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Pediatric Dentistry

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Tongue-tie (Ankyloglossia) and Lip-tie (Lip Adhesion)

Most of us think of tongue-tie as a situation we find ourselves in when we are too excited to speak. Actually, tongue-tie is the non-medical term for a relatively common physical condition that limits the use of the tongue, ankyloglossia. Lip-tie is a condition where the upper lip cannot be curled or moved normally.

Before we are born, a strong cord of tissue that guides development of mouth structures is positioned in the center of the mouth. It is called a frenulum. As we develop, this frenulum recedes and thins. The lingual (tongue) or labial (lip) frenulum is visible and easily felt if you look in the mirror under your tongue and lip. In some children, the frenulum is especially tight or fails to recede and may cause tongue/lip mobility problems.

The tongue and lip are a very complex group of muscles and are important for all oral function. For this reason having tongue-tie can lead to nursing, eating, dental, or speech problems, which may be serious in some individuals.

When Is Tongue and Lip-Tie a Problem That Needs Treatment?

- Infants

A new baby with a too tight tongue and/or lip frenulum can have trouble sucking and may have poor weight gain. If they cannot make a good seal on the nipple, they may swallow air causing gas and stomach problems. Such feeding problems should be discussed with Dr. Sierra. Nursing mothers who experience significant pain while nursing or whose baby has trouble latching on should have their child evaluated for tongue and lip tie.

Although it is often overlooked, tongue and lip tie can be an underlying cause of feeding problems that not only affect a child's weight gain, but lead many mothers to abandon breastfeeding altogether.

-In Toddlers and Older Children

Speech

While the tongue is remarkably able to compensate and many children have no speech impediments due to tongue-tie, others may. By the age of three, speech problems, especially articulation of the sounds - l, r, t, d, n, th, sh, and z may be noticeable. Evaluation may be needed if more than half of a three–year–old child's speech is not understood outside of the family circle. Although there is no obvious way to tell in infancy which children with ankyloglossia will have speech difficulties later, the following associated characteristics are common:

- V-shaped notch at the tip of the tongue
- Inability to stick out the tongue past the upper gums
- Inability to touch the roof of the mouth
- Difficulty moving the tongue from side to side

As a simple test, caregivers or parents might ask themselves if the child can lick an ice cream cone or lollipop without much difficulty. If they cannot, then it may be time to consult Dr. Sierra or another specialist in tongue/lip tie.

Dental

For older children with tongue-tie, appearance can be affected by persistent dental problems such as a gap between the top or bottom two front teeth. The frenum can also pull against the gingiva (gums) on the front or back of the teeth causing recession. In addition to the esthetic problem, this can lead to sensitivity and pain. The tight lip frenulum may trap food, plaque, and bacteria against the teeth. This is a major factor in Early Childhood Caries (nursing/bottle cavities).

Tongue-tie & Lip-tie Revision Procedure

Tongue-tie and Lip-tie revision is a simple procedure and there are normally no complications. The procedure may be performed as early as the day of birth. The revision can be performed in our office or in the hospital room/nursery before discharge. There are anesthesia options for some children if you desire.

Dr. Sierra uses a LASER to perform the revision. A cream to numb the area can be applied for comfort. Older children who understand the procedure usually report no pain at all during the procedure. Younger children and babies usually object and cry. This is usually a

response to being with their mouth open. The parents are invited to hold the child or wait outside of the room during the quick procedure. The choice is a personal one.

The laser gently removes the frenum tissue with virtually no bleeding. Stitches are usually not required. The baby is allowed to nurse or feed immediately after the procedure!

After the Procedure

Pain, Bleeding and Appearance

The discomfort from lip and tongue-tie release usually only lasts for about 24 hrs, although in older children the discomfort may last about 48 hrs. If a lip-tie was released, you may notice some swelling of the lip for a few days after the procedure. For babies, breastfeeding and skin-to-skin contact provide natural pain relief, however your child may need something for pain for the first 24-48 hrs. Acetaminophen (Tylenol), and homeopathics are both effective forms of pain relief. What you give is a personal decision based on what you are most comfortable with. If you are giving medication, please check with Dr. Sierra or your pharmacist for the appropriate dose and to make sure that the medication is right for your child. Remember that dosages should be based on a child's weight, not age. Children under the age of 2 months should not be given ibuprofen (Motrin/Advil) and children should never be given aspirin due to the risk of Reye's syndrome. Topical numbing ointments containing benzocaine (ex. Orajel/Anbesol) should not be used due to health risks.
There is usually very little bleeding with tongue and lip-tie revision, especially if a laser is used. If your child experiences any bleeding after the procedure, direct pressure on the area should quickly stop it. The areas where the ties were revised will be white or yellowish in appearance, This is normal healing and is not an indication of infection. Full healing takes a few weeks.

Stretching Exercises

Stretching exercises after lip and tongue-tie release help to reduce the risk of reattachment and the need for further procedures. You will begin stretching exercises on the day of the procedure, stretching 6 times in 24 hours. Stretches should be quick, you only need to hold them for 3-5 seconds. We will show you how before the procedure. Children usually don't like the stretches, and they may cry or fuss but they should calm down quickly once you are done.

Results

One of the most important things to understand when your child has a tongue and/or lip-tie revised is that *improvement is rarely immediate*. The revision of the frenulum is usually just the first step. Your child will need some time to figure out what to do with the new mobility of their tongue and lip.

The tongue is a muscle, and it becomes used to functioning in a certain way just like any other muscle in the body. When tongue function is restricted by a tongue-tie, the body adapts. Since the tongue isn't able to function the way it's supposed to, other muscles have to help compensate. In turn, the muscles that are compensating for the restricted tongue function now aren't doing their job properly, so more muscles have to help compensate. When a tongue-tie is released, the child has no muscle memory of how to use their tongue without the restriction. It takes time for the brain to figure out how to use it effectively once the tie is released.

Babies:

As mentioned above, it is very normal to not notice much difference in nursing to start with. Sometimes there may even be a little bit of regression in sucking (things get worse instead of better) for a day or two as your child's brain tries to sort out how to use their tongue now that the restriction is gone. If you have been pumping and/or supplementing prior to the release of your child's tongue and/or lip-tie, any changes to your routine should be made very gradually as you keep an eye on your baby's weight gain.

Should you have any questions or concerns, please contact our office at 813-889-0780. After hours you may contact Dr. Sierra through the answering service. You may also email Dr. Sierra at Frank@SierraDMD.com.

Baby Welcome Packet

We would like to welcome you and your child to our office. Our practice goal is to improve the lives of children by optimizing their oral health which will benefit their overall wellness. We will accomplish this state of the art treatment with a friendly approach focusing on the child's special needs.

Patient Information

Name: ______________________________________

Nickname: ______________________________________

Date of Birth: ________________ Male___ Female___

Social Security #______________________________________

Home Address:____

____

Parent/Guardian Information

Name: ______________________________________

Relationship to patient:_________________________________

Home Address (if different):______________________________

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Phone numbers: Home:______________ Work: ______________ Mobile: ______________

Email address: ____

Dental Insurance Information

Insurance Company Name: ______________________________ Group# ______________

Insurance Company Phone: ______________________________

Insured Name: ____ Relationship to patient:_____________

Insured SSN: ____ Insured Date of Birth:______________

Insured Employer:______________________________________

Referred by: ____

Medical History

Birth History:
( ) Full Term Birth or ( )Premature Birth __________ weeks
Any birth complications? ( )No ( )Yes: ____
Any medical issues after birth? ( )No ( )Yes:__________________________________
Hospital/Birthing Center/Home birth:____
Birth Weight: __________ Current Weight: __________

Breast Feeding ( )yes ( )no Bottle Feeding ( )no ( )yes -Breastmilk /Formula ________
Breastfeeding Problems:
( ) Latch Issues ( ) Milk Transfer Issues ( ) Excessive Air/Gas ( ) Lip Blister
( ) Staying on Breast ( ) Long BF Sessions ( ) Feeding Frequency ( ) Reflux
( ) Maternal Pain/Symptoms ____
Lactation Consultant ____

Has your child had any of the following conditions?

( ) Anemia
( ) Asthma or Lung Problems
( ) Kidney Disease
( ) Bleeding Disorder
( ) Cerebral Palsy
( ) Cleft Lip/ Cleft Palate
( ) Delayed Development
( ) Heart Condition
( ) Failure to Gain Weight
( ) HIV
( ) Hearing Impairment
( ) Jaundice
( ) Sickle Cell Anemia

Any problems not listed above ()No ()Yes:____

Please list all medications your child is currently taken: ()None
____

Is Your Child ALLERGIC or has your child had an ADVERSE REACTION to any medication?
( )No ()Yes: ____
Surgeries or Anesthesia History: ()none
Any history of life-threatening anesthesia complications in the family? ( )No ()Yes:
____
Primary Physician/Pediatrician:____
Other Physicians/Specialists:____

I understand that the information that I have given is correct to the best of my knowledge and it is my responsibility to inform the office of any changes in my child's medical status.

Date: ______Parent/Guardian Name______________________Signature______________________________