Simply Lactation
Personalized Breastfeeding Support

TONGUE AND LIP TIE
SYMPTOMS AND MANAGEMENT

What is a tongue tie?

Tongue tie (ankyloglossia) is a condition in which the lingual frenulum—the thin band of tissue connecting the tongue to the floor of the mouth—is unusually short, thick, or tight, restricting the tongue's movement.

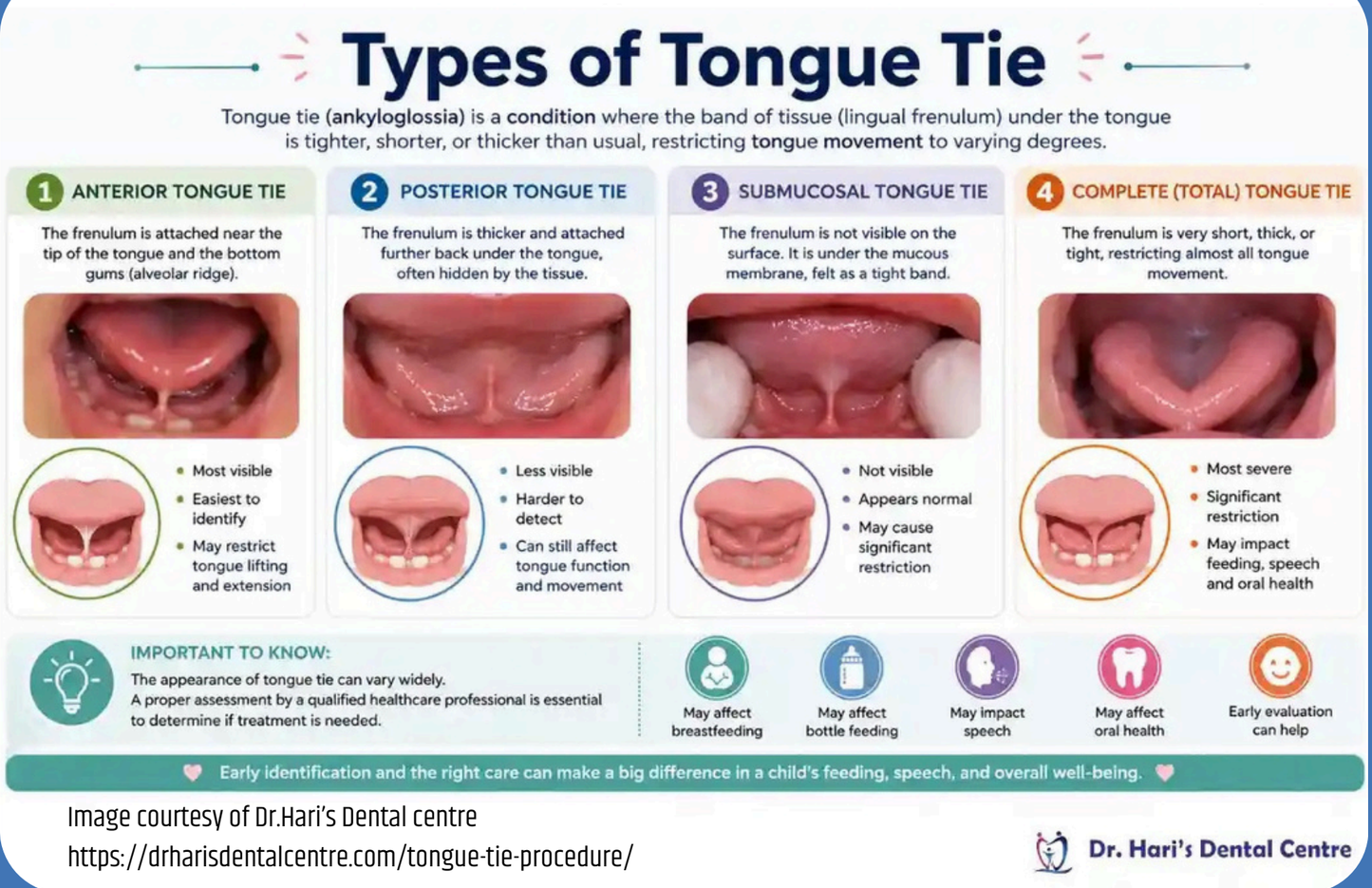
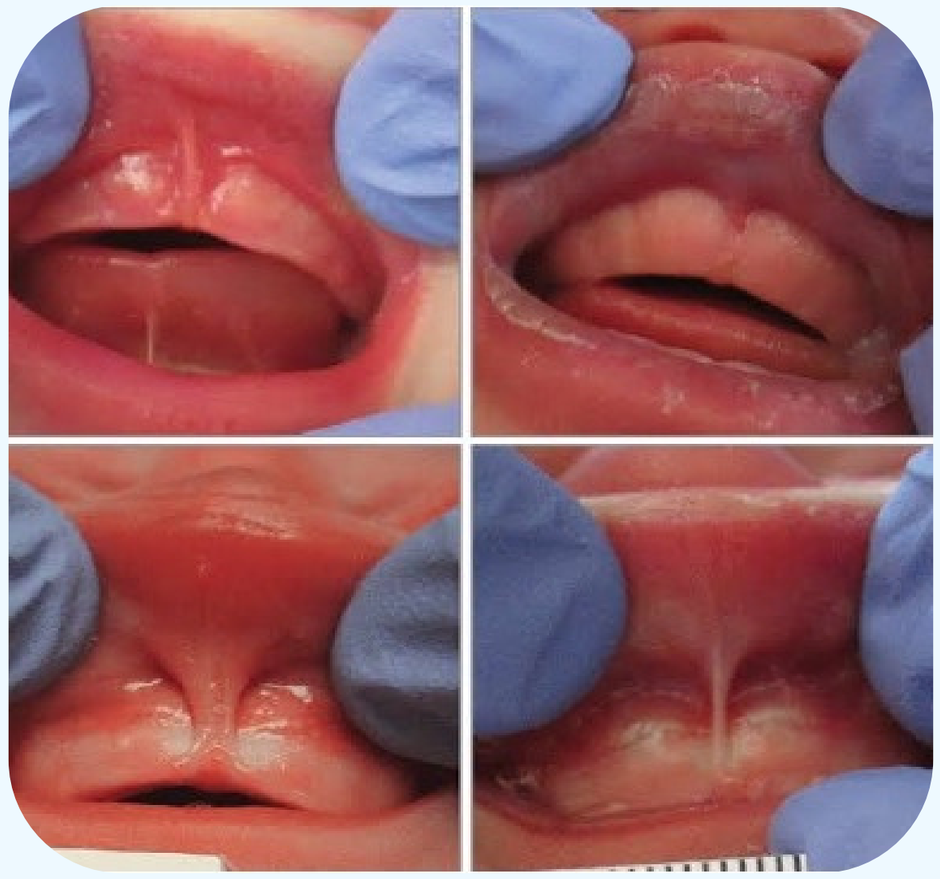


Image courtesy of Dr.Hari's Dental centre
https://drharisdentalcentre.com/tongue-tie-procedure/

Dr. Hari's Dental Centre

What is a lip tie?

A lip tie occurs when the labial frenulum is too tight or thick, preventing the upper lip from moving as it should. This can make it difficult for the lip to 'flange out' or move freely.



Management

- **Early detection :**A timely lip tie and tongue tie diagnosis can make a significant difference in your child's development.
- **Seek professional assessment:** A thorough assessment by qualified healthcare professional such as a paediatrician, lactation consultant, paediatric dentist, or an ear, nose and throat (ENT) specialist will help determine whether the oral restriction is contributing to feeding, speech, or oral function difficulties and whether treatment is indicated.
- **Follow treatment and postoperative instructions:** If a frenotomy or frenectomy is recommended, carefully follow all postoperative care instructions provided by your healthcare professional.
- **Consider supportive therapies:** Depending on your child's age and functional needs, additional therapies such as lactation support, orofacial myofunctional therapy, feeding therapy, or speech and language therapy may be recommended.

Signs and symptoms

- Breastfeeding difficulties
- Maternal nipple pain
- Poor milk transfer
- Clickling sounds during feeding

The effects of tongue tie and lip tie extend beyond feeding and speech, with important implications for oral health, craniofacial development, and airway function.

- Increased risk of dental diseases
- Altered jaw and palate development
- Midline gap between the front teeth
- Airway and breathing concerns

Treatment

In some infants, particularly those with a thin and flexible frenulum, the restriction may lessen over time or respond to conservative measures. However, if tongue tie is causing significant feeding difficulties, early intervention is often recommended.

***The primary treatment for tongue tie is a frenotomy (also known as a frenectomy in some cases),* a simple procedure that releases the restrictive lingual frenulum. In infants, this treatment can significantly improve breastfeeding by enhancing latch, increasing feeding efficiency, and reducing discomfort for both the baby and the breastfeeding parent.**

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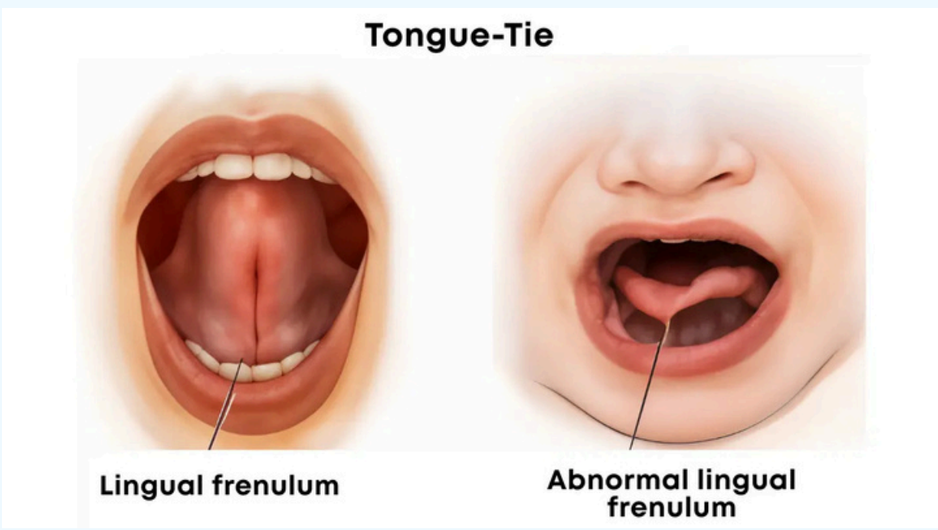
TREATMENT AND AFTER CARE

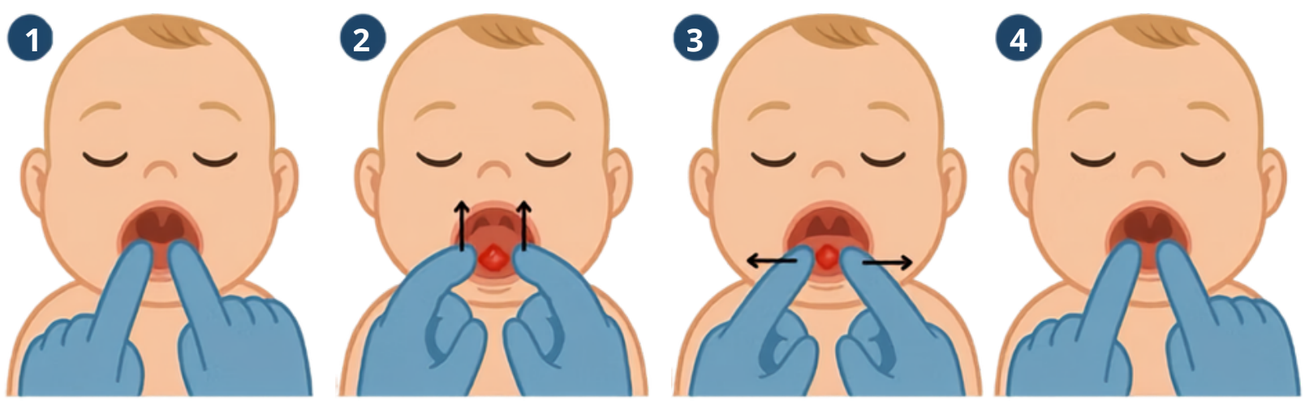
What happens during Frenectomy?

During the procedure, the infant is gently swaddled and stabilised to minimise movement. The tongue is carefully elevated, and the restrictive frenulum is released using sterile surgical scissors or a laser, depending on the clinician's technique and available equipment. **For infants younger than six months, a frenotomy is typically a quick procedure that can often be performed without general anaesthesia**. In older infants, children, and adults, the procedure may require local or general anaesthesia depending on the individual's age, the severity of the restriction, and the surgical technique used.

The procedure usually takes only a few minutes, with minimal bleeding and rapid recovery. Most infants are encouraged to breastfeed immediately after treatment, which provides comfort and allows the clinician to assess improvement in feeding.



Tongue Tie Stretch (Lingual)



Wash hands thoroughly and apply clean gloves.

Optional: Apply a small amount of coconut oil or breastmilk to your index fingers to help reduce friction.

Lift the tongue all the way up by pressing underneath with both index fingers to expose the diamond-shaped wound.

Hold for 1-2 seconds & release.

Pressing underneath the tongue again at the center, gently slide your index fingers across the width of the tongue, exposing the diamond-shaped wound.

Hold for 1-2 seconds & release.

Repeat 1-2 more times if baby is tolerating it well.

Lip Tie Stretch (Labial)

Wash hands thoroughly and apply clean gloves.

Optional: *Apply a small amount of coconut oil or breastmilk to your index* fingers to help reduce friction.

Lift the top lip all the way up by pressing underneath with both index fingers to expose the diamond-shaped wound.

Hold for 1-2 seconds & release.

Repeat 1-2 more times if baby is tolerating it well.

Benefits of treatment

- Improved feeding
- Enchanced speech
- Better oral health
- Improved eating function
- Improved airway function and sleep
- Enchanced overall wellbeing

Post care treatment

- **Pain management:** Mild pain, tenderness, and swelling are common during the first few days after treatment. These symptoms can usually be managed with age-appropriate doses of paracetamol or ibuprofen, as advised by the treating clinician. Cold compresses applied externally to the affected area during the first 24 hours may help reduce swelling.
- **Oral hygiene:** Good oral hygiene should be maintained throughout the healing period. Teeth should be brushed gently using a soft-bristled toothbrush while avoiding excessive trauma to the surgical site. Warm salt-water rinses (¼ teaspoon of salt dissolved in a glass of warm water) two to three times daily may be recommended for older children and adults to promote healing. Alcohol-containing mouthwashes should be avoided unless specifically prescribed.
- **Diet:** Soft, cool, and non-irritating foods are recommended for the first few days. Hot, spicy, acidic, crunchy, or hard foods should be avoided until healing progresses. Drinking through a straw may also be discouraged initially, as suction can disrupt the healing tissues.
- **Normal wound appearance:** A white or yellowish layer commonly develops over the treatment site during healing. This represents normal fibrin formation (granulation tissue) and should not be mistaken for infection or removed.
- **Stretching exercises:** The treating clinician may recommend specific tongue and/or lip stretching exercises to reduce the likelihood of reattachment and promote optimal mobility. These exercises should be performed exactly as instructed. For infants, gentle wound massage using a clean finger, and in some cases breast milk or another clinician-recommended lubricant, may be advised.
- **Activity:** Normal activities can usually be resumed as tolerated; however, strenuous physical activity should be avoided for several days to support healing.
- **Monitoring recovery:** Temporary changes such as increased drooling, mild fussiness, or short-term feeding adjustments are common, particularly in infants adapting to improved tongue mobility. Parents and caregivers should contact their healthcare provider if excessive bleeding, increasing swelling, fever, signs of infection, or persistent feeding difficulties occur.

Stretching and oral motor exercises can improve flexibility, mobility, and oral function, but they do not remove or permanently change the restrictive tissue itself.

For babies with mild restrictions, a consistent exercise programme may be enough to support comfortable feeding and healthy oral development. However, babies with more significant restrictions—particularly those experiencing persistent feeding difficulties, poor weight gain, ongoing nipple pain during breastfeeding, or markedly limited tongue movement—may benefit from a frenotomy or frenectomy, procedures that release the restrictive tissue.

Exercises and surgical treatment are often complementary rather than alternatives.