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Research Note

Poster 5: No Pain No Gain - The COM's essential guide to laser frenectomy wound care

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POSTER 5

***Awarded: Honorable Mention** at the 2016 IAOM Convention*

NO PAIN NO GAIN

THE COM'S ESSENTIAL GUIDE TO LASER FRENECTOMY WOUND CARE

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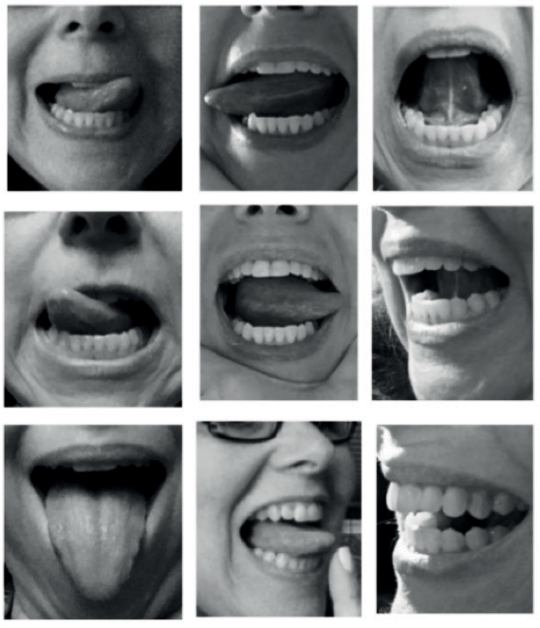
In the past few years, new research has emerged regarding the significance of ankyloglossia and it's potential for a myriad of oral muscular and growth concerns. *With this new emerging research, COM's are now finding themselves blessed with an onslaught of patients of all ages who present for post-frenectomy wound care.*

The development of more efficient lasers and techniques has opened a window of opportunity to patients who may have delayed necessary treatment to avoid more aggressive, risky frenotomy procedures. The appeal of these advanced laser techniques has afforded patients the luxury of receiving successful frenectomies/frenotomies with minimal downtime and a lessened chance of bleeding and complications with excellent healing potential...*if they are exposed to the proper post-wound care by a properly trained clinician.*

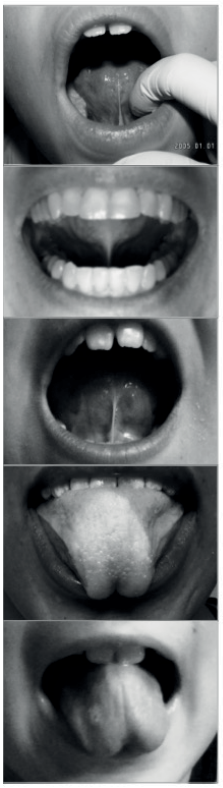
Post-ankyloglossia wound care is essential to prevent wound relapse and avoid the need for additional revisional frenotomy treatment. However, these post-wound activities essentially must be performed on an open wound, and immediately post-procedure. The reality is that the patient must be motivated to *push past the pain* of administering this protocol on an open wound *as they ultimately strive to gain* their maximum healing capacity.



Trace | Point | Stretch

PRE-PROCEDURE

ALTHOUGH THE CLIENT IS LIMITED IN MOBILITY PRE-PROCEDURE, PREPARATORY STRETCHING AND ATTEMPED MOBILITY IS CRUCIAL TO OBTAINING COMPLIANCE OF THE POST-WOUND CARE PROTOCOL.



"TOTS" TETHERED ORAL LINGUAL TISSUES IS IT OR ISN'T IT?

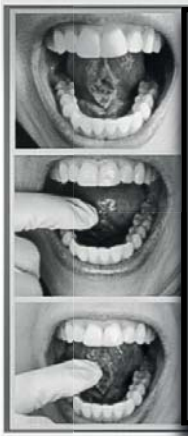
Recognition of tethered lingual oral tissues can be tricky. Often one does not realize how easily or actively a tongue should actually move. Many individuals do not even sense that they even have a restriction, or may doubt its' existence. It is not uncommon for individuals to have lived their entire life with tethered tissues, and not recognize exactly what having a normal tongue" should actually look like or feel like.

Clues for Detection

1. Can the individual efficiently point the tongue up, down, or laterally, or attempt to retract the tongue without the head, jaw, cervical, facial, or eye compensation?
2. Does the individual report pain when attempting to lift the underside of the tongue? This discomfort may occur not only in the tongue, but also the neck, jaw, chin, or it may even run up or down the central portion of the face or neck. Pain is NOT normal, but the client may think it is.
3. Is the tongue tip heart shaped, or is the underside attachment thick or fibrous? (Tongue shape does not always determine TOTs). Does the tongue chronically rest low, forward, and wide, and function as if it is "pinned" to the floor of the mouth? does the tongue pull into a "saucer" shape during retraction or lifting attempts? Is self-cleaning poor?
4. When attempting to lift the mid tongue, is assistance to the underside necessary? Are attempts to fully seal the tongue to the roof or point the tip to the hard palate met with compensation or strain? The tongue should be able to accommodate fully to form a mid palatal seal completely to the roof without strain, pain, or compensation. The tip should be able to point to the hard palate with teeth separated or at or near the maximum opening.
5. Does swallowing result in tongue thrusting to the follow of the mouth, sides, or anteriorly?
6. Is speech challenging? Most sounds are not formed forward, but rather with the tongue elevated and retracted. Does the tongue seem anchored or does it thrust/protrude with speech?

POST-PROCEDURE STRETCHES AND MASSAGES

The first hours post-procedure are crucial. The goal is to move the tissues several times throughout the day in bits and spurts. The post frenectomy wound can begin to close within a few hours in some clients. Early morning, twice mid day, evening, and bedtime stretching sessions are recommended. If the patient awakens at night, they are instructed to attempt tongue tip stretches to the incisive papilla as well.



VISIBLE MARGINS OF WOUND

CIRCULAR MASSAGE OF OPEN MARGINS OF WOUND

CIRCULAR MASSAGE OF INNER AND CENTRAL CORE OF WOUND

Massage

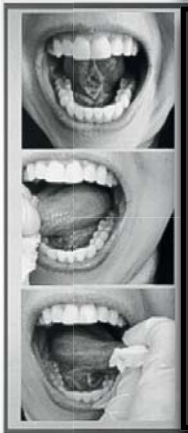
Wound is actively massaged 20-30 secs. R and then L in a circular/back and forth motion to discourage premature wound closure. Repeat 4-5x a day, biting in the first hours post procedure. Dentists often recommend using a low dose capsule of Vitamin E per day, coconut oil, or butter to encourage healing from the inside out.

VISIBLE MARGINS OF WOUND

ACTIVE ASSERTIVE POSTERIORLY DIRECTED PUSHING 5 SECS., 5X A DAY. THE GOAL IS TO STRETCH THE ACTIVE WOUND POSTERIORLY TO ENCOURAGE MOBILITY AND DISCOURAGE EXCESS SCAR TISSUE

Peace Push

Wound is actively pushed posteriorly with 2 fingers, at first mildly for 10 secs , more assertively for 10 secs., and then more assertively for 10 additional seconds. Repeat 4-5x per day, starting the very first hours post procedure. Dentists often recommend using 1 small capsule of Vitamin E per day.



VISIBLE MARGINS OF WOUND

ACTIVE LATERALIZATION TO THE R AND L 5 SECS., 5X A DAY PER SIDE

THE GOAL IS TO STRETCH THE ACTIVE WOUND TO DISCOURAGE EXCESS SCAR TISSUE

Lateral Pulls

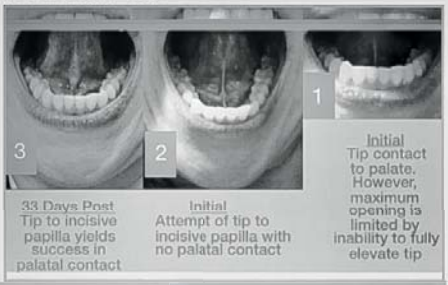
Actively lateralize the tongue using gauze, and if possible, without the jaw assisting. Hold 10 secs. per rep, 5 reps per side. Repeat 4-5x per day, starting the very first hours post procedure. Graduate from gentle pulls to more assertive pulls within each session. Dentists often recommend using 1 small capsule of Vitamin E per day.

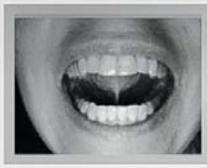
The client is instructed to meet 24 hours post procedure, 3-5 days later, and then weekly. A full OMT program will be required to fully instruct the client in proper oral rest postures, and fully remediate normal swallowing behavior.

MOTIVATING A PATIENT IS CRUCIAL... THERE IS OFTEN SIGNIFICANT DISCOMFORT INVOLVED

When the client returns to their 3-5 day recall, the wound should look open and flexible. If not, their practitioner should be called. Every effort should be made to carefully help the wound remain open and flexible. This may require some active manipulation to assist. The client should be following up with their referral during this therapy process for wound checks. Other important factors to promote healing is the avoidance of seeds or spicy foods, and encourage soft foods with adequate protein in the early days. This advances to more textured food after 4-7 days. A client utilizing Vitamin E should be monitored so their dietary Vitamin E in conjunction with topical E is balanced. Butter can be substituted if needed for oil.

Seeds, overly spicy foods, and foods with rough edges should be avoided in the early days. Cold liquids are not held near the wound extensively. Any longer than a few seconds could lead to injury.





Initial Lingual Stretch

VS.

9 mos. Post Procedure