TONGUE TIE

Tongue tie is a membrane or piece of fleshy tissue running from the under surface of the tongue to the floor of the mouth. It is actually a thicker and shorter lingual frenulum that restricts movement of the tongue. Tongue tie may be associated with feeding difficulties, excessive drooling, and poor dental hygiene or speech problems.

##### **HOW IS A TONGUE TIE TREATED?**

Not all tongue ties require treatment. Tongue tie that is causing functional difficulty is usually treated with surgery. The aim of the procedure is to release the tongue tie and prevent its recurrence. In small babies, this can be done in the rooms. For bigger children, the operation is performed under general anaesthesia. Your child will usually not have to stay overnight in hospital.

##### **PREOPERATIVE PREPARATION**

Your child cannot eat for 6 hours before the procedure. In breast fed babies this time may be reduced by the anaesthetist. Your child can drink water for up to 2 hours before the operation. The Day Surgery Unit will instruct you the day before surgery to confirm fasting times. It is useful to bring your child’s favourite toy along on the day.

##### **ANAESTHESIA**

The anaesthetist will meet you and your child prior to the procedure. They will discuss the anaesthetic with you and take you through to the operating theatre. Your child will be anaesthetised using a face mask and then you will be taken to a waiting area. Once your child is asleep a drip is inserted often in the hand or arm, but occasionally it may need to be sited in the leg.

##### **PROCEDURE**

The tongue tie is divided using electrical cautery. This ensures control of bleeding at the same time. Local anaesthetic is injected to numb the area. Sutures are occasionally required. The whole operation takes around 10 minutes.

##### **INITIAL RECOVERY**

On completion of the operation your child will be taken to the recovery area. Children often initially appear distressed and a little confused upon waking up but will quickly settle down once you are with them and if offered a drink or something to eat. Full recovery usually takes about 2-3 hours after which you can go home.

##### **POST-OPERATIVE COURSE**

Children’s paracetamol should be given for pain relief for 24 hours. After that use paracetamol only if needed. Some children need additional medication such as ibuprofen or celecoxib. Opiate (morphine-type) medications are not usually required. Paracetamol and ibuprofen can be given at the same time and work well together. Follow the dosages recommended on the packaging or by the anaesthetist. Never give more than has been prescribed.  
  
In general, your child may eat a normal diet after surgery. Vomiting is common on the day of surgery. It is temporary, and usually due to the anaesthetic and pain-relief medications that are used. If vomiting occurs, start with clear liquids and add solids slowly for the first day.

##### **RETURN TO ACTIVITY**

* **Activity**:  Your child should avoid strenuous activity first 1-2 days.
* **School**: Your children may return to day care or school when comfortable.
* **Bathing/showering:**Bathing and showering is safe after the operation.
* **Wound care:**  No specific wound care is required. The stitches are absorbable and do not require removal. No dressing changes, creams or ointments are required.
* **Stool softeners and laxatives:** May be needed to help regular stooling after surgery, especially if opiates are needed for pain.

###### **Call the doctor’s office if:**

* You see any signs of infection: increased swelling and foul-smelling discharge
* Your child’s pain gets worse or is not relieved by pain killers
* There is bleeding from the incision
* Your child has an abnormal temperature
* Vomiting continues on the day after surgery
* If you have any other concerns

##### **FOLLOW-UP**

Please follow-up with your General Practitioner or Paediatrician in 3-4 weeks’ time. If there are any concerns, please do not hesitate to contact my rooms or clinic.

##### **COMPLICATIONS**

**Tongue Biting**  
In the immediate post-operative period, there is a 5% risk that your child may bite their tongue as it will be numb. This can cause bleeding, but it is usually self-limiting.  
  
**Infection & Bleeding**  
There is a 1-2% risk of bleeding or wound infection after surgery. The wound will appear red, be tender to touch and may discharge pus or blood. If this occurs, a course of antibiotics may be required, and you should contact me or present to your General Practitioner or Local Hospital as soon as possible.  
  
**Recurrence**  
The rate of recurrence is 1-2%. If there is a recurrence, reoperation is occasionally required.

##### **MORE INFORMATION**

If you have any questions, please do not hesitate to contact us.  
  
Ph: [02 8307 0977](tel:02%2083070977)  
Fax: 02 8088 7420  
Email: [info@drgideonsandler.com](mailto:info@drgideonsandler.com)

Please refer to the following resources for more information:

1. [Tongue Tie](https://www.thewomens.org.au/health-information/breastfeeding/breastfeeding-problems/tongue-tie)  
   The Royal Women's Hospital
2. [Tongue Tie in Babies](https://www.childrens.health.qld.gov.au/fact-sheet-tongue-tie-in-babies/)  
   Children's Health Queensland
3. [Division of ankyloglossia (tongue-tie) for breastfeeding](https://www.nice.org.uk/guidance/ipg149/chapter/2-The-procedure)  
   National Institute for Health and Care Excellence (UK)

This page is intended to provide you with information and does not contain all known facts about tongue ties. Treatment may have uncommon risks not discussed here. Please do not hesitate to ask any questions you may have.