

Tongue-Tie



Tongue-tie, also called ankyloglossia, is when your infant's tongue is unable to move in normal patterns due to a small band of tissue (frenulum) tying it to the floor of his mouth. Tongue-tie runs in certain families. The cause of this condition is unknown. Although there is controversy about the significance of this condition, mothers who breastfeed may run into difficulties that can be so severe that it limits the duration of breastfeeding. If you experience breastfeeding problems, first see a lactation consultant to determine if your issues can be remedied by advice on positioning and latch-on or other techniques. Then see a provider who is experienced in diagnosing and treating infants with a tongue-tie (pediatric ENT, pediatric dentist, pediatrician or oral surgeon).

Symptoms You May Notice:

- Sore nipples that occur quickly.
- Inability of the baby to latch-on to the breast or to stay attached to the breast.
- Infant weight loss or inability to gain weight.
- Reflux and/or colic.
- Heart shaped tongue.
- Blanching of the tongue when the frenulum is stretched.
- Infant cannot stick tongue out over lower gums or move tongue side to side to follow your finger in their mouth.
- Speech may be affected as the child begins to speak.
- Gap between lower or upper front teeth.
- Dental carries may occur when child gets teeth because his tongue cannot clean the teeth normally.
- Difficulty licking lips, licking a sucker or ice cream, kissing or playing a wind instrument.

Treatment Options

Frenotomy

This is a simple snip of the frenulum that can be done while your baby is in the hospital or your physician's office. There is usually minimal bleeding and the baby can breastfeed immediately after the procedure. In the first three months this procedure can be done without the use of anesthesia. In China, you

can have this procedure done without the use of anesthesia at the Beijing United Family Hospital and at Tianjin Shui Ge Hospital. Most hospitals in China will do a frenotomy under GA, in which case recovery will take longer.

Frenuloplasty

This is a more extensive procedure for a more severe tongue-tie and may require anesthesia and stitches.

Tongue Exercises

If your infant has a "clipping", exercises are often recommended to keep the area from re-attaching and to prevent scar tissue. With your clean finger, lift the tongue on both sides and gently massage the "white area" several times a day. Encourage your infant to stick his tongue out to mimic you.

Do Nothing

Some families may choose a "wait and see" approach to see if the tongue will grow and the frenulum will stretch over time. Get help from a lactation consultant for breastfeeding problems. It is possible that some of the conditions on the symptoms list will occur in the older infant.



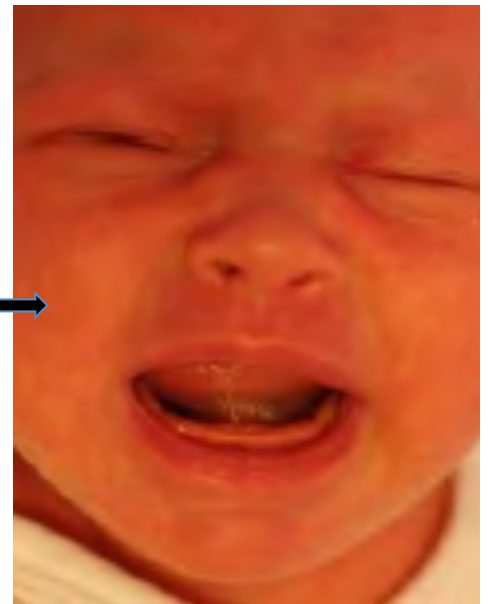
Different Types of Tongue-Tie

Tongue-ties are rated by how extensive they are and where they attach on the tongue and floor of the mouth.



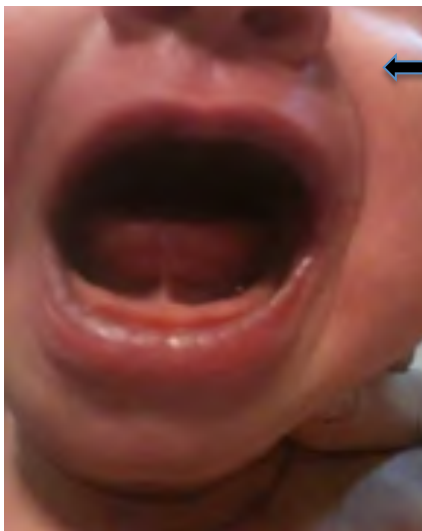
Type 1:

- Frenulum attaches to the tip of the tongue.
- May have a heart-shaped tongue.
- 100% attachment



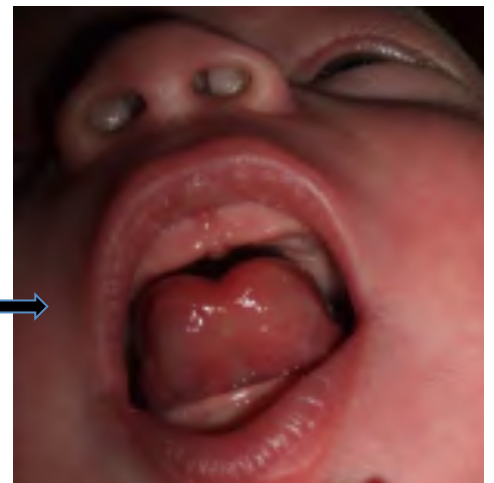
Type 2:

- Frenulum is 2-4 mm behind the tongue tip.
- Frenulum attaches on or just behind the alveolar ridge.
- 75% attachment



Type 3:

- Frenulum attaches to the mid-tongue and the middle of the floor of the mouth
- 50% attachment



Type 4:

- Frenulum attaches against the base of the tongue
- Thick, shiny and inelastic
- 0% attachment
- The tongue on the picture is heart-shaped, but most are not.

To view more pictures, go to:

http://www.tonguetie.net/index.php?option=com_content&task=view&id=12&Itemid=12

Labial Frenulum:

- Frenulum extends past the upper gums.
- Can cause wide spacing of teeth in older children.

