

ONE MORE SNIP: REVISION FRENULOTOMY AFTER TONGUE-TIE

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Aims: Ankyloglossia is a common condition with a significant impact on breastfeeding. Frenulotomy has proven benefit. We evaluated recurrence of ankyloglossia following frenulotomy and its impact on breastfeeding.

Methods: A single centre, single surgeon, prospective study between May 2013 and October 2015. Data were collected from dyads with recurrence by questionnaire on attendance and telephone/postal follow up at 6 weeks. This including impact on breastfeeding and any wound care advice initially given. Assessment included severity of ankyloglossia and tongue mobility. All parents who attend our clinic are taught optional active wound management and advised to have a wound and breastfeeding review within a week.

Main Results: 1937 dyads were assessed in this time period. 83 infants (4.28%) were seen for recurrence. 38 patients had their initial frenulotomy at our institution (2.01%, 38/1892), 45 had been undertaken elsewhere (2.32%, 45/1937). Infants with their initial TT variant recorded (n=73), 71.2% had anterior ankyloglossia and 28% Posterior ankyloglossia. Average age at initial frenulotomy 42.1 days (IQR: 10.75-51.75 days) and recurrent frenulotomy 89 days (IQR: 51-107 days). Average time between procedures was 46 days (IQR: 22-57 days). In our current series, 71% of dyads reported nipple pain and 79.5% of dyads reported latching difficulties with the recurrent TT. 73% of all dyads presenting with recurrent ankyloglossia opted for revision frenulotomy.

Conclusions: Recurrent tongue ties can present as much of an impact to breastfeeding as the original tongue tie. It is therefore important that parents are advised of the risk of recurrence.