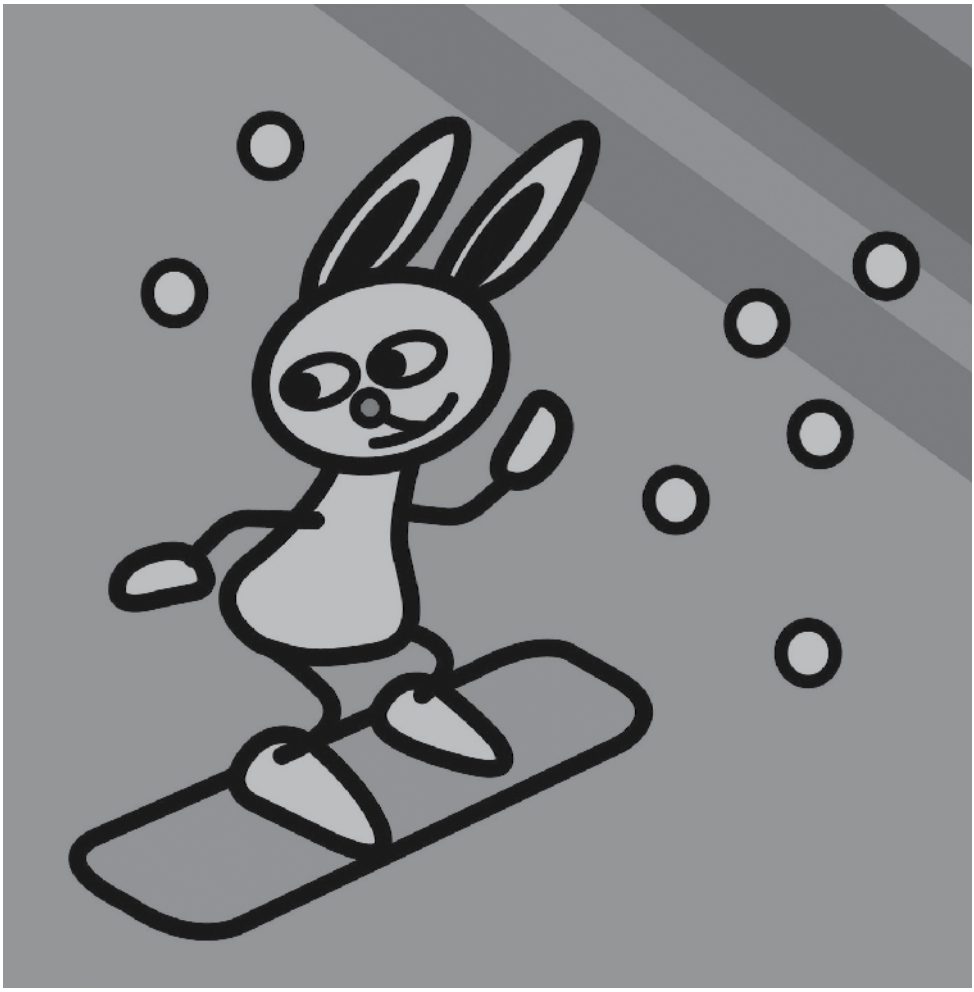
Oxford University Hospitals NHS
NHS Foundation Trust

The Children's Hospital

Tongue-tie – diagnosis and treatment

Information for parents and carers



What is a tongue-tie?

You have been given this leaflet as your baby or child has been born with a condition called tongue-tie (ankyloglossia). Tongue-tie is caused when the fold of skin under the tongue (lingual frenulum), that connects the tongue to the bottom of the mouth, is shorter than usual. This restricts the tongue from moving as it should.

A tongue-tie may extend all the way to the tip of the tongue (severe), half way under the tongue (moderate) or be just underneath, at the back of the tongue (posterior).

How is it diagnosed?

A diagnosis of tongue-tie is made by looking at the underside of your baby's tongue and talking with you about any symptoms your baby may have.

What symptoms does it cause?

You may experience difficulties with breastfeeding, such as problems with "latching on" (your baby getting in the right position to feed efficiently) and sore nipples. If your baby isn't feeding well then they may not gain weight at the normal rate.

In later life, tongue-tie may increase the risk of dental caries (tooth decay). It may also affect how your child pronounces some words, can cause difficulty playing wind instruments and can stop your child being able to stick their tongue out to lick things, such as an ice-cream.

What causes tongue-tie?

Tongue-tie is more common in boys than girls, but there is no proven genetic or environmental cause for it.

How is it treated?

Tongue-tie is treated with a simple operation.

For a baby under 3 months old, the operation is usually performed without general anaesthesia, although local anaesthetic gel is used.

A general anaesthetic is usually used for babies and children more than 3 months old.

What are the risks?

This is a simple and safe operation. However, all operations will carry some risks.

The following complications have a less than 3% chance of occurring (3 out of 100 people):

- bleeding
- wound infection
- damage to the tongue
- damage to the area under the tongue that makes saliva (salivary duct)
- the tongue-tie returning.

Your doctor will discuss these risks with you in more detail.

For more information about anaesthetic risk please see pages 6 and 7.

What happens before the operation?

Your child/baby will need to come into the Children's Day Care Ward in the Children's Hospital on the day of the operation. The surgeon will examine your baby to confirm that they have tongue-tie.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

What happens during the operation?

If your baby is very young then the procedure is done on the ward without general anaesthesia. A nurse will come and wrap your baby in a blanket. The nurse will then take your baby into the treatment room in the Children's Day Care Ward.

Local anaesthetic gel is placed under your baby's tongue, to help minimise any pain. The procedure takes a few minutes and involves cutting the short fold of skin connecting the underside of the tongue to the floor of the mouth, using a special instrument.

Some babies sleep through the procedure, whilst others cry for a few seconds.

What happens after the operation?

If your baby has the operation on the ward the nurse will bring them back to you as soon as the tongue-tie is divided. Your baby can feed immediately and this is often a good way of soothing them after the operation.

There may be a small amount of blood loss after the procedure. As the tongue-tie heals a white patch will form under your baby's tongue. This may take up to a week to heal, but shouldn't trouble your baby.

We will give you a gel (called Instillagel®) that contains a small amount of local anaesthetic, which will numb the area under their tongue. We will apply some of this gel under their tongue immediately after the operation. At home you can use this gel three more times; once in the evening of the operation and again the following morning and following evening.

To apply the gel, squeeze a pea-sized amount onto one of your clean fingers and gently rub this under your baby's tongue. Do not squirt the gel directly into their mouth from the syringe.

Do not use more than 3 doses. The wound will heal very quickly and more than 3 doses will be too much (an overdose) for your baby. If you accidentally use too much you should seek medical help by seeing your GP or phoning 111. If you are very concerned about your baby, you should go to your nearest accident and emergency department or phone 999.

If your child is having a general anaesthetic

If your child is older they will need to have a general anaesthetic. This means your child will be asleep throughout the operation.

This is because it is difficult to divide the tissue under the tongue safely if they are awake.

Fasting instructions (for general anaesthetic only)

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

Pain assessment

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia[1].

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room *(for general anaesthetic only)*

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

What happens after the operation?

Your named nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief to keep them comfortable until they are discharged home.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small frequent amounts of fluids and food. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned is your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Pain relief

Please make sure you have enough children's paracetamol at home, ready for when your child comes home from hospital.

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To apply the gel, squeeze a pea-sized amount onto one of your clean fingers and gently rub this under your child's tongue. Do not squirt the gel directly into their mouth from the syringe.

Do not use more than 3 doses. The wound will heal very quickly and more than 3 doses will be too much (an overdose) for your child. If you accidentally use too much you should seek medical help by seeing your GP or phoning 111. If you are very concerned about your child, you should go to your nearest accident and emergency department or phone 999.

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. If your child usually goes to school or nursery they should stay at home the day after the operation.

Follow-up care

We do not routinely follow up babies who have had an operation to correct tongue-tie. However, we often follow-up older children who have had a tongue-tie operation. We will let you know if your child needs a follow-up appointment. The letter confirming the date and time will come in the post. Let your child's consultant's secretary know if this hasn't arrived within a month of the operation.

If your child has further problems with feeding or if they show any of the symptoms described in the risks section (page 3), please contact your GP. If needed, your GP can refer you to hospital and we can see your child in the Outpatients department.

Alternatively, if you have any questions or concerns, please contact the Children's Day Care Ward.

How to contact us

If you have any questions or concerns, please telephone us:

Children's Day Care Ward:	**01865 234 148** (7.30am to 7.30pm, Monday to Friday)

Out of hours:

Tom's Ward:	**01865 234 108/9** (24 hours)
Oxford University Hospitals Switchboard:	**0300 304 77 77**

Further information

The National Institute of Clinical Excellent has produced guidance on tongue-tie

Website: www.nice.org.uk/guidance/ipg149/informationforpublic

NHS Choices also has information about tongue-tie:

Website: www.nhs.uk/conditions/tongue-tie/Pages/Introduction.aspx

References:

[1]The Royal College of Anaesthetists. Your child's general anaesthetic: information for parents and guardians of children London: RCOA (2014) fourth edition.

www.rcoa.ac.uk/patientinfo

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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