LABIAL / LINGUAL FRENECTOMY

Patients scheduled to have a labial/lingual frenectomy should be familiar with certain information. If there are further questions, please do not hesitate to ask.

1. WHAT IS AN ABNORMAL FRENUM? For the lingual frenum, it usually consists of mucosa (mucous membrane), dense fibrous connective tissue and occasionally superior fibers of the genioglossus muscle. This attachment binds the tip of the tongue to the posterior (back) surface of the mandible (lower jaw). This attachment can affect speech and reduce the ability of the tongue to aid in oral hygiene. This condition is called ankyloglossia (tongue tied). Rarely, the frenum may pull the gingiva (gums) away from the teeth. After loss of teeth, this tongue attachment (frenum) interferes with denture stability, because each time the tongue is moved, the frenal attachment is tensed, and the denture is dislodged. For the labial frenum, either in the maxilla or in the mandible, the dense connective tissue extends to the area between the front teeth causing a space to develop between the upper front teeth or the gum to pull away from the lower front teeth.
2. HOW CAN THIS CONDITION BE CORRECTED? Surgical release of the shortened lingual frenum (tongue attachment) or release of the labial frenum requires an incision through the soft tissue possibly followed by closure (stitches) in a linear direction. This can be done with a LASER, blade, or electrocautery.
3. WHY USE LASER? Since 1991, we have utilized CO2 surgical LASER to perform all frenectomies because of the many benefits it gives our patients. The most important benefits include: reduced surgical trauma, post-operative discomfort, scarring and bleeding. In addition, the diminished bleeding improves the surgical accuracy.
4. CAN MY FRENECTOMY BE PERFORMED PAINLESSLY? Yes! The most predictable way to control pain and anxiety (nervousness) is through the use of intravenous (IV) sedation (twilight sleep) or general anesthesia (complete sleep). For less anxious patients, we offer local anesthesia (eg. Lidocaine) and nitrous oxide (laughing gas).
5. WILL I BE MONITORED DURING MY SURGERY? All patients administered IV sedation or general anesthesia will be monitored with ongoing EKG, pulse oximetry (oxygen saturation of blood), blood pressure and heart rate machines. Your age and health status may also require monitoring and the use of nasal oxygen support.
6. CAN THE PATIENT EAT PRIOR TO SURGERY? If a general anesthetic or intravenous (IV) sedation is planned, there should be no food or liquids taken for eight hours prior to the procedure (to do so could result in severe bodily harm). However, you should take your routine daily medicine prescribed by your doctor with a sip of water (Exception: blood thinners and insulin replacement).
7. WHAT ARE THE ANESTHESIA RISKS?
   They may include nausea, inflammation of the veins (less than 5%), and allergic reactions [a rash, swelling, or even a medical emergency may occur, but that's extremely rare (less than .01%)].
8. WHAT ARE THE MOST COMMON PROBLEMS AFTER SURGERY?
   A. DISCOMFORT: May require prescription pain medications. Persistent soreness is often present for several days.
   B. SWELLING: Takes about 2-3 days to reach its peak. Then, subsides over the next week.
   C. DECREASED MOUTH OPENING: The jaw muscles often become stiff and limit the amount of mouth opening for several days. Rarely, the joint itself is affected. Mention it to your surgeon if it is persistent.
   D. BLEEDING: Some mild oozing is normal for up to 24 hours. There may be slight bleeding from the area occasionally for the first week.
   E. INFECTION: Infections are rare during the first few days after surgery. If an infection does occur, it is more likely several weeks after surgery. Treatment is usually uncomplicated, but you should see your surgeon.
   F. NUMBNESS: There is a rare possibility of temporary or permanent injury to the sensory nerves that supply the tongue resulting in numbness or tingling. This condition may be painful. There may also be an alteration in taste and function of the tongue.
   G. SALIVARY GLAND INJURY: There is a slight possibility of injury to the salivary glands and their openings (ducts) that might require their reconstruction or removal.