Patient comfort and safety

1. All children are treated using the most up-to-date safe technology available.
2. All oral surgery treatments are completed using up to three different lasers.
3. The use of lasers promote healing and reduce post surgical discomfort.
4. Lasers eliminate the need for sutures in most patients.
5. All treatment is completed using microscopes to reduce damage to adjacent oral structures.
6. All needed x-rays are taken using computers and result in reduced patient exposure to radiation and reduced environmental contamination due to elimination of many of the materials and chemicals used when taking conventional dental x-rays.
The Maxillary Frenum: When is the best time for revising this abnormality?

Primary dentition

Mixed dentition
Maxillary Frenectomy

Infant dentition
age 10-18 months

Mixed dentition
age 6-8

When timed correctly, the frenectomy may allow the teeth to grow together and close the space naturally.
Infant frenectomy diagnosis and treatment recommendations

Lawrence Kotlow DDS PC
Evaluating the Infant Maxillary Frenum

1. Is the frenum creating a diastema (gap) between the maxillary central Incisors?

2. Will revision of the frenum prevent an orthodontic problem such as a gap or diastema from developing or remaining in when all the permanent teeth erupt into the mouth?
Infant Maxillary Frenectomy

3. Does the frenum interfere with normal lip position? Does this effect eating? Does the lip get stuck between the front teeth?

4. Does the frenum make oral hygiene care difficult? Is there bleeding? Does the frenum contribute to caries formation or post treatment home care?
Infant Maxillary Frenectomy

5. Has the frenum area been subject to repeated trauma?
Classifying Infant Maxillary Frenums

• Class I: normal

Most people do not have any significant frenum attachment

Kotlow frenum classifications
Frenums that insert into the area of attached gingiva above the teeth (interproximal area). In most cases, in children, this will not create any significant problems. As adults age and the gingival tissue normally recedes, this frenum many need to be revised.
Classifying Infant Maxillary Frenums

• Class III: variations

Frenum attachments that insert into the area between the teeth
Classifying Infant Maxillary Frenums

- Class IV: variations

Frenums that insert into the anterior papilla or palate behind the teeth
Emmy’s Frenectomy

- Pre-op
- 24 hours
- 48 hrs
- 1 week
- 6 month evaluation
- Emmy age 5 years
Infant Maxillary Treatment

RESULTS AFTER TREATMENT

BEFORE TREATMENT  RESULTS AFTER TREATMENT

BEFORE TREATMENT  RESULTS AFTER TREATMENT
Which photo do you like?

Before frenectomy

2 years after frenectomy
Maxillary Frenectomy in older children

In older children, where the maxillary frenum attachment is abnormal, I will usually recommend it be revised when the permanent central incisors just begin to erupt into the oral cavity. This allows the normal eruption pressures of the permanent lateral incisors to assist in pushing the front teeth together.
Revising the maxillary frenum when the permanent front teeth are erupting

Excellent healing after six days
Maxillary Frenectomy

The soft tissue attached between the teeth is removed and when indicated small piece of bone can also be removed when using the Erbium Laser.
Maxillary Frenectomy

The revision is completed with little discomfort or bleeding.

The surgical site does not require stitches.
Maxillary Frenectomy

1 week post-op
Laser Maxillary Frenectomy

Pre-treatment

6 months post-op
Maxillary revision with the Laser

Pre-treatment

12 months after treatment
Mandibular frenectomy

6 weeks post treatment

5 months post treatment
Home care after laser revision of maxillary frenectomy
1. Brush the front teeth gently to remove all the plaque that accumulates daily to allow proper healing of surgical area.

2. Two times a day, morning and evening, for the upper frenum area, pull the lip upward or for the lower frenum area, downward to prevent the area from healing together.

3. After you pull the area apart place a small amount of Vitamin E or Vaseline in surgical site with your finger.
4. Rinsing with warm salt water after eating will help the area to heal.

5. A small white patch in the surgical site is normal and is not any type of oral infection.

6. If your child seems to be uncomfortable after the numbing wears away, you may give the child Tylenol or similar pain medications.
Updates in 21st century pediatric dentistry

- Lawrence Kotlow DDS
- Board certified pediatric dentist
- Advanced proficiency certification in Erbium laser surgery by the Academy of Laser Dentistry
- In private practice since 1974
- Written many articles and lectured both nationally and internationally in treating the abnormally attached maxillary frenum in infants and children
- These articles are available to view on this website: KIDDSTEETH.COM
Please feel free to ask any question concerning this procedure

For more information go to KIDDSTEETH.COM and read the articles I have written