

Treating your baby's tongue-tie

Ear, Nose & Throat (ENT)

Paediatric Surgery Clinic

Information for Patients

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What is a tongue-tie?

Under the tongue is small strip of skin called the lingual frenulum. The frenulum can be too short or too tight. Your baby's tongue will be looked (assessed) at by a qualified professional who understands both breastfeeding and tongue-tie assessment. If your baby is feeding well, gaining weight and your baby's tongue is able to move normally, your baby may not treatment.

Your baby's feeding assessment

The Specialist Infant Feeding Clinic is run by the Infant Feeding Team. They will do a full assessment of your baby's tongue and feeding. At this assessment you will also be supported with breastfeeding. If your baby is over 4 weeks you will be seen by the Health Visitor (public health nurse) Infant Feeding Team. If your baby is not able to feed well and their tongue is not able to move well, then we will talk to you about frenotomy or tongue-tie division.

Referral for a frenotomy

The National Institute for Health and Care Excellence (NICE) guidelines only supports frenotomy for breastfed babies, but sometimes babies who are being bottle fed may need to have it too.

If your child is under 6 months old, the treatment can often be done in the outpatient clinic without painkilling medicine (anaesthetic).

If your child is over 6 months old then the procedure will need to be done with a general anaesthetic in an operating theatre. This means your baby will be asleep during the operation. The doctor who sees you in the outpatient clinic will talk about this with you in more detail during consultation.

Before the frenotomy

- Your baby should be fit and well on the day of the clinic appointment.
- Your baby should have been given Vitamin K at birth. This is important if your baby is under 6 months old, as the Vitamin K helps to stop bleeding.
- Try not to feed your baby for at least 2 hours before your appointment. This is because your baby will need to feed right away after the procedure. This is both calming for your baby and helps to stop any bleeding.

How is the frenotomy performed?

In the ENT Clinic: we will give you the option to stay with your baby or leave the room. We do not expect you to hold your baby for the procedure. Your baby will be held gently by an experienced member of the team to keep their head still.

In the Paediatric Clinic: you will hold your baby on your lap and can reassure your baby if they become upset.

In Health Visitor Clinic: we will give you the option to stay with your baby or leave the room. We do not expect you to hold your baby for the procedure. Your baby will be held gently by an experienced member of the team to keep their head still.

- Your baby's tongue tie is snipped using sterile, sharp, round ended scissors.
- We then put pressure using a piece of sterile gauze under the tongue. There are only a few drops of blood when we do this.
- As soon as the bleeding has stopped, your baby will be given back to you.
- We encourage you to feed as soon as possible. This comforts the baby, helps stop the bleeding and helps protect against the small risk of infection. It will also encourage your baby to move their tongue.

Your baby is likely to have some discomfort because of the procedure. They will feel better by feeding soon after. Some babies sleep through the procedure, while others may cry a bit.

In very young babies (those who are only a few months old), we do this without anaesthetic. Or we do it with a local anaesthetic that numbs just the tongue if needed.

A general anaesthetic is often needed for older babies with teeth. This means they will be asleep during the procedure. Tongue-tie division can be carried out in older children and adults, although it is usually done under general anaesthetic.

Are there any risks?

Tongue-tie division is a simple and safe procedure. With all procedures there are risks. The risks for this procedure are:

- **feeding difficulties** in infants can be because of many reasons. It is important know that the procedure might not improve your baby's ability to feed.
- **a small amount of bleeding** (see advice below).
- **a short-term infection:** contact your GP if in the first few days your baby has:
 - a high temperature,
 - is not feeding,
 - drooling a lot of saliva,
 - is in pain.
- **tongue-tie growing back:** depending on where the tongue-tie was, the surgeon may recommend massaging under the tongue with your finger to stop the tongue-tie from growing back.

What should I do once I get home?

- Care for your baby as normal. For the first 24 hours (1 day) after the procedure, feed your baby at the first sign of hunger. This should be before they start to cry.
- If your baby is crying it may be that you have caught the wound area under the baby's tongue with the bottle teat or your nipple. This can make the wound bleed slightly. If this happens, follow the advice below.
- The day after the procedure, a small white blister may appear under the tongue. This takes 24 to 48 hours (1 to 2 days) to heal and does not need any treatment.

What if there is bleeding from the wound?

- Apply consistent pressure with a clean cloth for 5 minutes. The bleeding should stop.
- Feed your baby as this will help stop any bleeding.
- If after 15 minutes of feeding or 5 minutes of applying pressure the bleeding has not stopped. You should take your baby to the Children's Emergency Department.

What if my baby is unsettled?

Evidence suggests that babies do not feel much pain or soreness after the procedure. If your baby does cry more than normal this should settle within 24 hours (1 day). During this time it should help to feed and cuddle your baby regularly.

It is rare for a baby to need any pain relief but there are options available:

- For babies **under 8 weeks** of age: you can give paracetamol. Your GP can prescribe this.
- For babies **over 8 weeks** of age: you can give paracetamol without a prescription as guided on the packaging.

What if my baby does not want to feed or there is a change in the way my baby feeds?

Some babies may feed differently after the procedure as the tongue is able to move more freely. If you are breastfeeding and your baby is struggling or refusing to feed, try giving some of your expressed breast milk (or formula milk, if you are not breastfeeding) from a plastic medicine spoon that has been sterilised to help calm your baby.

For babies who are under 4 months old the spoon should be held against the baby's bottom lip and the baby will lap the milk from the spoon. If you do not know how to do this, please ask your health professional to show you.

Milk should not be spooned into the baby's mouth as this can cause **choking**. Once calmed, try to feed your baby again.

If your baby's feeding improves but then becomes a problem again, please contact your midwife, health visitor, GP or the person who referred you to the clinic.

Does my baby need a follow-up appointment?

No follow-up appointments should be needed. If you have any more concerns please contact the Paediatric Surgical Day Ward on the contact number below.

If you went to the Health Visitor Clinic they will phone you to find out how your baby is feeding after the frenotomy. If you have any questions they will give you a number to contact them.

Contact details

If you have any concerns please contact the Paediatric Surgical Day Ward on **0116 258 5244**.

More information

NHS website: www.nhs.uk/conditions/tongue-tie/

Start4life: www.nhs.uk/start4life/baby/breastfeeding/breastfeeding-challenges/tongue-tie/

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research