

The tongue tie clinic in BRC

We run a clinic once a week in Blackrock and see and treat a number of babies with tongue tie.

We accept referrals from Lactation Consultants, GPs & Consultants.

We are located at Suite 35, Blackrock Clinic. (4th floor)

Contact details:

office@drsiumurphy.com

01-2784256

0876249959/ fax 01-2783018

Click **here** for link to directions

Checklist:

- Has your baby had Vitamin K?
- Please check that your baby is on your insurance policy prior to coming, or you will be charged the full amount for the procedure as well as the consultation fee.

Please leave your buggy and rockatot in the car as space is limited in the clinic.

What to bring:

- A relatively hungry baby (don't worry, we understand that it isn't always practical!)
- A change of clothes (for your baby!), and a bottle of expressed milk if you are combining this with breastfeeding.
- Insurance policy details

Cancellation Policy

In order to facilitate all patients, please give at least 48 hours notice to reschedule or cancel your appointment.

Cost of Procedure

Consulation with Dr. Murphy €200

Tongue Tie Procedure €100.

If you have health insurance the procedure itself is covered, however the consultation fee is not. It is important to confirm with your insurance company that the baby is on your policy before booking an appointment. Reference code is 1170

Your appointment will last approximately **20 minutes**.

What happens at the clinic

After we take your contact and policy details, I will discuss the procedure with you as well as asking you about your pregnancy and your baby in general, going through the risks and what to expect from the procedure.

Risks

- **Bleeding:** There is usually a small amount of bleeding, from a few drops of blood up to a teaspoonful. Rarely, about one in three hundred babies, there can be more bleeding than this but this will settle with feeding. I will check your baby prior to you leaving for any excess bleeding. Your baby may spit up a little blood after a feed that may be dark in colour. Don't be alarmed by this swallowed blood it is harmless.
- **Infection:** Very small risk, approximately one in ten thousand. Breastmilk generally protects against this.
- **Scarring "reattachment":** There is the possibility of the area scarring so that it appears that the TT has "regrown". This can occur in approximately 5%. This tends to be more of a problem for the babies with a posterior tongue-tie which is a thicker band.

If you are happy to proceed, I will ask you to sign your consent form and we will then swaddle your baby in the treatment room. I work with either a nurse or Lactation Consultant in the clinic (sometimes both!).

The tongue tie is carefully visualised and a retractor used to expose the tie in the baby's mouth. The band is then divided using sterile scissors and the area is swabbed with a small gauze ball. Your baby is then unwrapped and immediately returned to you. You are very welcome to stay in the room during the procedure but if you feel you would rather not, you can stay right beside the room so that you don't feel "away". The procedure itself takes literally a few seconds. Babies often cry when they are being held still after swaddling, particularly their head. The procedure itself often doesn't upset them any more than this. Once your baby has fed comfortably they can be discharged home with you. I will very briefly check your baby's mouth just before you leave.

Who should not have the procedure?

If there is any suspicion or history of a bleeding disorder e.g. haemophilia / sickle cell trait
Infants with evidence of dental or oral infection.
Infants with any suspicion of an oral or facial abnormality e.g. cleft lip.

If I am not happy to proceed I will explain the reasons to you clearly, with further options. Occasionally a TT may be complex and involve a significant amount of tongue muscle that would require a frenuloplasty or more formal surgical correction under General Anaesthetic. I do not feel that clinic release is appropriate for complex or very thick TT to protect your baby from unnecessary discomfort.

Aftercare & Analgesia

I do not give specific analgesia for the procedure itself. Giving local anaesthetic can hurt more than the procedure itself, and can also make the tongue movement more uncoordinated after the procedure. If you are happy to give your child paracetamol (if old enough) I recommend doing so for

24 hours afterwards, according to the instructions. Please read the packaging carefully for mg/kg dosage.

Follow up

If you have been seeing a lactation consultant you should also follow up with them after the procedure as your baby now needs to relearn their “new” tongue ability and latch. I do not routinely follow up babies, aside from checking in with you via text the following day. A revisit incurs unnecessary time and hassle for parents of newborns, and once the procedure is done, the follow up is all down to lactation support if you are breastfeeding.

Re-division is very occasionally performed, and dependant on a number of factors such as scarring type/ bulk of scar tissue development (cannot be predicted) but only considered after consultation with the Lactation Consultant and after review in the clinic. I only do repeat procedures within very strict criteria, as the results have not been good with repeat procedures. If it hasn't worked the first time, it is unlikely to work the second time.

Stretching

I do not recommend stretching exercises after the procedure as they make little sense to me. Scarring happens in a very definite pattern at a cellular level, and is triggered by blood cells primarily. Once the body registers blood at a wound site, this triggers the clotting cascade which triggers the scarring cells to infiltrate a wound. An open wound (not sutured) closes by a process called secondary intention, and this heals by scarring and contraction. The more the area is traumatised, the more the scar cells are triggered to enter the wound. So intuitively it makes sense not to disrupt this scarring in the wound as it actually makes more scar tissue. So if this theory holds, stretching the wound actually makes the likelihood of ‘reattachment’ more likely.

It is important to note that all babies will scar at the frenotomy site, and there will be a palpable band in most cases due to the development of scar tissue (a normal healing process). This does not mean that a re-division is necessary if feeding issues improve.

Tongue shape does not change after frenotomy. If your baby had a little “dent” at the tip of the tongue prior to frenotomy, this will resolve very slightly, but the change is often indecipherable. This again is normal as your baby had a tight band from when you did your pregnancy test!

It is important to note that Tongue Tie can play a role in breastfeeding problems but is not the only cause, and as such there is no guarantee that the procedure will alleviate feeding problems. We suggest a waiting period of one month post procedure before considering a follow up appointment.

Most importantly I hope this allows you to have a wonderful breastfeeding experience with your baby.