Families burdened by the cost of tongue-tie division

This letter is in response to recent public interest in the area of tongue-tie and the operative solution, frenotomy. Currently there is no clinically accepted definition, examination method or classification structure to enable comparative studies regarding treatment.\textsuperscript{1} This is particularly concerning when one considers that the treatment for tongue-tie, frenotomy, has been shown to be effective, quick and painless with virtually nil complications.\textsuperscript{1–3}

Furthermore, with the re-emerging importance of breastfeeding, research has shown a link between tongue-tie and breastfeeding difficulties.\textsuperscript{2–4} Unfortunately, there is a lack of uniformity among the multidisciplinary teams that manage this condition. Another issue that has arisen is the cost associated with the simple operative solution, frenotomy.

In reviewing the literature there were 217 articles including 24 reviews that included the key words tongue-tie or ankyloglossia in PubMed. Cochrane had three randomised control trials (RCT).

Some of the key findings in the literature outlined that ankyloglossia is a typical interdisciplinary problem with a wide range of healthcare professionals seeing patients with tongue-tie on a regular basis. There is speculation that ankyloglossia plays a significant role in early breast-feeding difficulties. To support this statement in a physiological sense an ultrasound study has been done looking at infants with ankyloglossia who were having persistent feeding difficulties that found that these infants demonstrated two different tongue movements during breastfeeding. The infants compressed either the tip or the base of the nipple making them less effective breast feeders than their non tongue-tied counterparts.\textsuperscript{4}

Though it has been stated that no one particular surgical method can be favoured over others, frenotomy under local anaesthesia is safe and cost-effective. Frenotomy should be performed by a medical professional that is adequately qualified and competent in the procedure. The process of frenotomy that we recommend is that topical anaesthesia is applied (local may also be used at the discretion of the surgeon), the lingual frenulum isolated and a quick snip made (Figure 1).

Potential complications include damage to the orifices of the surrounding submandibular glands as well as the tongue itself. Bleeding, infection and pain are also complications associated with all operations that cannot be ignored in the case of frenotomy.
Figure 1. Topical anaesthesia is applied, the lingual frenulum is isolated and a quick snip made. A minimal amount of bleeding is noted that self resolved in this case.

One study suggests that frenotomy without anaesthesia is safe in almost all infants and some older children. Furthermore, several studies imply that the vast majority of patients experience benefit from the division of their tongue-tie.

There is evidence to support frenotomy. One study showed tongue-tie division was far superior to the intensive, skilled, professional support of the lactation consultant. Another suggests that tongue-tie identification be integrated into routine neonatal checks, with immediate referral for outpatient frenotomy. It is also reported that measurements of the length of frenulum and intercisal distance with a boley gauge allows an assessment of the severity of ankyloglossia.

We have adapted this with our own tool to make it an achievable task in the newborn child (Figure 2), as this is the most important time for tongue-tie identification and release. Note however that this tool has not yet been formally evaluated in clinical research trials.
With an incidence in the newborn well-baby population of 4.8% this condition demands a stronger research focus. There are common themes emerging that support the identification and release of tongue-tie in infants and small children. Failure to perform an urgent frenotomy is associated with breastfeeding, speech and swallowing difficulties to varying degrees. As such we feel that frenotomy should be offered to parents of infants with tongue-tie on the public healthcare system.

Frenotomy is a simple procedure to perform and is associated with minimal cost to the healthcare professional offering treatment. Parents with newborn infants are burdened by enough cost and should not have to pay an exuberant fee for a simple, safe and effective treatment of a potentially burdensome medical condition.

James J Johnston
ORL Head and Neck Surgery Department
Auckland City Hospital
Auckland
jamesjordanjohnston@gmail.com

Subhaschandra Shetty
Department of ORL
Whangarei Hospital
Whangarei

References:
