Background

Tongue tie (or ankyloglossia) is a condition characterized by an unusually short, thick or tight band of tissue (lingual frenulum) that limits the range of movement of the tongue, and may interfere with feeding and speech\(^1\). Later in life this may lead to speech difficulties or limited mobility of the tongue, but many will recover spontaneously\(^2\).

There is evidence that dividing some tongue ties can improve tongue movement, efficacy of milk extraction and maternal pain, which can improve the success rate of breastfeeding\(^3,4,8\). However, not all tongue ties cause feeding problems, and not all feeding problems are fixed by dividing the tongue tie. Some clinicians are concerned about over diagnosis and treatment, with this study we hope to quantify any serious risks.

There are a number of approaches to treating tongue-tie, with a simple frenotomy being the most widely used, which has some potential complications\(^5,7\), notwithstanding its benefits. If there is the possibility of harm to the infant, careful consideration is needed on how parents are informed, and on issues of consent.

This NZPSU study will provide information from paediatricians and otolaryngologists (ENT) of complications that are likely of moderate to high severity (requiring input at secondary or tertiary hospital level). The findings will need to be interpreted in the light of an estimate of the frequency of the procedure, and depending on the findings might show a concerning level of complications, or that indeed the procedure is relatively benign.

Objectives:

1. To ascertain the incidence of complications (presenting to secondary or tertiary level hospital) from any form of treatment for tongue tie (ankyloglossia) over a 1-year period
2. To obtain demographic and medical information which will assist in the:
   a. Identification of risk factors for development of these complications
   b. Evaluation of current treatment provision / standards of care
3. To supply data that will help inform public health policies and service planning around the treatment of tongue tie

CASE DEFINITION

Children <1 year of age with any complication attributable to, or arising from, any form of treatment (usually a surgical release) for tongue tie (ankyloglossia).

- This may include but is not limited to: excessive bleeding or pain, infection, problematic scarring, damage to surrounding structures (i.e. salivary ducts), a delayed diagnosis or presentation of another condition/pathology e.g. severe weight loss, specific feeding issue, metabolic condition, severe jaundice etc.

Inclusion criteria:

1. Children <1 year of age
2. Any perceived complication (presenting to a secondary or tertiary level hospital) attributable to, or arising from, any form of treatment, usually a surgical release, for tongue tie (ankyloglossia).
Follow-up of positive returns:
A questionnaire requesting further details will be sent to notifying paediatricians.

If you have any questions please contact:
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References