



## WHAT EXACTLY IS A TONGUE-TIE AND LIP TIE?

- Tongue-tie is a non-medical term for a relatively common physical condition that limits the use of the tongue, ankyloglossia.
- Lip-tie is a condition where the upper lip has restricted mobility and function
- Everyone has a frenum, but in some people the frenum "fails" to recede and is too tight.
- The Tongue and Lip are a complex group of muscles and are important for all oral functions. For this reason, tongue tie can lead to nursing, bottle feeding, dental, speech, sleep and solid feeding issues.

### BABY'S ISSUES

- Poor Latch
- Poor Weight Gain
- Reflux or Spitting up Often
- Clicking or smacking Noises
- Gassy or fussy often
- Milk dribbles out of mouth
- Baby is frustrated when eating
- Unable to hold a pacifier
- Prolonged nursing sessions
- Snoring, noisy breathing or mouth breathing

### MOTHER'S ISSUES

- Painful nursing
- Creased or flattened nipples
- Blistered or cut nipples
- Incomplete breast drainage
- Plugged ducts or mastitis
- Using a nipple shield
- Full time job just to feed the baby



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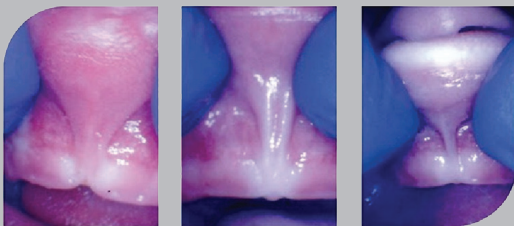
TREATMENT FOR  
**TONGUE-TIE  
AND LIP-TIE**

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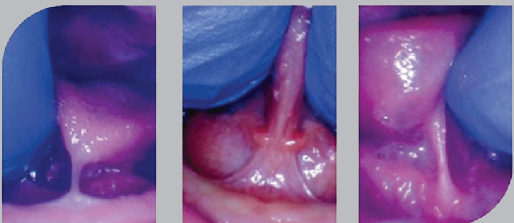
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## INFANTS WITH FEEDING DIFFICULTIES

- A new baby with a tight tongue and/or lip can have trouble sucking and may have poor weight gain. If they cannot make a good seal of the nipple, they may swallow air causing gas colic, and reflux and spitting up.
- You may hear clicking noises when the baby is at the breast or bottle.
- Nursing mothers who experience significant pain while nursing or whose baby has trouble latching on should have their child evaluated for tongue and lip tie.
- Tongue Ties can be anterior or can be "hidden" or posterior. They can be more difficult to diagnose but still cause the same issues as a more visible to the tip tie.
- These anterior and posterior ties can very often be an underlying cause of feeding problems and can affect weight gain.
- Many times after releasing the tongue and/or lip, mother resort immediate relief of pain and a deeper latch. The symptoms of reflux, gassiness, and colic may also disappear and weight gain may occur rapidly.



Tongue and Lip Ties come in all different varieties. Some are more obvious and to the tip while others are more hidden or posterior. More important than appearance is the mother and baby's symptoms.



## TODDLERS AND OLDER CHILDREN

### SPEECH ISSUES

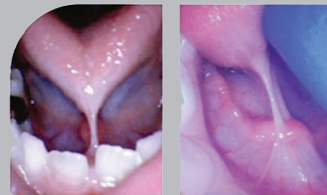
- Tongue Tied children often struggle with R, L, S, TH, SH and Z sounds.
- Some children may have a lisp, talk softly (mumble) or slowly, or even have a speech delay.
- Evaluation with a speech therapist should be considered if your child is trying to talk to you or others and is difficult to understand.

### FEEDING ISSUES

- Tongue Tie can cause difficulty chewing and swallowing food and liquids.
- Inefficient eating behaviors such as choking, gagging packing food in the cheeks or spitting out food.
- May eat slowly or be picky with textures such as meat and mashed potatoes.

### SLEEP ISSUES

- Some children may sleep restlessly and wake easily or snore from a tongue-tie.
- Often after treatment children sleep more peacefully, snore less and feel more rested.

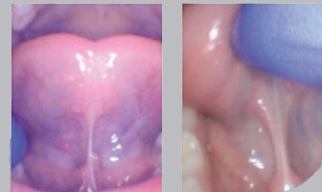


Children's Tongue-Ties can appear very tight or only mildly tight.

The child's function and symptoms are more important than appearance.

### PHYSICAL APPEARANCE

- Inability to elevate the tongue to the palate with mouth open wide
- Heart-shaped tip of the tongue
- Difficulty moving the tongue from side to side.



## RELEASE PROCEDURE

- Simple procedure with minimal complications when using the laser with good technique.
- The laser allows for excellent visualization and precision during the procedure to achieve a full release off all the fibers.
- Can be performed as early as a couple of days after birth and can be performed into adulthood.
- Once it is discovered, the sooner the issue is addressed the better the procedure will work and the less issues the child or infant will have.
- The procedure is preformed in our office with numbing jelly, or numbing medicine depending on the age of the child.
- Dr. Eberts uses the highest quality, state of the art CO2 laser to perform the release.
- The laser gently removes the tight tissue with minimal bleeding, no stitches and no sedation or general anesthesia.
- The procedure itself takes about 20 seconds or less.
- The baby is allowed to nurse immediately following the procedure.

## RESULTS

- Improvement is a TEAM effort, the release of the frenum is just one piece of the puzzle.
- Your child may need some time to figure out the new mobility of their tongue and lip so support from other professionals.
- For infants, often the mother notices a difference immediately, but it may take a few feedings for the baby to relearn use of their tongue.

## KEY TO SUCCESS

WORKING WITH OTHER PROFESSIONALS

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