

## **PREPARATION for Infant Frenectomy Consultation & Procedure**

### **Before Visit:**

1. Fill out **NEW PATIENT** Forms.
2. Consider what you may give as **PAIN CONTROL\*** and **BRING IT WITH YOU**.
3. **MUST** bring **ANOTHER ADULT** with you who may provide emotional and physical support.
4. Having a competent **LACTATION CONSULTANT** on your team is of utmost importance to your success.

### **During Visit:**

1. We will go over several written materials and receive your **questions, input, and signatures**.
2. You may choose to proceed with the tie release procedure if time permits (**time = your preparation**).
3. Due to Laser Safety Guidelines **only necessary trained personnel are allowed in the laser operatory**;  
your child will be away from you for about 5 minutes in presence of doctor and two female assistants.
4. We may numb with your choice of numbing agent the area to be laser released and proceed while we help limit your child's movement. Infants are placed in infant passive restraint device (pedi-wrap).

### **After Visit:**

1. **Try nursing immediately**. We want you to experience if the procedure becomes effective for your family as soon as possible. Nursing while infant is pain free and prior to possibility of re-attachment provides important clues about baby's current nursing ability and what other steps may be needed.
2. **Follow up with your lactation consultant** and other services your baby may benefit from; your breast feeding techniques may need alteration since your baby has less tethered oral tissues; follow up services with other providers may also include **body work\*\*** especially if you detect tension in your baby's physique.
3. The more comfortable you can make your baby the more properly the baby may nurse. Expect a few days of fussiness, discomfort, and a few weeks of healing and active wound care management. **Come and see us in about a week after** the procedure to check the healing area.

**\*Pain Control:** see detailed instructions on our website under "After Care of Infant Frenectomy"

**\*\*Body Work:** services that are designed to relax tight structures to allow proper function (nursing)

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_