

fail these then you will be referred to have your tongue-tie divided under general anaesthetic. However, having spoken with your tongue-tie for the last three or four years, you still have to relearn how to speak normally, and not everyone manages to do it.

However, if you divide a tongue-tie very early on, there is nothing in the world literature that says that those babies will not have problems with speech when they are older. This is either because it is so obvious that no-one has ever bothered to write it down, or because no-one has ever looked at it. However, I find it difficult to believe that you can lisp without a tongue-tie, just because your tongue is a slightly stubby shape.

Finally

So, from my point of view, I will be very happy to divide your baby's tongue-tie, especially if they have a feeding problem.

Please bring your child's "Parent Held Record" with you so I can write in it.

Please write down on this piece of paper all the other questions that you may have, so that when you come along you will not forget to ask about anything that worries you.

Contact details

If you have any questions or concerns please contact

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www.babyfriendly.org.uk/tonguetie



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Tongue Tie - Mr Griffiths thoughts



Family Information Leaflet

Southampton
Children's Hospital

www.suht.nhs.uk

You can split the world into two groups, those that divide tongue-ties and those that do not. The reason that you have been sent to me is because people know that I am a tongue-tie divider.

Why do I divide tongue-ties?

The reasons that I divide tongue-ties are: Firstly, it is every child's right to stick out their tongue at grown ups. Secondly, it is important to be able to lick ice creams and yoghurt pot lids. Thirdly, I see a large group of babies who have problems specifically with breastfeeding, though some have problems with bottle-feeding too. In order to breastfeed you need to have a gum on the top and a tongue on the bottom in order to massage the breast properly. If you have two gums, then the latch is poor and the baby chomps on the nipple. This is very painful, causes bleeding, and often these babies feed inefficiently for a short period of time, get fed up, fall off, fall asleep, and then wake an hour later, so that they are almost continuously feeding. Finally there are a group of babies who have problems with oral hygiene, specifically licking between the lower teeth and lip, licking the upper lip, cleaning food from the roof of the mouth and sometimes problems with chewing or swallowing lumps.

How do I divide tongue-ties?

Dividing your baby's tongue-tie does not need a general anaesthetic. It only takes a minute or so, though it may well seem

longer. We will simply take your baby away from you into a separate room, wrap them up with a towel, divide the tongue-tie and bring them back to you quickly so that you can feed them.

Are there any potential problems?

Common sense says three things:

Firstly, that division ought to hurt. However, a significant number of small babies are asleep when I start, asleep when I do it, and asleep afterwards. Older babies do not like being wrapped up so they usually cry out, and it can sometimes be really quite difficult to know whether or not dividing their tongue tie is actually painful, as they are already complaining at being wrapped up. Following division, the baby is promptly unwrapped and brought round to you, and then either breast or bottle-fed. I accept that some babies will cry for 60 seconds but my average is 15 seconds, and I would emphasise that there are some babies who remain asleep. So although common sense says that it ought to hurt, there are some babies in whom it does not hurt at all and in the rest it does not hurt very much.

Secondly, a few drops of blood are normal, but this always stops and is never a problem.

Thirdly, there will be a wound that you may feel needs something done about it. What you may not know is that the inside of the mouth heals much faster than other areas of the body. It is normal for the lining of the mouth to continually be worn away and renewed. This happens even quicker in babies, so there

is no need for any form of wound management, merely breast or bottle-feeding. Often there is a white patch under the tongue which takes 24 - 48 hours to heal.

Tongue-ties and speech

For some parents the reason for dividing a tongue-tie is more related to potential speech problems.

Firstly, if your baby has no feeding problems, then it is quite possible that the tongue-tie will go before speech is assessed, so nothing needs doing now. Many stretch or tear or are hit by a spoon during feeding solids by a parent or are torn when a toy is pushed into the mouth by the children themselves.

Secondly, common sense says that there has to be some form of relationship between speech and tongue-ties, but it is very complex.

There are people without a tongue-tie who can speak very peculiarly. There are other people who have a tongue-tie who can speak completely normally. However, common sense would suggest that if you have a tongue tie to the tip of the tongue then you may lisp, you may sound muffled, and you may have trouble with the sounds 'l', 't', 'th' and 's'. Although the books say that you will not have a problem, if you do appear to have a speech problem, this will be difficult to assess until you are at least three and a half years old. A speech and language therapist will start you on exercises and if you