JACKSONVILLE
SURGICAL ARTS
ORAL AND MAXILLOFACIAL SURGERY

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PRE-OPERATIVE INSTRUCTIONS

Frenectomy (Labial, Lingual, or Buccal)

ABOUT YOUR PROCEDURE

You (or your child) are scheduled for a frenectomy — a minor surgical procedure to remove or release a frenum (also called a frenulum). A frenum is a small fold of tissue that connects the lips, cheeks, or tongue to the gum tissue or floor of the mouth. When a frenum is too tight, too thick, or attached too close to the teeth or gum line, it can cause problems such as:

- A gap (diastema) between the upper front teeth
- Pulling or recession of the gum tissue
- Restricted tongue movement (tongue-tie / ankyloglossia)
- Difficulty with speech, eating, or oral hygiene
- Interference with orthodontic treatment or denture fit

The procedure involves removing or releasing the restrictive tissue to restore normal function and prevent further complications. Frenectomy is a relatively quick, straightforward procedure with a short recovery period.

Please read the following instructions carefully and contact our office with any questions.

TYPES OF FRENECTOMY

Your surgeon will discuss which type of frenectomy is planned for your case:

- **Labial frenectomy (upper lip):** Removes or releases the frenum that connects the upper lip to the gum tissue between the upper front teeth. This is the most common type and is often performed in conjunction with orthodontic treatment to help close or prevent reopening of a gap between the front teeth.
- **Labial frenectomy (lower lip):** Removes or releases the frenum connecting the lower lip to the gum tissue near the lower front teeth. This is less common and is typically performed when the frenum is causing gum recession or interfering with oral hygiene.
- **Lingual frenectomy:** Releases the frenum that connects the underside of the tongue to the floor of the mouth. This is performed when the frenum restricts tongue movement (tongue-tie), which can affect speech, eating, swallowing, or (in infants) breastfeeding.
- **Buccal frenectomy:** Releases the frenum that connects the inner cheek to the gum tissue in the back of the mouth. This is less common and is typically performed when the frenum interferes with denture fit, causes tissue pulling, or contributes to food trapping.

BEFORE YOUR APPOINTMENT

- Inform our office of any changes to your medical history, including new diagnoses, hospitalizations, or surgeries since your last visit.

BEFORE YOUR APPOINTMENT (CONT.)

- Provide a complete and updated list of all medications you are currently taking, including:
  - Prescription medications
  - Over-the-counter medications (including aspirin, ibuprofen, naproxen)
  - Vitamins, herbal supplements, and nutritional products
  - Blood thinners (warfarin, Eliquis, Xarelto, Plavix, or others)
- **Bleeding Disorders:** If you (or your child) have a bleeding disorder, a history of excessive bleeding, or take any blood-thinning medication, please inform our office in advance. Coagulopathy is a relative contraindication to frenectomy and may require special precautions.
- **Heart Conditions Requiring Antibiotic Premedication:** If you (or your child) have a prosthetic heart valve, a history of endocarditis, certain congenital heart conditions, or a heart transplant with valve problems, please confirm with our office that an antibiotic prescription has been arranged.
- **Allergies:** Please confirm all known allergies, including allergies to medications (especially antibiotics and local anesthetics), latex, and adhesives.

MEDICATIONS — WHAT TO CONTINUE AND WHAT TO AVOID

Continue taking all regular medications unless specifically instructed otherwise.

- **Blood thinners:** Do NOT stop taking blood thinners unless specifically directed by the prescribing physician in coordination with our office.
- **Anti-inflammatory medications:** Unless otherwise directed, avoid aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), and other NSAIDs for 3 days before the procedure, as they may increase bleeding. Acetaminophen (Tylenol) is acceptable.
- **Herbal supplements:** Stop taking fish oil, vitamin E (high dose), ginkgo biloba, garlic supplements, turmeric, ginseng, and other herbal products that may increase bleeding at least 7–14 days before the procedure.
- **Pre-operative antibiotic:** If an antibiotic has been prescribed for this procedure, take it exactly as directed — typically 1 hour before the appointment.

ORAL HYGIENE PREPARATION

Good oral hygiene before surgery helps reduce bacteria in the mouth and lowers the risk of infection.

- Brush and floss all teeth thoroughly in the days leading up to the appointment. If braces are in place, use an interdental brush or floss threader to clean around brackets and wires.
- If a chlorhexidine (Peridex) mouth rinse has been prescribed, begin using it as directed — typically starting 1–2 days before the procedure. Rinse twice daily for 30–60 seconds.
- Brush teeth and rinse with chlorhexidine (if prescribed) the morning of the procedure.

ORTHODONTIC COORDINATION (LABIAL FRENECTOMY)

If the frenectomy is being performed as part of orthodontic treatment to address a gap (diastema) between the upper front teeth:

- The orthodontist will typically close or partially close the gap with braces or aligners before the frenectomy is performed. Current evidence recommends performing the frenectomy after orthodontic closure of the diastema rather than before, as this approach helps prevent diastema relapse and avoids scar tissue that could interfere with space closure.

ORTHODONTIC COORDINATION (LABIAL FRENECTOMY) (CONT.)

- Continue wearing all orthodontic appliances (braces, elastics, retainers) as directed by the orthodontist until the day of surgery, unless otherwise instructed.
- After the frenectomy, the orthodontist will typically maintain the space closure with a retainer or continued orthodontic treatment. Follow-up with the orthodontist should be scheduled within 1–2 weeks after surgery.
- If the frenectomy is being performed before orthodontic treatment begins, your surgeon and orthodontist will coordinate the treatment plan.

THE DAY BEFORE YOUR PROCEDURE

- Do not consume alcohol for at least 24 hours before the appointment (adult patients).
- Get a full night of rest.
- Fill any prescriptions provided by our office (pain medication, antibiotic, medicated mouth rinse) so they are ready for use after the procedure.
- Purchase soft foods for recovery. A soft diet will be needed for approximately **3–5 days.** Good options include:
  - Yogurt, applesauce, pudding, smoothies (no straws for the first 3 days)
  - Lukewarm soup and broth (not hot for the first 24–48 hours)
  - Mashed potatoes, scrambled eggs, oatmeal
  - Ice cream, Jell-O, milkshakes (no straws)
  - Pasta, soft bread, and other foods that require minimal chewing
- If an oral sedative has been prescribed to take the night before the procedure, take it as directed.

THE MORNING OF YOUR PROCEDURE

- **If receiving local anesthesia or nitrous oxide only:** Eat a light meal 1–2 hours before the appointment. Avoid heavy or greasy foods. A light meal helps prevent nausea and lightheadedness during the procedure.
- **If receiving oral sedation:** Do not eat or drink anything for at least 6 hours before the appointment, unless otherwise instructed. Take the prescribed sedation medication as directed.
- **If receiving IV sedation or general anesthesia:** Do not eat solid food for at least 8 hours before the appointment. Clear liquids (water, apple juice without pulp — no milk) may be consumed up to 2 hours before. Do not drink anything within 2 hours of the appointment.
- Take the pre-operative antibiotic as directed (if prescribed).
- Brush teeth and rinse with chlorhexidine (if prescribed) the morning of the procedure.
- Wear comfortable, loose-fitting clothing with short sleeves or sleeves that roll up easily.
- Remove contact lenses, jewelry, watches, and nail polish.
- Leave valuables at home.
- Arrive 15 minutes early to complete any remaining paperwork.

TRANSPORTATION

- **Local anesthesia or nitrous oxide only:** An adult patient may drive themselves. For patients under 18, a parent or guardian must be present throughout the appointment.
- **Oral sedation, IV sedation, or general anesthesia:** A responsible adult MUST drive the patient to and from the appointment. The driver must remain in the office during the procedure. The patient will not be permitted to drive, take a taxi alone, or use rideshare services unaccompanied. A responsible adult must stay with the patient for several hours after returning home.
- **For minor patients (under 18):** A parent or legal guardian must accompany the patient to the appointment, remain in the office during the procedure, and drive the patient home.

IMPORTANT INFORMATION FOR PARENTS/ GUARDIANS (PEDIATRIC PATIENTS)

- A parent or legal guardian must sign the surgical consent form before the procedure can begin.
- Please discuss the procedure with your child in a calm, reassuring manner. It is helpful to explain that:
  - The area will be completely numb, so there should be no pain during the procedure.
  - The procedure is very quick — usually only 15–30 minutes.
  - Some soreness is normal afterward and will improve within a few days.
  - Eating soft, cold foods (like ice cream) is encouraged after the procedure.
- **For infants undergoing lingual frenectomy (tongue-tie release):** The procedure is typically very brief. Depending on the infant's age and the technique used, anesthesia may not be required. Oral sucrose (sugar water) may be given before the procedure to help reduce discomfort. Breastfeeding or bottle-feeding immediately after the procedure is encouraged for comfort and to assist with hemostasis. Please bring a bottle or be prepared to breastfeed.

SMOKING AND TOBACCO

- Do not smoke, vape, or use any tobacco or nicotine products for at least 1 week before and 1 week after the procedure.
- Smoking impairs wound healing, increases the risk of infection, and can delay recovery.

IF YOU ARE FEELING ILL

If you (or your child) develop a fever, cold, sore throat, cough, active cold sore, nausea, vomiting, or any new illness before the appointment, please call our office as soon as possible. The procedure may need to be rescheduled, especially if sedation or general anesthesia is planned.

WHAT TO EXPECT

- Frenectomy is a **short procedure**, typically lasting **15–30 minutes.**
- The procedure may be performed using a scalpel, surgical scissors, electrocautery, or a dental laser (such as a diode or CO_2 laser). Your surgeon will discuss which technique is planned for your case. Laser frenectomy may offer advantages including reduced bleeding, less post-operative discomfort, and no need for sutures in some cases.

WHAT TO EXPECT (CONT.)

- **Local anesthesia** (numbing injection) is used for most frenectomies in children and adults. For very young infants undergoing lingual frenotomy, the procedure may be performed without anesthesia or with oral sucrose for comfort.
- Depending on the technique used, the surgical site may be closed with dissolvable sutures or left to heal on its own (healing by secondary intention, which is common with laser techniques).
- Mild discomfort, swelling, and sensitivity at the surgical site are normal for 2–5 days.
- Most patients can return to normal activities the next day, though the surgical site may take **2–4 weeks** to fully heal.
- You will receive detailed post-operative instructions after the procedure.

WHAT TO BRING

- Photo ID (parent/guardian for minors) and insurance card
- Completed consent forms (if not already signed)
- Complete list of current medications
- Any prescribed pre-medications (antibiotics or sedatives) if not yet taken
- Inhaler, if the patient has asthma
- A responsible adult driver (if receiving sedation or general anesthesia)
- For infants: a bottle, pacifier, or be prepared to breastfeed immediately after the procedure
- A comfort item for younger patients (stuffed animal, blanket, or music player with headphones)

IMPORTANT REMINDERS

- **Do not pull, stretch, or manipulate the surgical site** unless specifically instructed by your surgeon. Current evidence does not support routine post-operative stretching exercises, and aggressive manipulation may cause oral aversion in infants or disrupt healing.
- Avoid spicy, acidic, crunchy, or very hot foods for 3–5 days after the procedure, as these can irritate the surgical site.
- Maintain good oral hygiene, but avoid brushing directly over the surgical site for the first few days. Use the prescribed mouth rinse as directed.
- If sutures were placed, they are typically dissolvable and will fall out on their own within 1–2 weeks. Do not pull on them.
- Contact our office if you notice:
  - Excessive bleeding that does not stop with gentle pressure
  - Increasing pain or swelling after the first 2–3 days
  - Signs of infection (fever, pus, foul taste or odor)
  - Numbness that does not resolve (particularly after lower labial frenectomy near the mental nerve)
  - Difficulty breathing or swallowing (seek emergency care immediately)
- If the frenectomy was performed in coordination with orthodontic treatment, schedule a follow-up with the orthodontist within 1–2 weeks.

If you have any questions or concerns before the appointment, please do not hesitate to call our office.

We look forward to caring for you (or your child) and helping achieve the best possible outcome.