Agave Pediatrics
T: (480) 585-5200 F: (480) 585-5233
info@agavepediatrics.com
www.AgavePediatrics.com
www.TongueTieKids.com

Frequently Asked Questions and Answers

1. Why does Agave Pediatrics have us come for a consult and then a procedure and a follow up?

    a. Agave Pediatrics/Dr Agarwal is one of the leading specialists in oral ties. We have developed a standard of practice that is taught to other practitioners. Oral releases are considered a surgical procedure, and while the procedure itself is very quick, there still needs to be a full assessment of your baby or child prior to performing any surgical procedure. This standard of practice of having a consult done by one of our very knowledgeable practitioners to fully assess your child, assess their symptoms related to the tie, fully look in and assess the function of the tongue and lip, and discuss the entire procedure and the after care can be a lot in one day.
    b. We want all of our parents to be completely informed of why or why not the procedure is indicated, risks and benefits, and take the time to answer any questions. You then have the ability to go home and make sure you are comfortable proceeding with a surgical procedure and your appointment is scheduled. You then come back for a follow up, just like you would any surgical procedure to make sure things have healed well, and to make sure symptoms have improved. While we know it can be a very stressful time having a baby who is struggling to breast feed, or feed in general, we want to make sure we are providing procedures safely and each baby or child is looked at from all angles, not just their tie.

2. What symptoms are related to a tongue tie?

    a. For infants most moms will complain of difficulty breast feeding. These difficulties include painful feeding sessions, cracked and possibly bleeding nipples, baby being fussy at the breast, baby is unable to drain the breast due to a lack of transferring milk, baby eats frequently for long periods of time (30-45minutes), lack of weight gain, reflux symptoms, overly gassy and uncomfortable from gas, swallowing difficulties and possible torticollis.
    b. Older babies you might see issues with developmental milestones regarding feeding. Babies might have a hard time transitioning to solids, they may gag on pureed foods, gag and choke on puffs or wafers, and a lack of wanting to try new textures of foods. Some babies can still experience reflux, lack of good sleeping habits by waking frequently at night, and difficulty transitioning to sippy cups.
    c. Toddlers you might start to notice all of the above symptoms were present, and now your child is experiencing difficulty articulating certain sounds. Toddlers will also continue to be hesitant on trying new textures of foods. Kids at this age can start to show symptoms of hyperactivity due to lack of proper sleep cycles. Some toddlers or young kids will be very noisey breathers as well.

3. Why is Dr. Agarwal hesitant about doing both the lip and tongue release together?

    a. Many babies do have a tight lip tie that goes along with their tongue tie, although not all babies will need the upper lip released, so why have an added procedure done if it is not needed. Many of the symptoms that are causing the difficulty feeding can be eliminated by just performing the tongue release. So, allowing one procedure to be done and see how things improve before adding another to the recovery process. Also, some babies are sensitive and do sometimes have a difficult time relearning to eat after the tongue release, adding two painful areas can slightly increase the chances of oral aversion, reattachment, and longer difficulties breast feeding, so if we can avoid that by spacing things out, in most cases this has provided the best feeding success. Although every case is different, and Dr. Agarwal will weigh the risks for each patient and decide with the family the best approach.

4. How do I know if my baby needs a lip release?

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a. Lip releases are not always needed. Signs that a baby still needs a lip release include continued reflux symptoms, excessive gas and baby is uncomfortable from gas, continued clicking, gulping, baby popping on and off the breast, fussy at the breast, slides off the breast easily, frequent spit ups or vomiting. A lip tie causes the mouth to be tight and therefore unable to properly create a seal around the breast or bottle and therefore air is swallowed with each feeding.
b. Side note, babies can have worsening of these symptoms after the tongue release because as their suck gets better they end up swallowing even more air.

5. How is the lip release different than the tongue release?

    a. The procedure itself is very much similar, and lidocaine is still used. Majority of babies do better after the lip release because it is a piece of skin that is opened versus muscle tissue. Also, the stretches are a bit easier since you are not opening their mouth, and not messing with a muscle.

6. What grade is my tongue tie and when is it bad enough to be released?

    a. The degree or grade of a tongue tie is not the deciding factor in whether a procedure is indicated. If you are experiencing symptoms related to the ties, that is when a procedure is warranted. Doing a procedure when symptoms or complications are not present only to prevent potential issues later, is not a cause for a procedure at this time.

7. What will I experience the day of the appointment?

    a. The day of the appointment, arrive at your designated time. You can feed your baby up to 1 hour prior to your appointment but please not in the office, you can feed them immediately after. Dr. Agarwal will come in and see you, the staff that assists with the procedures will take the baby back into the treatment room and get them swaddled. Dr Agarwal injects a small amount of numbing medicine into the area being treated. The laser is on for 10-20 seconds and then they bring your baby right back to you. If you are a breast-feeding mommy, we have an IBCLC who is doing our after-care instructions. This includes helping with latching immediately after the procedure and also showing you how to perform the exercises. And she will recommend when to meet with the IBCLC you are currently working with, or help you find one outside of our office.

8. When do I start pain medication at home?

    a. Each baby metabolizes the lidocaine differently so starting pain control before your little one is in a lot of pain is very important. Starting Tylenol within the first few hours of being home and keeping on top of dosing will be very beneficial to making sure this transition goes as smooth as it can. If your baby is at the peak of pain before control is started sometimes it can be very hard to get them calmed down enough to eat. So, staying on top of pain is very important.

9. The paper says to call if I need to give Tylenol after day 3. Do we stop cold turkey?

    a. If you notice your baby is needing Tylenol around the clock after day 3, yes please call the office. You should be able to start spacing out the doses to where you are giving it maybe 2-3 times day 4 and 1-2 times day 5. But abruptly stopping all pain methods at day three might be a little too much for your baby. Discuss these options with your provider if you have concerns about the use of Tylenol.

10. When and how often do we do the stretches, and how do I know I am doing them correctly?

a. The stretches post procedure are extremely important as this is what is allowing the wound to heal in an open position versus healing closed "reattaching". The process of getting the tip of the tongue up and back and then going across the wound is helping to detach the fibers that are trying to close the wound, and that is not what we want. Getting the tongue to move side to side is helping the tight muscle stretch and move in the natural way the tongue should move.
b. The recommended amount of times per day is about 6. Try them at all different times of the day. If your baby is under 2 months, some babies might sleep through them. If you can only do them with one finger, that is ok as long as you are getting the movements done. After about 2 weeks, or after your follow up appointment if all looks great, they will usually recommend dropping to 4 times a day for an additional 4 weeks so that the scar tissue that has developed won't continue to tighten.

11. When should I see an IBCLC?

    a. Some see an LC the day of the procedure. Although your baby may be in pain or very sleepy after the procedure. Days 3-5 after the procedure can be some of the roughest days for your little one so trying new positioning and new feedings might be overwhelming. Discussing this with an LC and your provider would be best to recommend a good time to discuss trying new feeding techniques.

12. When I do stretches my baby pulls his tongue down and back and I can't get under there.

    a. There are wonderful videos of how to do the stretches. Although these babies are very cooperative, your baby will probably not be as cooperative and that is very normal. All we can ask if that you do your best, finding times when your baby is the most relaxed is the best. Some it's right before diaper changes, some its right after a feeding, some it's while sleeping. You decide what time you feel is right but try and switch it up. Before feedings is not always recommended because it can cause discomfort which might not be the best for feedings.
    b. If your baby is clamping down on your fingers, try this technique. Lay your little one down, use one hand and place your palm on the side of their face and put your thumb in between their gums so they bite down on your thumb, then use your pinky finger on the other hand to do the stretches, then switch sides. Sometimes this can be helpful.

13. What is all the talk about Chiropractic work and do I need to do it?

    a. When a baby develops in utero with ties, it's not just those areas that are tight, the muscles of the head, neck, face, and back are all tight. Releasing the tongue is just one of the muscle structures that are loosened. But many areas are still very tight and chiropractic work with someone who specializes in children using Cranial Sacral Therapy (CST) or someone who does body work is what you should look for if you chose to look into chiropractic work.

14. My baby wont suck on a pacifier or my finger, how do I do the suck training?

    a. Many babies do not perform "nonnutritive sucking". A baby won't suck on something they do not find comforting. While some babies wont function without a pacifier in their mouths. If you can try a drop of breast milk on your finger and see if they will suck that way and then try a little tug here and there, it will be beneficial. If your baby wont suck or just gives up when you start to tug, that is ok, just keep trying.

15. Can my baby sleep through the night without stretches or should I wake them up?

a. Preferably the stretches should be done around the clock in spaced out intervals, but we do not want to wake a sleeping baby if we can let them go an extra hour or two. If your baby sleeps 6-7 hours at night, just do a good session prior to sleeping, and as soon as they wake up. Keep in mind that also without waking up for stretches they are not having any pain control at night and might be in a bit more pain when you do the stretches first thing in the morning.

16. How can I tell if there is reattachment?

    a. Reattachment is a scary word and thought that a baby will need to go through another procedure. Reattachment is a risk but a minimal one. All wounds heal, and we just ask that you do your best when it comes to stretches to hopefully prevent the healing process from doing its job. If your baby has improved in feeding, and symptoms have decreased, and you have been doing the stretches, the risk of reattachment is very minimal.
    b. If you start to feel a speed bump area, the white wound has drastically closed before day 7 post procedure, or you feel a tightening of the tongue movement during stretches please call the office for a follow up to check.
    c. Also, if you are told your baby had a very tight tie, sometimes what happens is not that the wound itself reattached but that deeper muscles have come forward once the more surface ones were released. That is a potential but a very minimal potential.

17. What is that white patch of skin under the tongue/lip and do I try and scrape it off?

    a. The white area is the mouth's way of putting a scab on the wound. That will be there for about 7-10 days, it will slowly heal from the sides inward and that is what we are looking for. The wounds under the tongue are typically in a diamond shape, some are wider or longer than others and some may have more of a hole in the center. This is different for each baby due to their level of restriction.
    b. The wound usually developed around days 2-3 and last until about day 7-10.

18. What is the white stuff on the tongue and is it thrush?

    a. This is a normal layer that develops but babies who do not have ties are able to rub their tongue up against the roof of the mouth which wipes that layer off. Babies with a tongue tie and high palate are unable to do so, so the white layer is normal and will eventually be scraped off as the tongue movement improves.