

## **Eastern Connecticut Ear, Nose & Throat, P.C.** **Patient Information**

### Tongue-tie (Ankyloglossia)

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.

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. After birth, the lingual frenulum continues to guide the position of incoming teeth. As we grow, it recedes and thins. This frenulum is visible and easily felt if you look in the mirror under your tongue. In some children, the frenulum is especially tight or fails to recede and may cause tongue mobility problems. The tongue is one of the most important muscles for speech and swallowing. For this reason, having tongue-tie can lead to eating or speech problems, which may be serious in some individuals.

#### **WHEN IS TONGUE-TIE A PROBLEM THAT NEEDS TREATMENT?**

##### **In Infants**

##### **Feeding**

A new baby with a too tight frenulum can have trouble sucking and may have poor weight gain. Such feeding problems should be discussed with your child's pediatrician who may refer you to an otolaryngologist-head and neck surgeon (ear, nose, and throat specialist) for additional treatment.

*NOTE: Nursing mothers who experience significant pain while nursing or whose baby has trouble latching on should have their child evaluated for tongue tie. Although it is often overlooked, tongue tie can be an underlying cause of feeding problems that not only affect a child's weight gain, but lead many mothers to abandon breast feeding 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. Around 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 the answer is no, they cannot, then it may be time to consult a physician.

##### **Appearance**

*www.easternctent.com*

Willimantic 860.456.0287

Norwich 860.886.6610

Colchester 860.537.1903

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For older children with tongue-tie, appearance can be affected by persistent dental problems such as a gap between the bottom two front teeth. Your child's physician can guide you in the diagnosis and treatment of tongue-tie. If he/she recommends surgery, an otolaryngologist-head and neck surgeon (ear, nose, and throat specialist), can perform a surgical procedure called a frenulectomy.

### **TONGUE-TIE SURGERY CONSIDERATIONS**

Tongue-tie surgery is a simple procedure and there are normally no complications. For very young infants (less than six-weeks-old), it may be done in the office of the physician. General anesthesia may be recommended when frenulectomy is performed on older children. But in some cases, it can be done in the physician's office under local anesthesia. While frenulectomy is relatively simple, it can yield big results. Parents should consider that this surgery often yields more benefit than is obvious by restoring ease of speech and self-esteem.