


Tongue-tie or ankyloglossia refers to an abnormally short, thickened or tight lingual frenulum that shows an alteration on its insertion and fixation, usually near the tip of the tongue. Children with ankyloglossia may have restricted tongue mobility resulting in speech or feeding difficulties. Ankyloglossia is present in 0.1% to 11% of newborns. Risk factors include being male (3:1) and positive family history. Ankyloglossia has been associated with breastfeeding problems due to difficulty to attach or stay latched onto the breast, and to maternal nipple pain.

Diagnosis depends on the assessment of the structure and function of the lingual frenulum, varying from simple visual inspection and/or palpation of the frenulum to a more complex multi-scale classification system. In recent years, with the encouragement of breastfeeding as the primary mode of infant feeding, the justification for frenotomy has shifted from improving speech problems to improving breastfeeding. Frenotomy is a simple incision of the lingual frenum; frenectomy is the removal of the lingual frenum.

1. Frenotomy is performed on infants who have breastfeeding difficulty. Indications for frenotomy may also include nipple pain with nursing, irritation of the nipple skin, and shallow/poor latching on. Consultation with the infant’s medical provider and lactation consultant is encouraged prior to frenotomy for breastfeeding difficulties. Frenotomy in infants is relatively quick and easy to perform. The tongue is elevated, and the frenulum is exposed, incised with a sharp, straight and blunt-ended scissor. Direct pressure is applied to the area. In infants, frenotomy is usually performed without the use of anesthetic and the incision is not sutured.

2. It remains to be proven whether frenotomy provides improvement in breastfeeding difficulties over the long term. However, frenotomy reportedly reduces short-term nipple pain among breastfeeding mothers.

3. The evidence for frenectomy is weak for improving problems such as speech disorders, malocclusion, difficulty licking, difficulty keeping teeth clean, increased risk of dental caries, lower central incisor diastema, tethering of gingival tissues lingual to the lower incisor, sleep apnea, and sense of social embarrassment. Frenectomy lengthens the frenulum and is indicated for patients over one year of age. Consultation with a speech pathologist is encouraged prior to frenectomy for speech concerns. Even though the process of lingual frenectomy is simple, the anatomical location and topography of the lingual tissue make it vulnerable to various postoperative and intraoperative complications. Speech therapy and postoperative exercises are indicated following lingual frenectomy.

4. The yearly number of ankyloglossia-related articles has increased in the last years. Most articles, however, bring insufficient evidence, but increasingly there are randomized controlled trials and systematic reviews which may improve the quality of the evidence.