

TONGUE TIE REVISION FACTS

“Tongue tie even has it’s own gene that code(s) for it” - Alison Hazelbaker, PHD, IBCLC



It is Hereditary

It runs in families! Which doesn't mean your baby will for sure have one but it increases the likelihood!



It is developed in the womb

Regardless of whether tongue-tie is genetic or epi-genetic, it occurs during development in the embryonic period.



It Effects A Lot!

it can cause deficits in all functions that require optimal tongue mobility, whether that be breastfeeding, bottle-feeding, chewing, protecting the airway, cleaning the teeth, or helping to form speech sounds.



Revision Carries Little to no risk!

Revising a tongue tie has little to no risk in the short and long term. However the risks of not doing it if it hinders breastfeeding is vast.



Revision works!

Breastfeeding improves post-frenotomy/frenectomy (Tongue Tie Revision) as long as tongue function is normalized as a result.



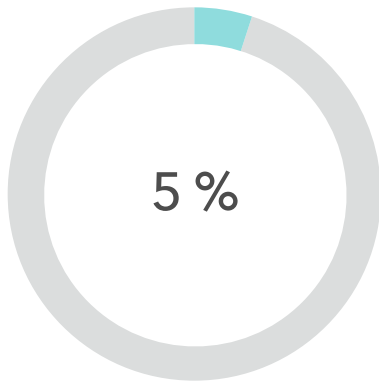
Recovery is Quick!

In most cases the infants recover within minutes with little to no side effects in the days following the procedure.

MYTHS VS. FACTS

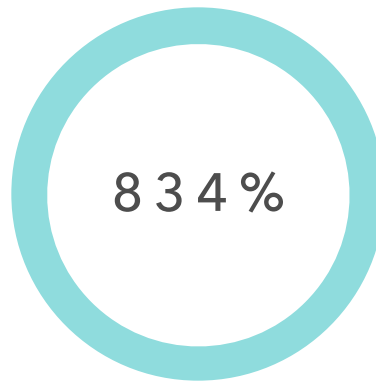
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| <p>Myth #1: Tongue-ties will correct themselves. The lingual frenulum, or tongue-tied tongue, will stretch or tear without treatment or surgical intervention.</p> | <p>Fact: Often ties do not stretch or tear and will cause interference when attempting to achieve a good secure latch to the mother's breast or bottle nipple.</p> |
| <p>Myth #2: The upper lip frenulum attachment, or upper lip tie, has nothing to do with feeding; it is not preventing your infant from achieving a good secure latch.</p> | <p>Fact: When the upper lip fails to elevate or flange upward adequately, it may interfere with the infant being able to maintain a good, secure latch.</p> |
| <p>Myth #3: When there is a diagnosis of a lip-tie and/or tongue tie, you need to wait to revise the ties until your infant is at least one or two years of age.</p> | <p>Fact: Infants who present with tethered oral tissues can, and should, be treated as early as they are born. Waiting does nothing to improve the latch, and can lead to more complex problems.</p> |
| <p>Myth #4: Revising tethered oral tissue requires an operating room and general anesthesia.</p> | <p>Fact: The procedure to correct these lip and tongue ties can be completed safely, quickly, and easily in a medical or dental office. The procedure takes only seconds.</p> |
| <p>Myth #5: Release or revision of the lingual attachment is dangerous due to bleeding or cutting nerves or glands.</p> | <p>Fact: The release or revision of the lingual frenulum is a very safe, simple, and quick surgical procedure easily completed in an outpatient setting. Bleeding or damage to other oral structures when performed by a properly trained surgeon is not a concern.</p> |
| <p>Myth #6: Post-surgical exercises are too difficult and stressful for parents.</p> | <p>Fact: When done correctly, the post-surgical wound management procedures are quick and relatively easy to accomplish.</p> |

TONGUE TIE STATISTICS



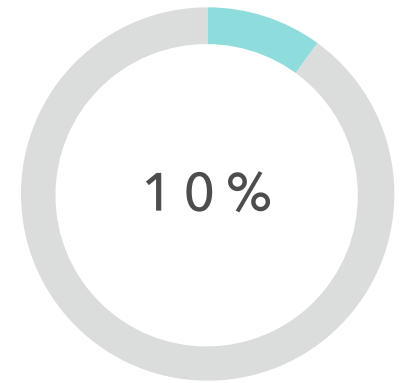
5% of all People

A study has shown that tongue tie effects around 5% of all people!



834% increase in cases!

One 2017 study found an 834 percent increase in reported diagnoses of tongue tie in babies from 1997 to 2012



10% of Babies are born with Ties

About 10% of babies are born with tongue ties.

Is Revision Right for Your Baby?

Only you can make that decision. Consult with your physician, a tongue tie revision specialist, and a location consultant.