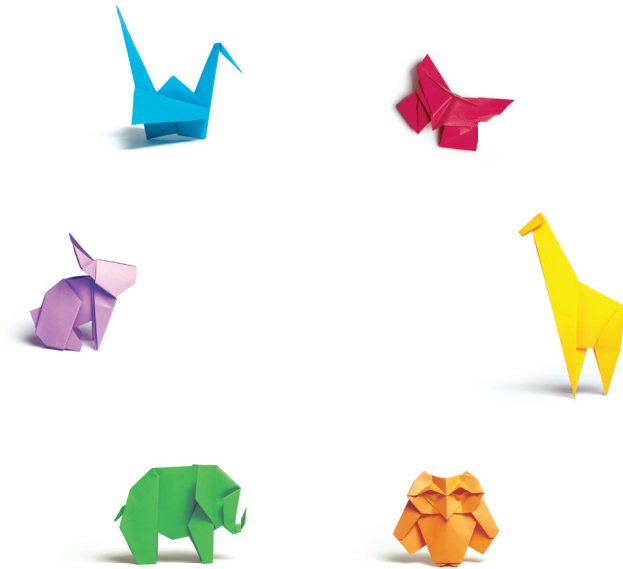


THE HARLEY STREET CLINIC

CHILDREN'S HOSPITAL



Tongue Tie

Information for Parents

Tongue Tie

What is Tongue Tie?

In the mouth there is a piece of tissue (frenulum) that attaches the tongue to the floor of the mouth. If the frenulum is short or tight, or is attached to the tip of the tongue it is described as a tongue-tie.

How does tongue - tie affect babies?

Some babies with a slight tongue - tie can be breastfed perfectly, while other babies have difficulty. In being both breast and bottle fed. This may be because the baby does not open its mouth widely and/or because the movement of its tongue is restricted. Therefore the baby may not be able to attach to the breast effectively (failing to latch on), making it uncomfortable for the mother. A baby with tongue - tie will often compress the nipple rather than the breast so they fail to get adequate milk and can cause nipple damage.

As a child gets older a tongue tie may cause speech impediment or other problems.

About the procedure

If the tongue-tie is divided in early infancy, it is usually performed without anaesthesia. Nevertheless, in some cases local anaesthetic is sometimes required. In an older infant or child, however, general anaesthesia is usually essential. The baby is wrapped and supported at the shoulders to stabilise the head. Sterile, blunt-ended scissors are used to divide the lingual frenulum. There is normally little or no blood loss and the baby can be fed immediately.

How are tongue - ties divided?

Dividing a baby's tongue - tie does not require a general anaesthetic (in babies less than 6 - 8 months). The baby is wrapped in a towel and the tongue-tie is divided by a trained health professional using sterile scissors. It only takes a minute or so and can be performed in an outpatient or day unit setting. The baby is given straight back to the mother so it can be fed straight away or comforted.

Does it hurt?

Logically, dividing a tongue - tie ought to hurt. However, about 1 in 6 babies are asleep when their tongue-tie is divided and remain asleep during the procedure.

Older babies might object to being wrapped up and it can sometimes be quite difficult to know whether dividing their tongue-tie is actually painful, as they are already complaining at being wrapped.

Following the procedure some babies will cry for up to 60 seconds, but the average is just 15 seconds. Therefore, for some babies the division does not hurt at all and for the rest it does not hurt very much.

Post - procedure

Generally babies who have had a tongue-tie repair recover quickly and are back to being breast or bottle fed straight away.

There should be no discomfort from the procedure, but the baby may be fretful due to the new environment. It is important to keep them warm and well hydrated.

Once you, as a parent, are comfortable with your baby's recovery we will discharge them.

What happens if the tongue - tie is not divided?

If the baby is breast or bottle feeding well, then the tongue-tie does not need to be divided.

Although some babies can be breast or bottle - fed well, they may have problems coping with lumpy food. They may not be able to transfer food from the front to the back of the mouth or chew properly. Tongue-tie division at any age will help these babies.

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