Frenotomy in newborns
HAS INCREASED AWARENESS LED TO UNNECESSARY TREATMENT?

Parents of newborns are extremely vulnerable. They want to do the best for their child and don’t want to miss doing something that may provide long-term benefits or advantages to their child to avoid future difficulties. For these reasons, many undertake extensive research on the internet for advice from ‘experts’ or professionals, as well as other parents to solve some of the problems they may be encountering with their newborn. Sleep deprivation and feeding difficulties are two major interrelated issues faced by new parents.

There is a plethora of information on the internet regarding how to breast-feed or bottle-feed your baby. There are YouTube videos and websites galore with advice on breast-feeding and tongue tie, lip tie and buccal ties. They attribute problems with feeding time, latching, swallowing, mouth/nose breathing, choking, reflux, gas, snoring, speech development, dental crowding and sleep difficulties to the presence of tongue tie, lip tie or less commonly buccal ties. This list is incomplete as a quick check of internet sites* will demonstrate.

The range of clinicians that may be involved in providing advice on breast-feeding difficulties and tongue ties (oral restrictions) includes; speech pathologists, lactation consultants, myofunctional therapists, chiropractors, midwives, early childhood or maternal health nurses, general medical practitioners, ENT surgeons, paediatricians, paediatric dentists, general dentists and maxillofacial surgeons (this list is not exhaustive and some may have been neglected). Education and training in the diagnosis of tongue ties for these clinicians, if available, varies markedly. It is important to note they are not all subject to AHPRA registration. Those performing releases include; general medical practitioners, general dentists, paediatric dentists, maxillofacial surgeons and ENT specialists. Again, education and training, if available at all, varies markedly.

Usually, frenotomy is performed with scissors but lasers are used by some clinicians. As a direct result of releases performed with lasers, there has been an increase in the number of babies presenting to specialists and at emergency departments with serious complications.

There has been an alarming surge in the number of referrals to specialists for release of tongue ties, lip ties and buccal ties. Frenal

Oral and Maxillofacial Surgeons at The Royal Children’s Hospital in Melbourne

POSITION ON FRENECTOMY/FRENOTOMY PROCEDURES IN INFANTS WITH ANKYLOGLOSSIA

In the last two years, our Department has experienced a significant increase in the number of referrals made for the surgical management of ankyloglossia in infants. The primary objective for the referral is to facilitate breastfeeding, and most referrals appear to have been initiated by lactation consultants, maternal and child health nurses and/or patients requesting referrals from their GPs. Families who have initiated their own referrals usually reveal that they have obtained most of their information regarding the surgical procedure from various websites. Some of these websites are commercial sites belonging to private clinics specifically advocating laser management of tongue-ties.

There is no evidence that this change in referral pattern is linked to an increase in the incidence of ankyloglossia. Furthermore, a recent Cochrane review by O’Shea et al. has found no consistent evidence that surgical release of tongue ties has a positive effect on infant breastfeeding. However, the review has shown that the procedure may in some instances improve maternal nipple pain. The surgical procedure itself may cause pain, which may lead to dehydration (due to refusal of oral feeds) and be associated with postoperative complications, such as bleeding, and importantly, the potential for trauma and scarring of the sublingual and submandibular ducts.

In view of the above, our clinicians assess and manage each patient on a case-by-case basis. We are concerned by the misinformation that has recently been disseminated, predominantly via the internet, leading to a suggestion that tongue-ties need to be routinely surgically managed.

Patrishia Bordbar
Consultant Oral and Maxillofacial Surgeon
The Royal Children’s Hospital
The Royal Melbourne Hospital
Senior Honorary Lecturer, Department Paediatrics,
The University of Melbourne
ANZAOMS Councillor

attachments are a normal part of oral anatomy although there is extensive variation between individuals. There is no scientific evidence to support the release of these ties. A small percentage of babies who experience severe feeding difficulties in the first few weeks after birth may be helped by a frenotomy (release of a tongue tie). In some cases, mothers may experience less nipple pain following frenotomy. A recent Cochrane Systematic Review, Frenotomy for tongue-tie in newborn infants (review) concluded that ‘Frenotomy reduced breastfeeding mothers’ nipple pain in the short term. Investigators did not find a consistent positive effect on breastfeeding.’

“THERE HAS BEEN AN ALARMING SURGE IN THE NUMBER OF REFERRALS TO SPECIALISTS FOR RELEASE OF TONGUE TIES, LIP TIES AND BUCCAL TIES.”

VALUABLE RESOURCES:
onlinelibrary.wiley.com/doi/10.1002/14651858.CD011065.pub2/full
The Royal Women’s Hospital Melbourne has a valuable resource for families as well as a Policy Guideline and Procedure regarding the assessment and management of Tongue-tie. www.thewomens.org.au/health-information/breastfeeding/breastfeeding-problems/tongue-tie/

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