

Vitamin K Informed Consent

A small number of parents are deciding to not give their newborn infants prophylactic Vitamin K at birth. Prior to any surgical procedures, you need to be aware of the following information. If you consent for care, you are accepting full responsibility for emergency bleeding that may develop due to the lack of Vitamin K. In Georgia and most other states, unless you specifically refuse to allow your infant to have an injection of vitamin k at birth, it is automatically given.

1. Vitamin K is a vitamin, which occurs naturally in food especially in liver and some vegetables. We all need Vitamin K; it helps to make the blood clot in order to prevent bleeding.

2. Vitamin K does not cross the placenta to the developing baby, and the gut does not have any bacteria to make vitamin K before birth. After birth, there is little vitamin K in breast milk and breastfed babies can be low in vitamin K for several weeks until the normal gut bacteria start making it. With low levels of vitamin K, some babies can have very severe bleeding - sometimes into the brain, causing significant brain damage. This bleeding is called hemorrhagic disease of the newborn (HDN)

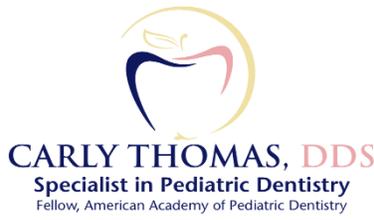
3. While this disease is rare (incidence of 0.25 percent to 1.7 percent), it has been standard practice to give injections of vitamin K as a preventative measure to all infants, whether or not risk factors are present. Your newborn can be at increased risk for hemorrhagic disease of the newborn if any of the following are present:

- Preterm delivery
- Low birth weight
- A forceps or vacuum extraction delivery
- Mother's use of antibiotics, anticoagulants, anticonvulsants, and some other medications during pregnancy
- Undetected liver disease
- Extremely fast, or extremely prolonged labor, particularly during the pushing phase
- Delivery by C-section

I understand the risks involved with my infant not receiving Vitamin K injections at birth and understand and accept full responsibility for any post-surgical complications due to not having my infant receive vitamin K injections prior to surgery.

Parent/Guardian _____

Date: _____



Lip/Tongue Tie Release Informed Consent

It is the philosophy of Carly Thomas, DDS: Pediatric Dentistry to provide children the highest quality of care in a manner which is as pleasant and safe as possible. During treatment on small infants, it may be necessary for your infant to be swaddled or placed in a similar protective appliance to control undesirable movements. In some instances, there may be the need for the dentist to numb the surgical area using a small amount of a local anesthetic and to provide adequate visibility and access to the surgical areas using a comfortable mouth prop. Older infants may require some type of oral premedication, which if needed, will be discussed prior to having any child sedated. The purpose of this procedure is to gain and maintain good oral health, improved breastfeeding, reducing maternal discomfort and in many instances future problems that may be associated with lingual and/or lip-ties. We anticipate good results and treatment usually proceeds as planned; however as in all areas of medicine, results cannot be guaranteed, nor can all consequences be anticipated. Post-surgical discomfort may be minimal or last as long as a week, and bleeding and infection is a possibility. Successful breastfeeding is our primary goal for today's surgery and not treating existing dental problems in children may result in continuing breastfeeding problems.

Parents and guardians should understand recommended procedures, alternative options and anticipated results. All surgery in this office is completed using appropriate laser technology, which has proven safe for infants as well as all patients. Successful results of this surgery are dependent on parents following carefully all post-operative recommendations for keeping the surgical sites from healing together, seeing their lactation consultant and if indicated a cranial sacral therapist.

ACKNOWLEDGMENT OF INFORMED CONSENT

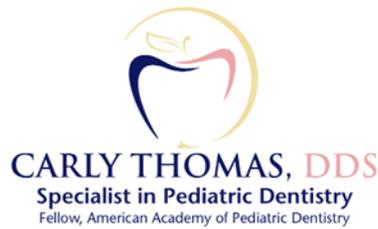
I hereby acknowledge that I have been fully informed as to the treatment considerations. I have read and understand this form. I understand the advantages and disadvantages of treatment as well as alternatives of completing these procedures. I understand that my infant will be treated while I remain in the waiting room. The purpose of the surgery has been explained through a consultation involving oral discussions and written information. I have been given the opportunity to ask all questions about the proposed surgical treatment. All questions and concerns have been discussed. I give my free and voluntary, informed consent for treatment to be completed. By signing this consent, I indicate that I have the legal authority to grant this permission. I also agree to pay all fees and have given Carly Thomas, DDS: Pediatric Dentistry a complete medical history of my child.

PRINT CHILD'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

During office procedures, photographs or videos may be taken for educational purposes, such as lectures, professional articles, and presentations. I consent to allow photos & videos to be taken of the procedure.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____



Consequences of Untreated Tongue/Lip Tie

There can be many consequences of an untreated tongue tie depending largely on the severity of the condition and the age of the subject. Delay in treatment can have negative consequences as the problem persists.

For Infants

Inability to breastfeed successfully in the presence of a tongue/lip tie can cause a variety of challenges for the infant, the mother and the family. For the baby, these may include:

- Impact on milk supply
- Termination of breastfeeding
- The baby failing to thrive
- Poor bonding between baby and mother
- Sleep deprivation
- Problems with introducing solids

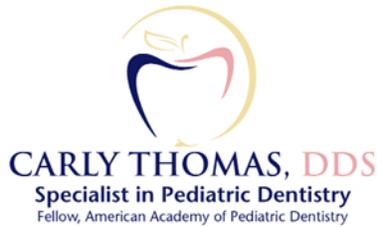
The maternal experience of breastfeeding a tongue/lip-tied baby may include:

- Pain
- Nipple damage, bleeding, blanching or distortion of the nipples
- Mastitis, nipple thrush or blocked ducts
- Severe pain with latch or losing latch
- Sleep deprivation caused by the baby being unsettled
- Depression or a sense of failure

For Children

Children with a tongue tie have to contend with difficulties which may only be discovered as they grow older. These can include:

- Inability to chew age appropriate solid foods
- Gagging, choking or vomiting
- Persisting food aversions
- Difficulties related to dental hygiene
- Persistence of drooling
- Delayed development of speech
- Deterioration in speech
- Behavior problems
- Dental problems starting to appear
- Loss of self-confidence because they feel and sound 'different'
- Strong, incorrect habits of compensation being acquired



Frenectomy Information

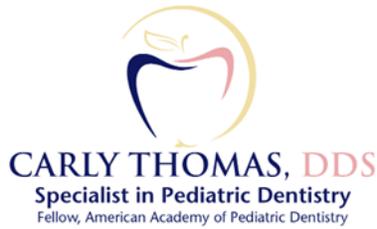
What is a Frenectomy?

A frenectomy is a procedure used to correct a congenital condition in which the lingual (tongue) or labial (upper lip) frenum is too tight, causing restriction in movement that can cause significant difficulty with breastfeeding, and in some instances, other health problems like dental decay, dental spacing, speech difficulties, and digestive issues.

What to Expect During the Procedure?

In general, the procedure is very well tolerated by children. We take every measure to ensure that pain and stress during the procedure is minimized.

1. General anesthesia is not utilized in the office and is almost never needed to perform the procedure.
2. Typically, parents are not allowed in the treatment room during the procedure due to safety and to allow the staff and dentist to focus on the patient.
3. The actual time of lasering is typically 1-2 minutes.
4. For babies under the age of 12 months, a topical numbing cream is applied to the area(s) that will be treated. This medication works very quickly.
4. For children 12 months of age or older, numbing cream is applied. In some instances, an injected local anesthetic may be applied for additional anesthesia.
5. You may breastfeed or bottle feed, or soothe your baby in any manner you'd like following the procedure. You may stay as long as necessary.



Postop Instructions: What to do after the Procedure

Stretches

Wash your hands well prior to your stretches (gloves aren't necessary). Apply a small amount of coconut oil to your finger prior to your stretches. Stretches should be done 4x/day for the first 3 weeks, and then 2 x day for the 4th week.

Bleeding

A small amount of spotting or bleeding is common after the procedure, especially in the first few days. Because a laser is being used, bleeding is minimized.

Medication

Because numbing medication is used during the procedure, and because the laser itself has some analgesic properties, not everyone needs medication after the procedure. However, if you wish to give your child pain medication please follow the following instructions;

Tylenol only for children under 6 months.

Dosage: Using the dropper in the manufacturers packaging:

- 6-11 pounds -1.25mL
- 12-17 pounds -2.5mL
- 18-23 pounds -3.75mL
- 24-35 pounds -5mL

For children 6 months of age or older, you may use ibuprofen instead (or with Tylenol). Please follow the dosing instructions on the package.

Call our office at (229) 232-8339 for any of the following:

- **Uncontrolled bleeding**
- **Refusal to nurse or take a bottle for over 8 hours**
- **Fever>101.5**

Thank you so much for choosing us! We truly wish your child a fast and easy recovery. If you have any

questions or concerns, feel free to call us at (229) 232-8339.



- If your child is extra fussy or inconsolable be sure to use lots of skin to skin contact. This increases oxytocin levels which lowers pain.
- If your child is fussy and struggling to latch, try feeding your baby while taking a warm bath.
- If your little one is extra squirmy during the stretching exercises and you don't have a second person to help, try using a swaddle.
- Using good lighting and an LED head light during the stretches really helps visualize the diamonds and ensures accurate and precise technique.
- Although not necessary, you may find the stretching exercises more comfortable using nitrile gloves. Make sure gloves fit well.
- Frozen breast milk can act as a natural numbing agent and help with the pain. Freeze milk flat in a baggie, chip off tiny pieces and place under lip, tongue or cheek and let melt slowly.
- The stretches can be done before, after, or in the middle of a feeding- whichever works best. It may be best to feed before the stretches during the first week as the infant is most sore at that time.



Call our office (229) 232-8339
or visit our website
www.carlythomasdds.com

Normal Things You May Notice After the Procedure

Increased fussiness and inconsolable crying during the first week

- Immediately after the procedure, it is best to give pain medication(s) around the clock in order to stay ahead of any discomfort. This may be necessary during the first few days and sometimes up to one week.

Bleeding after doing the stretches

- Keep in mind that a little bit of blood in a pool of saliva is not as bad as it looks. This is not a concern and it is safe to feed your baby.

Difficulty with latch during the first week

- Due to the initial soreness and re-learning of suck, feedings may be inconsistent during the first week. In some cases, symptoms may worsen before it gets better.

Increased choking and spitting up

- Initially, babies have a hard time adjusting to change in latch. This is usually temporary.

Increased drooling and saliva bubbles

- The healing process increases saliva production. Additionally, the new movement of tongue creates a surplus of saliva. This is usually temporary.

Increased sleeping

- This may be due to medication, exhaustion, or that the infant is feeding better and more satisfied. Sleep may also act as a coping mechanism for discomfort.

Post-Op Frenectomy Home Care Information

(Newborn-1 year)

Emergency Contact: 229-232-8339 Dr. Carly Thomas

What you may expect after the procedure:

Please be aware that the healing timeline below may not apply to every baby

