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Use of essential oils is gaining in popularity. Many parents are interested in using them in every aspect of health with their children. Sources of information as far as best practice with oils are often contradictory or vague. One application coming into common use is to aid in comfort and healing following revision of tongue tie. This is an especially delicate situation as it means contact with an open wound inside the mouth, often of an infant. Since enabling proper healing post tongue tie revision can be a major source of concern for many people, it is hard to resist accessing the soothing possibilities of essential oils.

It is important to consider carefully that oils can be quite powerful. While that is part of their draw, that is also part of their risk. One objective and evidence based approach to care using EO's is to look at their chemical makeup, weighing risks and benefits in the most elemental way possible. These recommendations are made using that process.

The safest option to use are hydrosols. These are the aqueous (water soluble) portion of the EO distillation process. They share a lot of the same properties as their EO counterparts, but in much more dilute form. Hydrosols are safe for infants through adults.

Good choices for use either as a mouthwash, or for direct application to the revised area are:

- 1. German chamomile hydrosol
- 2. Lavender hydrosol
- 3. Peppermint hydrosol

Any of the above hydrosols may be combined together. They can also be used to wet sterile cloth, and applied to the gums of infants. It's a great option for teething as well as post revision discomfort. The biggest downside of hydrosols is that they are much less readily available and have to be ordered online or from an aromatherapist. They must be stored in the refrigerator, in #1 or #2 plastic containers (or glass). If they ever turn cloudy or have sediment, they should be thrown away. Unlike EOs, it is possible to grow bacteria and fungi in hydrosols.

Essential oils, on the other hand are both more limited in safe application and more readily available. For use post revision even diluted EO's are *only safe for 2 years old and up.*

Good choices for application of <u>diluted</u> EO directly to the revised area:

- 1. **Ginger** (Zanziber officinale)
- 2. **Black pepper** (*Piper nigrum*)

Ginger EO should be diluted to 1% EO or lower in olive oil, grapeseed oil, or coconut oil for over 10yo. For 2-10yo, dilute to 0.5%. See the below chart for dilutions.

Black pepper EO should be diluted to 4% or lower in olive oil, grapeseed oil, or coconut oil for over 10yo, 0.5-1% for 2-10yo. See the below chart for dilutions.

% dilution	# drops EO	Volume carrier oil
0.5	1	10mL (US 2tsp)
1	1-2	5mL (US 1tsp)
2	3-4	5mL (US 1tsp)
3	4-5	5mL (US 1tsp)
4	6-7	5mL (US 1tsp)

Once diluted, the EO/carrier oil can be stored in glass bottles in the refrigerator. The cold may be soothing as well. Aromatherapists often have pre-diluted options to purchase and these specific oils may not be as available as others. They do have specific properties that address the goals for healing post revision of reducing inflammation and enabling elasticity while not speeding up healing.

It's a good idea to do a patch test of the diluted EO on the arm. If there is no reaction in 1-2 hours, it's likely to be ok for use. Something to keep in mind, however, is that at any time—the first time or the 50th time—you could have a poor reaction to the EO. It's important to seek medical help quickly if there is any sign of rash, inflammation, or other medical change. In fact, you should consult with a certified aromatherapist about essential oil usage and always inform your primary care physician what you are using as they may not be conducive with his/her prescribed therapy and medications.

Hopefully this information will be helpful for people dealing with post revision care, or supporting others as they do. Essential Oils are one of many tools that can be used to support good healing and maximize comfort following tongue and/or lip tie revision and quality information on their use can make this safe and possible.

These recommendations are for reference purposes and are not intended to substitute advice given by a pharmacist, physician or other licensed health-care professional. You should not use this information for treating a health problem or disease or to make a self-diagnosis. The FDA has not evaluated these claims.