

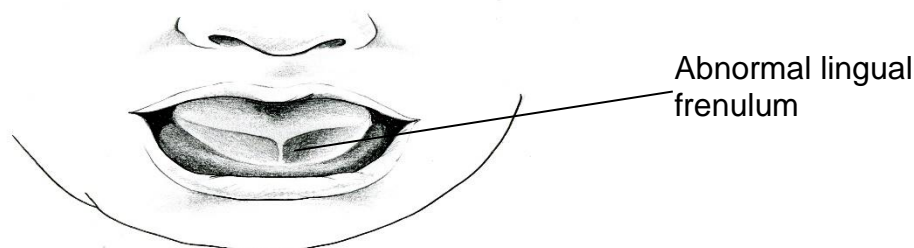
Tongue-Tie

This leaflet provides information about your baby's diagnosis with a possible tongue-tie. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.

What is tongue-tie and why has my baby got it?

Tongue-tie is a condition where the fold of skin which connects the tongue to the floor of the mouth (the frenulum) is shorter than normal. The medical term for this is ankyloglossia.

It can range from a mild form where there is just a thin mucous membrane holding the tongue down to more severe cases where the tongue is completely fused to the floor of the mouth.



Sometimes tongue-tie has no symptoms and resolves itself as the baby grows and the tie stretches.

If the tongue-tie makes it hard for the baby to latch on to the breast, breastfeeding may be hard and may cause sore nipples. If this affects feeding and the weight gain of the baby, the mother may feel she has to stop breastfeeding.

There is no evidence that a child who has a tongue-tie is more likely to have speech problems as they get older.

What treatments are available?

The tongue-tie can be cut. This is known as division, release of tongue-tie or frenulotomy.

Why should my baby have their tongue-tie released?

Having a tongue-tie release can:

- make it easier for your baby to latch on and for you to breastfeed
- mean there is less nipple pain and soreness
- lower the risk of your baby not gaining enough weight.

The National Institute for Health and Care Excellence (NICE) says that tongue-tie division is a safe procedure with evidence that it can improve breastfeeding. However, while surgery can help it may not solve all breastfeeding problems. If problems continue, please contact your midwife, health visitor or lactation advisor.

What are the risks?

There are risks with all procedures but with tongue-tie division complications are rare.

There is a small risk, about two per cent of your baby developing a small ulcer under the tongue which normally goes away within two days.

There is also a small chance of bleeding, which can normally be stopped by applying direct pressure under the tongue.

In rare cases, the tongue-tie can happen again and in very rare cases the tongue or the ducts underneath it that help to remove saliva may be damaged.

Asking for your consent

It is important that you feel involved in decisions about your baby's care. Once everything has been explained to you, you will be asked for verbal consent for this procedure to be carried out. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during tongue tie release?

The short, tight piece of skin that connects the underside of your baby's tongue to the floor of their mouth will be cut using a pair of sterile scissors.

A piece of sterile gauze is then put under the tongue to apply pressure and absorb any bleeding.

Parents will be asked to wait in the consulting room and the specialist will take your baby to the treatment room to carry out the procedure. Your baby's head will be stabilised to allow the procedure to be done quickly. Your baby will then be brought straight back to you.

Will my baby feel any pain?

Your baby will feel a small amount of pain – about the same as when they had their heel prick blood test. Babies are often more upset by having their head stabilised than by the actual procedure. They can soon be comforted by a cuddle.

What happens after my baby's tongue tie is released?

After the tongue-tie is released your baby will be brought straight back to you and we ask that you feed your baby. This will comfort them and will apply pressure to the wound which should stop any bleeding.

We will observe you for about 10 minutes. Your baby's mouth will then be checked and you will be able to leave.

Will my baby have a follow-up appointment?

No follow-up is needed. If you are worried or still have problems breastfeeding, contact your GP, midwife or health visitor.

Useful sources of information

The National Institute for Health and Care Excellence (NICE) has published the following guideline on tongue-tie:

www.nice.org.uk/guidance/IPG149

Contact us

If you have any questions or concerns about tongue tie release, please contact the plastic surgery department on 020 8725 1134 (Monday to Friday, 9am to 5pm). Out of hours, please contact the on call plastic surgery senior house officer via the hospital switchboard 020 8672 1255.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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