



Expectations after Frenectomy

Patient name: _____ Date of Birth: _____

Parent/legal guardian name: _____

After a thorough oral examination and provision of literature, I have requested Dr Hany Aziz to perform the procedure(s) of reduction of a fraenum(s) attachment in my child's mouth which may help to restore anatomy, function and/or possibly prevent commonly associated future problems.

Recommended Treatment:

In order to treat this condition, Dr Hany Aziz has recommended that a frenectomy be performed at the selected site(s):

Upper Labial Fraenum (lip)

Lingual Fraenum (tongue)

Buccal Fraenum

OR

No Treatment

A sequence of surgical scissors and soft tissue laser will be utilized, which is FDA approved for soft tissue surgery. Soft tissue lasers tend to lessen discomfort and bleeding during treatment and recovery.

Patient Safety:

I understand that a swaddle blanket may be used to ensure my child's safety during the frenectomy procedure. A family member e.g. father might be asked to be present during procedure, and an assistant will hold my child's head for stability. All people present in the treatment room must wear protective eyewear, with the father's (or family member's) hand covering the child's eyes. I understand the steps outlined above are for my child's safety.

Anaesthetic:

In all cases the procedure doesn't require any form of anaesthetic. Using anaesthesia may cause the child to be confused due to its numbing effect on tongue and throat. For children above 18 months of age having the procedure performed in the chair, topical and local anaesthetic will be applied.

Bleeding:

Bleeding is always expected, and a few drops of blood will be present. Laser may be used to help with cauterization on the surgical site and bleeding usually stops very quickly.

Infection:

Infection is highly unlikely to occur especially with using the Laser. If you think the surgical site is becoming infected after the procedure, contact DentalCareXtra or your GP.

Swelling:

Slight swelling may be noted but it will subside in few days following the operation. If this persists, please contact the team at KIDS Mackay or DentalCareXtra.

Pain and discomfort:

Post-operative discomfort is usually limited to a few hours after the numbing has disappeared. Mother's milk and skin contact sooth the child. In most cases, Paracetamol or a similar discomfort relieving medication is all that is required. The laser is a much kinder method of treatment. There is little damage to adjacent tissue when using the laser, therefore healing is quicker and less post-operative discomfort occurs. It is rare that the child may need medication.

Improvement of feeding:

An improvement in the feeding pattern and the way the baby feeds should be noticed with the assistance of a Lactation Consultant. These can be small improvements over a period of up to 6 to 8 weeks.

Feed prior to procedure:

Time of feeding and wrapping the child: the last feed prior to the operation should be 60-90mins, and the child should be wrapped in a cloth to limit the movement of their arms and legs.

Principle Complications:

I understand that a smooth recovery is expected, however there are always associated risks that cannot be eliminated and may occur in a small number of cases. These complications include, but are not limited to, post-surgical bleeding, infection, swelling, pain, and damage to the adjacent structures such as salivary glands, nerve, muscle and skin. Such complications may require care from an additional health care provider. There is no guarantee of full improvement or the disappearance of some or all of the symptoms following the treatment.

Further treatment:

Some tongue/lip-ties are much more severe than others and may require more than one procedure to completely release the tongue or lip-tie. A common complication is re-attachment of the fraenum, due to normal healing process.

Post-op care and follow up:

For all infants and kids, the best exercise is crying and feeding, in addition more exercise are required. I understand that I must follow the daily therapy exercise instructions 6 to 8 times a day including overnight for 10-14 days to lessen the risk of fraenum attachment, a further 6 weeks of stretchers are required. It is advised to return for a 6 week review. I fully understand that I have been advised to consult with a lactation consultant and a body worker prior and post treatment.

Photos:

Pre-op and post-op photos may be taken for documentation and insurance purposes, but not of the face without prior permission.

No warranty or guarantee:

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be 100% successful. I do expect however that Dr Hany Aziz will perform the surgery to the best of his ability.

I certify that I have read and fully understand this document and all my questions were answered.

Signature of parent/legal guardian:

Date:
