

PATIENT INFORMATION

Tongue-Tie Division (Baby/Neonate)

Local Information

If you have further questions, please contact your specialist via their secretary. You can do this through the main hospital switchboard on 01803 614567, or alternatively

on:

Get more information and references at www.aboutmyhealth.org

Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your child's procedure

Following the Covid-19 (coronavirus) pandemic, some procedures have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of your child having the procedure if they have coronavirus.

It is then up to you to decide if your child's procedure should go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay the procedure until you feel happy to go ahead, or if you want to cancel, tell the healthcare team.

If you decide to go ahead, your household may need to self-isolate for a period of time beforehand (your healthcare team will confirm this with you). If you are not able to self-isolate, tell the healthcare team as soon as possible.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it.

Wash your hands and your child's hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

If the healthcare team need to be close to your child, they will wear personal protective equipment (PPE). If you or your child can't hear what they are saying because of their PPE, ask them to repeat

it until you can. Chairs and beds will be spaced apart. Your child may not be allowed visitors, or visiting may be restricted.

Your child's surgery is important and the hospital and health professionals looking after your child are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is a tongue-tie?

As a baby develops in the womb, the tongue separates from the floor of the mouth. A tongue-tie happens when the tongue does not separate enough. Some tongue-ties are thin while others may be thick and they can be described as being anterior or posterior. With anterior tongue-ties the tongue is held down all the way to the tip. These are usually very noticeable. Posterior tongue-ties are situated nearer to the base of the tongue and are not as visible. In some cases, tongue-tie is hereditary (runs in the family).

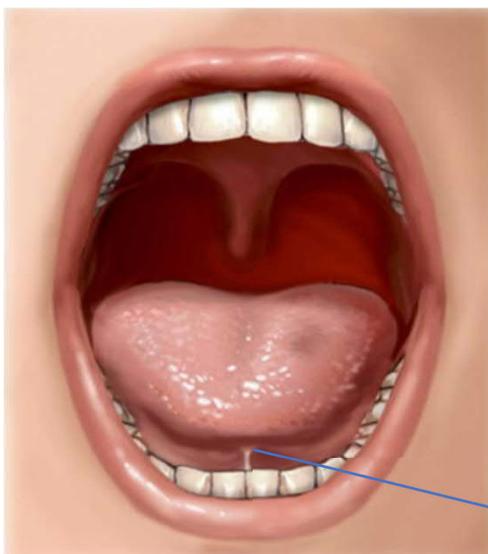
A tongue-tie division is performed by a surgeon, lactation consultant or specially-trained healthcare practitioner. They will assess your baby and tell you if tongue-tie division is needed. This document will give you information about the benefits and risks to help you to be involved in the decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What problems can a tongue-tie cause?

Many tongue-ties do not cause problems – babies can feed normally. Sometimes tongue-ties do cause problems, although there is no evidence that they can cause problems with speech.

- Feeding – To breast feed normally, your baby should have the top gum above the nipple and the tongue underneath with a wide-open mouth to massage the breast properly. If the tongue is not able to go under the nipple, your baby's gums will usually bite on the nipple causing pain and sometimes bleeding or mastitis (inflammation). Some babies do not feed well, fall asleep and wake soon after as they are still hungry. Some bottle-fed babies with a tongue-tie can have difficulty feeding because the tongue-tie prevents them from making a good seal around the bottle teat.
- Oral hygiene – Having a tongue-tie can make it more difficult to lick between the lower teeth and lip, to lick the upper lip or to clean food from the roof of the mouth. Good toothbrushing will help reduce any problems.



A tongue-tie

Tongue Tie

What are the benefits of tongue-tie division?

Your baby should be able to feed better. It will give the tip of your child's tongue a normal range of movement.

Are there any alternatives to tongue-tie division?

If your baby is not having any problems, it may be best to leave the tongue-tie alone. Some tongue-ties divide on their own or tear.

If the tongue-tie is causing feeding problems, dividing the tongue-tie is the only effective treatment.

What does the procedure involve?

If your baby is less than 6 or 7 months and has no teeth, they will not need an anaesthetic. The healthcare team will simply support your baby so they cannot move around and then carefully divide the tongue-tie.

You will be able to breast or bottle feed your baby immediately after the procedure. This will comfort your baby and help prevent bleeding.

In older children, the procedure may be performed under a local anaesthetic or under a general anaesthetic. We avoid general anaesthetics wherever possible.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of babies who have had this procedure. Your doctor may be able to tell you if the risk

of a complication is higher or lower for your baby.

Some complications can be serious.

You should ask the healthcare team if there is anything you do not understand.

The possible complications of tongue-tie division are listed below.

Tongue-tie division complications

- Discomfort. Very young babies can usually stay asleep during the procedure. Older babies who do not like to be wrapped up will usually cry out but usually for no longer than a minute. Some babies over 3 months old benefit from simple painkillers such as paracetamol.
- Bleeding. A few drops of blood are normal. Feeding puts pressure on the floor of your baby's mouth, which helps the bleeding to stop (risk of bleeding that needs pressure under the tongue for more than 5 minutes: 1 in 500).
- Infection (risk: 1 in 10,000). An infection can be easily treated with antibiotics.

How soon will my baby recover?

Babies under 6 months old usually go straight back to feeding. Older babies may take 1 or 2 days to settle.

Wounds in the mouth usually heal quickly. Your baby may get a white patch or ulcer under their tongue for a few days.

If your baby is breastfeeding and you have sore nipples, they may take a few days to heal. You will need to re-educate your baby on how to breastfeed.

Summary

A tongue-tie joins the tongue to the floor of the mouth. Dividing the tongue-tie should allow your baby to feed better.

Tongue-tie division is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.