

TONGUE TIE & LIP TIE

Release Procedure

Tongue-tie and lip-tie release is a simple procedure with minimal complication. The laser allows for excellent visualization and precision during the procedure to achieve a full release of all fibers, which typically does not happen with scissors. The procedure may be performed as early as a couple of days after birth and can be performed into adulthood. Typically, once a problem with a tongue-tie or a lip-tie has been discovered, the sooner it is addressed the better the procedure will work and the less issues the child will have.

The procedure can be performed in our office with numbing jelly. Dr. Bri uses the highest quality, state-of-the-art CO2 laser to perform the release. Older children who understand the procedure receive some numbing medicine and often report no pain at all during the procedure. Younger children and infants often cry more due to being scared that we are working in their mouth versus actual pain.

The laser gently removes the tight tissue with typically minimal bleeding, no stitches and no sedation or general anesthesia. Most of the time, the release procedure only takes about 20 seconds or less. The baby is allowed to nurse immediately after the procedure, and older children often notice an immediate difference in mobility of the tongue. Often speech is improved within a few minutes to a few weeks, but speech therapy is required to achieve optimal results.



Results

One of the most important things to understand when your child has a tongue and/or lip-tie release is that improvement is team effort. The release of the frenum is just one piece of the puzzle. Your Child will need some time to figure out what to do with the new mobility of their tongue and lip so support from other professionals like lactation consultants, speech therapists, and myofunctional therapists, is key to the success of the treatment.

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. It takes time for the brain to figure out how to use the tongue effectively once the tie is released.

For infants, often the mother notices a difference immediately, but it is also normal to not notice much difference in nursing right afterward. Sometimes there may even be a little 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 now now that the restriction is gone. Some babies may need chiropractic care and/or guidance from a lactation consultant to address other issues that can affect breast feeding.

If you have any questions or wish to schedule an appointment, please contact us:

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NORTHWEST
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TONGUE & LIP TIE



What exactly is Tongue-tie & lip-tie?

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 or lower lip has restricted mobility and function. As we develop in the womb, a tight string of tissue called a frenum is supposed to recede and thin under the tongue and lip. The frenum is visible and easily felt if you look in the mirror under your tongue and lip. Everyone has a frenum, but in some people, the frenum fails to recede and is too tight, thick, or short and causes mobility problems.

The tongue and lip are a very complex group of muscles and are important for all oral functions. For this reason, having a tongue-tie can lead to nursing, bottle feeding, dental, speech, sleep and solid feeding issues.

Infant Issues

Baby's Issues

- Poor latch
- Milk dribbles out of mouth
- Poor weight gain
- Baby is frustrated when eating
- Reflux or spitting up often
- Unable to hold a pacifier
- Clicking or smacking noises
- Prolonged nursing sessions
- Gassy or Fussy often

Mother's Issues

- Painful nursing
- Incomplete breast drainage
- Creased or flattened nipples
- Plugged ducts or mastitis
- Blistered or cut nipples
- Using a nipple shield

Infants with Feeding Difficulties

A baby with a tongue and/or lip tie 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, colic and reflux or spitting up. You may hear clicking noises when the baby is taking the breast or a bottle. 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. It can also cause thrush, mastitis, nipple blanching, bleeding or cracking in the mother and inability to hold a pacifier.

Sometimes a tongue-tie can be "hidden" or "posterior" and can be difficult to diagnose but still cause the same issues as a more visible to-the-tip tie. A tongue and lip-tie can very often be an underlying cause of feeding problems that not only affect a child's weight gain but lead many mothers to abandon breastfeeding altogether. Many times, after releasing the tongue and/or lip, mothers report immediate relief of pain and a deeper latch. The symptoms of reflux, gassiness and colic may also disappear and weight gain may occur rapidly.



Tongue ties come in all different varieties. Some are more obvious and to-the-tip while others are more hidden or posterior. More important than the appearance is the mother's and the baby's symptoms.



In Toddlers and Older Children

Some children are able to compensate and have no noticeable speech errors due to tongue-tie, but many struggle to adapt. Tongue-tied children often struggle with R, L, S, TH, SH, and Z sounds. Some children with tongue-tie may have a lisp, talk softly (mumble) or slowly, or even have a speech delay. Evaluation by a speech therapist, should be considered if your child is trying to talk to you or others, but is difficult to understand.

Tongue-tie can also cause difficulty chewing and swallowing food and liquids. Inefficient eating behaviors such as choking, gagging, packing food in the cheeks, or spitting out food can indicate the presence of a tongue-tie. The child may eat slowly or be picky with textures such as meats or mashed potatoes. Even a "hidden" posterior tongue-tie can cause these same speech and feeding issues in children, which often resolve after a release.

Some children may sleep restlessly and wake easily or snore from a tongue-tie. Often after treatment, children sleep more peacefully, snore less, and feel more rested.

Physical appearance of the frenum is not always an indication of what symptoms may arise later in life. The ability to stick the tongue out does to rule out the presence of a tongue-tie. However, some physical characteristics are commonly associated with speech, feeding, and sleep issues.

These include:

- Inability to elevate the tongue to the palate with mouth open wide.
- Heart-shaped tip of the tongue.
- A thick tight string under the tongue.
- Difficulty moving the tongue from side to side.



Children's tongue-ties can appear very tight or only mildly tight. The child's function and symptoms are more important than the appearance.

