Tongue-tie (ankyloglossia) division – in babies & children

What is tongue-tie?
Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia, but may also be referred to as ‘restrictive lingual frenulum’. The membrane (‘frenulum’) which connects the underside of the tongue to the floor of the mouth is a normal part of anatomy but, in children with tongue-tie, this membrane is shorter than usual and this restricts the movement of the tongue.

When babies are learning to breastfeed the appearance of their tongue or frenulum is not as important as how their tongue moves or functions.

Many babies are not affected at all by their tongue tie and breastfeed well. However, 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. In the first days and weeks after birth it can be too early to tell if tongue-tie is affecting a baby’s ability to feed as there are many factors that affect breastfeeding. It is therefore important that time is taken to learn the skill of breastfeeding and that the appropriate support is accessed in the first instance.

What are the alternatives to tongue tie division?
If your baby is not having any difficulty breastfeeding then often no treatment is required. During the first months and years of life the tongue grows and the lingual frenulum recedes and stretches so the severity can lessen over time.

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. Support with feeding can be arranged via your maternity and health visiting team.
**Tongue-tie division - the procedure**

The aim of tongue-tie division is to allow the tongue to move more freely and potentially improve the baby’s attachment to the breast during feeding.

If you decide to proceed with a tongue-tie division for your baby, referral to the paediatric surgery team can be made for assessment by your GP, health visitor, midwife or infant feeding team. Your baby needs to have received their vitamin K injection at birth or have had at least two doses of oral vitamin K.

You and your baby will be seen in the out-patient clinic where a paediatric surgeon will assess your baby and talk through the procedure and answers any questions you may have before then asking you to sign a consent form for the procedure. In young babies the procedure can then, usually, be performed at the same appointment. Dividing a tongue-tie involves cutting through the frenulum using scissors. For a very young baby, this is usually done without an anaesthetic, takes a few seconds and usually causes minimal distress.

You may be asked to leave the room while two healthcare professionals perform the procedure. 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.

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 or equipment.

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 always require a brief general anaesthetic. We will be happy to discuss these options with you at your appointment.

**Risks and benefits of a division**

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 as many other factors also influence breastfeeding. Support from your midwife, health visitor or local support group is very important to assess attachment and sucking, as it can take up to two weeks before any improvements are felt.

**What to expect at home**

Your baby should be settled and any bleeding stopped before 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.

**Help and support with breastfeeding?**

A leaflet on breastfeeding support ([Breastfeeding Support](#)) is available; please ask if you have not received this and would like one.

Your midwife or health visitor can give you help and support with breastfeeding.

There are breastfeeding drop-ins in and around Cambridgeshire. You do not need an appointment you can just turn up and ask for support or advice. Go to the Rosie website and search for breastfeeding drop-ins.

For another way to keep updated about the drop-ins, go to the [Cambridgeshire Infant Feeding](#) page on Facebook. If you click “Like” it will send you notifications and up to date information on the drop-ins.

There is a [National Breastfeeding Helpline](#) for advice, open between 09:30 and 21:30, every day, telephone: 0300 100 0212.

**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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