

Tongue-tie

Tongue-tie is a condition that is caused by a short frenum (string of tissue) that restricts tongue movement. For example, some people have difficulty licking around their lips or raising the tongue tip inside the mouth. This can mean that they have difficulties with eating and speech. The medical name for tongue-tie is ankyloglossia.

Frenula are little strings of tissue found underneath the tongue, inside the cheeks, near the back molars and under the top lip. While an embryo is developing in the womb, these strings guide the growth of some mouth structures. Once we are born, the frenula are largely redundant, although they seem to help in positioning the baby teeth. The frenulum under the tongue is called the lingual frenum.

Estimates vary, but around two per cent of babies may be affected by tongue-tie. Tongue tie can resolve in early childhood if the frenum 'loosens' by itself, allowing the tongue to move freely for eating and speech. However, in some cases, the child may need to have a surgical procedure known as a frenectomy to release the tongue

Symptoms of tongue-tie

The symptoms of tongue-tie can include:

- Tongue can't poke out past the lips
- Tongue tip can't touch the roof of the mouth
- Tongue can't be moved sideways to the corners of the mouth
- Tongue tip may look flat or square, instead of pointy when extended
- Tongue tip may look notched or heart-shaped
- A baby with tongue-tie may have difficulties breastfeeding or bottle-feeding
- The front teeth in the lower jaw may have a gap between them.

Causes of tongue-tie

There are two main causes of tongue-tie: either the frenum is too short and tight, or it failed to move back down the tongue during development and is still attached to the tongue tip. In the second case, a heart-shaped tongue tip is one of the obvious symptoms. It is not clear whether or not tongue-tie is inherited.

Tongue-tie and feeding problems for babies

Many babies with tongue-tie breast and bottle feed successfully. However, a tight tongue-tie can interfere with a baby's ability to breastfeed and, in some cases, bottle feed. Mothers may experience sore or damaged nipples and the baby may have difficulty drinking enough to gain weight.

Tongue-tie can be hard to diagnose in newborns – it is important to consult with your doctor, A maternal and child health nurse can help or a lactation consultant if you are having trouble breastfeeding. Signs that a baby could be tongue-tied include:

- Mother has sore nipples during and after breastfeeding
- Mother has squashed nipples after breastfeeding
- Mother has a white compression mark on the nipple after breastfeeding
- The baby has difficulty latching on to the nipple
- The baby often loses suction while feeding and sucks air
- The baby's mouth makes a clicking sound while feeding

- The baby fails to gain weight.

Tongue-tie and speech problems

Tongue-tie in toddlers seems to be less common than in babies, which suggests that the frenum can normalise itself as the child grows. In persistent cases of tongue-tie, the child may have a range of speech problems. Difficulties can include creating sounds that need the tongue or tongue tip to:

- Touch the roof of the mouth, to pronounce sounds such as 't, d, n, l, s, z'
- Arch off the floor of the mouth, to pronounce sounds such as 'r'.

Treatment for tongue-tie is controversial

In the past, the frenum under the tongue was routinely divided in babies or children with tongue-tie. Today, doctors are more inclined to wait and see what happens to the frenum with growth.

Newborn babies with a tight lingual frenum and feeding problems sometimes have their tongue-tie divided without anaesthetic. This should be done by a paediatric dentist or oral maxillofacial surgeon experienced in undertaking the procedure.

Studies which have reported on this procedure have found few risks and problems. Problems are likely to be very rare but can include bleeding, infection, ulcers, pain and damage to the tongue and surrounding area.

Older children usually have the tongue-tie divided under a general anaesthetic. The main risk of this procedure is related to the anaesthetic, although like all surgeries there is a risk of bleeding, infection and damage to the tongue or the surrounding area. Generally, only severe cases of tongue-tie are divided.

Parents of tongue-tied babies with feeding problems should see a doctor, maternal and child health nurse or a lactation consultant to confirm whether or not the tongue-tie is causing the feeding problem. Toddlers or older children should see a speech therapist to work out whether the tongue-tie is causing the speech or eating problem.

Frenectomy

The surgical procedure performed to cut the lingual or labial (tissue in the centre of the upper and lower lip) frenum is called frenectomy. The technique differs according to the age of the person and can include:

- **Babies less than 12 weeks old** – the procedure may be done with local or topical anaesthesia, or occasionally using general anaesthesia. If using local or topical anaesthesia the area is numbed, the baby's head is held firmly and the frenum is simply snipped (divided) with surgical scissors (or a laser). A number of studies report that breastfeeding is improved immediately after the procedure for some babies. Reports also suggest that tongue movement is normal within three months of the procedure.
- **Older children and adults** – a general or local anaesthetic may be given beforehand. Stitches are needed when the tongue-tie has been surgically divided. It may take a few weeks for the mouth to heal. Self-care suggestions include rinsing with salt water, use of chlorhexidine mouth rinse and taking anti-inflammatory drugs such as paracetamol or ibuprofen. (Do not use aspirin in children under 14 years of age.) Older children and adults may need speech therapy after the surgery.

Where to get help

- Your doctor or paediatrician
- Maternal and child health nurse
- Lactation consultant
- Speech pathologist
- Your dentist or oral health professional
- Your public oral health service
- Community dental clinic Tel. 1300 360 054

- The Royal Dental Hospital of Melbourne, Tel. (03) 9341 1000 or 1800 833 039 (from rural Victoria) Monday to Friday, 8.30am to 5pm, Emergency Service Tel. 1300 360 054 Monday to Friday, 8.30am to 9.15pm; weekends and public holidays 9am to 9.15pm, weekends and public holidays.
- All children who are 12 years and under are eligible for priority public oral health services

Children receive general oral health advice as well as dental check-ups and treatment. For eligibility information call 1300 360 054 or visit the Dental Health Services Victoria website.

Things to remember

- Tongue-tie is characterised by a short frenum (string of tissue) that stops the tongue from moving well during speech and eating.
- Tongue-tie can improve by the age of two or three years.
- Severe cases of tongue-tie can be treated by cutting (dividing) the frenum. This is called a frenectomy.

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