

Treatment for Tongue-Tie & Lip-Tie

What exactly is a tongue-tie and lip-tie?

In the mouth, a “**frenum**” or “**frenulum**” is a piece of soft tissue that runs in a thin line between the lips and gums. It’s present on the top and bottom of the mouth. There’s also a frenum that stretches along the underside of the tongue and connects to the bottom of the mouth behind the teeth.

In some people the frenum “fails” to recede and is too tight.

“**Tongue-tie**” relates to the limited use of the tongue due to a tight frenum.

“**Lip-tie**” relates to the restricted mobility and function of the upper lip due to a tight frenum.



TONGUE- AND LIP-TIES CAN LEAD TO NURSING, BOTTLE FEEDING, DENTAL, SPEECH, SLEEP, AND SOLID FEEDING ISSUES.

Early indicators of lip- or tongue-ties are nursing/feeding difficulties that may include:

SYMPTOMS FOR BABIES

- Ineffective or poor latch onto breast
- Prolonged feeding times
- Unsatisfied hunger after long feeding
- Falls asleep easily while feeding
- Gumming or chewing on nipple
- Poor weight gain or failure to thrive
- Gas, colic symptoms and/or reflux, including vomiting
- Upper lip blister
- Clicking sounds during feeding

SYMPTOMS FOR MOTHERS

- Nipple trauma: cracked, bruised, bleeding, blistered, creased, blanched, or flattened nipples
- Severe pain with latch during nursing
- Continued pain during nursing
- Incomplete breast drainage
- Reduction of milk flow
- Infected nipples
- Mastitis or nipple thrush
- Recurring plugged ducts

Tongue- and Lip-Tie Release Procedure



A **frenectomy** is a procedure that releases the frenum. Our office utilizes numbing medication and laser release of ties. We believe in treating all our patients with compassion and that starts when they are just infants! We know that infants can feel pain and we numb accordingly. We utilize the laser to efficiently release the frenums tethering the genioglossus muscle (for tongue ties) or the orbicularis oris (for lip ties), and this technique results in a diamond shape wound. The laser helps to minimize post-operative bleeding. We provide each family with detailed aftercare instructions to help ensure success, as well as encourage more visits with their lactation consultant or speech language pathologists.

QUICK FACTS

- It’s a simple procedure with minimal complications.
- The laser allows for excellent visualization and precision during the procedure to achieve a full release of all the fibers.
- The procedure can be performed as early as a couple of days after birth and can be performed into adulthood.
- Early action is key—the sooner the issue is addressed, the better the procedure will work, and the less issues the child or infant will have.
- The procedure itself takes about 20 seconds or less.

AFTER THE PROCEDURE

- The baby is encouraged to feed immediately following the procedure.
- For nursing infants, often the mother notices a difference immediately, but it may take days or weeks for the baby to learn how to properly use their tongue.





Infants with Feeding Difficulties

- A new baby with a tight tongue and/or lip can have trouble sucking and may have poor weight gain.
- If they cannot make a good seal of the nipple, the infant may swallow air causing gas, colic, reflux, and spitting up.
- You may hear clicking noises when the baby is at the breast or bottle.
- Nursing mothers who experience significant pain while nursing or whose baby has trouble latching should have their child evaluated for tongue and lip-tie.
- Tongue-ties can be anterior or can be posterior and less visibly obvious. They can be more difficult to diagnose but still cause the same issues as an anterior tie. Either can lead to feeding problems and can affect weight gain.



MANY TIMES, AFTER RELEASING THE TONGUE AND/OR LIP, MOTHER EXPERIENCES IMMEDIATE RELIEF OF PAIN AND A DEEPER LATCH. THE SYMPTOMS OF REFLUX, GASSINESS, AND COLIC MAY ALSO DISAPPEAR, AND WEIGHT GAIN MAY OCCUR RAPIDLY.

Toddlers and Older Children

► SPEECH ISSUES

- Tongue-tied children often struggle with R, L, S, TH, SH and Z sounds.
- Some children may have a lisp, talk softly (mumble) or slowly, or even have a speech delay.
- Evaluation with a speech therapist should be considered if your child is trying to talk to you or others and is difficult to understand.

► FEEDING ISSUES

- Tongue-ties can cause difficulty chewing and swallowing food and liquids.
- They may cause inefficient eating behaviors such as choking, gagging, packing food in the cheeks, or spitting out food.
- They may eat slowly or be picky with textures such as meat and mashed potatoes.

► SLEEP ISSUES

- Some children may sleep restlessly and wake easily or snore from a tongue-tie.
- Often after treatment, children sleep more peacefully, snore less and feel more rested.

But what do they look like?!

Tongue- and Lip-ties come in all different varieties. Some are more obvious and to the tip while others are more hidden or posterior. They can appear very tight or only mildly tight.

PHYSICAL APPEARANCE MAY INCLUDE

- ✓ Inability to elevate the tongue to the palate with mouth open wide
- ✓ Heart-shaped tip of the tongue
- ✓ Difficulty moving the tongue from side to side



More important than appearance are the mother and baby's symptoms and functions.



"WHEN I BEGAN PROVIDING TONGUE TIE AND LIP TIE RELEASES (FRENECTOMIES), I FOUND IT TO BE ONE OF THE MOST REWARDING PROCEDURES. WITH THE HELP OF A LACTATION CONSULTANT, THE FRENECTOMY CAN OFTEN HELP AND CORRECT BREASTFEEDING ISSUES, WHICH CAN GIVE PROMPT RESULTS AND AN ENRICHED QUALITY OF LIFE FOR THE DYAD OF MOTHER AND NEWBORN."

— K.SAWYER NEGRO DDS MSD