



**York Teaching Hospital**  
NHS Foundation Trust

# Tongue Tie

Information for patients, relatives and carers

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Caring with pride



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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. This can lead to confusion for parents. Clinicians who work with breastfeeding mothers and babies will base their decision on management, following 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 release has been found 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 by a consultant 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.

## What happens before the procedure?

Before the procedure, the surgeon 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). We will give you a copy of the form and another copy will stay with your child's medical notes. 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 a finger and thumb 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 (one in 100), infection (less than one in 1000), scarring of floor of mouth, damage to submandibular ducts. No specific aftercare is required.

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. If you have any concerns following the procedure, please contact your consultant.

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 is improved.

## **Are there any alternatives?**

Currently there are no alternatives to having a tongue tie released.

## **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](mailto:paul.whitfield@york.nhs.uk).

## **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](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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Owner	Mr P Whitfield, Consultant Maxillofacial Surgeon
Date first issued	July 2007
Review Date	July 2020
Version	6 (issued August 2018)
Approved by	Maxillofacial Team
Linked to consent form	FYCON115-3 Tongue Tie v4
Document Reference	PIL 397 v6

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