

Humber, Coast and Vale Local Maternity System

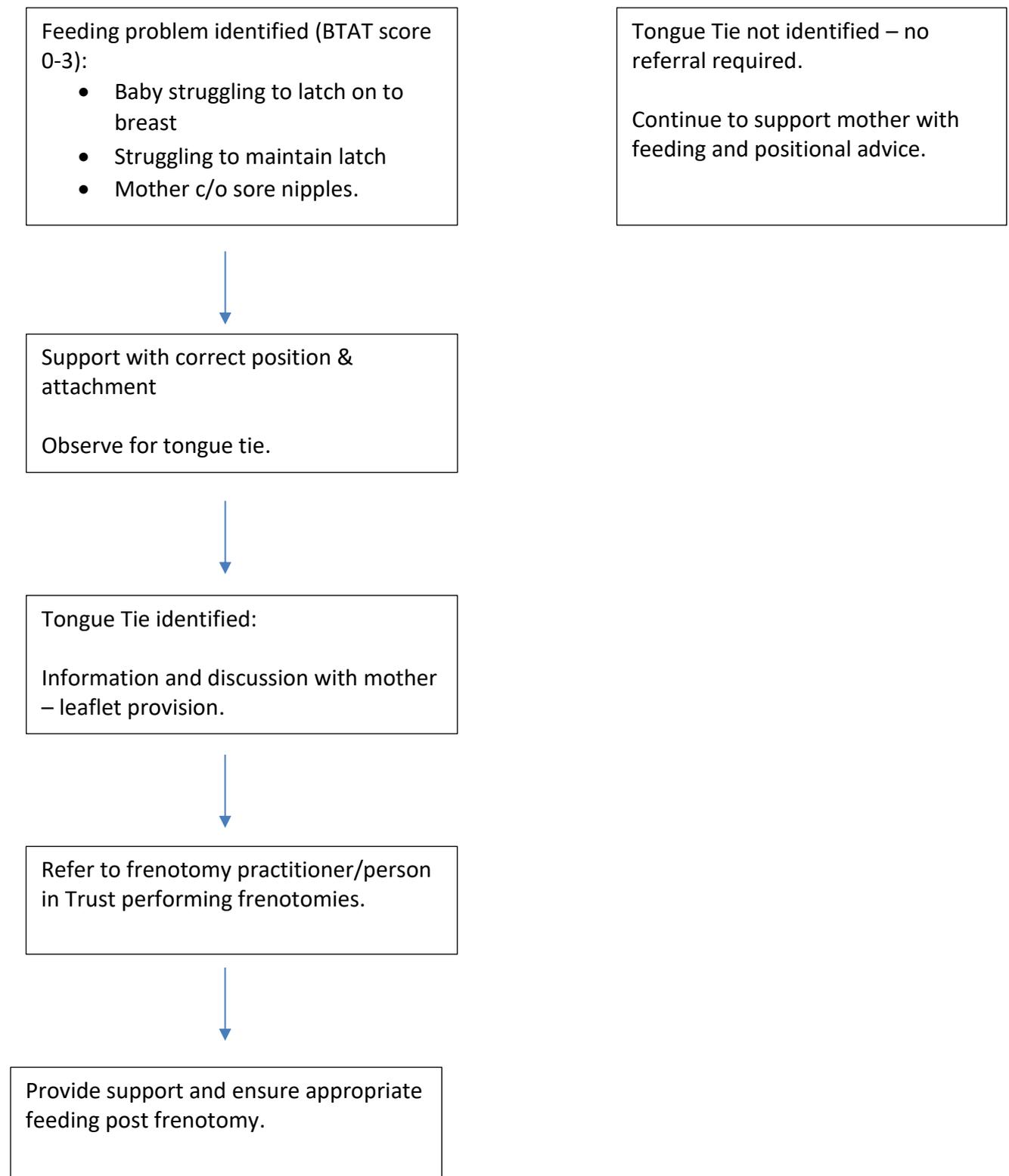
Frenotomy (Division of Tongue Tie) Guideline

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1. GUIDELINE FLOWCHART



2. PURPOSE/LEGAL REQUIREMENTS/BACKGROUND

Approximately 1 in 10 babies are born with a short, thick or tight lingual frenulum (Ankyglossia or Tongue Tie), which may restrict the forward protrusion, upward lift and/or lateral mobility of the tongue. It is reported that up to 44% of these babies have a lingual frenulum significant enough to restrict ability to feed effectively.

Tongue tie is more common in males than females with often a family history.

Frenotomy (Division of Tongue Tie) offers a safe, simple procedure to release the tongue tie. This enables the baby to feed effectively as the normal range of tongue movement is restored.

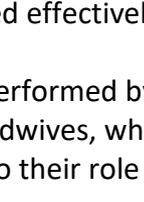
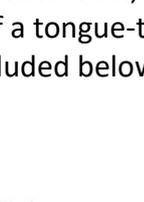
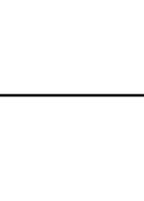
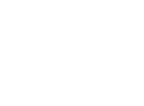
Suitably qualified health professionals will be able to assess the infant's lingual frenulum to diagnose ankyloglossia and perform frenotomy to:

- Restore normal range of tongue movement
- To enable baby to feed effectively.

Frenotomy may only be performed by Paediatric surgeons and other qualified health professionals including midwives, who have completed the Trust approved training package as an extension to their role of practice.

The Bristol Tongue Assessment Tool, developed to provide an objective, clear and simple measure of the severity of a tongue-tie, to inform selection of infants for frenotomy (tongue-tie division) is included below.

TABBY Tongue Assessment Tool

	0	1	2	SCORE
What does the tongue-tip look like?				
Where it is fixed to the gum?				
How high can it lift (wide open mouth)?				
How far can it stick out?				

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3. PROCEDURE

A qualified frenotomy practitioner is defined as a qualified health professional who has completed approved training to be competent in assessing an infant's lingual frenulum and performing a frenotomy where necessary.

4. MANAGEMENT

See flowchart for referral criteria and management of tongue tie.

5. REFERENCES

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