Tongue-tie (ankyloglossia) division – in children

What is tongue-tie?
Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia. The membrane connecting the underside of the tongue to the floor of the mouth is shorter than usual, and this restricts the movement of the tongue. The condition may be mild, or it can be severe, with the tongue joined to the bottom of the mouth.

In some cases, tongue-tie may cause problems with breastfeeding, such as problems ‘latching on’ (getting in the right position to feed efficiently) and sore nipples. If the baby isn’t feeding efficiently, he or she may not gain weight at the normal rate. In other babies, a tongue-tie may cause no problems at all.

Dividing a tongue-tie involves cutting through the fold of skin using scissors. For a very young baby, this is usually done without an anaesthetic. This takes a few seconds and usually causes minimal distress. Your baby should be able to feed straight after having the procedure. A brief general anaesthetic is usually used for babies more than a few months old to ensure they lie still and do not bite the surgeon’s fingers.

Outcomes
As with any medical procedure, there are potential problems but these are likely to be very rare. Possible problems or complications include:

- bleeding
- infection
- ulcers
- pain
- damage to the tongue and surrounding area
- damage to the salivary (‘sublingual’) ducts
- no improvement with breastfeeding after tongue-tie division
Following the division of a tongue-tie, many mothers report an immediate improvement in breast-feeding. However this is not the case for everyone and many other factors influence breastfeeding. Support from someone with specialist knowledge is very important to assess attachment and sucking, as it can take up to two weeks before any improvements are felt.

In other cases, there may be concern that a tongue-tie will cause problems with speech development. It is much less clear whether this is true or not.

**The procedure**

If you decide to ask us to perform a tongue-tie division on your baby today, this will normally be done in clinic. You may be asked to leave the room while two healthcare professionals perform the procedure. Although the procedure is brief, it may be less stressful for you as parents(s) not to witness this. Your baby will be wrapped firmly in a blanket to keep him/her still while the tongue-tie is divided. Most babies cry briefly after the procedure but this usually lasts only a few seconds, and some sleep through the whole thing! Your baby will then be returned to you and you will be asked to feed the baby. We will come and check that everything is ok before you leave the clinic.

**What to expect at home**

Your baby should be back to normal by the time you leave the clinic. There may be a small white area under the tongue for the first couple of days. If your baby seems to be in pain or there is any bleeding from the site, please either contact your GP surgery or your local A&E department.

**Alternatives**

You may of course decide not to have your baby’s tongue-tie divided. This is entirely up to you. Some parents find that breastfeeding gradually improves and remains possible. Others may decide to use expressed breast milk or formula feed. All of these options are absolutely fine.

It is also possible to have tongue-ties divided at a later stage (if for example speech development problems occur). However, once your child is older, this will require a brief general anaesthetic. We will be happy to discuss these options with you at your appointment.

**Chaperoning:**

During your child’s hospital visits he will need to be examined to help diagnose and to plan care. Examination, which may take place before, during and after treatment, is performed by trained members of staff and will always be explained to you beforehand. A chaperone is a separate member of staff who is present during the examination. The role of the chaperone is to provide practical assistance with the examination and to provide support to the child, family member/carer and to the person examining.
For information or questions please call:
Clinical Nurse Specialists: 01223 586973 (08:00 to 18:00 Monday to Friday)

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