

Patient information

Ankyloglossia

What is ankyloglossia?

Ankyloglossia (more commonly known as tongue-tie) is a condition in which the strip of skin (frenulum) connecting an individual's tongue to the floor of their mouth is shorter than usual. It is present from birth and restricts the tongue's range of motion resulting in functional problems.

What is the cause?

The cause of ankyloglossia is largely unknown, although it can be associated with certain genetic factors. It is more common in boys than girls.

What are some of the signs and symptoms?

The tongue cannot be stuck out past the lower front teeth and appears notched or heart-shaped when stuck out. It cannot be moved from side to side nor to the upper teeth.

- It can affect a baby's **oral development** as well as how they eat, speak and swallow.
- Ankyloglossia can be diagnosed during a baby's newborn physical examination; however, it may not be obvious until there are problems with feeding.
- It can lead to **breast-feeding problems** that can result in significant nipple pain and interfere with a baby's ability to get breast milk.
- Ankyloglossia can cause **speech difficulties** as it interferes with the ability to make certain sounds such as "t", "d", "z", "s", "th", "r" and "l".
- **Poor oral hygiene** may occur due to difficulty sweeping food debris. A **diastema** (gap between the two bottom front teeth) may also form.

What treatment is required?

In most cases, no treatment is required as the ankyloglossia does not impact the individual to any great extent. Some may resolve spontaneously over time. Conservative treatment including massaging and exercising may be advised. However, if necessary, it can be treated with surgery to release the frenulum; this is called a frenotomy.

What does this procedure involve?

In a frenotomy, sterile scissors are used to cut the frenulum. In early infancy, it is performed whilst awake with or without local anaesthetic. Older infants may require a general anaesthetic. The procedure is quick with minimal discomfort and bleeding as there are very few nerve endings and blood vessels in the area.

What are the alternatives?

The alternative to frenotomy is no treatment. A more extensive procedure, such as a frenuloplasty where the frenulum is cut in a Z-shape to, may be required if additional repair is needed or if the frenulum is too thick to allow greater release of the tongue.

What are the potential risks and side effects?

Complications are rare. They include bleeding, infection, ulcer or damage to the tongue or neighbouring salivary glands. It is possible to have scarring or for the frenulum to reattach.

How will I feel afterwards?

Usually, a baby can breast-feed immediately following the procedure. The area beneath the tongue will feel uncomfortable for a couple of days. It may be necessary to give simple age-appropriate analgesia e.g. Calpol.

How long will I be in the hospital?

You are usually able to leave the hospital on the same day as the procedure.

Will I have to come back to the hospital?

Your doctor may wish to review you a few months following the procedure to assess the area and to ask how symptoms have improved.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

NICE Guidance, [nice.org.uk/](https://www.nice.org.uk/)

For further information, discuss this leaflet with a member of the Oral & Maxillofacial team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr C J Surwald - Maxillofacial Consultant.

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The directorate group that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery - Outpatients:

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