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HOW TO CHOOSE YOUR PROVIDER: DOES LASER VS SCISSORS MATTER?

by Bobby Ghaheri

Families frequently ask me whether they should go to a particular tongue tie provider because they use a laser for their procedures. I always respond that the tool that the provider is using for the procedure is far less important than their skill and understanding of how tongue tie affects breastfeeding. Anyone can buy a laser, so that cannot be the deciding factor for how a doctor or dentist should be chosen.

This post will serve to answer two major questions. I will show you the questions you should ask before a potential procedure in addition to the advantages and disadvantages of using laser vs scissors.

How can a family know whether or not a provider will do a complete job when treating tongue tie? This isn't an easy question to answer, but there are certain questions you should ask if you're unsure of their expertise:



- **How many tongue tie procedures do you perform per month?** There isn't a magic number that is necessary. This is more for you as parents to gauge whether a provider embraces the concept that tongue tie affects breastfeeding or not. If the answer is "1 or 2" vs "10 or 20", that tells you something.

- **Do you treat posterior tongue tie as well?** If the provider gives you a blank stare, then I can almost guarantee you

that their tongue tie procedure will be incomplete. Going back to the concept that [all tongue ties have a posterior, submucosal component](#), if a provider isn't aware of the anatomy, the result will be suboptimal. You will also know this is a problem if your baby has a posterior tongue tie (confirmed by your IBCLC or your own homework) and the provider tells you that no tongue tie exists.

- **Do you require general anesthesia?** This doesn't necessarily prevent you from seeking treatment from a provider because it may be your only option for treatment. If you have to choose between the principle of avoiding GA or improving your breastfeeding relationship, you will hopefully choose the latter, because the only other feasible alternative is to travel to another provider. Unfortunately, most providers don't realize that [the procedure can be done safely in the office](#).

- **What is your post-procedure stretching routine?** Again, if you get a blank stare here, it's a tipoff that they aren't familiar with the concept of reattachment of the wounds. Alternatively, if the provider says something to the effect of "the baby's tongue moves so much that scar tissue can't develop", I would recommend you look elsewhere because this sort of advice frequently accompanies an incompletely done procedure.

Additionally, if you go to a provider and hear some of the [myths many of us have been told about tongue tie and breastfeeding](#), I would recommend looking elsewhere. While it may seem excessive, if you live somewhere where no one makes you feel comfortable with proceeding, you need to consider traveling to someone who knows more.

Does it matter whether a provider uses laser or scissors for the procedure? This is one of the most frequently asked questions I get. My opinion is that for the purposes of breastfeeding, I don't think there is any difference in outcomes between laser and scissors. There has never been a head to head study comparing the two techniques. While I currently use a laser for my procedures, I performed over 200 procedures using scissors when I began treating babies, and my revision rate and rate of improvement was no different then. There are some inherent differences between the two techniques:

- The scissor procedure is faster than the laser procedure.
- I allow parents in the room when I use scissors, but when using laser, they cannot accompany the baby to the treatment room (these are laser safety guidelines that should be followed).
- The scissor procedure often needs injected local anesthetic to control pain and bleeding whereas the laser procedure has a delayed onset of pain but doesn't have issues during the procedure.

That being said, practitioners who embrace laser technology do so because they have a specific interest in breastfeeding medicine. It also implies that they are doing more procedures than most others. Because lasers are indeed expensive, the practitioner who does 1 or 2 procedures per month isn't going to make that investment. The flip side, however, is that some already have lasers in their offices for other procedures. We see this most commonly in the dental field, where lasers are used for a multitude of other problems. In those situations, going to a dentist who has never done a laser frenotomy on a newborn just because they have a laser may not be the best option. You need to be an advocate for your child and you need to be willing to walk away if you don't feel comfortable proceeding.

Lasers do offer a precision that can't be matched by a scissor revision. They are more effective in removing the entire upper lip tie in the setting of abnormal dental spacing and dental decay. In those instances, mere release of tension (that could be achieved by scissors) isn't going to completely deal with the dental problems, so I feel that laser is superior. The lack of bleeding during most laser procedures also improves visualization and can help complete removal of the restrictive tissue.

There are no peer-reviewed studies of frenotomy using lasers to date. The best studies available to us (specifically [Dr. O'Callahan's study](#)) were conducted using scissors, and in those studies, breastfeeding outcomes improved dramatically. While it might be difficult to do a head to head study comparing the two techniques, the coming years will bring us data using laser, and it will be curious to see if those outcomes are as good. I suspect they will be.