

Tongue-tie division

Information for parents

This sheet aims to provide you with information about your child's frenulotomy procedure to separate a tongue-tie. If you have any other questions or concerns, please do not hesitate to speak to the team caring for you.

Confirming your child's identity

Before you have a treatment or procedure, our staff will ask you your child's name and date of birth. If we do not ask these questions, then please ask us to check. Ensuring your child's safety is our primary concern.

What is a tongue-tie?

A tongue-tie, or ankyloglossia, is the restricted movement of the tongue caused by a short and tight lingual frenulum (the 'stringy' membrane most of us have underneath our tongue). These restricted movements can result in issues with breastfeeding. However, the presence of a lingual frenulum does not mean necessarily that there is a tongue-tie. What tongue-tie looks like varies. For example, the band of tissue may go all the way to the tip of the tongue and make it look heart shaped, or it may be hard to see as it's 'hidden' under the tongue at the back of the mouth.

Lip-tie

A lip-tie is the presence of a restrictive frenulum stretching from the upper gum to behind the upper lip, and it is often associated with a tongue-tie. Currently there is no evidence to show that the separation of a lip-tie improves breastfeeding outcomes, therefore, we will not treat a lip-tie in our clinic.

What are the symptoms?

A short lingual frenulum does not always cause problems, and many babies can still breastfeed successfully. However, in some cases a tongue-tie may make it difficult for babies to breastfeed. To feed properly, your baby needs to be able to lift their tongue up and over their lower gum, in order to cushion your nipple during the latch and prevent damage.

Your baby's tongue also needs to come out of its mouth with a thin and wide tip. Tongue-tie can stop your baby's tongue coming out far enough, or prevent them from opening their mouth wide or moving their tongue correctly, so they cannot latch onto your nipples properly.

Your baby may experience:

- inability to open their mouth wide for latching
- biting or chomping on the breast
- unsettled behaviour during feeds
- slipping off the breast
- frequent or very long feeds
- excessive early weight loss, poor weight gain or faltering growth
- clicking noises and/or dribbling during feeds
- colic or excessive wind
- reflux (vomiting after feeds)

The nursing parent may complain of:

- sore or damaged nipples
- nipples that look misshapen ('lipstick' shape, flat) or blanched after feeds (vasospasm)
- mastitis
- low milk supply or oversupply
- exhaustion from frequent or constant feeding
- distress due to breastfeeding not established

How is it diagnosed?

Ideally a tongue-tie should be diagnosed by a tongue-tie practitioner, who specialises in assessing and treating such condition. GPs, midwives, health visitors, paediatricians, are not generally trained to diagnose a tongue-tie (this is why often it's not picked up at birth). However, they may use simple assessment tools to identify tongue restrictions and put a plan in place to adjust positioning and attachment of your baby at the breast, in case you and your baby are having problems breastfeeding.

If you continue to have difficulties, and your baby is between eight days and six months old, they may then refer you to King's Tongue-tie Clinic for your baby's tongue tie to be diagnosed and released if needed.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

How is tongue-tie treated?

A simple procedure known as frenulotomy or tongue-tie division is used to cut the tongue-tie. A trained specialist will divide the tissue under your baby's tongue to free it up so they can use it fully.

Please note that we will not be able to offer your baby an appointment if they are exclusively bottle fed.

In order to treat your baby, we would require the following:

- your baby must be used to breastfeeding frequently (at least 4 times a day)
- you should have a good milk supply where you are providing your baby with at least 50% of their needs, based on their weight, either from your breast or with expressed milk

Please seek support via your local lactation specialist.

What are the benefits of this procedure?

This procedure has the potential to improve your baby's tongue mobility. This will also allow a gradual improvement of your breastfeeding experience with reduced symptoms for you and your baby, including reflux and wind. Consistent improvements may be seen after 2 to 4 weeks in certain cases.

Please note that we will not be able to treat your baby if breastfeeding is going well and you only have concerns about future speech impediments. In that case, we cannot offer you an appointment at our clinic.

What are the risks?

Pain

- The procedure is virtually painless, due to the structure of the lingual frenulum. However, babies may feel uncomfortable because they do not like to be swaddled and held for the procedure, they are hungry or tired, or because, following the cut, the practitioner will sweep their finger against the wound to ensure no more restrictions are felt.
- Most babies will settle at the breast within a couple of minutes, others may cry for 10 to 15 minutes and then eventually feed, a small number may cry themselves to sleep and not feed at the clinic. All these scenarios are normal and we will be there to support you.
- Some babies may be unsettled and refuse to feed for a few hours or a few days after the procedure (temporary oral aversion). Just follow your baby's cues, do lots of skin to skin, feed your baby while sleepy or rock them while trying to latch them on and offer them your expressed breast milk regularly.

Bleeding

- A small blood loss from the surgical site is expected and bleeding will normally stop within 2 to 10 minutes.
- The practitioner will apply direct pressure on the wound using their gloved finger and a sterile gauze, until your baby will latch onto the breast.
- Following a feed, the clinic's staff will check the wound prior to discharge.
- A small bleed can be expected at home from time to time and when practising the wound massage during the first 7 to 10 days. In that case, clean your baby's mouth with a clean cloth or muslin and breastfeed them.
- If there is more noticeable bleeding, you can put firm, gentle pressure on the bleeding point with your finger tip for 5 to 10 minutes. Do not keep checking during this time.
- Your baby will swallow some blood, so you may see some pink, red or brown streaks in their vomit, as well as a change in the colour of their stools (black, grey, brown or red flecks).
- If you are concerned, seek medical attention (call 111 or go to A&E).

Tongue-tie recurrence

- The national rate for frenulotomy wound reattachment is 3 to 4%.
- The main causes of this can be the baby not moving their tongue often, extensive use of bottles and dummies, the moist area where the wound is sited and the fact that babies heal quickly.

Infection

- The risk of infection is very rare.
- Breast milk and saliva keep your baby's mouth clean. Wash your hands with soap and water prior to wound massage or oral exercises.
- If the wound looks swollen, red, inflamed and it oozes pus and/or your baby develops a high temperature, contact your GP.

Alternatives

- Continue to feed your baby as usual.
- Seek professional support for non-surgical alternatives (for example, adjustments with positioning and attachment, osteopathy, cranio-sacral therapy and exercises to improve tongue tone and mobility).
- Bottle feed with your breast milk or formula.

How will I know when the appointment is?

You will receive your appointment by phone call. Once your appointment is booked it will be confirmed by text.

Where is it?

We are on the first floor of the Caldecot Centre on Caldecot Road. The centre is off Coldharbour Lane at King's College Hospital NHS Foundation Trust, Denmark Hill site. We have lift and stair access.

When do I need to get to the clinic?

Please ensure you and your baby are at the clinic at the time of your appointment. If you attend more than 10 minutes late, your appointment will be rescheduled.

Important information

Please allow extra time for your journey and to park. There are no car parking facilities on the hospital grounds and there are limited pay and display bays on Caldecot Road. You may find it easier to use public transport. Your partner can park while you come into the clinic to ensure you are on time for your appointment. For more information about travelling to King's, go to www.kch.nhs.uk

Other children: Only one other person may attend the clinic with you and your baby. We recommend that you do not bring other children and arrange for them to be cared for elsewhere since space is limited and we need your full attention during the appointment.

In preparation for your baby's appointment

- Ensure you feed your baby between 30 to 60 minutes prior to the appointment, in order for them to be able to breastfeed immediately after the procedure.
- If your baby is under 8 weeks old, try to bring 30 ml of expressed breast milk, if they are over 8 weeks old, please bring infant paracetamol, which will be used for pain relief. If your baby is over 5 months old, you can also bring age appropriate teething gel.
- Local anaesthesia will not be given to your baby in view of the procedure, as this could delay the surgery and make the baby's tongue too numb to allow them to feed afterwards.

Once at the clinic:

- Your baby will be weighed, and you will be given some forms to provide more details about your breastfeeding journey.

- The lactation consultant or paediatric surgeon will carry out an oral assessment of tongue mobility and explain the findings.
- You will be supported to feel your baby's lingual frenulum and you will be taught active wound management to reduce the risk of recurrence.
- We will need to obtain written consent from you and we will ask you to give your baby an age appropriate dose of infant paracetamol.
- Your baby will be swaddled and a support worker will hold them to facilitate the procedure.
- The frenulotomy (tongue-tie division) will be performed while you will wait in the breastfeeding room.
- Your baby will be taken to you for breastfeeding and support will be given.
- The sublingual wound will be checked prior to discharge.

Aftercare advice

- Contact your referrer, health visitor, local infant feeding team or breastfeeding support group to organise face to face follow-ups at 5 to 7 days and 10 to 14 days post-op to evaluate breastfeeding. Ideally these should be organised prior to the appointment at our clinic
- During the first week post-division we recommend:
 - frequent feeds at the breast (at least 2 to 3 hourly) for one week
 - avoiding bottles and dummies
 - if top-ups are needed, offer them via finger feeding or feeding tube at breast techniques (will be taught at the clinic)
- Exercises to improve tongue mobility and face massage to release muscular restrictions if applicable (will be discussed at the clinic).
- Active wound massage for 6 weeks (see below).
- Contact us for queries in regards to the treatment on 020 3299 6550. For emergencies, call 111 or go to your nearest Emergency Department.

Caring for the wound

You will see a red diamond-shaped patch under your baby's tongue. This will become white or yellow and shrink as it heals. This is normal and is not an infection. The area will change in colour from red, to yellow and then pink or white as the wound heals.

Wound massage

To help the wound heal and try to prevent the tongue-tie from coming back, you can massage the area from the day after the procedure. This is optional, but we consider it to be an important part of wound care. It involves six seconds of massage twice a day. Babies may find it uncomfortable, and some parents find it challenging.

1. On the evening of the procedure, using a clean finger, sweep it under your baby's tongue to check how it feels now that the tongue-tie has been treated. This will also help you to identify if the tongue-tie is coming back.
2. Ideally massage before a feed is due as this will help to settle your baby afterwards.
3. Dry under their tongue with a clean muslin cloth.

4. If baby is older than 21 weeks apply a small amount of age appropriate teething gel on your finger tip and then on the wound and wait two to three minutes before massaging.
5. Lay your baby on a firm surface such as a changing table.
6. Gently hold their head by resting it in the palm of one hand, placing your thumb on one ear and your smallest finger on the other ear.
7. With your free hand, place your clean thumb under your baby's chin and your index finger under their tongue, back as far as possible. Gently sweep your finger under their tongue, then move directly to the wound and press firmly using your finger tip and massage with a very small 'wiggle' for six seconds. Repeat the gentle sweep at the end of the massage.
8. There may be bleeding in the first few days, but as soon as you have finished, clean their mouth with a clean muslin and put your baby to your breast for a feed. This will help settle your baby and stop any bleeding.
9. Keep massaging the wound twice daily for about 7 to 10 days, until the white or yellow patch heals and you see a diamond shaped scar.
10. At that point, you will carry out a different kind of massage, which will be aimed to stretch the scar tissue and make it thinner and soft.
11. Repeat points 5 and 6, then proceed with a gentle sweep under your baby's tongue and, placing your finger horizontally in front of your baby's mouth (like a pretend toothbrush), use the pad of your index finger to apply pressure directly on the scar and then stretch it in an upwards and downwards movement for 6 seconds. Repeat the gentle sweep at the end of the massage.
12. Keep stretching the scar at least twice daily for about 5 weeks. This will help the scar to become flat and soft.

Other information and support

Association of Breastfeeding Mothers

www.abm.me.uk

Association of Tongue-tie Practitioners

www.tongue-tie.org.uk

The Breastfeeding Network

www.breastfeedingnetwork.org.uk

La Leche League

www.laleche.org.uk

Lactation Consultants of Great Britain

www.lcgb.org

National Breastfeeding Helpline

www.nationalbreastfeedinghelpline.org.uk

NCT

www.nct.org.uk

NHS

www.nhs.uk

NICE

www.nice.org.uk

UNICEF

www.unicef.org.uk/BabyFriendly

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by imaging patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your imaging will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: 01689 863252

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net