

Further information can be obtained from:

NHS 111	Dial 111
Or contact your GP	
Bluebell Ward, Lister Hospital, Stevenage	01438 284008
Children's Day Services, Lister	01438 286315
Children's Emergency Department, Lister	01438 284333
Patient Advice and Liaison Service	01438 285811

The information in this leaflet was taken from www.nhs.uk,
The Dudley Group NHS Foundation Trust, Mr Karavidas

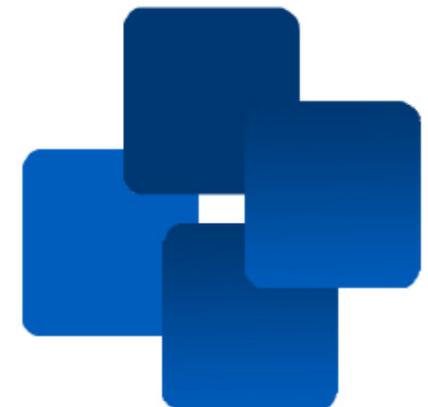
www.enherts-tr.nhs.uk

Date of publication: April 2015
Author: Paediatric Leaflet Information Group
Reference: Version: 2
Review Date: April 2019
© East and North Hertfordshire NHS Trust

You can request this
information in a
different format or
another language.

Tongue-Tie Release

Child Health Patient Information Leaflet



Introduction

The purpose of this leaflet is to explain tongue-tie and the treatment for this.

What is tongue-tie?

Tongue-tie (ankyloglossia) is a problem that occurs in babies who are born with a tight piece of skin (called the lingual frenulum) between the underside of their tongue and the floor of their mouth.

This piece of skin is unusually short and tight so it restricts the tongue's movement which in turn can prevent babies feeding properly.

How is tongue-tie treated?

In babies only a few months old, division of the tongue-tie is usually performed using sterile, sharp, blunt ended scissors that snip the tight piece of skin. It takes a few seconds and causes minimal distress. There is a very small amount of bleeding and the site heals very quickly. The baby can be fed immediately following the procedure.

In older babies, a general anaesthetic is needed which means that they will be asleep during the procedure. This is because, as the baby is bigger, it would be more distressing for them to be held tight and still.

A few dissolvable stitches may also be necessary to close the wound site.

Risks

As with any medical procedure there is a risk of certain complications. These tend to be rare but we advise you to discuss them with your surgeon.

Possible complications include:

- Bleeding
- Infection
- Ulcers
- Pain
- Damage to tongue, salivary glands or surrounding area

What to expect at home

There will be a small white patch, like an ulcer, under your baby's tongue. This will take about a week to heal. If dissolvable stitches were used, they will take up to ten days to disappear.

Your baby can feed as normal.

Give Paracetamol (Calpol) as recommended by your nurse. Please read the bottle for the instructions and correct dose for your baby according to their age.

Encourage your baby to stick their tongue out if possible to help reduce scar tissue formation.

General Advice

Please be alert for any signs that the site of the procedure has become infected.

These include:

- The site becoming very red, inflamed and/or discharging pus.
- Pain not relieved by Paracetamol
- Fever

Please see your GP or attend your local A&E if any of these symptoms occur.