Tongue tie division information

(please read this prior to your appointment)

Tongue tie procedure

Your practitioner will wrap your baby in a thin blanket and examine their mouth. She may require assistance to hold your baby's head – either you can do this yourself, or if you feel unable to do this, we will ask you to have another person present who can. They don't need to watch what we are doing. Most babies are perfectly happy to suck a gloved finger and therefore are not distressed by the experience.

Your practitioner will assess your baby's palate, tongue function and mobility/ movement during this examination. They will then assess the tongue tie by lifting up the tongue with two fingers – this can make babies gag a little so we tend to leave this until last as it is can be unpleasant. There are various ways to grade or classify a tongue tie, your practitioner will explain what method they are using.

If tongue movements are normal, division is not necessary, however, additional feeding support and treatment by a specialist lactation consultant, chiropractor, osteopath or craniosacral therapist, may be advised.

If division is indicated

The tongue tie is divided with sterile, curved scissors to the base of the mouth. A small gauze swab is placed over the wound and pressure applied with a fingertip to stop any bleeding. Your baby is then brought back to you for a cuddle and a feed. Most time is spent on assessment and aftercare. The division procedure itself usually takes just a few minutes to perform.

Pain

For most parents, pain is their first concern when thinking about whether their baby should have a tongue tie division. The discomfort is similar to having an injection - briefly painful but no on-going pain. Most babies under 2 weeks will cry for less than 20 seconds (if at all). It is unusual for a baby under 8 weeks to cry for more than 1 minute, whilst older babies may cry for up to 5 minutes. Babies are normally settled by cuddles and offering a feed straight after the tongue tie division. Sucking produces natural painkillers called endorphins and so babies are generally only upset for a very short time.

Some babies will become unhappy/unsettled for a few hours following a tongue tie division. If your baby appears to be in pain, it is safe to give babies over 8 weeks, liquid paracetamol (calpol) as directed on the packet. Babies under 8 weeks old are able to have liquid paracetamol under the direction of a GP. If you feel that your baby is in pain, you should telephone your GP practice or out of hours service and you will be given advice as to exactly how much Calpol your baby can be given based on a calculation of your babies weight and age.

Anaesthetic is not used for the procedure as most babies are able to tolerate the procedure very well. Using an anaesthetic has not been shown to be beneficial and can cause more distress to your baby. Your baby will also need to be able use the tongue to feed effectively after the procedure, which would not be possible if an anaesthetic is used.

Bleeding

Most babies will only bleed a very small amount (a couple of drops is normal) and this is usually absorbed by the gauze swab placed on the wound in the baby's mouth following the tongue tie division. Occasionally a baby may bleed slightly more and may require some pressure on the gauze for a few minutes. If after this, bleeding continues, the practitioner would apply firm pressure to the wound for 10 timed minutes and would then recheck the wound site. If it was still bleeding or began to bleed again, she would then apply pressure for a further 10 minutes. If the bleeding had not resolved after this, then she would recommend transfer to the nearest hospital. She would continue to apply pressure directly to the wound during transfer to hospital. The risk of severe bleeding, where transfer to hospital would be recommended, is rare (approx. 1 in 3-5,000). Once in hospital, the bleeding is likely to be dealt with by putting pressure on the wound, as all the time there is pressure, the baby is not bleeding. It is very rare for any further treatment to be required (less than 1.10,000).

Bleeding in the hours or days after the tongue tie division

There have been a few reported cases of a baby bleeding a few hours or even days after the original tongue tie division. It can very occasionally be triggered by strenuous crying (resulting in the tongue lifting and disturbing the wound) or when the wound is disturbed during feeding, particularly if the wound is caught by a bottle teat or tip of a nipple shield. This bleeding is usually light and resolves by feeding the baby or giving a dummy or clean finger to suck on (this puts pressure on the base of the tongue and stops the bleeding). If this does not reduce the bleeding, then putting pressure on the wound for 5 minutes in the same way as following the original tongue tie division will stop the bleeding. You may use either some clean gauze or a clean muslin. If you feel the bleeding is heavy and has not stopped, then you need to take your baby to your nearest A&E department. Please be aware that this is very rare (less than 1.10,000).

Infection

Infection rates in tongue tie division are extremely low – approximately 1 in 10,000. This is because the mouth heals very quickly and constantly replaces cells. Breast milk is also very protective for babies as it contains antibodies. You may notice a white, pink or yellow diamond shape under your baby's tongue about 24 hours after the division – this is normal.

It is important that any nipple shields, teats bottles or dummies are thoroughly washed in hot soapy water, rinsed and then sterilised. Fingers should not be put in baby's mouth to suck- unless it is a clean finger and you are performing the gentle exercises as advised by your practitioner. Taking precautions will minimise the risk of infection, so hand hygiene is very important prior to feeding your baby, after nappy changes and

prior to doing the exercises. Soap and water is preferable to hand gel, washing hands for at least 20 seconds with soap, rinse and dry well.

Signs of infection include swelling or inflammation, redness or pus from the wound. If you are concerned about infection, then we advise that you either contact us or your GP for assessment. Infection is normally treated with a 5-day course of amoxicillin.

Tongue fatigue or tiredness

Once a baby has had a tongue tie division, the tongue begins to move in a new and different way. The tongue is a muscle but due to the tongue tie, it will not have been working effectively and therefore after the division the baby can suffer from tongue fatigue or aching due to the new movement. This explains why some babies will feed very well following a tongue tie division, but then struggle with feeding over the next 24 hours. Like all muscles, the tongue needs to build up strength and this takes time. Tongue fatigue is more noticeable in babies over 2 weeks old and some babies may be quite fussy or refuse to feed for some hours following the procedure. This usually resolves by 24 hours, although babies older than 8 weeks may take 48 hours to improve. Offering the breast or bottle, skin to skin, cuddling, rocking and general soothing techniques will help your baby during this time. Babies will often breastfeed if you have a bath with them. Please seek advice either from the tongue tie practitioner or your GP if you are concerned.

Prior to the appointment

Ideally, your baby will need to have had Vitamin K either by injection or at least 1 oral dose. If your baby has not received Vitamin K, you **MUST** inform the practitioner prior to the appointment. If you decline your baby to have Vitamin K, a full discussion about the risks of bleeding will be discussed.

If you decide that you wish your baby to have vitamin K, this can be organised by your GP or by having a discussion with the practitioner.

It is also important that you inform the practitioner if there is a family history of bleeding or a clotting disorder, as your baby may need a blood test in the first instance and the procedure may not be able to be performed by the practitioner.

If your baby has been diagnosed with an infection or oral thrush, please inform the practitioner as the appointment may need to be delayed for treatment to be completed. Similarly, if your baby is on any medication or has been diagnosed with a medical condition, please inform the practitioner before the appointment.

Check List before appointment:

* If bottle feeding with expressed breast milk or formula, please have a feed ready to use for after the procedure
* Nipple shields if you are using them
* Your child's health record (red book)
* A suitable large muslin, sheet or thin blanket to swaddle your baby
* Please ensure there is someone who is happy to support your baby's head in case you are unable to do so

Appointments at home

* A surface suitable to put a changing mat on for your baby to have the procedure performed (Kitchen or Dining Room Table is preferable)
* If you have other children, please ensure you have someone who can look after them during the appointment. They should not be present during the procedure.

If you have any questions at all, please contact your practitioner.