

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 or frenulum. We are all born with a frenulum. Sometimes where the frenulum is attached to the floor of the mouth it can make it harder for the tongue to move freely, or the frenulum may be quite short. Many tongue-ties cause no problems now or in the future.

We will only recommend treatment after your baby has had their tongue function assessed by a qualified professional who understands both breastfeeding and tongue-tie assessment, to decide if the frenulum is making it difficult for the tongue to move well enough for your baby to feed enough and comfortably. If your baby is feeding well, gaining weight and a feeding assessment shows that your baby's tongue is able to move normally, treatment may not be needed at this time. This does not mean that problems with feeding may not arise later on. Please do not hesitate to ask for an assessment again if feeding problems occur at a later date.

Your baby's feeding assessment

If a health professional has seen your baby and thinks they may have a tongue-tie which is affecting their feeding, they can refer your baby to the Specialist Infant Feeding Clinic run by the Lead Infant Feeding Midwife or to the Health Visitor (public health nurse) Infant Feeding Team, so that a full assessment of your baby's tongue function and feeding can be carried out. At this assessment you will be supported with breastfeeding as well as having your baby's mouth and tongue assessed. In many cases no further treatment is needed.

If after extra help and support with breastfeeding, and following the assessment it is agreed between you and your health professional that a tongue-tie division treatment will help your baby feed, the Infant Feeding Midwife or Infant Feeding Health Visitor can refer your baby for this procedure which is also known as a frenotomy.

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

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Referral for a frenotomy

Usually frenotomy is offered for difficulties with breastfeeding and occasionally for babies who have severe problems with bottle feeding. This is because the healing and improvement in feeding is usually better when the baby is being breastfed (the National Institute for Health and Care Excellence (NICE) guidelines only support frenotomy for breastfed babies).

If your child is under 6 months old, the release of the tongue-tie can usually be performed in the outpatient clinic without anaesthetic, as described below.

If your child is over 6 months old then usually the procedure will need to be performed with a general anaesthetic in an operating theatre. The doctor who sees you in the outpatient clinic will discuss this with you in more detail as part of the consultation.

How is the frenotomy performed?

Your baby should be fit and well on the day of the clinic appointment and should have been given Vitamin K at birth. This is important especially 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 since your baby will need to feed immediately after the procedure, as this is both calming for your baby and helps to stop any bleeding.

In the ENT Clinic - you will be given the option to stay with your baby or leave the room; you will not be expected 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 should they become upset.

The tongue-tie is snipped using sterile, sharp, round ended scissors, and pressure is then applied using a piece of sterile gauze under the tongue. Usually there are only a few drops of blood. As soon as the bleeding has stopped, your baby will be given back to you and encouraged 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 as a result of the procedure but they will be consoled 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), it is usually done without painkilling medicine (anaesthetic), or can be done with a local anaesthetic that numbs the tongue if needed.

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

Are there any risks?

Tongue-tie division is a simple and safe procedure, however, all procedures carry some risks:

- **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, has excessive dribbling or is in pain.
- **tongue-tie growing back** - depending on where the tongue-tie was, massage under the tongue with your finger may be something recommended by the surgeon to stop the tongue-tie from growing back.
- **feeding difficulties** in infants can be due to a number of causes, only one of which is tongue-tie, and it is important to be aware that the procedure might not improve your baby's ability to feed.

What should I do once I get home?

Care for your baby as normal. For the first 24 hours after the procedure, feed your baby at the first sign of hunger, ideally 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, which 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 to heal and does not need any treatment.

What if there is bleeding from the wound?

- Apply continuous pressure with a clean cloth for 5 minutes and 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. However if your baby does cry more than normal this should settle within 24 hours. 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, paracetamol is safe and can be prescribed by your GP.
- For babies over 8 weeks of age, paracetamol can be given without a prescription as guided on the packaging.

What if my baby is reluctant 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 to latch on, 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 and 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 are still unsure of 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 necessary, however, if you have any further concerns please contact the Paediatric Surgical Day Ward on the contact number below.

Contact details

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

Further information

- **NHS website:** www.nhs.uk/conditions/tongue-tie/
- **Start4life:** www.nhs.uk/start4life/baby/breastfeeding/breastfeeding-challenges/tongue-tie/

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