



Hôpital général juif
Jewish General Hospital

Herzl Family Practice Centre, Goldfarb Breastfeeding Clinic

Tongue-Tie or Ankyloglossia Patient handout

A tongue-tie (ankyloglossia) is membrane under the tongue extending further than usual towards the tip of the tongue.

Tongue-ties can cause problems with breastfeeding:

- Nipple pain
- Latch problems
- Poor weight gain.

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 re-attachment of the frenulum.

Not all tongue-ties need to be clipped, only those that are causing breastfeeding problems. Severe tongue-ties may also lead to speech problems, digestive problems and a higher risk of dental cavities in the future.

Consent form

You will be asked to sign a **consent form** before the frenotomy is done. The staff at the Breastfeeding Clinic are happy to answer any questions you may have about this condition and 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.

The frenotomy takes a few seconds and is done with the parents present. The baby goes straight to the breast afterwards, as breastmilk helps with healing and soothing. Many mothers feel less nipple pain and a better latch almost immediately.

For posterior tongue-ties, the frenotomy may cause a bit more pain and bleeding. We give the infant Acetaminophen (Tylenol™) before the procedure, and use topical Benzocaine gel (Orajel™) to freeze the area. Again, the frenotomy itself only takes a few seconds. Any bleeding is immediately stopped with pressure on the site for 1 to 2 minutes. The baby goes straight to the breast afterwards, as breastmilk helps with healing and soothing. The mother may or may not feel a difference right away, and it may take a couple of weeks to feel a noticeable difference in latch or nipple pain.

After the procedure

- The physician will examine your baby and make sure the bleeding has completely 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 under the tongue.
- If your baby is irritable or seems in pain during the next 24-48 hours, you may give him/her ____ mL of Acetaminophen (Tylenol™) for infants every 6 hours as needed.
- 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 exercises are important to do, and can be done 3 times a day, for a period of 10 seconds, 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 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 for about 10 seconds. This will prevent the frenotomy site from reattaching, allow proper healing and help the tongue move well.
 - 3) 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.
 - These exercises may cause some minor bleeding under your baby's tongue. If this happens, offer your breast to the baby immediately.
 - If these exercises make your baby irritable or seem painful, you may contact us, but they are still important to do.
- 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 turns 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 with us 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 longer appointment a week later, at which time we will observe a feed at the breast, 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 Montreal area. 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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