

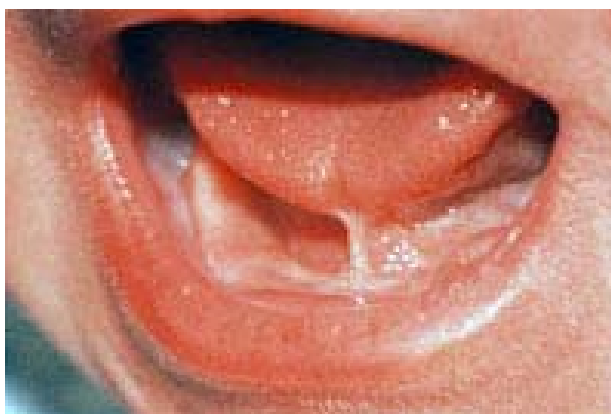
## Department of Paediatric Surgery

# Tongue-tie (ankyloglossia) division

### What is tongue-tie?

Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia. The fold of skin under the tongue that connects the tongue to the bottom 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 sharp, blunt-ended 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

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 will be asked to leave the room while two healthcare professionals perform the procedure. Although the procedure is brief, it is 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.

For further information, please contact:  
Department of Paediatric Surgery  
Box 267  
Addenbrooke's Hospital  
Cambridge  
CB2 0QQ



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### Cantonese

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### Urdu

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### Bengali

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### Document history

Authors	Paediatric Surgery department
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
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