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## Tongue Tie

### What is tongue-tie?

A tongue frenulum is the tissue that attaches our tongue to the floor of our mouth. We are all born with one. In some babies, the frenulum attaches to the tip of the tongue; in others, it attaches further back. A tongue-tie is when the frenulum is short or tight. Approximately 10% of babies are born with a tongue-tie.

### How will this affect my baby?

Not all babies with a tongue tie will have problems; however, for some, it can cause problems in the following areas:

- Babies can have difficulty latching on to their mother's breast or staying attached. Babies may feed very slowly or very frequently and inefficiently. This can cause severe pain or sore nipples for Mum.
- Bottle feeds may take a long time as babies can only take in a small amount of milk. Changing the bottle teat does not usually seem to help.
- Babies may have excessive dribbling.
- Babies may have difficulty keeping a soother in their mouth.
- It is unknown if a tongue tie will affect your child's speech. Some children with problems speaking, particularly a lisp, have improvements in their speech when their tongue tie is divided. Many adults with a tongue tie have no difficulties in their speech.

### How is tongue-tie treated?

Dividing a tongue tie in babies under six months of age is a simple procedure which does not require pain relief or general anaesthetic.

The procedure is carried out in the ENT outpatients department. Following a discussion with you, you will be asked to leave the room, leaving your child with a member of staff for the procedure. During the procedure, which takes a few moments, a nurse will hold your baby to prevent them from wriggling. Most babies cry at this stage as they do not like to be held in this way; however, once they are no longer held tight, they usually stop crying. Pressure will be put under your child's tongue for a minute to stop any bleeding.



You then are brought back to your baby to breastfeed or bottle-feed them. You will be asked to remain within the ENT department for 20 minutes. Newborn babies may sleep throughout the procedure.

During the following days, you will notice the area under your child's tongue heal. On the second day, it may look like an ulcer, this is normal. This ulcer will heal in about two weeks.

If a child is older than six months or very active, the procedure will be carried out in theatre under general anaesthetic instead.

## **Risks of division tongue tie surgery**

Once babies start to feed, they usually settle very well and bleeding from the area stops. If there is any family member with bleeding problems, please tell your child's doctor before the procedure. There is a minimal risk of infection, approximately one in ten thousand.

- A small amount of blood in your baby's saliva is normal. If you are concerned, contact the ENT department.
- Rarely the tongue-tie can reform and may require revision surgery.
- In some children, releasing a tongue-tie may not improve their feeding or speech.

## **How do I care for my baby at home?**

You can feed and care for your child as usual at home. If your baby is unsettled at home, you might consider giving them Calpol for 2-3 days following the procedure.

## **Follow up**

Your child is usually discharged from the ENT Department and will not be seen again following this procedure.

## **ENT Nurse Specialists**

Mairead O'Leary, Kathy Roche, Dorothy Goslin, Jackie Howard, Heather Lehane

### **Contact Details**

Direct number between 8am-4pm 01 8784318

01 878 4200 Bleep 785

Outside these hours contact your local Emergency Department

or

D-Doc Monday -Friday 6pm - 8am Saturday, Sunday and Bank Holidays Open 24 hours 1850 22 44 77