

Tongue-Tie Release (Frenotomy): What to Expect

What is a tongue-tie?

Your baby has a tongue-tie (also called tight frenulum or ankyloglossia). The frenulum is the small band of tissue under the tongue. When a baby is tongue-tied, the frenulum extends out to the tip of the tongue (or near the tip). This restricts how the tongue moves and makes it harder for the baby to stick the tongue out.

Sometimes you can see a tongue-tie when a baby tries to stick out the tongue. The tip of the tongue might make a slight heart or “W” shape because of the tongue-tie. You can often feel a tongue-tie when you put a finger under the tongue.

About 4 percent of babies are tongue-tied and it’s more common in boys.

Can I breastfeed if my baby has a tongue-tie?

To properly latch onto the breast, your baby must be able to stick out the tongue. If your baby can’t stick the tongue out far enough, the tongue will rub the nipple. This can make breastfeeding painful and cause sore, cracked, or bleeding nipples.

If your baby can’t bring the tongue forward far enough to cover the lower gum and lower lip, it will be hard to completely empty the breast. When a baby doesn’t get enough milk, it can affect how he or she grows and develops. Breastfeeding is a supply and demand process. If your baby isn’t taking enough milk from the breast, the milk supply may decrease.

If you are having problems with breastfeeding, talk to your doctor or healthcare provider.

Are there other problems with a tongue-tie?

Depending on how bad the tongue-tie is, your baby might have dental problems. It is common to have dental health problems with a tongue-tie. This is because the tongue sweeps the mouth to remove food particles and spread saliva. With a tongue-tie, there is a higher risk of cavities, gum disease (gingivitis), and bad breath (halitosis). A child with a tongue-tie is often a messy eater and may also have stomach problems.

Rarely, your baby can have speech development problems. This normally only happens with very bad tongue-ties.

What is a frenotomy?

A frenotomy is a simple procedure done by a doctor to fix a tongue-tie. A frenotomy can cause mild pain.

During the procedure, the baby must be held still. This can be done by a parent, doctor, or other healthcare provider. Your baby will likely be more upset about being held tightly than about having the procedure done.

A pair of small, sharp scissors is used to make a very small cut (incision) in the frenulum. The frenulum is then pushed back with sterile gauze. The pain goes away very fast. There will be a small amount of bleeding, which often mixes with your baby's saliva and looks like more than it is. The bleeding will stop after a few minutes.

If you are breastfeeding, it is a good idea to latch your baby onto the breast right after the procedure. The sucking helps stop the bleeding. Most babies are fine right after the procedure is done.

After a frenotomy, how do I look after my baby?

As the frenulum heals, it may look white or yellow under the tongue. This is normal. The cut will heal fast and may look diamond-shaped.

If your baby doesn't move the tongue enough after a frenotomy, it can heal back together again. To help prevent this from happening, sweep your finger under your baby's tongue before every other feed. Do this for 1 to 3 weeks to make sure it doesn't heal back together.

If it seems like your baby's tongue-tie is starting to heal together:

- press in the centre of the wound (this may cause a few drops of bleeding)
- **or**
- put both of your index fingers under your baby's tongue (one on each side of the clipped area) and push the tongue up. You should be able to see a diamond-shaped cut easily.

If you are breastfeeding, feed your baby right away after doing either of these steps to help stop bleeding.

After a frenotomy, you will likely need a follow-up visit with your doctor.

For 24/7 nurse advice and general health information, call Health Link Alberta at 403-943-LINK (5465) in the Calgary area or 1-866-408-LINK (5465) toll-free. If your baby is under 2 months, you may call the Early Start Line at 403-244-8351.

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