

Be aware of potential for complications following tongue-tie surgery in babies

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Complications following a procedure to treat tongue-tie in babies are occurring that can result in admission to hospital, something a University of Otago paediatrician says needs to be better understood by both health

practitioners and parents.

Paediatrician, Associate Professor Ben Wheeler, and his team of researchers from the New Zealand Paediatric Surveillance Unit recently undertook a survey which shows complications including [breathing problems](#), pain, bleeding, weight loss and poor feeding occurred in babies following minor surgery for tongue-tie (ankyloglossia).

Tongue-tie is a condition in infants which can often interfere with successful breastfeeding. A simple procedure called frenotomy is used to treat the condition and is performed by a range of health practitioners including midwives, doctors and dentists. While traditionally it has been performed with scissors, there is a trend for the use of a laser.

"Many people think this is a simple and completely safe procedure, but we think families and [healthcare providers](#) considering this procedure should be fully informed that it can carry potential downsides as well as benefits," Associate Professor Wheeler explains.

"All surgery, even when minor, is not risk-free."

He is also concerned more infants are undergoing the procedure than necessary. "Potentially 10 to 20 percent of all infants in New Zealand are having it done where, in fact, more like 3 percent would actually benefit from it."

This is the first study internationally to report complications relating to tongue-tie procedures in babies and has just been published in the Australasian scientific journal, Journal of Paediatrics and Child Health.

Over a two year period up until July 2018, there were 23 notifications of complications relating to frenotomy in infants aged under one, from 17 paediatricians in New Zealand. Most related to poor feeding (44

percent), respiratory events (25 percent), bleeding and [weight loss](#) (both 19 percent). While frenotomy rates in New Zealand are unknown, rates of up to 20 percent of all babies born in some provinces have been reported. The researchers estimate about 20 out of every 100,000 babies born will suffer a [complication](#) related to the procedure.

Associate Professor Wheeler says the research showed complications following frenotomy are occurring that require assessment and admission by hospital-based paediatricians in New Zealand, with a significant geographical variation.

For example, one healthcare provider in Dunedin treated 414 babies (12 percent of all [babies](#) born) in the Otago/Southland regions over one year, while in Canterbury where there are local evidence-based guidelines for referral, assessment and treatment of tongue-tie, frenotomy rates declined from 11.5 per to 3.6 percent over a two-year period.

There is also an undue focus on a potential tongue-tie as a cause for poor feeding, which may cause undue delay in diagnosis and management of other potential causes of poor feeding, such as an underlying medical condition, Associate Professor Wheeler says.

"Respiratory complications such as apnea (cessation of breathing) are also occurring following frenotomy in community settings that may not be equipped to deal with these."

The researchers concluded that practitioners conducting frenotomy need to be aware of the broad spectrum of potential complications that were encountered in this study, while parents and families need to be advised accordingly and steps taken to actively minimize the risk of these complications occurring.

Centralised guidelines relating to referral, assessment and treatment such

as those developed in Canterbury, together with specialist second opinions should be considered as the ideal model, Associate Professor Wheeler says.

Provided by University of Otago

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