



What to Expect After Tongue Tie Release?

The following is some information you might find useful the first few days following the procedure

- Tongue-tie release is **NOT AN INSTANT FIX**.
- Your baby will need to get used to the new way their tongue moves, which may take longer than you think
- Some parents report that in the first 24 hours, the baby can be very unsettled and want to feed frequently
- If you are breastfeeding and baby is particularly fussy or struggling to latch you can:
 - ✓ Express a little milk onto a teaspoon and give this directly to calm them down to latch.
 - ✓ Encourage baby to suck on a clean finger to establish a rhythmic suck, bring baby to breast still sucking... whip finger away and encourage the latch that way.
 - ✓ If you have any expressed milk, using a syringe 'dropper' the milk onto the breast whilst the baby is trying to latch, and if they come off again, drop milk into the corner of their mouth whilst they are suckling to encourage them to stay there.
 - ✓ Have plenty of skin-to-skin cuddles for comfort and reassurance. Walking while cuddling baby, co-bathing and feeding baby in laid back positions can help.
 - ✓ And don't forget to look after yourself too! (Eat and drink well, and get rest when you can)
- On Days 3-5 some parents report that feeding can be challenging. Breastfeed frequently without forcing the baby. Some babies are still taking the time to build the strength in their tongues. Every baby is different, and some babies take a good couple of weeks to really get the hang of new movement.

- A white/yellow diamond may appear under the tongue. This is **normal**.
- **Signs of infection** which need a medical review at *Accident and Emergency*
 - × ooze or pus from white/yellow diamond (1:10,000 chance)
 - × baby's temperature above 37.5c or appears unwell
 - × a red angry tongue
 - × baby sleepy or reluctant to feed
- Minimise bottle use where possible if you are breastfeeding
- Practice excellent hygiene with hand washing and sterilise anything which goes in baby's mouth.

If **bleeding occurs after procedure**- offer breast/bottle/dummy-this will usually stop the bleeding. If the bleeding continues, put pressure on the wound using a clean muslin, or gauze secured with one finger. Maintain pressure on the wound with your finger for 10 minutes, avoiding pressure under the chin. If the bleeding continues after this time, or indeed the bleeding is heavy, continue to apply pressure and **dial 999**, as the baby would need a medical review at this stage.

Although, to date, there is no conclusive evidence to suggest **tongue exercises** help reduce recurrence – laid back feeding, tug of war with clean finger, and sticking your tongue out at your baby to encourage her to copy your actions may help with tongue mobility.

There is currently no evidence that **disruptive wound management** prevents recurrence of a restrictive lingual frenulum. You can read more about this in the position statement issued by the Association of Tongue Tie Practitioners <https://www.tongue-tie.org.uk/position-statements/>

Please ask your Community Midwifery or Health Visitor for ongoing breastfeeding support or attend a breastfeeding support group/clinic. You can also contact your local Infant Feeding Team for advice.

Re-occurrence of the Tongue Tie

- In approximately 3- 5 % of babies the tongue tie will reoccur.
- Symptoms of reattachment are usually a return of previous problems which had resolved after tongue tie release.
- If you feel concerned this may have happened, please contact your health visitor/local breastfeeding support first as there can be other reasons for these symptoms. If they recommend a review, please email tonguetie.wmuh@nhs.net if your baby was treated at West Middlesex Hospital or caw-tr.tonguetie@nhs.net if your baby was treated at Chelsea and Westminster Hospital, include baby's NHS number and your phone number.