Agave Pediatrics
T: (480) 585-5200 F: (480) 585-5233
info@agavepediatrics.com
www.tonguetiekids.com
www.fb.com/groups/TongueTieKids

THE AGAVE APPROACH

Thank you for choosing Agave Pediatrics to evaluate, diagnose and treat your child for oral restriction(s). Our multi-disciplinary team of professionals is here to help you navigate this process, and we understand that you may have questions. This handout outlines our treatment philosophy and is designed to answer the most common questions, so please read it thoroughly. Rajeev Agarwal, MD has developed a clinically successful, evidence-based, compassionate, and thorough approach for the treatment of tongue and upper lip ties. With the guiding concept of "Do No Harm," Agave Pediatrics consistently follows a well-established protocol for the treatment of oral ties. **NOTE:** Dr. Agarwal has not trained or endorsed any other professional. His clinical experience and technical expertise are unique to Agave Pediatrics.

Contact information is included below for you to reach out to us if your questions are not answered here. We consider parents to be the most important part of a child's recovery process, and our goal is to support you throughout this time!

CONTACT INFORMATION

Tonya - Tongue Tie Coordinator 480-585-5200 (for scheduling and billing questions)
Tina – Lactation Services Coordinator 480-585-5200 (for scheduling lactation consultations)
Mona - Patient Care Liaison 602-544-3967 call or text (questions and concerns after procedure)
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APPOINTMENT OPTIONS

Choosing to have a procedure done on one's child is a big decision! We offer two scheduling options so that parents/guardians can select the option that is right for their family.

- **Consultation (separate from Procedure):** A consultation with a Tongue Tie Team provider is the first step. This is done in an appointment separate from the procedure to allow parents adequate time for informed decision-making. While the procedure itself is very quick, it IS a surgical procedure requiring a parental commitment to aftercare in the recovery period. This appointment begins with a thorough assessment of your child's health, oral restrictions (ties) and related symptoms and challenges with feeding, speech, sleeping, dental, etc. There will also be a discussion of exercises you can start immediately, the procedure, aftercare, risks and benefits. Bring your questions! We have found that the best results happen when parents are fully empowered, informed and prepared for aftercare, and do not feel rushed into a decision.
- **Same Day Consult/Procedure:** There are families who prefer a briefer consultation and a procedure done on the same day. These are often experienced parents, who recognize the symptoms in a new baby, or first-time parents who've had another health professional recommend an appointment. Many parents study the information on our www.tonguetiekids.com website and determine that this amount of information is adequate for them to have a solid base of working knowledge toward a fully informed decision.
- **Procedure:** After the consultation, the tongue tie procedure/lingual frenectomy is done with a CO_2 laser. Many babies do have a tight upper lip tie that goes along with their tongue tie; but that does not mean that they both need to be done to improve your child's symptoms and function. By unnecessarily doing both the tongue and lip procedure on the same day, the added pain and aftercare can increase the chances of oral aversion, reattachment, and prolonged difficulties with feeding. Every case is different. Dr. Agarwal and his team will weigh the risks and benefits for each patient and decide, with the family, the best approach.
- **Follow-up:** The next in-office appointment is a follow-up after about two weeks. At this time, the healing process, function, feeding and other symptoms will be assessed. Should there be a need for an upper lip tie release, it may be done on the same day, based on parental preference and provider recommendations. Usually an upper lip/labial frenectomy does not require a follow-up visit.

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BEFORE THE CONSULTATION/EVALUATION

- Watch this video on what to expect. This MUST be watched before your consultation appointment https://www.youtube.com/watch?v=s0XBjsGSHrI
- Watch the exercise videos Agave Pediatrics (Tongue Tie) Post Frenectomy Exercises - YouTube on a baby and https://www.instagram.com/p/CH59z1Knbfy/?utm_source=ig_web_copy_link on a hand puppet
- Check out www.tonguetiekids.com especially the Frequently Asked Questions (FAQs) and testimonials
- Join our Facebook group for support www.facebook.com/groups/tonguetiekids

WEEK BEFORE THE PROCEDURE (or earlier if you can!)

- Gather recommended supplies -Tylenol, Arnica 30C, dropper and gloves (more info on page 3)
- Start practicing oral therapy exercises - beep bop boop, cheek stretches, follow the finger, tug o war. This will help you and your child when you continue to do these after the procedure. Watch the videos on the exercises again.
- Tummy Time: Multiple tummy time sessions during the day help your baby learn to use, strengthen, and stretch their jaw, neck, shoulder and arm muscles. Consistent tummy time improves motor development. Birth to two months old: 30+ minutes per day. Two to four months: total of 45-90 minutes per day. Four to six months: 1-2 hours. Six to eight months: the majority of the day should be on tummy, crawling, sitting. For more information, see www.tummytimemethod.com
- Many children will benefit from our in-office lactation support, osteopathic manual medicine, or feeding/speech therapy. You can make an appointment for any of these if applicable, for a few days after the procedure (more info on page 7).

PROCEDURE DAY

- Your child cannot have any food or drink for the 30 minutes before procedure (NPO). You will have a chance to breast or bottle feed after the procedure, if needed.
- You will meet Dr. Agarwal, who will do an oral exam and go over your child's history.
- Your child will be taken to the procedure room by a trained team member (parents are not allowed in the procedure room for safety and sanitary concerns). Your child is securely swaddled, their eyes are shielded, the area is injected with numbing medicine, Dr. Agarwal releases the restriction, and then your child will be brought back to you. This takes about 10 minutes. Dr. Agarwal will go over the procedure and exercises.
- Next, you'll meet with an aftercare specialist and/or lactation consultant to review aftercare instructions and stretches/exercises in more detail. Breastfeeding at this time is encouraged! You may also bottle feed your child directly after the procedure. Older children can get a frozen pop.
- Schedule your follow-up appointment before you leave the office.

AFTER THE PROCEDURE

Pain management is important! **Begin pain medication in the first few hours, as the numbing will wear off**. Staying on top of your child's pain will make the next days so much easier. (Dosages page 3)

- Tylenol or Ibuprofen (if older than 6 months): Follow recommended dosing for your child's age/weight.
- Arnica - 30 C (Homeopathic Treatment) Pellets are dissolved in breastmilk or water. (Instructions page 3)
- Other tips: Skin to skin - it's bonding, calming, and encourages breastfeeding. Dad/your partner can do this too. Baths, especially with a parent, skin to skin. Gentle baby body massage. Breastfeeding - studies show that breastmilk itself, and the act of suckling, help relieve baby's pain. Babywearing- studies show kangaroo carry (baby being carried facing a parent's chest) helps relieve pain and calm baby.
- **START STRETCHES AND EXCERCISES 6-8 HOURS AFTER PROCEDURE**, and repeat 6 times a day (approx. every 4 hours) until your follow up appointment. You should do these during the night as well, within an hour or so of the set time (try to coordinate stretches around your child's waking periods).

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POST FRENECTOMY MEDICATION/PAIN MANAGEMENT

For most children, the first 24 hours are the hardest; however, by day 3 the discomfort subsides considerably. Staying on top of pain management is very important. If your child is needing Tylenol around the clock after Day 3, please call the office. You should be able to start spacing out the doses so that you are giving it 2-3 times on Day 4, and 1-2 times on Day 5. Abruptly stopping all pain management at Day 3 might be a little too much for your child. Call if your child is using Tylenol frequently past three days, as this may need a change in the after-care instructions. If you are using pharmaceutical or homeopathic medications for pain, you can give them so they will be at peak effect in time for the exercise sessions, about 30 minutes after administration.

Tylenol: For your child's specific dosing, please refer to the Tylenol dosing chart provided. Can be given every 4 hours first 5 doses; after that, give every 5 hours as needed. The dose is based on weight, and not age.

WEIGHT	AGE	INFANT Tylenol/acetaminophen 160mg per 5ml	CHILDRENS Tylenol/acetaminophen 160mg per 5ml or 1 tsp
6-11 lbs	0-3 months	1.25 ml	
12-17 lbs	4-11 months	2.5 ml	
18-23 lbs	12-23 months	3.75 ml	
24-35 lbs	2-3 years	5ml	5ml (1 tsp)
36-47 lbs	4-5 years		7.5 ml (1 ½ tsp)
48-59 lbs	6-8 years		10ml (2 tsp)
60-71 lbs	9-10 years		12.5 ml (2 ½ tsp)
72-95 lbs	11 years		15 ml (3 tsp)

Arnica 30 C (Homeopathic Treatment): Dissolve 10 pellets in 1 to 2 tablespoons of water or breast milk. Once it dissolves, give approximately 10 drops (0.5ml) of that liquid, as needed. A dropper is easiest, and you may have one from another medication you can clean and use. You can also use a medicine syringe (cleaned from another medicine, and pharmacies often have them for free) or a baby spoon. For pain, fussiness or inflammation, it can be given every 30-60 minutes until child is calmed. For pain prevention, give once every 3-4 hours in between, or in replacement of, Tylenol doses. It can be found at Sprouts, Whole Foods, and Amazon. You only need one vial, as pictured. The mixture should be CLEARLY LABELED and can be stored covered in the fridge for a few days.

Ibuprofen/Motrin: (6 months of age or older), please refer to the Ibuprofen dosing chart provided. Can be given every 6 hours instead of Tylenol.

WEIGHT	AGE	INFANT MOTRIN 50mg/1.25ml
12-17 lbs	6-11 months	1.25 ml
18-23 lbs	12-23 months	1.875 ml

WEIGHT	AGE	CHILDRENS MOTRIN 100mg/5ml
24-35 lbs	2-3 years	5 ml
36-47 lbs	4-5 years	7.5 ml
48-59 lbs	6-8 years	10 ml
60-71 lbs	9-10 years	12.5 ml
72-95 lbs	11 years	15 ml

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HEALING

The newly released tissue will look like a diamond. The diamond will turn whitish as it heals, and shouldn't be removed or touched. The goal is to keep this diamond from folding and closing also known as reattaching. The stretching exercises help lift the tongue to gently, but firmly, keep the diamond stretched vertically. Some reattachment may occur while still allowing improvement in function. If you see reattachment occurring (the diamond is getting shorter/fatter/losing its sharp edges, use a slightly firmer pressure during exercises (increase pain management if needed). This may cause a minor amount of bleeding which can be treated by breastfeeding or giving your child something to suck on. For an older child, you can give them something cold to eat. If bleeding does not stop with these techniques, or with several minutes of pressure with a clean cloth, call our office immediately for further assistance and go to the nearest ER. Please be reassured, we have never had this situation occur.

The risk of reattachment is very minimal if you are trying to do the stretches. If you start to feel a speed bump area under the tongue, 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 have it checked. Infrequently, we have seen muscles relax and tissues shift, post procedure. If this happens, more tissue that may not have been accessible at the initial visit may become apparent, which may or may not need to be revised. Some people may mistake this as reattachment. We will evaluate it at the follow up visit, and depending on the mobility of the tongue along with symptoms, we will recommend if it needs to be revised or not.

TONGUE STRETCHES/EXERCISES

Stretches should begin 6-8 hours after the procedure, and be done 6 times/day, about every 4 hours.

This part of aftercare can feel overwhelming and challenging for parents, but they are incredibly important. Some parents prefer to wear gloves while doing the exercises, and that is completely optional. The goal of these exercises is to keep the healing tissue open and separate, in order to prevent reattachment, and to encourage the movement of the tongue. These exercises do not need to be forceful: they should be gentle but firm. You do not need to touch the wound during the exercises, as all the stretching is done by lifting around the wound, NOT directly on the wound. However, if you do touch the wound, it is fine, and does not increase the chances of infection. Talk to your child, make funny sounds and faces. You can do the exercises randomly so your child doesn't negatively anticipate them. They can be done before or after a feeding, nap, diaper change, etc. Position your baby on a stable surface such as your lap or a changing table so that you can see into baby's mouth. If helpful, place a rolled-up hand towel or receiving blanket behind their neck to help their head flex back, making it easier to see the inside of their mouth. You can do these exercises facing the baby, or from behind the baby's head. Sometimes when baby is crying and their tongue is raised, a quick set of exercises can be done. Sometimes babies will sleep through the stretches. You should do at least one middle-of-the-night stretch, even if it means waking your child.

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PLEASE do the exercises consistently, 6 times/day, for a total of a minute to a minute and a half each session, until your two-week follow-up appointment. At that time, you'll be told how much longer to continue them, usually for another 2-4 weeks. If you feel your baby is having a hard time and the exercises are causing more harm than good (refusing to nurse/bottle feed, extreme fussiness, and/or fatigue), please call the Patient Care Liaison, or the main office for further guidance. Links to videos of these exercises are on the top of page 2.

1. BEEP, BOP, BOOP Game (Desensitizing the Palate and Gag Reflex) Some babies resist a deep latch because they have a very sensitive gag reflex. Systematically desensitizing it can be helpful. Begin with touching baby's chin saying "BEEP" - Touch baby's nose; saying "BOP" - Touch baby's upper lip; saying "BOOP" (touching the upper lip will tell baby to open mouth) - Press down on the center of baby's tongue saying "BEEP" If baby does not open mouth when upper lip is touched, tickling the lower lip may help. (Catherine Watson Genna: Supporting Sucking Skills in Breastfeeding Infants)

2. Cheek Stretches Gently hold the inside and outside of your child's cheek and gently stretch outward while gliding/moving your fingers up and down. Gently follow a c-shaped movement pattern to stretch this area. If you feel resistance, pause for a few seconds and you may feel the tension release. If your baby resists having a finger inside their mouth, you can start with drawing a c-shaped line from their nostril to chin, and lines from their nostril towards their ear as if you were drawing whiskers. Please use slow and slightly firm movements.

3. Follow the Finger (Lateralization/side to side Exercise): Slide pinky or index finger along baby's lower gums, massaging from one side to the other, encouraging baby's tongue to follow your finger from side to side with the tongue. Repeat 3 or 4 times. As you do this, use your thumb to support your hand and the baby's jaw to increase stability.

4. Lifting the Tongue This exercise elevates the tongue toward the roof of the mouth to stretch the frenectomy site vertically, lessening the risk of re-attachment. This helps the tongue to loosen up and keep the diamond open and tall. Place the pads of your pointer or pinky fingers on the edge of the left and right points of the diamond shape. Sweep your fingers up and down swiftly and firmly for 4 or 5 strokes. (This takes about 5 seconds.) This can also be done using just one finger/one side at a time. If child becomes upset, return to "Follow the Finger" game or allow the baby to suck on your finger. When child is calm, proceed to the next exercise. For tight or reattaching tongues, it may be helpful to push your finger deeper/firmer on the sides of the tongue for the lift. Pushing too deep can cause gagging or choking, so avoid too much pressure.

5. Push Back the Tongue This exercise stretches the tongue toward the roof of the mouth, further improving its ability to lift by stretching along the midline. Place the pad of your pointer or small finger up above the top point of the wound on the underside of the tongue. Firmly push back on the tongue 3-4 times.

6. Tug-o-War (Strengthening exercise): Touch baby's upper lip to encourage them to open wide. When your child does, slide your finger in their mouth, pad up, on top of their tongue and allow them to suck. While your baby sucks and you press down on their tongue slightly, gently play tug-o-war, pulling your finger out slightly and letting them suck your finger back in. This may soothe baby after the other exercises. It can be especially helpful just before baby breastfeeds since it helps baby learn proper tongue movement for breast and bottle feeding.

7. Tummy Time You may have heard about tummy time helping with motor development and head control. Tummy time is also the BEST position for a baby to engage in strengthening tongue and oral skills for optimal latch and feeding. Many babies do better with suck training and pre/post exercises when in tummy time vs. on their back. More info can be found at www.tummytimemethod.com

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TONGUE EXERCISES FOR OLDER CHILDREN

In addition to exercises #2, #4, and #5 on page 5, here are some alternative ways to increase tongue movement, especially if your child is older and therefore potentially more resistant to the manual lifting and pushing-back tongue exercises. https://www.instagram.com/p/CLcoFlsHEYB/?utm_source=ig_web_copy_link

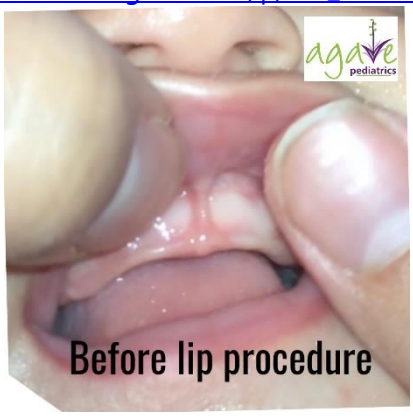
1. Put a dab of nut butter or something with a similar texture (please be mindful of any food allergies) on the alveolar ridge (gum line immediately behind the teeth) and try sweeping it off with the tongue. You can help increase tongue elevation by helping to hold the jaw stable while the child's mouth is open and their tongue is sweeping peanut butter.
2. Put a dab of nut butter on their upper lip, and have them extend and lift their tongue to lick it off. Make sure that their mouth is wide open and the tongue is coming out independently to do this.
3. Put a piece of cheerio or meltable puff on the tip of the tongue. Have the child elevate the tongue to make contact with the palate/roof of the mouth. Hold the piece of cheerio in place or mash it to dissolve. Please be mindful of your child's age and skill while using this exercise, to avoid choking risks.
4. On a plate, or in a small shallow cup, like a 1/4 c measuring cup, spread easy cheese/whipped cream/jelly etc., and have your child lick it off. Make sure that their mouth is wide open and the tongue is coming out independently to do this.
5. Place cheerios, puffs, popcorn (if age appropriate) on a plate, and have your child pick them up with just their tongue, by sticking their tongue out.
6. Have your child stand in front of the mirror with you and have them mimic your tongue movements (stick your tongue out, curl your tongue, tongue to top teeth, tongue to molars).
7. Use a vibrating toothbrush or Z-vibe to stimulate the roof of the mouth and have the tongue follow the vibration.
8. Reward cooperation with stickers, small toys, reading a favorite book, etc.

UPPER LIP STRETCHES/EXERCISES

1. The Mustache: Place pad of index finger along philtrum (space between nose and lip) and follow the boundaries of the lip towards the chin. It will look like you are drawing a mustache on your baby's face and can become a fun activity. Please use slow and long movements with firm pressure. Again, fast movement can sometimes increase the chances of aversion.

2. Fish Lip: Also referred to as the grandma squeeze, gently pinch on either side of the upper lip frenulum (tie) or at the corners of the mouth, to raise the center of the lip up and away from the gums. If your older child is able to pucker and round their lips themselves, have them do that instead.

3. Flip the Lip: This is really exactly what it sounds like. Take two fingers and place between the upper gum and the upper lip on either side of the released tissue (below right photo), and flip the upper lip up toward the nose. Hold for 5 seconds. This stretches the upper lip, and makes the wound visible to check the progress of healing.
https://www.instagram.com/p/CIB_1dlHI0Q/?utm_source=ig_web_copy_link



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PRE/POST PROCEDURE SUPPORT & THERAPIES

Overcoming the challenges associated with lip and tongue ties is a process. There may be instant improvements, but often it may take a few weeks before full improvement is seen. Working with an IBCLC, OMM physician or feeding therapist is often necessary for best results. We have many in-office team members, and referral lists for others in the community (available upon request). For appointments with our specialists please call for insurance and cash pay options.

In-office Osteopathic Manual Medicine: Bodywork is an important part of the tongue and lip tie program. Osteopathic Manual Medicine (OMM) is a gentle, hands-on treatment that can help infants, children, and adolescents. Agave Pediatrics' physician Dr. Neuer can address many concerns with OMM, including:

- tongue tie related issues
- plagiocephaly (head shape)
- torticollis (neck turning)
- feeding difficulties
- constipation
- reflux
- colic/fussiness
- one-sided breast refusal

While OMM is widely recognized for treating musculoskeletal concerns, any body system can benefit. OMM is able to simultaneously treat the soft connective tissues, the nervous system, the digestive system, the lymphatic system, the musculoskeletal system, and more. As a fully trained physician (Doctor of Osteopathic Medicine), Dr. Neuer is able to work on multiple systems all of which correspond to one another and treat the body as a whole. Many children will greatly benefit from bodywork a few days to a week before and after the procedure.

In-Office Lactation Support: Initial consult before frenectomy and subsequent follow up appointments with a lactation consultant 3-5 days after the procedure may make a big difference for both breast and bottle-fed infants. Agave Pediatrics has multiple International Board Certified Lactation Consultants (IBCLCs) that can help you with issues, including:

- pre/post frenectomy care
- low baby weight gain
- low breastmilk supply
- painful breastfeeding
- latch difficulty/refusal
- pumping/hand expression
- bottle feeding
- supplementing
- breastfeeding multiples

In-office Feeding/Speech Therapy: Skilled therapy sessions include elements of Pediatric Feeding Therapy, Orofacial Myofunctional Therapy, Cranial Sacral Therapy, Infant Massage and more. If your child has been struggling with picky eating, gagging, choking, speech issues, and/or avoiding textures, following up with a specialist 5-7 days after the procedure may make a big difference. Our in-office feeding therapist is Ramya Kumar, MS CCC-SLP, IBCLC.

Orofacial Myofunctional Therapy (Myofunctional Therapy): This consists of exercises to strengthen the tongue and allow it to function at its best before and after a frenectomy. It will help with compensations that the child's body was doing when the tongue was restricted, and can improve eating, breathing, sleeping and more. This can be especially helpful for older children.

Occupational Therapy/Chiropractic Adjustments/Craniosacral Therapy (CST): A tight tongue can cause tightness in other areas, even after a frenectomy. These therapies, like Osteopathic Manual Medicine may also help with other issues including a high-tone or low-tone suck, clenched jaw, biting, feeding better on one side, and other issues like torticollis.