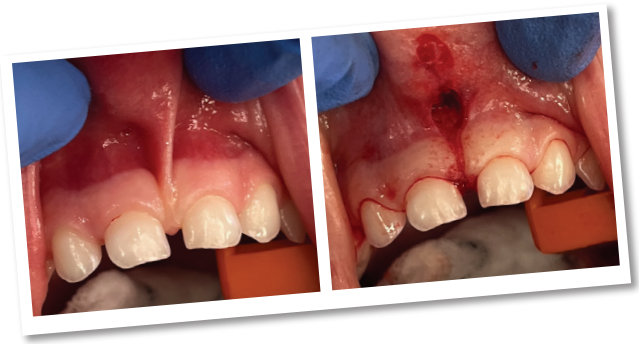
391 • Lingual frenectomy (tongue tie release)
391 • Upper or lower labial frenectomy (upper or lower lip tie release)
391 – Buccal frenectomy (upper right and left cheek tie release)
Treatment Information Sheet

What is Frenectomy ?

Frenectomy is a treatment which involves the surgical release of a fold of tissue called the frenum, that consists of mucosa and fascia. This tissue can be located under the tongue (tongue tie), under the upper lip (upper lip tie), inside the lower lip (lower lip tie) and/or both side of the cheeks (left and right cheek ties). This fold of tissue may be too short and/or too thick, resulting in the restriction of the full range of movement of the tongue, upper/lower lip and cheeks.



Timing of Frenectomy and Associated Management

This varies from patient to patient. Some patients decide to monitor until there are symptoms/or problems. Some may be referred by their health professional (dentist, orthodontist, speech pathologist, orofacial myofunctional therapist or manual therapist) to have the frenum treated. Some patients may desire improvement in tongue mobility (and therefore seeking treatment.)

Treatment Delivery Options

The surgical procedure requires precision from the dentist and it is necessary for patient to be calm and stay still. For children, it is recommended this is performed under general anaesthesia. For adults who can tolerate a lengthy procedure, it could be performed under local anaesthetic. Our Dentist would have discussed with you at the consultation which option would be most suitable to you or your child.

Pre-surgery Orofacial Myofuctional Therapy

The key to a successful outcome lies in addressing both the physical restriction of tongue tie and the underlying muscle dysfunction.
Myofunctional therapy helps prepare the muscles for the frenectomy procedure. By improving muscle strength and coordination, it enhances the chances of a successful outcome.
Myofunctional therapy goes beyond just addressing the tongue tie. It helps improve overall oral function by retraining muscles involved in chewing, swallowing, and speaking. This leads to a more functional and efficient oral system.

Post-Surgery

There will be stitches over the wound which are dissolvable.
It is common to experience mild to moderate pain for 1 week. Panadol or Nurofen will likely be required. Softer food for 1 week is recommended as chewing and swallowing ability may be reduced due to pain.
Some bleeding at the surgical site is possible but is usually minor. Applying pressure is the best way to control this bleeding.
A released frenum may re-attach. To minimise this, regular exercises of the treated area is important. These may cause temporary discomfort and possible bleeding. It is strongly advised to do these to reduce the possibility of re-attachment following surgery.

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Post Surgery Therapy

The release of the ties is only the beginning of oral rehabilitation. However, it will not remove all symptoms or problems.
To achieve better functional outcomes, the surrounding muscles and bones must be considered. It is recommended to continue to engage in orofacial myofunctional therapy if possible, to optimise function outcomes required. Other supportive therapy such as manual therapy is also be beneficial to mitigate muscular and fascial strain around and beyond the treated area.

Possible Complications

There are risks with any surgical procedure including frenectomy. The following are unlikely but possible complications:
Tooth chipping or tooth fracture is possible if the patient unintentionally bites down on a dental instrument.
Where local anaesthetic is administered under the tongue, it is remotely possible that the area may remain partially or completely numb for a period of time (ranging from a few hours to indefinitely).
Excessive bleeding - it is very rare unless big blood vessel was impacted. Suturing of the wound usually controls bleeding and seal off the vessel.
This is a very low risk, but as per all surgeries, damage to surrounding structures around the surgical area is possible eg. salivary duct, muscles, nerves, blood vessels. Further referral to other specialists may be required to treat any damaged structures.

Surgery Outcomes

Most patients report a noticeable improvement in their symptoms, however surgery may result in no or partial resolution of various known and unknown issues related to oral restrictions including speech, swallowing, sleeping, dental relationships and posture.

Reattachment and Scarring

We all have different biochemistry and the healing of a surgical site varies greatly from individual to individual. At times, the site may reattach or heal with excessive fibrosis or scarring resulting in limitation in movement of the tongue or lip.
In some cases, the procedure may need to be repeated with associated fees or be referred for further management by other surgeons who deals with these complications.

Unable to Participate in Orofacial Myofunctional Therapy (OMT)

At times, some individuals may be not in a position to proceed with OMT or choose not to do OMT at all, which is not in the control of Kiddies Dental Care and our clinicians.
Patients need to accept that, without pre and post tongue tie release OMT, there is a much increased risks of reattachment, non improvement in speech, swallowing or presenting problems, relapse of tongue tie, scarring of the tongue tie wound, poor healing or no change in tongue mobility.