



Dr. Soroush Zaghi

Sleep Surgeon, Otolaryngology (ENT)

Specialized in Mouth Breathing, Snoring, and Sleep Apnea

FUNCTIONAL FRENULOPLASTY + OROFACIAL MYOFUNCTIONAL THERAPY

The success of our practice is based on our ability to provide a complete and effective release of tethered oral tissues by incorporating a multidisciplinary protocol that integrates myofunctional therapy (and sometimes physical therapy) before and after surgery.

Our tongue-tie release procedure is based on precision: releasing the appropriate extent of tissues for maximal relief; not too much, and not too little. The tongue is one of the most critical organs in our bodies as it has the ability to regulate and shape orofacial structure and musculature. The un-tethered mobility of the tongue is required for optimal speech, chewing, swallowing, oral hygiene, and breathing functions, as well as for development of the skeletal structures of the jaw and the airway. Because the tongue plays such an important role in so many functions, restricted mobility of the tongue may lead to compensatory behaviors that may negatively affect nasal breathing and cause snoring due to low tongue posture, or contribute to chronic stress on the other muscles of the head and neck. The tongue also has connections to the whole body through a system of connective tissue known as fascia, and a restrictive tongue may place tension on the fascia networks causing neck tension, pain, and postural dysfunction. Our functional frenuloplasty approach honors the changes that occur during a tongue-tie release and prepares the body for acceptance and optimal healing post-treatment.

Our group is highly active in clinical research and committed to anything that we can do to provide our patients with the highest level of care. We are proud to be a leading source of continuing education and offer courses to help other interdisciplinary teams learn more about sleep, breathing, tongue-tie, myofunctional therapy, and airway development. We are delighted by the opportunity to share our knowledge and experience to help inspire the field to move towards higher standards in the delivery of myofunctional and airway health.

POST-OP INSTRUCTIONS

Patients should expect some mild swelling, pain, and/or discomfort as a normal process of wound healing. Pain can be controlled with over-the-counter pain medications, and other symptoms usually self-resolve over the course of 1-2 weeks with proper rest and myofunctional therapy. Possible (but very rare) complications of frenuloplasty may include bleeding, pain, numbness, failure of procedure, scarring, and injury to adjacent structures, which may result in salivary gland dysfunction.

1. Swelling and Inflammation: It is normal to experience some swelling and inflammation in the first 3-5 days after surgery. Your tongue may feel larger and more painful to move. It is recommended to use Tylenol and Ibuprofen as needed for pain, and to consider holistic options like arnica, turmeric, ginger, and CBD oil. For increased pain sensitivity, narcotic medications like Tramadol may be used.

2. Ice Therapy Protocol: Apply a cold compress or ice pack to the neck and jaw area for 10-20 minutes every 2 hours (while awake) on the first day post-surgery, and continue as needed during recovery.

3. Oral Hygiene: Continue regular tooth brushing. Rinse with your choice of salt water, xylitol, and/or diluted alcohol mouthwash multiple times a day to maintain wound cleanliness and reduce infection risk.

4. Food/Drink: During the first few days, you may find it helpful to have soft, cool foods. You may find it challenging to consume hot or spicy foods, or foods that require a lot of chewing.

5. Bleeding: Some bloody oozing in the first 1-2 days may occur. If steady bleeding occurs, place gauze under the tongue to hold pressure and call Dr. Zaghi, or go to your local emergency department.

6. Sutures: Absorbable sutures are typically used, which naturally fall out / dissolve between three - five days, but in some cases may come out sooner or extend longer. As these sutures fall out, granulation healing tissue fills the open wounds and provides a platform for wound healing.

7. PeriAcryl Glue: PeriAcryl glue may be applied to the wound site in place of or in addition to sutures. Over time, the glue can have a hard and rough texture, but try to refrain from picking at it. If the glue stays on past 1 week, we encourage gentle massage with Vitamin E oil, coconut oil, or mineral oil to dissolve and remove the material.

8. Wound Healing: Note tongue mobility may initially decrease between 1-3 weeks post-op but typically improves between 2-6 months. Wound contraction begins around days 5-10 and can last up to 2 months. If mobility remains tight, start using Serrapeptase around days 4-5 post-op, or when all sutures have fallen out and granulation tissue appears. Discontinue if bleeding occurs.

Serrapeptase Application Instructions:

- Apply 1/4 of a Serrapeptase capsule's powder under the tongue (use only Serretia brand).
- Place a piece of gauze on wound site and wait 3 minutes before wound care exercises.
- Repeat 2-5 times daily.
- Avoid eye contact and wipe away drool.

9. Myofunctional Therapy Exercises:

Recommend gentle tongue movements for the first three days after your procedure. Also recommend moving the tongue in fluid, natural motions - such as speaking, singing, reading out loud, etc. Refrain from strong suction, sticking your tongue out, and other strenuous stretches, and/or exercises to avoid losing the sutures within the first few days. Based on your healing process at your three day follow up, your therapist will determine next steps and guide you on recommended stretches and exercises.

10. Stretches - Generally, post-op stretches should begin three days (72 hours) after the procedure. The key stretches to focus on include the J Sweep, Forklift, and Tongue Pull Stretch. Manual stretches should be performed with the guidance of a qualified therapist to ensure they are done correctly for proper healing and function. Improper technique or overstretching can lead to injury. Your therapist may recommend additional stretches tailored to your specific needs.

11. Lip and Buccal Ties: Beginning on day 2-3, we suggest air puffs and thorough rinsing of the area. With clean hands place a finger and apply gentle pressure in the incision area, holding for 20-30 seconds 3-4x/day.

12. Bodywork/Physical Therapy: Many patients benefit from adjunctive therapies pre and post procedure including fascia physical therapy, chiropractic adjustments, craniosacral therapy, osteopathic manipulation, core strengthening through Pilates/Yoga, and 800nm-1064nm laser therapy to reduce inflammation and optimize mobility and function.

Remember, individual recovery experiences may vary, and it's crucial to follow your healthcare provider's specific guidance.

At any time, call our practice if you experience any of the following:

- Severe pain that does not improve with medication
- Brisk bleeding
- Severe swelling at the site of surgery
- Difficulty breathing
- Fever higher than 102 degrees F (~39 C).

For emergencies, please call 911 or proceed to your local emergency department and call or text Dr. Zaghi directly: (818) 489-2444.