

## Agave Pediatrics

T: (480) 585-5200 F: (480) 585-5233

[info@agavepediatrics.com](mailto:info@agavepediatrics.com)

[www.AgavePediatrics.com](http://www.AgavePediatrics.com)

[www.TongueTieKids.com](http://www.TongueTieKids.com)



### Welcome to Agave Pediatrics!

We are so happy that you chose Agave Pediatrics to evaluate and treat your child for a possible tongue tie. We understand that you may have questions about this process while going through the evaluation process. To help you navigate this process we have devised the 'Agave Approach', which helps you by following a well-established protocol so that you understand our approach and "why we do what we do".

- 1. Please, email or call our tongue tie coordinator Tammy Jo for any questions at: [twheaton@agavepediatrics.com](mailto:twheaton@agavepediatrics.com) she is available from 7 am – 4 pm Monday thru Friday.**
  - If you have questions about the procedure, health concerns affecting you or your child due to tongue tie, healing after the procedure, or any other tongue tie related issue, know that we are here for you.
- 2. Procedure is scheduled ASAP depending on need, your insurance coverage and availability.**
  - We prefer to do a "Consult" before we do the procedure. The consult entails full evaluation, along with description of the procedure, risks, benefits, post frenectomy care etc. in detail with one of our experienced Nurse Practitioners.
  - Procedure can be done within 1-4 days in most cases after the consult.
  - Procedure will be done same day, if patient lives out of area (over 1.5 hour) and no authorization is required for the procedure.
  - If there are significant feeding issues or your Lactation Consultant contacts our office, we **MAY** consider doing procedure same day.
- 3. We schedule post tongue tie follow up 2 weeks after procedure.**
  - Based on how feeding issues are going we may recommend an earlier F/U.
  - If a lip tie is present and at the time of F/U we find that the lip tie may be causing issues, we may perform a lip tie frenectomy on the day of F/U, if your F/U is scheduled with Dr. Agarwal. Otherwise a procedure will be scheduled with him at the next available appointment.
  - In special cases we will do a lip tie frenectomy before the 2 weeks follow up if the patient is having weight gain issues, or any other feeding complications.
- 4. Typically, labial frenectomy does not require a follow up unless complications arise.**
  - Please feel free to call us if any concerns or issues arise.
- 5. Consultation notes will be sent to the referring provider if requested.**

### What you must know about Tongue Tie (TT) and Frenectomy:

**What is TT:** There is a small band of mucous membrane (a frenulum) that connects the middle part of the tongue to the bottom part of the mouth. People often refer to this abnormality as being "tongue-tied." The technical name for tongue-tie is ankyloglossia. The diagnosis of tongue tie is dependent on functional deficit caused by limitation of the tongue movements. The presence of an anatomical TT alone is not enough to indicate the need for a frenectomy. There must also be dysfunction of the tongue which in turn contributes to feeding or other identified difficulties.

**What problems can it cause:** Tongue-ties can cause problems with breastfeeding because the frenulum restricts tongue movement from its natural movement of sucking and feeding. Often times it can create nipple pain, latch problems, and poor weight gain. Different problems may also occur later in life, such as speech problems and dental complications. Research shows that a "frenotomy/frenectomy" or clipping of the tongue-tie is a safe and effective treatment and usually helps improve the associated symptoms.

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**What are some considerations for releasing a baby's frenulum:** Frenectomy is a procedure done at the bedside in our office. The baby is given local anesthesia prior to the procedure to numb the site, and the tissue under the tongue of the infant's mouth is cauterized using a laser. The procedure itself is very brief and the child can go straight to eating afterwards (we encourage breastfeeding babies to go on the breast right away). Many mothers feel less nipple pain and a better latch almost immediately. After the procedure, no special care is needed though most children may feel pain for 1-3 days which is resolved with medication, popsicles, ice creams etc. Although it is a minor procedure, as with any surgical intervention, it does have some risks, including but not limited to, infection, bleeding, pain, allergic reactions, temporary numbness, injury to the mouth, scarring, or reattachment.

**What is the next step for me and my baby:** After watching our video and having a chance to speak with our team regarding your infant's tongue-tie and the procedure, we encourage you to take your time regarding your decision. We cannot guarantee that the procedure will be successful. In most cases, the treatment should provide benefits to the breastfeeding experience and other symptoms. If you wish to proceed, schedule an appointment with our team to have the procedure performed. At that visit, you will have time to further ask questions and have your concerns answered, as well as sign a consent form before the procedure is done. Below are some helpful resources regarding tongue-tie and the procedure:

- <http://agavepediatrics.com>
- [www.tonguetiekids.com](http://www.tonguetiekids.com)
- [www.tongue-tie.net](http://www.tongue-tie.net)
- [www.kellymom.com](http://www.kellymom.com) (a website with great information regarding breast feeding and information on tongue tie)

**Pre-Procedure Therapy:** We recommend starting post frenectomy exercises as soon as you are considering the procedure as we believe this will help your baby get familiar with having your fingers in their mouth several times a day. We also want you to be confident and comfortable with doing these exercises.

Building a trust with your baby is very important. Some babies can experience an oral aversion after having a procedure in the mouth. This can occur if the pain is too much or if they develop trust issues with objects in or near the mouth too often **this is what we want to avoid.**