

# Preventive Pediatric Dental Care

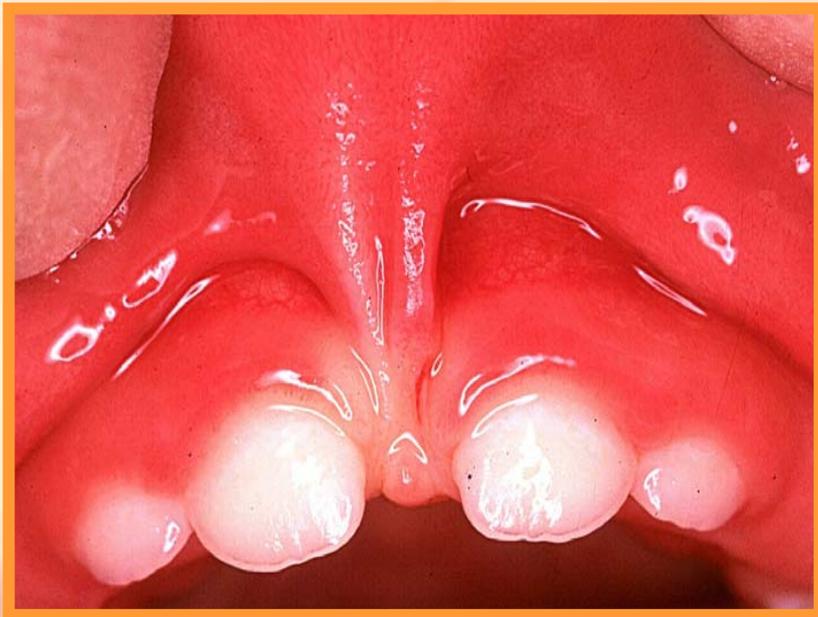


**Lawrence A. Kotlow DDS**  
**Practice Limited to Pediatric Dental Care**  
**340 Fuller Road**  
**Albany, New York 12203**

# 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 Freneotomy

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

# Classifying Infant Maxillary Frenums

## •Class II: variations



**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



# Infant Maxillary Treatment

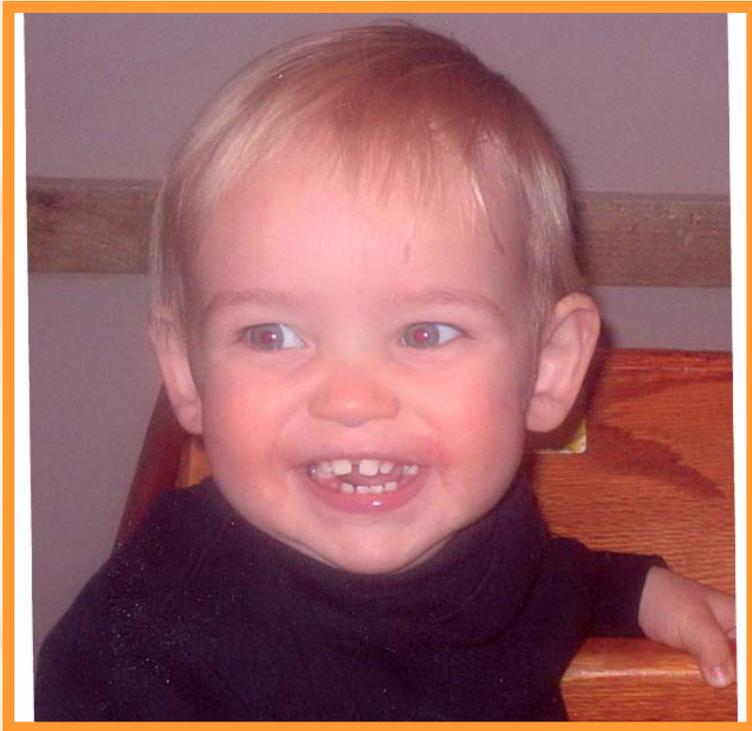


BEFORE TREATMENT RESULTS AFTER TREATMENT

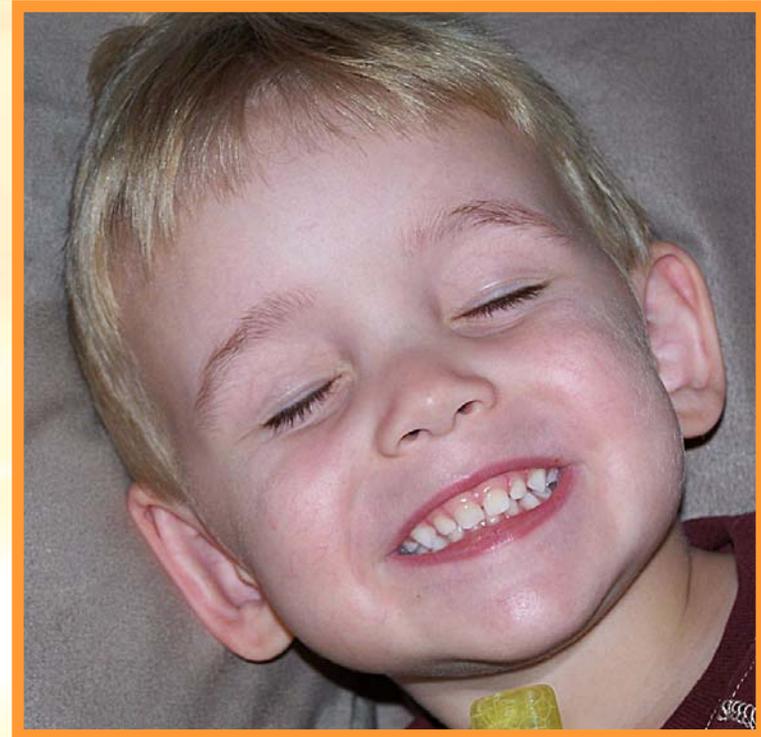


BEFORE TREATMENT RESULTS AFTER TREATMENT

# Which photo do you like ?



Before frenectomy

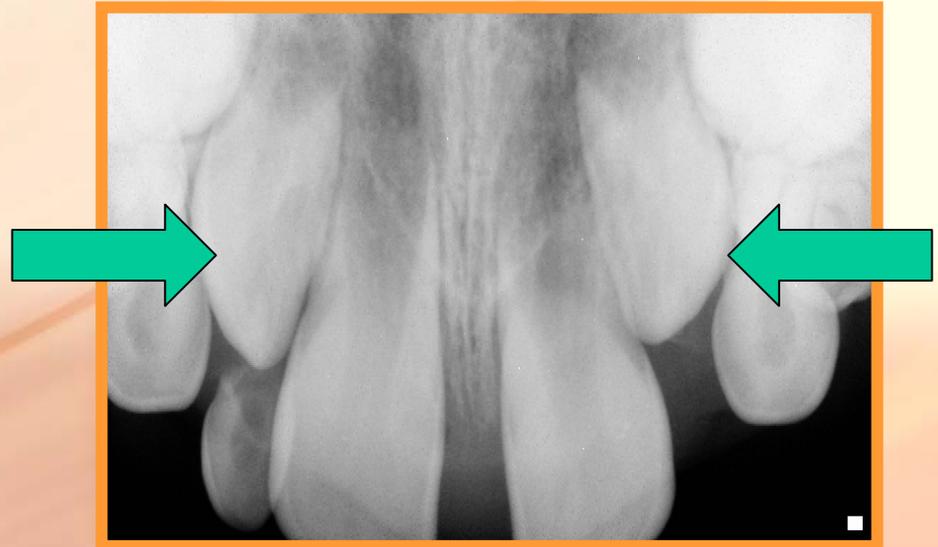


2 years after frenectomy

# 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



# Maxillary Freneotomy

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



# 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.**

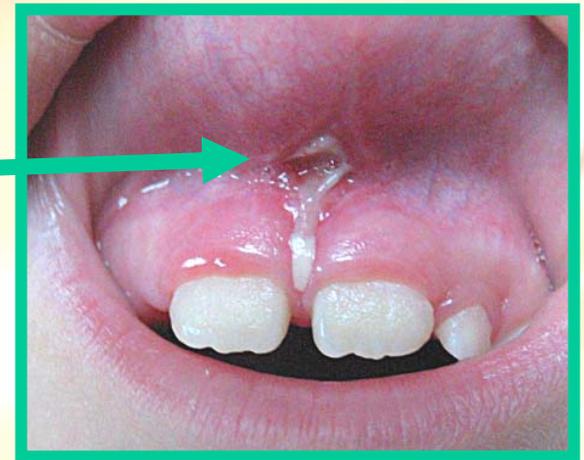
**3. After you pull the area apart place a small amount of Vitamin E or Vaseline in surgical site with your finger.**



**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.**

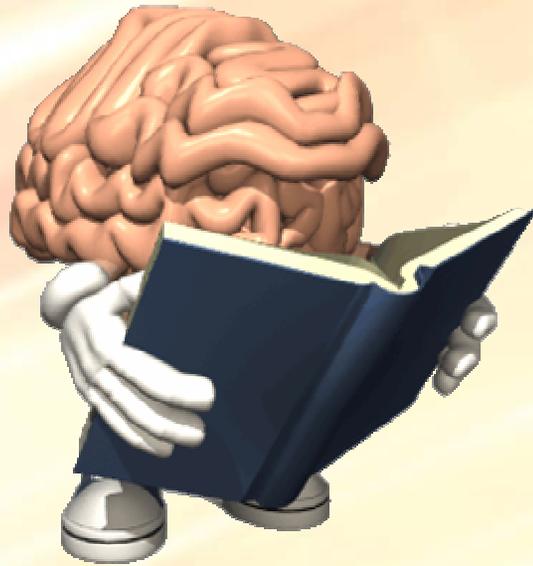


# Updates in 21<sup>st</sup> century pediatric dentistry



- 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 web site: [KIDDSTEETH.COM](http://KIDDSTEETH.COM)

**Please feel free to ask any  
question concerning this  
procedure**



**For more information go to [KIDDSTEETH.COM](http://KIDDSTEETH.COM)  
and read the articles I have written**