



Lawrence A. Kotlow D.D.S. P.C.

340 Fuller Road

Albany, New York 12203

Practice limited to infants and children from birth to early teens

Board Certified Specialist in Pediatric Dentistry

518-489-2571 fax: 518-489-0075 E-mail: lkotlow@aol.com

Website "KIDDSTEETH.COM"

The significance of tongue and lip ties and why you should consider correcting them

The tongue is a remarkable muscle possibly misnamed, and is really part of a larger organ system of the head and neck. It is the only muscle in our body that has one end that moves freely, unattached to any other body structures and at its other end attached to eight other muscles.

During the embryologic development, this muscle is initially attached to the floor of the mouth. This attachment usually partially disappears and in most cases reduces naturally from the tip toward the base of the tongue. When this piece of tissue fails to disappear or reduce its attachment, it may restrict the ability of the tongue to function and have adequate mobility.

Problems which can be associated with ankyloglossia or a tongue-tie may include difficulties from birth to problems that may exist a lifetime. A tongue remaining abnormally attached may be responsible for allowing many of the following concerns to develop.

The Oral Examination

Correct examination of infants requires the infant be placed on the examiners lap with the infant's head facing the same direction as the person evaluating the infant and the infant's feet facing away from them. Just looking at the frenum in the mother's lap will most likely lead to an incorrect or missed diagnosis.

Immediate problems for Infant and Mother

• Infant

- Poor latch resulting in:
- Colic & excessive gassiness
- Reflux
- Difficulty with adequate milk intake
- Poor weight gain.
- Falling asleep on the breast
- Extended nursing episodes.
- Unable to sustain a latch
- Unable to develop a deep enough latch
- Unable to hold a pacifier
- Early weaning from the breast

* Mother

- * Difficulty or unable to breastfeed
- * Painful compression of nipples
- * Mastitis, engorgement, thrush
- * Vasospasm
- * Anxiety, stress & fatigue
- * Post-partum depression
- * Slow weight loss from pregnancy
- * Early cessation of lactation
- * Bleeding, cracked and flattened nipples
- * Low milk supply
- * Feelings of guilt

An infant's inability to breastfeed often results in it's mother giving up breastfeeding entirely as well as being told that the problem is their fault. In reality, the problems may actually result from the tongue and /or upper lip attachments to the rest of the oral structures in a way that is abnormal and makes normal function and mobility difficult or impossible.

Long term concerns when infants cannot breastfeed

*American Academy of Pediatrics

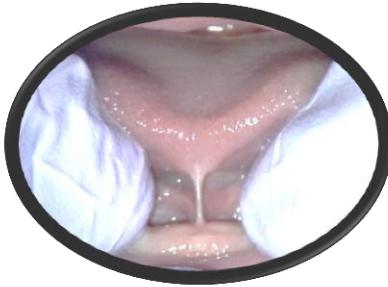
*Infant breastfeeding should not be considered as a lifestyle choice, but rather a basic health issue.

Infant concerns when breastfeeding and mother's milk is not available.

- Reduced immunity to disease if mother's milk is not used (pumping helps reduce this concern)
- Increased risk of juvenile type diabetes, allergies
- GI problems, certain cancers
- Increased risk of heart disease and obesity as adult
- Orthodontic problems & facial development
- Increased risk of dental decay
- Spinal development abnormalities
- Facial development abnormalities
- Speech defects
- Increased risk of SIDS

Risks to mothers

- Increased post-partum depression
- Accusations of child abuse when infants fail to thrive
- Increased risk of Breast and other reproductive cancers
- Other significant health risks



Lip-ties: continued attachment of the inside of the upper Lip to the upper jaw tissue

Potential problems for infants

- Inability to sustain a latch with increased risk of prior listed tongue-tie problems
- Orthodontic problems: large gaps between front teeth, relapse after orthodontic care
- Painful latch once upper front teeth erupt
- Dental decay on upper front teeth when still nursing
- Speech problems
- Esthetic problems
- If cut due to injury, may bleed extensively

Potential problems as an adult

- Periodontal disease
- Esthetic problems with smile lines
- Poor oral hygiene

Advantage of laser surgery over other conventional method

- No need to place infant under sedation or in the operating room
- Bactericidal: virtually no chance of infection
- Reduced post-surgical swelling, pain, discomfort
- Significantly reduces risk of any bleeding
- Procedure takes less than 2 to 3 minutes in the dental office
- Infant is away from mother for less than 10 minutes
- More precise surgery

- When laser surgery is completed by properly trained and experienced laser surgeons, using proper recommended safety precautions (such as laser safety glasses on everyone in the surgical area; child, surgeon and staff, it is safe, quick and void of any known complications.
- There is no known contraindication for frenum laser surgery in a normal healthy infant.
- Since no medications or drugs are used, just "Laser Light" energy, there is no chance of any allergic or drug reactions.

Infants are not required to be without nourishment for hours prior to or after surgery, although it is requested that infants do not nurse for at least 90 minutes prior to surgery, since as soon a surgery is completed, the infant is returned to the mother to nurse and a hungry infant is more likely to go to the breast quickly.

Disadvantage to commonly available and used scissor revisions

- Failure to fully release attachments adequately, often releasing only a portion of the tongue tie resulting in additional surgery to complete the revision is very common
- Increased discomfort and fussiness post-surgery
- Increased potential for bleeding during and after surgery, especially when revising posterior tongue-tie & lip-ties
- More collateral damage and post-surgical edema and swelling
- Incomplete lip-tie releases



