Mersey and West Lancashire Teaching Hospitals
NHS Trust

Tongue Tie (Frenulotomy)

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Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
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إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is a Tongue Tie?

As a baby develops in the womb, the tongue separates from the floor of the mouth and remains connected by a piece of skin known as the lingual frenulum.

However, in babies described as ‘having a tongue tie’, this piece of tissue causes restriction in the movement of the tongue.

The medical name for this is ankyloglossia. Some tongue ties are thin, whilst others may be chunky. A tongue tie can extend all the way to the tip of the tongue (a 100% tongue tie), half way under the tongue (moderate) or be further back at the base of the tongue.

About half of babies with tongue tie have someone else in the family with one. Some tongue ties are easily seen and are identified during the baby’s initial examination. Others are less obvious and are identified as a consequence of difficulties with feeding.

What problems can a tongue tie cause?

Tongue ties do not always cause a problem. Every baby is different, some will be affected by their tongue tie and others will not be. However, there are some common problems that can occur:

Feeding can be affected by a tongue tie, especially breast feeding as there are implications for both the baby and the mother. Breast fed babies with a tongue tie may have difficulty attaching to the breast and /or staying attached.

Any interruption to the breastfeeding routine may affect the mother's milk supply. Some babies, breast or bottle fed, feed for a long time, fall asleep and wake soon after, unsettled and appearing to be hungry most of the time. Babies may dribble a lot during feeds and be very windy, due to not getting a good enough seal around the nipple or bottle. Parents may change the bottle teat with no improvement. Weight gain may also be affected.

Effects on breastfeeding babies

If your baby is breastfeeding they may:

- Have difficulty attaching to the breast
- Have difficulty in staying attached
- Be feeding for a long time
- Be unsettled and appearing hungry
- Not gaining weight as expected
- Making clicking noises
- Suffer with colic, wind, hiccups
- Have reflux (vomiting after feeds).

If the tongue tie is affecting your breast feeding you may notice:

- Sore nipples, damaged or bruised
- Squashed nipples (after feeding)
- Lumps in your breast (blocked ducts)
- Pain, swelling and/or redness of the breast and possibly flu like symptoms (mastitis)
- That your milk supply is low.

Some mothers and babies may have some or all of the above symptoms and this may be due to the way your baby is feeding and not just because a tongue tie is present. Your Midwife, Health Visitor or Breast Feeding Peer Support or Infant Feeding Team can advise you on the way your baby is positioned.

What will happen at the clinic appointment?

As soon as possible from receipt of the referral, the baby will be seen in clinic for assessment.

The person with parental responsibility must attend clinic. If the decision is made during the appointment to divide a tongue tie, written consent must be obtained. Failure to obtain consent will mean a delay in treatment and another visit to clinic. After the procedure, your baby will need a feed.

A detailed history is taken during discussion, you and your baby will be examined.

If division of a tongue tie is recommended, the procedure will be discussed and written consent will be obtained.

The medical term for division of a tongue tie is a frenotomy.

If your baby is older than 4 months, a detailed history will be taken and a discussion will take place with you about the best course of action as after 4 months, a referral to Alder Hey will be required for a frenulotomy.

What are the risks?

Division of a tongue tie is a quick, simple and safe procedure; however, all procedures carry some risks, although small. These risks are discussed prior to consent being obtained:

- bleeding
- infection
- potential damage to tongue and salivary duct
- the need for a further procedure/re-attachment
- feeding difficulties in infants can be related to a number of causes, only one of which is tongue tie, and it is important to be aware that the procedure might not improve your baby’s ability to feed.

The procedure

- You will be given the option to stay with your baby or leave the room; you will not be expected to hold your baby for the procedure.
- The baby will be held gently by a member of the clinic team, to keep their head still. It may be necessary to wrap baby in a blanket. Some babies may not like this.
- The tongue tie is snipped using sterile, sharp, round blunt ended scissors, and pressure is then applied using a piece of sterile gauze under the tongue. Usually there are only a few drops of blood.
- The procedure is not painful but most babies will cry for a few seconds.
- As soon as the bleeding has stopped, the baby will be given back to you and encouraged to feed as soon as possible

After care following division of a tongue tie

The baby can carry on feeding in their usual routine and should be able to feed better. Breast feeding should be more comfortable for the mother. It gives the tip of the baby's tongue a normal range of movement. The day after the procedure, a small white blister may appear under the tongue. This normally takes 24-48 hours to heal but can take up to 10 days in some cases and does not require any treatment.

Keeping the mouth clean following the procedure can be done by ensuring all dummies and teats are sterilised prior to use and parents are advised not to attempt to clean the area or put their fingers in. You will receive a follow up telephone call from the clinic practitioner one week after your appointment for a discussion on feeding.

A more conservative approach?

If the baby is not having any issues with feeding, it may be best to leave the tongue tie alone and adopt a watch and wait approach.

Some tongue ties divide, stretch naturally or tear on the lower teeth when baby chews on something. If parents decide not to have the tongue tie divided, baby is discharged from clinic. You are being referred to us for a professional opinion. It might be possible that our opinion may differ from that of the referring professional. Please be reassured that our aim is to work with you to achieve the best outcome for your baby.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff.

Do not rely on this leaflet alone for information about your child's treatment.

If you have any further questions or would like further information, please telephone the Tongue Tie Practitioner, based on the Neonatal Unit at Whiston Hospital on:

0151 430 1511

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
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Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
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