King's College Hospital
NHS Foundation Trust

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 impact 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 under the tongue at the back of the mouth.

What are the symptoms?

Many babies can still breastfeed successfully with a tongue-tie. However, in some cases a tongue-tie may make it difficult for babies to breastfeed.

Babies with tongue-tie may:

- be unable to open their mouth wide for latching
- bite or chomp on the breast
- be unsettled during feeds
- slip off the breast
- want frequent or very long feeds
- have excessive early weight loss or slow weight gain
- make clicking noises and/or dribble during feeds
- have colic or excessive wind
- have reflux (vomiting after feeds)

The nursing parent may have:

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

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 and paediatricians are not generally trained to diagnose a tongue-tie (this is why it may not be 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 if 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 be referred to King's Tongue-tie Clinic for a 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 is used to cut the tongue-tie (known as a frenulotomy or tongue-tie division). A trained specialist will divide the tissue under your baby's tongue using sterile scissors to free it up so they can use it fully.

We can only treat your baby if:

- they are breastfed frequently (at least 4 times a day)
- you have a good milk supply (directly from your breast or with expressed milk) – and provide your baby with at least 50% of their needs, based on their weight

Please note, we can't offer your baby the procedure if they are only fed by a bottle or if breastfeeding is going well and you only have concerns about future speech impediments.

What are the benefits of this procedure?

This procedure can increase your baby's tongue mobility. It can also improve your breastfeeding experience, although this is not fully guaranteed. Consistent improvements may be seen after 2 to 4 weeks in certain cases.

What are the risks?

Pain

- The cut may feel like a sharp scratch, similar to an injection, and can be uncomfortable. Also, following the cut, the practitioner will apply direct pressure to the wound to help reduce the initial post-operative bleeding.
- Most babies will settle at the breast within a couple of minutes, others may cry for 10 to 15 minutes and then eventually feed, and a small number may cry themselves to sleep and not feed at the clinic. This is normal and we will be there to support you.
- Some babies may be unsettled and/or refuse to feed for a few hours or a few days after the procedure. 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. If your baby is older than 2 months of age, you can consider offering infant painkillers. Rarely, this unsettled behaviour can last for up or just over one week. If you have any concerns, please contact your GP, 111 or take your baby to your nearest emergency department.

Bleeding

- A small blood loss is expected and bleeding will normally stop within a few 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 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 pressure on the bleeding point or on top of the tongue with your fingertip using a muslin or gauze swab dampened with breast milk for 5 to 10 minutes. Please maintain the pressure and do not keep lifting your finger to check for bleeding 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%.
- This can be caused by the baby not moving their tongue often, prolonged use of bottles and dummies, the moist area where the wound is sited or 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 thoroughly with soap and water before touching your baby's mouth.
- If the wound looks swollen, red, inflamed and it oozes pus and/or your baby develops a temperature higher than 38.5 degrees Celsius, contact your GP.

Extension of the wound to other parts of the mouth

- Sometimes the wound can extend to other parts of the mouth, such as the floor of the mouth. This can be caused by a particularly tight and short tongue-tie, or if your baby has a tense jaw.
- This will not create permanent damage, but your baby will be particularly unsettled for longer, until the wound heals completely.
- If you are concerned by your baby's condition, continue to feed them frequently, seek medical attention (GP, call 111 or go to A&E) and inform us.

Alternatives to this procedure

- 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).
- Feed your baby with your breast milk or formula through a bottle, cup, syringe or tube.

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 the clinic?

The clinic is on the first floor of the Caldecot Centre, 15-22 Caldecot Road, near King's College Hospital. 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. 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 as space is limited and we need your full attention during the appointment.

To prepare for your baby's appointment

- Feed your baby between 30 to 60 minutes before the appointment, so they can be breastfed after the procedure.
- For exclusively breastfed babies: if your baby is under 2 months old, try to bring 30ml of expressed (by hand or with a pump if you already use one) breast milk in a sterile container. This can be offered via syringe to encourage breastfeeding, should your baby be too unsettled. It can also help to reduce bleeding – insert a sterile gauze swab in it and clean your baby's mouth. If they are over 2 months 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, as this could delay the surgery and make the baby's tongue too numb to allow them to feed afterwards.

At the clinic

- Your baby will be checked in.
- The lactation consultant or paediatric surgeon will assess tongue mobility and explain the findings.
- You will be supported to feel your baby's lingual frenulum and taught active wound management to reduce the risk of recurrence and increase tongue mobility.
- We will obtain written consent from you and ask you to give your baby a dose of infant paracetamol if appropriate.
- Your baby will be swaddled and a support worker will hold them.

- The tongue-tie division will be performed while you will wait in the feeding room.
- Your baby will be taken to you for feeding and support will be given.
- The wound will be checked before 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 after the procedure to check breastfeeding. These should be organised before the appointment at our clinic.
- During the first week after the procedure, we advise:
    - frequent breastfeeding for one week (at least 8 in 24 hours)
    - avoid feeding with bottles
    - if top-up feeds are needed, offer them by finger feeding or a feeding tube at breast (this will be taught at the clinic)
- Perform active wound management 3 to 4 times a day for 4 to 6 weeks or until you will notice consistent improvements (this will be discussed at the clinic – and please read our active wound management factsheet).
- Contact us with queries about 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 as the wound heals.

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

King’s College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King’s College Hospital and Guy’s and St Thomas’ NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

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

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