

OCTOBER 2, 2014

TONGUE TIE AND LIP TIE FAQ

by Bobby Ghaheri

This post was originally published on my Facebook page (www.facebook.com/DrGhaheriMD) but I've had requests to post it here as well for ease of reference. I hope to quickly answer some of the common questions surrounding tongue tie and lip tie here.

1) Can a tongue tied baby stick her tongue out past her lips?

Absolutely. Just because the tongue has normal motion in one direction doesn't mean that the tongue has normal motion in ALL directions. The most important movement for the tongue during breastfeeding is UP and not OUT, so the normal outward movement of the tongue is as relevant as normal shoulder movement for the purposes of breastfeeding.

2) Can laser revision cause scar tissue?

Yes. Any wound can have scar tissue. The precision of laser and the lack of collateral damage because of focused energy is thought to minimize that scar tissue. Regardless of the technique used, however, if the entire tongue tie is released (including the posterior portion), then there is a higher chance of scar tissue because the wound is deeper and the opposing edges of the release site are closer together, increasing the chances of scarring.

3) Are stretches necessary to prevent reattachment?

Stretches are necessary to prevent reattachment for the lip and a released posterior tongue tie. If someone just releases the anterior component, then I don't really think that stretches matter. The opposing raw edges of the wounds in a lip tie or posterior tongue tie are too close, and will stick together to some degree without stretching.

4) Do I need to have a thick lip tie cut in the OR in case it bleeds?

No. It's all about preparation. When I did scissor treatment, I just injected a small amount of numbing medicine that contained adrenalin. After 10 minutes, there's minimal bleeding, and the release can be done easily in the office.

5) Do stitches prevent reattachment?

If the release is done absolutely perfectly and the stitches are placed precisely, then theoretically reattachment would be difficult. That being said, my experience is that placing stitches requires general anesthesia, and the provider using stitches generally doesn't have an understanding of posterior tongue tie, so while it doesn't reattach, it's often inadequately released.

6) How often does a tongue tie accompany a lip tie?

In my experience, >90% of cases

7) Is there always a posterior tie behind an anterior?

Yes. The real restriction of a tongue tie is typically at the posterior component (for the motion necessary during breastfeeding).

8) My baby's tie has been cut. Why is her tongue still heart shaped?

The band that had tethered the tongue to the floor of the mouth travels from within the substance of the tongue down to the floor of the mouth. Cutting that band somewhere in the middle doesn't remove the portion of the band inside the tongue. That can still change the shape of the tongue but typically doesn't affect function.

9) Can a tongue tie cause speech problems?

Absolutely. The most common letters affected are R, S, L, Z, D, CH, TH, and SH but other sounds are also difficult. While some kids can make these sounds in isolation, stringing the sounds together during speech can be very difficult. Recent studies have shown some improvement in speech function following a frenotomy, although most studies don't show obvious benefit. I feel that speech can be improved in specific cases where restriction is prominent and the child has had speech therapy and improvement hasn't been noted. As more studies are done, I think we will see an improvement in objective speech measures with the procedure, but not every patient will benefit.

10) Can a lip tie cause speech problems?

Generally, I say no. In some severe cases, if the lip tie is causing the child some discomfort with mouth opening (because of tension), they may alter their oral anatomy to minimize pain, which could impact speech.

11) Do lip ties cause tooth decay?

Yes. The most affected are the 2 teeth on either side of the upper lip tie (the incisors). Cavities on the teeth in the back (molars) typically happen in the setting of tongue tie (can't sweep the tongue back there to clean). Dr Kotlow has a great article describing the impact of a lip tie on cavities, and if you want to print it off and give it to your dentist or doctor, go to: http://www.kiddsteeth.com/articles/The_Influence_of_the_Maxillary_Frenum_on_the_Development_and_Pattern_of_Dental_Caries_on_Anterior_Teeth_in_Breastfeeding_Infants_Prevention,_Diagnosis_and_Treatment010%5B1%5D.pdf

12) I have no difficulties with breastfeeding but it looks like my baby has a lip tie. What should I do?

Enjoy your normal breastfeeding relationship :)