Redwood Pediatric Dentistry
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After a Tongue-Tie or Lip-Tie Release

Your child did great today. The next four weeks of gentle home care are what turn a good release into a good result. Here is exactly what to do.

1 The First Day or Two

- A **low-grade fever on the first day** is common. Your child should still eat, drink, and sleep close to normally.
- If the lip was released, the **upper lip may puff up** that evening or the next day. This settles within a day or two.
- The area will be **sore for a few days**, noticeably better at one week, and close to normal at two weeks.
- A little bleeding when you stretch is expected and is **not a concern**.

2 Comfort and Pain Relief

- Give **ibuprofen (Motrin) or acetaminophen (Tylenol)** dosed by your child's weight, following the package directions. Call us if you are unsure of the dose.
- For the first two or three days, a dose **about 30 minutes before stretches** makes them much easier on everyone.
- Cold helps: ice water, a popsicle, or a cold spoon on the lip.
- Do not give aspirin. Do not give ibuprofen to a baby under 6 months.

3 Eating and Drinking

- Your child can eat **whatever they can tolerate**. Cool and soft is easiest for the first day or two.
- Skip crunchy, sharp, spicy, salty, or very hot foods for a few days. Chips and crackers are the usual culprits.
- Keep fluids up, and brush as usual while staying off the healing area. Older children can rinse with warm salt water after meals.

4 The Tongue Stretch: start 24 hours after surgery

- The goal is for the area to heal and re-form **as far back as possible**, which is what gives your child the most tongue mobility.
- With a clean or gloved finger, **push down behind the lower front teeth** into the floor of the mouth.
- Then **sweep up into the diamond and lift the tongue**, catching the middle of the diamond so the whole shape opens and lengthens.
- Hold the stretch for **5 to 10 seconds**. Repeat **2 times a day for 4 weeks**. Quality matters more than force.

5 The Lip Stretch: start 24 hours after surgery

- The goal is for the lip to heal so it can **lift as high as possible**.
- Pull the lip up high enough to **press toward the nose**, until you can see the whole white diamond.

- Then press slowly and firmly **all the way into the fold of tissue** and hold for 5 to 10 seconds to keep the diamond open.
- Repeat **2 times a day for 4 weeks**. Slow, firm pressure is the key, not speed.

6 What Healing Looks Like

- After the first day the area forms a **wet scab** that looks white or yellow and soft. This is normal healing, **not an infection**.
- This white area is exactly what you press against. The healing happens underneath it, like a scrape anywhere else on the body.
- The patch shrinks a little each day. **Keep stretching even as it fades**. Stopping early is the main reason a release closes back down and has to be redone.

7 Tongue Exercises for Children 4 and Up

- Stretching keeps the wound open. **Exercises teach the tongue to use its new range**. Do both.
- Stick the tongue out and hold 10 seconds, then reach to the left, to the right, and up.
- Open wide, paint the roof of the mouth, make clicking noises, and sweep the tongue across the teeth.
- Aim for **3 times a day**, or follow the plan from your myofunctional therapist.

8 Follow-Up and Your Care Team

- Come back for your scheduled recheck. If you are worried the area is closing back together at any point, **call or email us a photo**. We would much rather look early.
- For children with speech, feeding, or oral habit concerns, we recommend follow-up with a **myofunctional therapist**, and some families also use bodywork such as chiropractic or craniosacral therapy.
    - Surgery opens up the range of motion. Therapy is what turns that range into function, so the two work best together.

If the Stretches Become a Battle

Make a game of it, keep it playful, and bribe shamelessly. Stretches are not fun, and we would happily skip them if there were a better way.

That said, **never force a stretch on a screaming, fighting child**. Back off, try again at a calmer moment, and call us. A child who becomes fearful of having their mouth touched is a real setback, and we can adjust the plan.

Recommendations on post-release stretching vary between providers and the research is still developing. Our protocol balances the chance of the area closing early against the risk of making mouth care upsetting. Tell us how it is going and we will tailor it to your child.

Please Call Us If...

- Bleeding does not stop after **10 minutes of firm, steady pressure** with clean gauze
- Fever above 101.5°F, or any fever that lasts beyond the first day
- Your child refuses all fluids, or you notice fewer wet diapers or trips to the bathroom
- Pain or swelling that is **getting worse after day 3**, or pus or a foul smell
- The diamond looks like it is closing back together

Trouble breathing or swallowing is an emergency. Call 911 or go to the nearest emergency room.

(510) 413-7600 during office hours • team@redwoodpediatricdentist.com

After hours and in need of an emergency, please call 510-833-6474.

4-Week Stretch Tracker

Two stretches a day, every day, for four weeks. Tick a box each time you finish one.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1 · Morning							
Week 1 · Evening							
Week 2 · Morning							
Week 2 · Evening							
Week 3 · Morning							
Week 3 · Evening							
Week 4 · Morning							
Week 4 · Evening							

Bring this page to your recheck, or snap a photo and email it to us. If you miss a stretch, don't panic, just pick up with the next one.

References

American Academy of Pediatric Dentistry. Policy on management of the frenulum in pediatric patients. The Reference Manual of Pediatric Dentistry. Chicago, IL: AAPD; 2025:80-5.

Messner AH, Walsh J, Rosenfeld RM, et al. Clinical consensus statement: ankyloglossia in children. Otolaryngol Head Neck Surg. 2020;162(5):597-611.

Smart S, Grant H, Tseng RJ. Beyond surgery: pre- and post-operative care in children with ankyloglossia. Int J Paediatr Dent. 2025;35(2):318-338.

Thomas J, Bunik M, Holmes A, et al. Identification and management of ankyloglossia and its effect on breastfeeding in infants: clinical report. Pediatrics. 2024;154(2):e2024067605.

Carnino JM, Rodriguez Lara F, Chan WP, Kennedy DG, Levi JR. Speech outcomes of frenectomy for tongue-tie release: a systematic review and meta-analysis. Ann Otol Rhinol Laryngol. 2024;133(6):566-574.

Disclaimer: All information reflects the clinical approach of Dr. Niekia Franklin and is intended for general guidance only. Instructions given during your visit always take precedence. • www.redwoodpediatricdentist.com