridge or around the ridge onto the hard palate a future diastema (gap between the teeth) can also occur. This gap is only a problem when the permanent teeth erupt. A tight lip tie can also cause the jaw bone to notch, which may lead to orthodontic problems in the future.

Tongue Tie: A tight sublingual frenum attachment (tongue tie) may restrict the mobility of the tongue and appear as a cupping or heart shaped tongue when the tongue is elevated. This can result in an inability to get the tongue under the nipple during breast feeding to create suction to draw out milk. Long term, a tongue tie can result in speech problems and/or later with transferring food around the mouth for chewing. Also, lack of proper range of motion of the tongue can prevent proper development of the dental arch resulting in orthodontic problems.

SYMPTOMS

Some babies can have ties and not have problems. To know if the ties are a problem we ask two major questions: "Is the baby getting enough to eat?" and, "is nursing comfortable for the mother?" Breast or bottle feeding should be a positive experience for both baby and mother.

Symptoms of lip- and/or tongue-tie may include:

- Poor latch
- Slides off nipple
- Falls asleep while attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Continuous feedings
- Gumming or chewing of the nipple
- Unable to take a pacifier or bottle
- Creased, cracked, bruised or blistered nipples
- Bleeding nipples
- Incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis (inflammation of the breast)
- Nipple thrush

TREATMENT

The treatment of choice for lip and tongue ties is called a frenectomy (or frenotomy.) A laser cuts the restrictive tissue and seals it, resulting in very little or no bleeding and no need for stitches.

During the procedure, the baby is swaddled and placed in our dental chair while being stabilized by an adult to minimize movement during the procedure. Anesthesia is not used in babies under 1 year of age. The parents are escorted to the reception area for the short procedure. The baby's eyes are covered with protective covers appropriate to protect against the specific wavelength of the laser being used. When the laser procedure is completed the parents are brought back immediately and the mother is encouraged to nurse (if still breastfeeding).

Babies will cry during the procedure, NOT because they are in pain, but because they are being wrapped up and something is in their mouth that is not food. The actual laser treatment only takes about 5-10 seconds.

ALTERNATIVE TREATMENT

The alternative to laser treatment includes surgery with a scalpel using local anesthesia and possibly either sedation or general anesthesia. The other alternative is to do no treatment. No treatment could result in some or all of the conditions listed under "Symptoms" above.

Advantages (benefits) of laser vs. scalpel or scissors include lower probability of re-healing, less bleeding, no sutures (stitches) or having to remove sutures. There are also some studies that show decreased post-operative pain when a laser is used instead of scissors or scalpel.

Disadvantages (risks) are included in the "Risks of Procedure" section below.

RISKS OF TREATMENT

While the majority of patients have an uneventful surgery/procedure and recovery, a few cases may be associated with complications. There are some risks/complications that can include:

- Bleeding. This may occur either at the time of the procedure or in the first 2 weeks after.
- Infection
- Pain
- Damage to the sublingual gland, which sits below the tongue. This may require further surgery.
- Injury to the teeth, lip, gums, or tongue
- Burns from the equipment
- The frenum can heal back and require further surgery
- Swelling and inflammation, especially of the upper lip
- Scarring is rare but possible

PARENTAL CONSENT

I acknowledge that the doctor has explained my child's condition and the proposed treatment/procedure. I understand the risks of the procedure, including the risks that are specific to my child and the likely outcomes. I was able to ask questions and raise concerns with the doctor about my child's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that no guarantee has been made that the procedure will improve the condition and that the procedure may make my child's condition worse. On the basis of the above statements,

I REQUEST THAT MY CHILD HAVE THE PROCEDURE/PROCEDURES INDICATED BELOW AND I GIVE DR. AARONSON MY PERMISSION TO USE HER PROFESSIONAL JUDGEMENT IN TREATING MY CHILD.

Frenectomy: Upper Lip

Frenectomy: Tongue

Frenectomy: Cheek

Check here if you consent for Dr. Aaronson to administer a dose of Acetaminophen (Tylenol) to your child prior to the procedure.

Name of Patient: _____

Signature of Parent/Guardian: _____ Date: _____

Witness: _____ Doctor: _____