Patient information

Restrictive lingual frenulum (RLF) 'tongue-tie'

Information for parents / carers of a baby referred with a suspected RLF (tongue tie)

Your Baby has been referred for assessment of tongue mobility and possible division (frenulotomy) of RLF (tongue tie). This leaflet will help you prepare yourself for this consultation and procedure (if required) and answer some of the questions you may have.

Why has my baby been referred to a specialist?

The piece of tissue joining the underside of the tongue to the floor of the mouth is called the lingual frenulum. When this is short, thick or extends right to the end of the tongue, it may be described as tongue-tie or ankyloglossia.

Whilst a visible lingual frenulum does not necessarily impede breastfeeding, and many babies feed successfully, in some cases it can **restrict** a baby's tongue movements to an extent that it prevents them from achieving deep and effective attachment at the breast. Your baby is having problems with breastfeeding and showing symptoms that suggest they have feeding ineffectively and/or swallowing excessive air. As a consequence your nipples may be painful and/or damaged.

Your referrer will have observed feeding and discussed with you positioning your baby and signs of effective attachment at the breast. **If this is not the case and there are no breastfeeding issues please discuss with the health care professional who has referred your baby to the specialist, as the referral may be unnecessary.**

Occasionally, bottle fed babies with feeding issues such as problems with dribbling large volumes of milk, excessive clicking on the teat, severe colic or reflux may need

referral to our service.

Do I need to restrict the feeding prior to the appointment?

Yes, we need your baby to be hungry to assist in assessment of tongue movements and encourage interest in feeding after the procedure. **We ask that you do not provide a feed for approximately two hours prior to the appointment time.** Whilst every effort will be made to run to time a delay is possible and your baby may feel very hungry before the appointment. This may be distressing for you and a member of staff will be available for support and guidance.

Immediately after the division procedure, you will be asked to put your baby to your breast, or give a bottle if you are bottle feeding. If you have been using a nipple shield to assist with attaching your baby to the breast please bring the nipple shield/s along. If your baby has been unable to breastfeed and you have been expressing your milk and giving by bottle, may we ask that you consider bringing a nipple shield to try to transition your baby back to the breast? If your baby is receiving formula milk please bring a prepared feed with you to give after the assessment. We ask that you come to the clinic **accompanied by another adult**. The reason for this is to ensure that they can support you and your baby during the consultation and procedure. If a frenulotomy is performed, you can safely drive / be driven home without being distracted or use transport with support. Please note we will be unable to see your baby if you come alone.

Why is Vitamin K important prior to the procedure?

Vitamin K helps blood to clot and prevent serious bleeding. In new borns, giving Vitamin K can prevent a rare but fatal bleeding condition called “Vitamin K deficiency bleeding” or “Haemorrhagic disease of the newborn”. If your baby has not received intramuscular (IM) injection of Vitamin K or alternatively, at least 2 doses of oral Vitamin K, we would not proceed with the frenulotomy procedure without the confirmation of a normal blood clotting screen. This clotting screen is assessed by a blood test which can be arranged by your GP. Your baby would need to have blood taken and analysed and only when the results are confirmed to be normal, could we proceed with an appointment at our clinic.

What will happen at the time of the consultation?

The practitioner will discuss with you potential effects on feeding and options, including division of frenulum if the presence of an RLF is confirmed. A written consent form will be completed in anticipation that the procedure will be necessary. With your permission your baby will be examined to assess tongue movements and

the procedure offered if these are noted to be restricted. Division will not be offered if it is judged that an RLF is not present. The outcome of the assessment will be discussed with you prior to any further action.

While you are preparing to breastfeed following the procedure a second health care professional will be available to support baby on the examination bed during assessment and when division is being performed.

What does the assessment and procedure involve?

During the assessment and procedure your baby will be carefully wrapped in a towel and the movements of the tongue assessed. If these are found to be restricted the practitioner will offer to divide the tissue found below the tongue using sterile scissors. We expect your baby to cry during assessment and division. Following release crying may become a little louder but usually settles after a few seconds or within a minute when a feed is given.

Immediately after the examination and division procedure you will be asked to feed your baby by breast or bottle, as preferred, to encourage any bleeding to stop. Additionally it is believed that breastmilk soothes the small cut under the tongue whilst the action of breastfeeding promotes pain relief and is calming. Babies usually feed normally after the release and do not behave as if they are distressed or upset. In some cases if a baby does not attach well to the breast we can offer giving a few drops (1 - 2ml) of a sucrose solution.

Will my baby be given an anaesthetic or sedation?

No as most babies tolerate this procedure well and many parents have reported that the distress to their baby has been minimal, in many circumstances less than that caused at the time of immunisation injections. Use of General Anaesthetic could result in more distress and potential complications, whilst injecting a local anaesthetic or using sedation has not been shown to be beneficial. It is therefore considered appropriate to perform this procedure without anaesthesia or sedation in small babies.

What will happen following the procedure?

Feeding will be interrupted after a couple of minutes to check for any bleeding. If there is still some bleeding the doctor may take the baby back to the examination table and place some pressure with a small dressing at the site of the cut for 5 minutes at a time (sometimes more than once). Very rarely it may be necessary to use a medicinal solution soaked on a dental roll and placed over the bleeding blood vessels to help to

stop the bleed.

Once the practitioner is satisfied that bleeding has stopped you will be shown to a waiting area to continue breastfeeding until a final check is made 20 - 30 minutes later at which point an explanation of what to expect in the next few days will be given. **If you live more than 30 minutes away from the hospital we recommend a longer period of stay on the hospital site of 45 minutes following the procedure.**

What should I do once I get home?

Care for your baby as normal offering feeds promptly in response to **early feeding cues**. If your baby is crying it is more probable that you may catch the wound area under their tongue with your nipple or the teat of a bottle. This can make the wound start to ooze some blood (see below for further advice).

Most parents do not note any significant changes in their baby's behaviour. If your baby does cry more than normal or appears more irritable this usually settles within twenty four hours in response to regular feeding and frequent cuddles. You may want to consider skin to skin and baby wearing using a sling. A small proportion of babies who have had this procedure may be a bit upset and irritable and in very rare cases mothers have reported a short duration of breast refusal. It is not usual for a baby to require any pain relief but if you are concerned please seek advice from your GP / NHS 111.

How will the wound look and how long will it take to heal?

Healing starts very quickly at the site of the division. In the first few days, you will notice a diamond shaped whitish / grey colour at the site of the cut. This will change to a yellow colour in approximately a week's time and finally heal leaving a small string like appearance. **This is normal and not a recurrence.** Very rarely a small yellow blister may be noted at the site of the cut. This heals up quickly. If you remain concerned please discuss with a health care professional. We recommend that for the first 48 hours after division you cover your baby's hands with mittens/ their babygro to prevent them touching the wound with their fingers and making it bleed.

What if there is a slight ooze of blood from the wound?

If this happens feed your baby immediately to stop the oozing. After five minutes of feeding, check to see that the slight ooze has stopped and if so continue to feed as your baby needs. If the oozing has **not** stopped apply continuous pressure with a clean cloth for five minutes then re-check. **If bleeding persists, or you are**

concerned, consult your GP or go to your local Accident and Emergency department.

What follow up care will my baby receive?

The health professional that referred your baby will offer follow-up feeding support or arrange for a colleague to do so. A midwife or maternity support worker will contact you by phone two weeks following your baby's frenulum release to ask if the procedure has improved the feeding experience and discuss any concerns. Please could we ask that you provide a phone number on which you will be contactable? If you think you have missed this call contact the Community Midwives Hub telephone 01284 713755.

Lip tie

There is no current published evidence supporting a link between breastfeeding problems and lip tie. Although the lip provides a good seal around the nipple, the process of sucking is mainly between the tongue and the palate. The National Institute for Health and Care Excellence (NICE) have not issued any guidance on this issue. **The only indication to do any intervention would be dentition issues in the future, after the eruption of permanent canines**. If you require further information please call 01603 286307.

Feedback and comments

Feedback enables us to determine to what extent the procedure was of help to you and your baby and follow up on any concerns you may have. It will help us to improve our service and enhance the quality of support given to parents in a similar situation to you.

A feedback form will be given to you following the appointment and we would welcome the submission of your views two weeks after the procedure. Please follow the instructions on the form when providing your response.

Directions to the clinic are as follows:

The postcode for the West Suffolk Foundation NHS Trust is IP332QZ.Details of on-site car parking can be found at https://www.wsh.nhs.uk/Patients-and-visitors/Information-for-visitors/Car-parking.aspx. Once you have parked in car park A in front of the hospital follow the directions for Paediatric Outpatient Clinic from the main entrance.

Register your arrival with the staff at the clinic (appointment letter).Should you have any queries please talk to one of our Receptionists.

For completion by the practitioner:

Baby …….……. NHS Number ……

Assessed for RLF on ……..

Release of RLF discussed with parent(s) Not required □

Performed with consent □

Practitioner
Printed name..... Signature …….

Please take this form with you should you need to consult your GP or attend your local Accident and Emergency Department following division of RLF.

This leaflet has been adapted and reproduced with kind permission from original material published by Mr A Minocha Consultant Paediatric & Neonatal Surgeon. Luisa Lyons RM IBCLC of Norfolk and Norwich University Hospitals NHS Foundation Trust.

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https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust

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