

Surgery for the Treatment of Tongue-tie

Definition and Scope

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum; the tip of the tongue cannot be protruded beyond the lower incisor teeth. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth. It has been proposed that breastfeeding difficulties may arise as a result of the inability to suck effectively, causing sore nipples and poor infant weight gain.¹

This policy covers surgery for the management of patients with ankyloglossia (Tongue-tie).

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria and for indications other than feeding difficulties (for example speech problems), clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

Tongue-tie surgery will be funded in cases of a diagnosed tongue-tie from a recognised assessment where the following criteria are met:

- infants aged 0 to 4 months; **AND**
- being breast-fed; **AND**
- experiencing breastfeeding problems resulting in sore nipples, mastitis, poor infant weight gain or dehydration because of tongue-tie; **AND**
- mothers have undergone a full breastfeeding assessment and counselling before the procedure to confirm that the tongue tie is the cause of the issues with breastfeeding.

Tongue-tie surgery will not be funded to prevent feeding problems that are unrelated to tongue tie.

Evidence and Rationale

NICE IPG 149 suggests that if breastfeeding difficulties are due to tongue-tie, surgical division of tongue-tie may enable the mother to continue breastfeeding rather than having to switch to artificial feeding. However, the quality of the evidence is low^{1,2} and no consistent improvement in infant feeding or weight gain has been demonstrated.³

Many tongue-ties are asymptomatic and do not require treatment; some may resolve spontaneously over time. If the condition is causing problems with feeding, conservative treatment includes breastfeeding advice, counselling and massaging the frenulum.

The quality of evidence for tongue-tie surgery for indications (such as speech delay) other than breastfeeding is low.^{4,5}

Numbers of People Affected

The prevalence of ankyloglossia is estimated at between 2.1% and 10.7%⁴, however, definitive incidence and prevalence statistics are not known because of a lack of standard criteria for diagnosis.

References

1. NICE: <https://www.nice.org.uk/guidance/ipg149>
2. Francis D O, Krishnaswami S, McPheeters M. Treatment of Ankyloglossia and Breastfeeding Outcomes: A Systematic Review, Pediatrics 2015:135 (6)
3. O’Shea J E, Foster J P, O’Donnell C P F, Breathnach D, Jacobs S E, Todd D A, Davis P G. Frenotomy for tongue-tie in newborn infants. Cochrane Database of Systematic Reviews 2017, Issue 3. Art. No.: CD011065.
4. Suter V G, Bornstein M M. Ankyloglossia: facts and myths in diagnosis and treatment. J Periodontol. 2009;80(8):1204–1219
5. Chinnadurai S, Francis D O, Epstein R A, et al. Treatment of Ankyloglossia for Reasons other than Breastfeeding: A Systematic Review. Pediatrics 2015; 135(6): e1468-1474

Glossary

- Mastitis:** a condition which causes a woman’s breast tissue to become painful and inflamed. It is most common in breastfeeding women, usually within the first three months after giving birth.
- Congenital anomaly:** also known as birth defects. Congenital anomalies can be defined as structural or functional anomalies that occur during intrauterine life (in the uterus) and can be identified at birth or sometimes detected later in infancy.

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