



WHAT TO EXPECT THE DAY OF THE PROCEDURE

This information is to help you prepare logistically and emotionally for the upcoming procedure your baby is scheduled for in our office. If after reading it you have any questions, please call the office and we would be happy to answer your questions.

As mentioned in the integrative care page you received, we have moved to a model of care that is a different than most offices. It is a model that is being used in different parts of the country with very positive feedback from the families who have experienced it. If you are being scheduled on a group support surgery day, your baby has already been diagnosed with an oral restriction such as a tongue or lip tie by a trusted provider. Because of this, you don't have to have a separate visit for the consult to diagnosis and return for the surgery. In addition, you will benefit from having hands on help from an internationally board certified lactation consultant, or IBCLC, as well as an osteopathic provider before and after the procedure at no additional charge to you.

Expect to be in the office for 2 hours from the time of the appointment start.

Bring finished paperwork or arrive 30 minutes prior to appointment time to complete it.

Bring bottle if your baby sometimes takes bottle, just incase they don't want to nurse right away. (Remember they will be numb and possibly upset afterwards.)

We have "Boppies", blankets, and swaddles but bringing your own will make you and baby feel more at home.

THE PROCEDURE:

A laser is used to perform the procedure, and your child will have protective goggles on during the procedure. Parents will be out of the room for the procedure, but will be reunited immediately after the procedure. You will have support after the procedure with latching and positioning as well.

Crying during and after the procedure is expected and normal. Research shows that children less than age 3 do not keep situational memories unless reinforced often by parents. This means very young children do not have a memory of events in the first few years of life.

After the procedure is finished, we will ensure you know how to care for your baby's mouth. We will also be certain you have contact information and recommendations on any follow up care with other providers that the doctor recommends (such as bodywork or with your private IBCLC.) We will also be available to answer any questions you may have before you leave.

Patient Health History

Patient Name _____ Birth date: _____ Today's Date: _____

Child's Physician _____

Emergency Contact besides parents (name and cell number) _____

DENTAL HISTORY:

Date of Last Dental Visit: _____ Previous Dentist: _____

Has your child ever had dental work? _____ If yes, how did the visit(s) go? _____

How do you expect your child to do for their visit today? _____

MEDICAL HISTORY:

Please list ANY diagnosis your child has ever been given, or any that you or a provider have/do suspect.

SURGERIES/EMERGENCIES:

Has your child EVER had any surgery, hospitalization or visited the emergency room. If yes, please give a brief explanation.

MEDICATIONS AND MEDICATION HISTORY:

Please list any medications, including vitamins, herbs or supplements your child takes now or has taken in the past.

ALLERGIES OR SUSPECTED ALLERGIES:

Please tell us about any drug, food, dye or other allergies your child has or you suspect:

RELEVANT SOCIAL HISTORY:

Is there any other situations in your child's home life, such as shared custody, recent stressors, or other things that you think we should know about to help us better care for your child?

Please allow us to thank whoever recommended us. A recommendation is our highest compliment and we want to show our gratitude. Who told you about us or how did you hear about our office???



Patient Name: _____

Mom/Dad First Names: _____

Date of Birth: _____

Babies Age Today: _____

Allergies to drugs/foods: _____

Current Medications (include prescriptions, vitamins, herbs and homeopathy): _____

Past Medical History

Birth weight (lb/oz.): _____

Received Vitamin K injections?	Yes	No	
Was your infant premature?	Yes	No	if yes, Gestation age (wks): _____
Does your infant have any heart disease?	Yes	No	if yes, _____
Has your infant had any surgery?	Yes	No	if yes, _____
Has patient had prior surgery to correct the tongue or lip tie?	Yes	No	if yes, when/by whom _____

Baby's Symptoms

- Poor latch
- Falls asleep while attempting to nurse
- Slides off the nipple when attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Gumming or chewing of your nipple when nursing
- Unable to hold a pacifier in his or her mouth
- Short sleep episodes requiring feeding every 2-3 hours

Mother's Symptoms

- Creased, flattened or blanched nipples after nursing
- Cracked, bruised or blistered nipples
- Bleeding nipples
- Severe pain when your infant attempt to latch
- Poor or incomplete breast drainage
- Infected nipple or breast
- Plugged ducts
- Mastitis or nipple thrush

Family history of Tongue Tie Lip Tie

Has your baby had any of the following?

- Weight loss/gain
- Nasal obstruction
- Swallowing issues
- Cyanosis (turning blue)
- Reflux/vomiting/spitting up
- Bleeding problems

Primary Caregiver Name/Relationship: _____ Date: _____

Primary Caregiver Signature: _____ Doctor Signature: _____

BASIC TONGUE EXERCISES AFTER FRENOTOMY AND SUPPORTIVE BODYWORK

Start these basic tongue movements one day after procedure

WARM UP BEFORE EXERCISES AS FOLLOWS:

Stimulate baby to open WIDE by either tapping your fingertip gently between his upper lip and his nose, or by brushing your fingertip down across his lips in a nose-to-chin direction. Brush your fingertip in a downward direction ONLY, then pull fingertip away from baby's face. Move up to his upper lip and brush down again. Pause between downward strokes to give baby time to think about which muscles he needs to use to open his mouth wide. It is a good idea to use the same principle when bottle-feeding.

EXERCISES:

- 1) **Gum Massage:** With a clean finger and short nails, rest the pad of your finger on the lower gum gently rubbing the bottom left, then the bottom right and across the front. Move to the upper arch rubbing upper right, left and front. Baby should be content when you do this and she will be moving her tongue around a lot, stretching it and exercising it! **Run your finger on upper and lower jaw from right to left for about 30 seconds. Be playful!**
- 1) **Tug of War:** It is better to use your pinky for this exercise. Get baby to suck deeply with pad of finger side up to the roof of her mouth. When she is sucking rhythmically, gently try pulling your finger out. She should reflexively try to keep your finger in her mouth. Use your finger not a pacifier. This exercise helps the tongue to "cup" the nipple and to strengthen the muscles of the tongue. **Let him tug your finger for 30 seconds.**
- 1) **Breastfeeding will offer the most tongue movement! Practice will make perfect. Baby will likely get tired and may need more frequent feeds. You know your baby better than anybody. It's okay to let him take a little nap between breasts.**

TUMMY TIME: Tummy time has extended benefits to any baby and in particular to those who have restricted movement of their tongue or lip because of "tongue ties" and "lip ties". If your baby does not like to be on his/her tummy it is even more important to introduce the new position gradually and consistently. Place your baby on his back and gently roll him until he is resting on his tummy. You may help to bring his arms out for comfort. Start by doing it at every diaper change for a minute or two. You will be amazed at how much your baby adjusts to this new position. If the baby naturally enjoys tummy time there is no reason to restrict the amount of time. The AAP states babies should spend all of their awake time on their tummy.

GUPPY: It's a sill name to describe the position that resembles tummy time but upside down! The baby rests his shoulder on your lap, for instance, and her head extends down providing a great extension of the whole body. Some babies fall asleep on this position while other feel very threatened. Go easy until you know how far your baby will go... This is a great position to elongate the neck structures and to facilitate the tongue to elevate.

ROLIO: Its baby yoga. Bend the legs in a soft straddle to hold together at the ankles with the wrists. Roll your baby like an egg on the counter. Roll side to side waiting for his/her chest to touch the surface before rolling to the other side. It's a great way to encourage the head to move equally to both sides.

LIFESTYLE CONTAINERS: Car seats, swings, rock and play sleepers, bouncer are all surfaces that promote immobility and continued flexion of the baby's body. It is recommended that you **limit the amount of time** your baby spends on these surfaces and instead encourage movement through "wearing" your baby, various head position and tummy time!

Please direct your questions or concerns to Rosalba Gutierrez MS, IBCLC, Tummy Time instructor at
281-725-8200

HEALING, COMFORT AND PAIN

COMFORT MEASURES

For the first 48 hours after surgery, be skin-to-skin as much as possible with your baby. Take warm baths with Epsom salts. Soft lights and music can add comfort. It's important to know that his/her fussiness is some about soreness but is also related to a big adjustment in function and sensations in the mouth after the surgery.

Rescue Remedy for children (**Bach Flowers brand**). This can be used before and after the procedure to help calm your baby. The adult Rescue Remedy is recommended when parents feel the stress of the procedure.

DECREASE INFLAMMATION AND INCREASE COMFORT:

Homeopathic home remedies:

Arnica mix consisting of Arnica 30C,

Camila teething drops

Turmeric root powder

In one ounce of cold breast milk dissolve 10 Arnica pellets, one vial of the Camila drops and a small pinch of pure organic Turmeric powder. Use this mouthwash (a few drops under the tongue) hourly after the frenotomy/frenectomy and when doing tongue lifts. Make a new batch every day. We will mix a batch for you the day of the procedure with sterile water. You can place this in the refrigerator and keep a few days or when you get home empty and make a new batch with breastmilk. It should last in refrigerator for a couple of days.

* Arnica, Camila and Turmeric easily found at Amazon, Sprouts, Whole Foods

PAIN MANAGEMENT

It is also important for your baby to be as pain free as possible following the frenotomy and for the next few days.

Cold breastmilk chips (1 oz BM in freezer in baggy laid flat) help with inflammation and naturally numb area before stretches, but some older babies really don't like the cold.

Topical numbing creams: Orajel naturals and Hyland's teething gel can be used, but many babies are fussy with the numbing sensation and it lasts several minutes whereas the stretch only lasts a few seconds.

(Dr Luedemann no longer recommends Tylenol because of recent research showing it could be harmful. If you feel you need it here are the prescribed doses.)

INFANT Tylenol, use dropper provided in package. Tylenol can be given before the procedure if you like and repeated every 6-8 hours after the procedure.

6-11 lbs babies can have a dose = 1.25mL

12-17lbs babies can have a dose = 2.5mL

18-23lbs babies can have a dose = 3.5mL

24-35lbs babies babies can have a dose =5mL

Motrin/Advil/Ibuprofen can be given to children older than 6 months. Directions for age and weight are on the package.

Demographic & Insurance Information:

The information requested on this form will be entered into our secured computer database. The security level of our patient information is equivalent to the security banks use for online storage and management of financial data. It will also be used for contacting your family regarding appointments or other communications related to your care in our office. In addition, as a courtesy, it will be used for filling your insurance claim electronically. This paper will be shredded after the information is put into our database.

PLEASE CIRCLE YOUR PREFERRED METHOD OF CONTACT: TEXT/ EMAIL/ PHONE

Mother's Name: _____ Contact #- _____

Father's Name: _____ Contact #- _____

Home Address: _____ ZIPCODE _____

Email Address: _____

If your child has dental insurance coverage, we will need 24 working hours in advance of appointment. If we do not have it by then we cannot verify and you will need to pay in full and receive help filing it after the visit:

***** Many parents think they have "dental insurance" give us the information, only to learn it is medical and they do not yet have dental coverage.** Please, let us help you by giving us what you believe to be your dental insurance information at least 1 working day before your visit so you will have a full understanding of what the visit will cost you that day. We want to help but need a little time and accurate information. Thank you for your understanding!

Insurance Company: _____ Insurance Phone #- _____

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

Policy Holder's Social Security Number and or ID number: _____

Group Number: _____ Policy Holder's Employer: _____

Signature of Responsible Party: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

The patient refused to sign.

- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (*Please provide specific details*)

Employee Signature

Date



INTEGRATIVE CARE

FOR ORAL RESTRICTIONS

Oral restrictions, tongue and lip ties, are when the lingual (tongue) or labial (lip) frenulum restricts function. We are committed to resolving and even preventing the negative effects these restrictions have on growing children! Some examples of ways tongue and lip ties impede quality of life are:

Trouble with breastfeeding or bottle feeding

-  Persistently shallow latch
-  Clicking, chomping, grinding
-  Air swallowing (gulping, gas, reflux)
-  Low weight gain or weight gain that declines after 12 weeks old
-  Blisters on the lips
-  Poor stamina (short frequent feedings or very long feedings)
-  Spilling milk out of the sides of the mouth
-  Poor breast emptying (plugs, infections, low supply)
-  Inflammation (oversupply, vasospasms, aching)
-  Cracked or blistered nipples

Trouble with eating

-  Gagging too much
-  Pickiness about textures
-  Chipmunking (piling food in cheeks)
-  Choking easily (aspiration)
-  Food falling out of mouth while eating

Trouble with speaking

-  Articulation errors
-  Delays in initiating speaking
-  Speech fatigue

Dental & Orthodontic Issues

-  crowded teeth
-  flared front teeth
-  Decayed teeth

Chronic Tension

-  Neck tension, torticollis
-  Tension headaches
-  TMJ issues
-  Facial strain (especially in lips)

Airway Issues

-  Sleep apnea
-  Mouth breathing
-  Enlarged tonsils and/or adenoids
-  Poor sinus drainage
-  Ear infections

Kidstown Dental believes in an integrative model of care for people struggling with tongue tie. Dr. Luedemann and her team are committed to doing their best to ensure that bigger picture needs for families are met when it comes to resolution of all symptoms of tongue and lip ties. This means a thorough assessment for an accurate diagnose and plan, that babies and parents are properly prepared for the procedure, and that families are supported in all aspects of the recovery. We utilize the Three Pillar Approach™ to include function and structure in assessments, as well providing complete, tissue guided laser releases, and multiple tools for healing. This model, at Kidstown Dental, includes...

-  No Pediatrician referral needed
-  Lactation/Feeding/Speech/Airway Assessment required prior to frenectomy, which can be provided in office or obtained privately (we have providers to recommend if needed and are happy to work with an IBCLC or SLP you are already working with in community)
-  Insurance accepted
-  IBCLC present at each release appointment (no extra cost)
-  Osteopathic “Body Worker” present for assistance if needed (at no extra cost)
-  Support group included in revision clinic
-  Ongoing support post procedure through multiple mediums
-  Further support with lactation and bodywork available on site or referrals given as needed

Dr. Luedemann has an open-door policy when it comes to collaborating with and welcoming other professionals to explore the Revision Clinic. In fact, she hosts an interdisciplinary study club on the topic of infant feeding, and is continually reaching out to the community of providers involved in supporting Mothers and Babies with breastfeeding and bottle feeding issues. Moms, please do share this information with your private provider and encourage a connection in care. For Providers in our community, please feel free to reach out with any interest in doing coming to the clinic to observe or joining our interdisciplinary study group!



Mama and Baby's Team

In order to help us fully support you after today's procedure, we want to be able to reach you.

Your best contact number is: _____ best time of day? _____

Mom's email address: _____

As you now know, we are all about a holistic approach. We do not work as an island, nor do we want to leave you all alone on an island after today's visit. We would also like to be in touch with your team of support. Would you please share their contact info here so the doctor can have easy access to their information if needed to consult with them on your behalf.

Your IBCLC/LC that you have already seen or wish to see? _____

Your SLP (Speech Language Pathologist): _____

Your Chiropractor/Osteopath/Bodyworker seen or wish to see? _____

Your Pediatrician: _____

Your ENT: _____

Your Midwife: _____

Your Doula: _____

Anyone else you think we should be communicating with? _____

Thank you so much for trusting us with your precious baby. We hope you have felt supported already, and can sense how much we care about you, your baby, and your goals. Please let us know at any point along the way how we can improve.

Blessings!



Patient Photo Release Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information.

This release is strictly designated to give permission to Dr. Amy Luedemann, to use my digital patient photo series for educational purposes. These images will not be used in any social media campaigns, but only for educational purposes. I am aware Dr. Amy Luedemann teaches in a variety of settings. I will allow these photos to be shared with other professionals and patients strictly in an educational setting. Dr. Amy Luedemann will have permission to use these photos in the manner described above unless I request her to no longer use them. A written request form is available to do so.

I understand that by allowing Dr. Amy Luedemann to use my photos, she is able to share “before and after” images to educate and explain procedures and possible results of treatment. I understand that I have the option to decline this request, and am not obligated in any way to provide permission to use these photos.

I will allow Dr. Amy Luedemann. to share my digital patient photos with other patients and/or professionals in an educational setting.

Patient Name _____

Signature _____

Date _____

I am requesting that my digital patient photos not be shared with other professionals or patients.

Patient Name _____

Signature _____

Date _____