
Tongue-tie

Summary

- Tongue-tie occurs when a string of tissue under the tongue stops the tongue from moving well.
 - Tongue-tie can improve on its own by the age of two or three years.
 - Severe cases of tongue-tie can be treated by cutting the tissue under the tongue (the frenum). This is called a frenectomy.
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Frenula are little strings of tissue found in various parts of the mouth, such as 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 a child is born, the frenula are largely unimportant, although they seem to help in positioning the baby teeth.

The frenulum under the tongue is called the lingual frenum. Tongue-tie is a condition where tongue movement is restricted due to a short lingual frenum. For example, some people have difficulty licking around their lips, or raising the tongue tip inside their mouth. This can mean that they have difficulties with eating and pronunciation of certain letters of the alphabet. The medical name for tongue-tie is ankyloglossia. It is thought that 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.

Causes of tongue-tie

There are two main causes of tongue-tie. Either the frenum is too short and tight, or it did not 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 tongue-tie is inherited.

Signs and symptoms of tongue-tie

The symptoms of tongue-tie can include:

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

A baby with tongue-tie may have difficulties breastfeeding or bottle-feeding.

Tongue-tie and feeding problems for babies

Many babies with tongue-tie can 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 and many of the symptoms of a tongue-tie also occur with other feeding issues. Therefore, it is important to see your doctor, a maternal and child health nurse, or a lactation consultant if you are having trouble breastfeeding.

Signs that a baby could be tongue-tied include:

- The mother has sore nipples during and after breastfeeding.
- The mother has flattened-looking nipples after breastfeeding.
- The mother has a white compression mark on the nipple after breastfeeding.
- 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 a short frenum can resolve itself as the child grows.

In persistent cases of tongue-tie, the child may have certain speech problems. They may have difficulties creating sounds that need the tongue or tongue tip to:

- touch the roof of the mouth – such as the t, d, n, l, s and z sounds
- arch off the floor of the mouth – such as the ‘r’ sound.

Treatment for tongue-tie

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

Frenectomy

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

For 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. Babies can be breastfed immediately after the procedure.

Studies of 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. Reports suggest tongue movement is normal within three months of the procedure.

For 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. Older children and adults may need speech therapy after the surgery.

The main risk of this procedure is related to the anaesthetic. However, 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.

Where to get help

- Your **GP (doctor)**
- **Paediatrician**
- Your maternal and child health nurse
- Your **lactation consultant**
- Your **speech pathologist**
- Your **dentist**
- **Dental Health Services Victoria** provides public dental services through the Royal Dental Hospital Melbourne and community dental clinics, for eligible people. For more information about public dental services Tel. **(03) 9341 1000**, or **1800 833 039** outside Melbourne metro
- **Australian Dental Association ‘Find a Dentist’ search function** or Tel. **(03) 8825 4600**

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