Herzl Family Practice Centre, Goldfarb Breastfeeding Clinic

Tongue-Tie/Ankyloglossia and Upper Lip-Tie

Patient handout

A tongue-tie (ankyloglossia) is a membrane connecting the underside of the tongue to the floor of the mouth which may decrease tongue mobility and give the appearance of the tongue being short and thick. An upper lip-tie is where a membrane under the baby’s upper lip is short or thick and is tightly attached to the upper gum. Upper lip-ties can be associated with tongue-tie.

Tongue-ties and Lip-ties can cause problems with breastfeeding such as:

- Nipple pain and/or latch problems
- Maternal milk supply and/or infant weight gain issues

Research shows that “frenotomy”, or clipping of the tongue-tie, is a safe and effective treatment. Frenotomy, like all procedures, may present some risks. They include possible bleeding at the incision site, infection, salivary gland trauma and/or reattachment. There is also the possibility that the procedure may not solve the breastfeeding problems present.

Not all tongue-ties or lip-ties need to be clipped, only those that are causing breastfeeding problems.

Consent form

You will be asked to sign a consent form before the frenotomy and/or lip-tie release is done. The Breastfeeding Clinic Staff are happy to answer your questions about the procedure.

Types of tongue-ties:

There are two types of tongue-ties. Both can cause problems with breastfeeding.

- Anterior tongue-ties are closer to the tip of the tongue and very obvious to see.
- Posterior tongue-ties are thicker and further back. These tongue-ties are not always seen with the eyes, but felt with the fingers.
- Lip-ties may restrict movement of the upper lip and may make it difficult for baby to latch and/or create an effective seal.

Procedure:

The doctor will do the procedure with assistance (usually the clinic IBCLC). The baby is usually given Infant Acetaminophen before the procedure. The procedure usually only takes a few seconds to do. Frenotomies (anterior, posterior and lip-ties) are done with the parents present. The procedure may cause some pain and bleeding. The baby generally goes straight to the breast afterwards, as breastfeeding and breastmilk helps stop bleeding, aids healing and is soothing for the baby. It might take a minute or two for the baby to settle and to start breastfeeding well. Many mothers feel less nipple pain and a better latch almost immediately. Other mothers may or may not feel a difference right away. It may take a couple of weeks to feel a noticeable difference in latch and/or nipple pain.
After the procedure

- The physician will examine your baby and make sure the bleeding has stopped before you leave the clinic. It is unlikely that the frenotomy site will re-bleed; but, if this does happen:
  - Breastfeed your baby: this will help to stop any bleeding.
  - If this doesn’t work, place a cotton gauze over the bleeding and apply pressure. Then, reoffer the breast. You may also pour some of your expressed breastmilk on the site.
- At ________, your baby received ______ ml(s) of Infant Acetaminophen. If your baby is irritable or seems in pain during the next 24-48 hours, you may give him/her _________ ml(s) of Infant Acetaminophen every 6 hours as needed. The next dose should only be given if necessary at ________.
- For the next 24 hours, avoid placing objects in the baby’s mouth, especially under the tongue (except for the breast and other feeding devices as needed).
- The following tongue and/or lip exercises are important to do, and should be done 3 times a day, before feeds, until the next appointment. You can start doing the exercises the evening of the frenotomy:
  - Wash your hands with soap and water
    1. Rub your finger along the gum line of the baby and allow the baby’s tongue to follow your finger. Rub both lower and upper gums.
    2. Place your finger on the baby’s tongue, allow the baby to suck and then slowly pull your finger out of baby’s mouth while baby keeps sucking. This will help him/her stick the tongue out.
    3. Place both index fingers under the baby’s tongue, one on each side of the incision (where the frenotomy was done). Push backwards and upwards while stretching and lifting the tongue until you see the diamond shape ♦ under the tongue. This will help decrease the risk of the frenotomy site reattaching, allow proper healing and help the tongue move well. Some parents find it easier to use the side of a finger, placing it under the tongue on the ♦, pushing back and lifting the tongue up.
    4. Now gently rub the diamond area ♦, it should feel smooth.
    5. For Lip-tie place your finger under the upper lip, push back along the gums and rub finger from side to side. Also pull upper lip out and up away from gumline. You want to see a triangle shape △ as you pull out and lift up the upper lip.
  - After the exercises wash your hands again with soap and water.
  - These exercises may cause some minor bleeding under your baby’s tongue and/or upper lip. If this happens, breastfeed the baby again.
  - If these exercises make your baby irritable or seem painful, you may contact us but it is still important to continue doing the exercises and breastfeed after.
- Generally there is minimal bleeding and this is stopped by baby breastfeeding. If breastfeeding does not stop the bleeding, apply direct pressure to the site under the tongue with a clean gauze. If the upper lip bleeds apply pressure with your finger on the upper lip.
You may notice that:

- Your baby has a few black or dark stools after the frenotomy, if he/she has swallowed some blood during the procedure.
- Your baby refuses the breast after the frenotomy – do not force him/her to take the breast if this happens. Continue to offer the breast at the same times that he/she was taking before the frenotomy was done. If he/she continues to refuse to feed from the breast, you may offer him/her some expressed breastmilk in a cup or syringe. Re-offer him/her the breast after this. Please contact us if you are worried about your baby’s feeding behaviour.

- You may notice that the frenotomy site may turn white, beige or grey. This will soon disappear.

- It is important to breastfeed as often as possible to help your baby learn how to use his/her tongue’s new abilities. It may take several days or up to 2-3 weeks for you to feel a difference in latch and pain.

- Your next appointment at the clinic will be a few days following the frenotomy. During this short visit (approx 15 min), your baby’s frenotomy site will be examined, and some stretching exercises will be done. You will be given another appointment a week later, at which time we will observe a breastfeed, and examine the baby again.

- These visits are very important because they allow us to check whether the frenotomy has healed well, and evaluate how you are doing and how your baby is feeding.

- If you have any concerns, or your baby has more bleeding, is irritable or has a fever:

  - Please feel free to call the Breastfeeding Clinic during the week at 514-340-8222 local 3269.

  - If it is overnight or on a weekend, you may need to go to the emergency room of a hospital that sees babies (such as the Montreal Children’s Hospital or Ste Justine’s hospital) or contact your physician.

  - If you do go to an emergency room, please bring this information sheet with you, so that the doctors will know what kind of procedure your baby had.

The Goldfarb Breastfeeding Clinic receives referrals for tongue-ties from all over the Greater Montreal area and outer regions. About 10 to 15 procedures are performed every week. Each baby is evaluated carefully, and only those tongue-ties that are clearly interfering with breastfeeding will be treated. Sometimes, it takes a few visits to decide whether or not treatment is needed.

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