

After Your Child's Tongue Lip Adhesion

Overview

Congratulations! Your child's tongue lip adhesion surgery is now done. With this surgery behind you, I encourage you to take some time to simply enjoy your new baby. You have earned it. I would also like to answer a few questions that always seem to come up in the post-operative period. Hopefully, by addressing these things now, I can spare you some worry and allow you to focus on the exciting times that lie ahead for you and your child.

Pain Management

There is no way to avoid it. Surgery sometimes hurts. Fortunately, for infants undergoing tongue lip adhesion, this pain is generally treatable with Tylenol only. Although some surgeons may prescribe medications containing narcotic pain relievers, it has been my experience that babies generally don't need such strong pain medications and may become nauseated or constipated while taking them. If you feel that Tylenol is not adequately controlling your baby's pain, please contact me so we can discuss strategies for improving your baby's pain control. At times, depending on your baby's age, the simple addition of children's Motrin provides the added help in getting the pain under control.

Incision Care

Your baby's surgery was completed using all dissolving stitches with the exception of the retention stitch that supports the tongue while the adhesion heals. That retention stitch, as well as the buttons the stitch passes through, will be removed in the office 10-14 days after surgery. Removal is simple and generally easy for babies to tolerate. All of the other sutures will eventually dissolve on their own. There is not any special incision care that you need to provide. If the incision becomes crusted, you may clean it gently 1-2 times daily with a Q-tip and half strength peroxide.

Feeding Your Baby

Many babies have some difficulty eating by mouth in the days following surgery. Immediately after surgery, I anticipate that your baby will likely be fed through a feeding tube. I generally recommend that children not begin eating by mouth for 5 days following surgery. Once your baby begins eating by mouth, we will begin with small amounts of liquids and carefully observe your baby for any problems. If your baby has difficulties eating by mouth after surgery, we will work with you and your child to make sure that we have a safe, effective strategy for getting your child the nutrients needed to help your child heal well and continue to grow. Although a majority of babies require a feeding tube for a period of time, in most cases, feeding tube use is temporary.

Arm Restraints

Some surgeons who perform tongue lip adhesions use arm restraints to prevent babies from placing their hands in their mouths. This practice is based on the worry that placing anything in the mouth may increase the risk of problems with healing of the tongue lip adhesion. This practice is not well-supported with research, and I feel it adds unnecessary stress for you and your family. I will not place your baby in arm restraints. Rather than placing the restraints, I see it as my job to do my best to make your baby's lip adhesion "baby-proof."

Fever

Low grade fever in the first few days following surgery is to be expected. In this early time period, fever almost never represents infection. Feel free to treat low grade fevers as you normally would, usually with Tylenol.

Reasons to Call

If you become worried about your baby or feel that something is not right, please call. It is important to me that you feel you can get answers and reassurance when you are worried. Please let us know if your baby experiences increased swelling, redness, drainage or worsening pain as these may be signs of an infection. Fortunately, infections following tongue lip adhesion are rare and generally don't become apparent until 5-7 days after surgery.

Follow-up

I will plan to see your baby for routine post-surgery follow-up approximately 2 weeks after surgery. Please call the office to make this appointment.

How to Contact Us

When you leave the hospital, I will give you my mobile phone number so that you can reach me after hours. I have found that most patients do not call unless they have real concerns, and if you have a concern, I want to hear from you.

For non-urgent questions, you may email me at earl.gage@mercy.net. It may take up to 2 days for me to respond personally by email.

During the daytime hours, you may also call our craniofacial nurse practitioner, DeAnn Wilson, PNP-C, for routine questions or concerns. You may call her directly during normal business hours at 314-251-1858. You may also call our office main line at 314-251-4772.

Thank you for allowing me the privilege of caring for your baby!