

**Patient
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Frenulotomy

Separation of tongue-tie

Introduction

This leaflet provides information to parents whose baby has been identified as having a tongue tie and who may benefit from having frenulotomy performed (tongue tie separated).

What is tongue-tie?

The piece of tissue joining the underside of the tongue to the floor of the mouth is called the frenulum. When this piece of tissue is short, thick or extends right to the end of the tongue, it is called a tongue-tie or ankyloglossia. Tongue tie can restrict the movement of the tongue.

Up to 11% of babies are born with a tongue-tie. It is more common for boys than girls and it can be hereditary so your baby may have a relative who had tongue-tie. If your baby cannot extend his/her tongue beyond their lips, it is possibly due to a tongue-tie.

What is the separation of tongue-tie?

This procedure is called frenulotomy and is considered to be a minor surgical procedure. It takes a few minutes from start to finish. There is research evidence to show that it is a safe procedure and that once completed, it may be easier for your baby to feed.

Evidence suggests that frenulotomy may help to improve breast feeding but there is no evidence to suggest the same for bottle feeding.

Therefore frenulotomy is not routinely performed for bottle-fed babies unless after individual assessment it is felt it would be beneficial to improve your baby's feeding.

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Department

Maternity Services

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Problems caused by tongue-tie

If your baby is breast feeding and has a tongue-tie it may be causing feeding problems. You then have the option of being referred to the Frenulotomy Infant Feeding Specialist Midwife (FIFSM), who is qualified to divide tongue-ties. The person referring your baby to the FIFSM will ask you some questions about your baby's feeding.

Preparing for division of tongue-tie

After assessing your baby's mouth and deciding that the tongue-tie is suitable for division, the FIFSM will discuss the procedure with you and ask for your consent. During the procedure you will be asked to hold your baby firmly to stop them from wriggling.

The FIFSM will show you how best to hold your baby still. If you would prefer that someone else holds your baby then this can be arranged during the appointment.

How is the tongue-tie divided?

The FIFSM uses a special pair of scissors to snip the tongue-tie. Access to the tongue-tie is easy because babies do not have teeth.

Will my baby cry?

Some babies sleep all the way through the procedure. Some babies cry, but no more than during a nappy change. Babies often cry because they don't like being held still and in this case because someone is holding their mouth open, they cry even before the tongue-tie is divided.

Will my baby's mouth be numbed prior to the procedure?

No. It is not appropriate to give a local anaesthetic because:

- The frenulum has minimal blood and nerve supply
- Giving a local anaesthetic by a needle is as likely to be as uncomfortable as dividing the tongue-tie itself
- Giving anaesthesia prolongs the procedure
- Anaesthesia has its own complications and is likely to increase the risk of the procedure

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- Numbing the mouth can affect the baby's ability to feed following the procedure.

Will my baby's mouth bleed?

Excessive bleeding following the procedure is rare. To minimise the risk of bleeding from the procedure your baby will need to have had Vitamin K by injection at least 24 hours prior to the procedure or a completed course (3 doses over 28 days) of oral drops.

If bleeding does occur the FIFSM will press a piece of sterile gauze against the cut and apply pressure until the bleeding stops.

What will happen next?

It is ideal for your baby to feed straight afterwards as this comforts your baby and also prevents the frenulum from healing over again.

What will my baby's mouth look like afterwards?

At first your baby's mouth will not look unusual in any way. On the following day, or the day after that, you may notice a small, white blister on the underside of your baby's tongue. As far as is known, this is painless and it does not stop your baby feeding.

Is there a risk of infection?

Research shows that the risk of infection is minimal. Sterile scissors, gloves and swabs are always used during the procedure. The mouth is not a sterile area and, as babies grow, they explore the world by putting things into their mouths. It is best to avoid possible sources of infection (such as dummies, teats or nipple shields) until the frenulum has healed, which usually takes a few days.

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The FIFSM may contact you 4 weeks after your baby's tongue-tie has been divided. You will be asked if there has been an improvement in your baby's feeding. This information is for audit and service improvement. If you do not wish to be contacted, please let us know during the appointment.

Contact information

If you have any concerns following the division of your baby's tongue-tie procedure, please contact:

The Maternity Ward

Gloucestershire Royal Hospital

Tel: 0300 422 5519

Tel: 0300 422 5520

Open 24 hours

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