

# Surgery for the Treatment of Tongue-tie

## Scope

This policy covers surgery for the management of patients with ankyloglossia (Tongue-tie).

## Policy

**It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria and for indications other than feeding difficulties (for example speech problems), clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: *Click policies to access the CCG clinical policies web page: [policies](#) - select the Tongue-tie Policy drop down option to access the referral proforma.***

Tongue-tie surgery will be funded in cases of tongue-tie where the following criteria are met:

- infants aged 0 to 4 months; **AND**
- being breast-fed; **AND**
- experiencing breast-feeding problems resulting in sore nipples, mastitis, poor infant weight gain or dehydration because of tongue-tie.

**Tongue-tie surgery will not be funded to prevent feeding problems in the absence of documented feeding difficulty.**

## Evidence and Rationale

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum; the tip of the tongue cannot be protruded beyond the lower incisor teeth. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth. Breast-feeding difficulties may arise as a result of the inability to suck effectively, causing sore nipples and poor infant weight gain<sup>1</sup>.

NICE IPG 149 suggests that if breast-feeding difficulties are due to tongue-tie, surgical division of tongue-tie may enable the mother to continue breast-feeding rather than having to switch to artificial feeding, however, the quality of the evidence is low<sup>1,2</sup>.

Many tongue-ties are asymptomatic and do not require treatment; some may resolve spontaneously over time. If the condition is causing problems with feeding, conservative treatment includes breast-feeding advice, counselling and massaging the frenulum.

The World Health Organisation (WHO) and the United Nations International Children's Emergency Fund (UNICEF) recommend breast-feeding exclusively for the first 6 months of life. Breast-feeding is associated with less infections, higher IQ, school attendance, and higher income in adult life<sup>3</sup>.

If division of the tongue-tie is performed in early infancy, it is usually performed without anaesthesia, although local anaesthetic is sometimes used. The baby is swaddled and supported at the shoulders to stabilise the head and sharp, blunt-ended scissors are used to divide the lingual frenulum. There should be little or no blood loss and feeding may be resumed immediately<sup>1</sup>. The quality of evidence for tongue-tie surgery for indications other than breast-feeding is low<sup>4,5</sup>.

## Numbers of People Affected

The prevalence of ankyloglossia is estimated at between 2.1% and 10.7%<sup>4</sup>, however, definitive incidence and prevalence statistics are not known because of a lack of standard criteria for diagnosis.

## References

1. NICE: <https://www.nice.org.uk/guidance/ipg149>
2. Francis D O, Krishnaswami S, McPheeters M. Treatment of Ankyloglossia and Breastfeeding Outcomes: A Systematic Review, Pediatrics 2015;135 (6)
3. Victora C G, Bahl R, Barros A J, França G V, Horton S, Krasevec J, Murch S, Sankar M J, Walker N, Rollins N C. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet Breastfeeding Series Group. Lancet. 2016 Jan 30;387(10017):475-90.
4. Suter V G, Bornstein M M. Ankyloglossia: facts and myths in diagnosis and treatment. J Periodontol. 2009;80(8):1204–1219
5. Chinnadurai S, Francis D O, Epstein R A, et al. Treatment of Ankyloglossia for Reasons other than Breastfeeding: A Systematic Review. Pediatrics 2015; 135(6): e1468-1474

## Glossary

**Ankyloglossia:**

also known as tongue-tie, is a congenital oral anomaly that may decrease mobility of the tongue tip and is caused by an unusually short, thick lingual frenulum, a membrane connecting the underside of the tongue to the floor of the mouth.

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<b>Reference:</b>	R:\CPF Pols & working Area\Surg Threshold Pols - Draft and Agreed\CCG Policies\TONGUE-TIE\Agreed\ TONGUE-TIE DEC 2016 V1 - reclassified