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The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## Tongue tie division (page 1 of 2)

Some babies do not like having their tongue stretched when they have a tongue tie as this causes them pain. For this reason they self limit their tongue movement and consequently do not latch properly, causing nipple pain, fussiness at the breast, frequent feeds, dissatisfaction after feeds, slow or static weight gain and in some cases severe weight loss.



The frenulum is an insensitive area that doesn't have any nerve endings, therefore no pain relief is offered for the procedure; which is best done when your baby is hungry. Your baby will be wrapped in a blanket to reduce movement. It is necessary for babies to have had a Vitamin K injection following birth. Babies experience the procedure differently and usually settle quickly once they are reunited with you and begin to feed. The rapidly absorbed sugars present in breast milk are a very effective pain reliever.

We put the baby to the breast (or offer a bottle feed) straight away

- to stop any bleeding,
- to see if there is any difference in feeding and
- to demonstrate that we have not hurt your baby.

The potential risks of tongue tie division are bleeding and recurrence.

### Aftercare

#### Bleeding

The amount of bleeding following a tongue tie division is normally just a few drops. Some babies bleed a little more, but feeding helps to stop this. Tongue tie divisions are always carried out by a competent practitioner who is able to deal with prolonged bleeding should it occur.

Some babies may swallow a little blood and this may cause them to vomit slightly brown or red stained fluid and/or there may be some black or grey flecks in baby's stools/nappy for a day or so. Again this is normal, and is a result of baby swallowing a little blood. This is the same as if babies swallow blood from cracked bleeding nipples.

To prevent your baby accidentally poking the wound and causing it to bleed a little it is best that you keep scratch mittens on or a sleep

suit with mittens at the end of the sleeves for a couple of days following the procedure. However always take the mittens off during the feed so the baby can touch the breast if they want to.

If the wound does bleed after you have left the surgery then initially offer a feed, or apply firm pressure with your finger to the wound for 5 – 10 minutes. However, in the unlikely event of continued bleeding, then the baby should be taken to A&E.

### Recurrence and late scarring

Following tongue tie division, under the baby's tongue will be a small red diamond shape patch which can vary in size from approximately 4-10mm.

This becomes white or yellow as it heals, this is normal healing of tissue in the mouth and is not an infection.

Recurrence of tongue tie in the majority of cases is not due to the membrane 'growing back', but the diamond shaped wound of the tongue tie division adhering/sticking, scarring and then the resultant scar tissue contracting.

To ensure the best outcome of tongue tie division it is necessary to try and ensure that the wound heals without scar tissue. As soon as the frenulum is divided the tissue is triggered to initiate a very rapid healing phase, it is however more desirable if the wound heals slowly to maintain the newly created additional tongue mobility.

After 2 days encourage your baby to move his/her tongue by stroking the upper and lower lips, putting your clean finger in the mouth on to the ridge (not touching the white patch at all) and moving slowly from side to side to encourage sideways movement. Do this until the whitish/yellow patch has completely gone

### **What to expect after tongue tie division**

Following the procedure some mothers find an immediate improvement in feeding. For others it will take longer, sometimes weeks or more for feeding to improve as your baby acquires new skills to breastfeed. With a tongue tie both you and your baby have had to adapt to work around your difficulties. After the procedure, it can take some time for you to gradually change from the use of, for example, nipple shields, finger or syringe feeding, feeding expressed breast milk or artificial milk, whilst your breastfeeding gradually improves. It is fine to continue using nipple shields if you want to.

**It is important that you view tongue tie division as part of a plan to improve your feeding; it is not always an instant fix.**

Some babies are a little unsettled for 1 - 2 days after the procedure, as they learn to use their tongue with its new movement. Some may feed more frequently which can make the breasts feel engorged again until they adapt to the stronger more effective latch.

This is all normal, but if you are worried then please contact 01722 425184 for advice.