



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Tongue Tie

Information for patients, relatives and carers

① For more information, please contact:
The Breastfeeding Clinic Tel: 07867 206431

Maternity Services
The York Hospital, Wigginton Road, York, YO31 8HE

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What is tongue-tie?

Tongue-tie (ankyloglossia) is a condition in which the thin piece of skin under the baby's tongue (the lingual frenulum) is abnormally short. This may restrict the movement of the tongue tip. Sometimes tongue-tie causes no problems at all and requires no action.

Tongue-tie can interfere with a baby's ability to suckle well at the breast. This may lead to nipple pain, trauma and a decrease in milk production for mum and a poor breastmilk intake over time for baby.

The decision to release a tongue-tie often depends on a clinician's belief about the possible impact on feeding. Currently, clinicians are divided in opinion and this can lead to confusion for parents. Clinicians who work with breastfeeding mothers and babies will base their decision on management following an assessment of the baby's mouth, breastfeeding and maternal comfort. If breastfeeding is painful, there is poor milk transfer and there is a significant tongue-tie, then a release may help to improve the baby's ability to breastfeed.

Tongue-tie is more commonly found in boys (60%) and there will often be other family members who have had this problem. The most immediate impact of tongue-tie is on the baby's ability to breastfeed well. There may be an affect on ongoing oral hygiene. The effect of tongue-tie on speech development remains controversial.

The diagnosis and management of posterior tongue tie is controversial. Where the diagnosis of posterior tongue-tie is raised, your child will be assessed and the condition will be discussed with you on an individual basis.

Signs that a baby may have a significant tongue-tie include:

For mum:

- Nipple pain and damage
- A misshapen nipple after breastfeeding
- A compression or a stripe mark on the nipple after breastfeeding

For baby:

- Often losing suction whilst feeding and sucking in air
- A clicking sound may be heard whilst feeding
- Fails to gain weight
- Tongue cannot protrude beyond the lips
- Tongue cannot be moved sideways
- Tongue tip may be notched or heart-shaped
- When the tongue is extended, the tongue tip may look flat or square instead of pointed.

Who will carry out the assessment?

An experienced clinician will carry out a thorough assessment of your baby's tongue mobility to decide whether a release is required.

If the frenulum is thin and the baby is less than six months old, the frenulum can be released as an outpatient procedure without any anaesthetic. A baby who is older than six months may require a general anaesthetic and treatment will be deferred to a later stage.

Babies less than six weeks of age are assessed by specially trained midwives within the breastfeeding clinic. Most can be treated within this clinic but a minority of cases require a referral to the Max-Fax consultant.

It is important that maternal breastmilk supply is stimulated and maintained during the period when you are waiting to attend your appointment. If your baby is unable to latch on the breast at all or frequently feeds for less than five minutes, it is suggested that breastmilk is expressed by either hand or using a breastpump x 8 in 24 hours. Videos on how to hand express are available on the Trust website within the 'Maternity' section and also at:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>

[Accessed October 2020]

What happens before the procedure?

Where possible, try not to feed your baby for one hour prior to the appointment as the clinician might want to observe a breastfeed

Before the procedure, the clinician will check your child's details with you, and will ask you to sign a consent form (the reference for this form is FYCON115-3 Tongue Tie). The purpose of consent is to ensure that you:

- fully understand your child's operation and anaesthetic (where applicable),
- fully understand the risks and benefits,
- are aware of the alternatives, and
- agree to your child having the operation.

Please ask if there is anything you do not fully understand about your child's treatment or if there is anything you are uncertain about.

How is a tongue-tie released?

The release of a tongue-tie involves the clinician placing fingers under the baby's tongue to gain clear access to the frenulum. The frenulum is released with a small pair of sterile scissors.

A drop or two of blood at the release site is normal and is rarely a problem. Babies may actually sleep through the procedure whilst others may be unhappy at being held still and having fingers placed in their mouth. Occasionally an infant will startle when the release is performed but will settle quickly once comforted.

Following the procedure, the infant will be returned to the mother for feeding. The feed will be assessed by both the mother and the clinician.

What are the risks?

Possible complications of the procedure are; bleeding requiring cauterisation (less than one in 100), infection (less than one in 1000), scarring of floor of mouth and damage to submandibular ducts. Sometimes there can be difficulty latching to the breast following the procedure as the baby relearns how to do this with different tongue movement.

No specific aftercare is required. It is unclear whether tongue exercises after the procedure are of benefit and the clinician can discuss this with you. Care needs to be taken not to disturb the wound.

Occasionally, during the healing process, a small white patch may be seen under the tongue of some infants. This is normal and should resolve within two weeks of the release. Occasionally part of the separated frenulum re-attaches. If you have any concerns following the procedure, please contact your consultant or the breastfeeding clinic.

We cannot guarantee that the procedure will improve breast feeding in all cases.

What are the benefits?

The benefit of having a tongue tie released is that breast feeding may feel more comfortable for the mother and the baby may be able to remove milk from the breast more effectively.

Are there any alternatives?

Currently there are no alternatives to having a tongue tie released, though breastfeeding mothers can be supported to improve the latch on the breast and maximise breastmilk intake.

What if bleeding occurs at home?

It is very unlikely that your baby will bleed from the cut area after leaving the clinic. If you notice any blood in your baby's mouth then offer the baby the breast or bottle to feed. If the baby won't feed then sucking on a dummy or your clean finger will have a similar effect.

If, 15 minutes later, the area is still bleeding, apply pressure to the wound under the tongue with one finger using a clean piece of gauze or muslin for 10 minutes. It is unlikely that bleeding continues with 10 minutes of pressure but, if so, the baby needs taking to hospital.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr P Whitfield, Consultant Maxillofacial Surgeon, Head and Neck Department, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726567 or email paul.whitfield@york.nhs.uk.

An electronic version of this leaflet is available on the Trust website within the 'Maternity' section.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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