WilOak Lactation Consultancy

TONGUE TIE DIVISION CONSENT FORM

Tongue tie or Restricted Lingual Frenulum (medically known as Ankyloglossia) is where the piece of tissue on the underside of the tongue (lingual frenulum) and the floor of the mouth is tight or restricting the movement and mobility of the tongue. As a new-born, a tight lingual frenulum may cause difficulties with feeding such as problems with latching, obtaining/maintaining a seal, painful feeds, clicking, leaking milk or slow/long feeds. As your baby grows, it is possible that there may be ongoing concerns with speech difficulties and dental issues with Ankyloglossia. Treatment can be surgical or non-surgical. Information on both has been provided in writing prior to this appointment.

Surgical procedure: Lingual Frenulotomy/ Tongue Tie Division.
This is a minor surgical procedure in which the frenulum is divided with sterile scissors allowing the tongue to move more freely. This procedure is performed in either the parent's home address or in a sessional clinic setting. The procedure is done without the need for anaesthesia.

Outcomes: Lingual Frenulotomy typically has very good outcomes with improvements of tongue function to assist feeding. However, this may not be immediate, depending on the type of restriction or other factors e.g., high palate

Risks: As with any surgical procedure, risks exist. The risks associated with this procedure are as follows:

- Some bleeding is expected in all cases
- Bleeding requiring additional treatment at home or in clinic or hospital observation, 1 in 3-5000
- Bleeding requiring medical treatment in hospital 1 in 10,000
- Infection 1 in 10,000
- Injury to the saliva ducts in your mouth less than 1 in 10,000
- Injury to surrounding structures: Potential for damage to the salivary glands or lingual nerve – very rare.

No improvement: Most babies will improve their feeding; however this is not always the case. Frenulotomy is offered if there is a restriction to tongue function and to improve feeding, however, we cannot guarantee the outcome.

Alternatives: The alternative is not to have the procedure done and instead adopt a wait-and-see approach. You may choose to access breastfeeding support, increase milk supply, or bottle feed. There is no current evidence that exercises or body work (osteopathic or chiropractic treatment) will help resolve feeding difficulties with a restricted frenulum, however research is on-going. If you choose not to proceed with the procedure this would leave your child in their current condition.

If at any time you have questions or concerns, please contact me on:

Tel no……

I/we can confirm that I have had **written and verbal** information and have been given an **opportunity to ask questions** about:

- ⇒ my child's condition
- ⇒ alternative forms of treatment
- ⇒ risks of non-treatment
- ⇒ the procedures to be used
- ⇒ risks involved with the surgical procedure

I/we have sufficient information to give this informed consent. ☐

I/we understand every effort will be made to provide a positive outcome, but there are no guarantees. ☐

I/we understand that my baby could require further treatment and transfer to hospital if there is excessive prolonged bleeding or the practitioner has any concerns. ☐

I/we am aware that I will be responsible for aftercare exercises to achieve the best outcome and reduce the risk of re-attachment. ☐

- ⇒ **I have been given written information on these exercises**
- ⇒ **I agree to complete the aftercare as described**

Signature of parent/guardian ……..

Print name of parent/guardian ……..

Date ……..

Relationship of guardian to patient (if applies)……..

Signature of practitioner ……

Print name of practitioner ……

Date ……