

AFTERCARE ADVICE FOLLOWING TONGUE-TIE DIVISION



How will my baby be after the procedure?

Most parents notice little change in how their baby reacts after the procedure, although some babies may be a little fussier for a day or two. Comforting measures such as frequent feeding, skin-to-skin contact, cuddling, rocking, or singing are usually helpful.

- Babies over 8 weeks: Liquid paracetamol may be given following the manufacturer's instructions. If your baby was premature, or if you are unsure, please seek advice from your GP before giving any medication.
- Babies under 8 weeks: Paracetamol can only be prescribed by a GP, who will calculate the correct dose based on your baby's weight. This is rarely needed, as most babies are comforted with soothing measures alone.

What will the wound look like?

Healing begins quickly. Within the first few days, you may notice a white/yellow diamond or triangular shaped wound under the tongue. In jaundiced babies, this may appear brighter yellow. This is completely normal and part of the healing process. The wound usually heals and fades within 2 weeks.



Will there be further bleeding?

Bleeding after the procedure is rare. If it does occur, it is usually minor and may follow vigorous crying or the wound being disturbed by a finger, bottle teat, or dummy. Feeding, sucking on a dummy, or gently sucking on a clean finger (which applies gentle pressure) usually stops the bleeding. If bleeding continues after feeding/sucking:

- Apply pressure under the tongue with clean gauze or muslin for 10 mins. Do not apply pressure under the chin as this can affect breathing.
- If it does not stop, call 999 and attend your nearest A&E department. This is extremely rare.

What are the signs of infection?

Infection is very rare (about 1 in 10,000 cases). Signs to look out for include, redness, swelling, or pus at the wound site. If you are concerned, contact your practitioner and GP. Infection is usually treated with a short course of oral antibiotics. To minimise the risk of infection:

- Wash and sterilise bottles, teats, dummies, and nipple shields thoroughly.
- Wash hands with soap and water, before and after feeding, nappy changes, and doing any oral exercises.
- Avoid placing fingers in your baby's mouth, except for recommended tongue exercises.

Is there a risk of reattachment?

There is a small risk (around 2–4%) that the frenulum may reform and restrict tongue movement again. If you notice symptoms returning after an initial improvement, please get in touch. A follow-up assessment can be arranged, and if necessary, a further division may be offered (usually not before 6 weeks of healing). Dividing the frenulum more than twice is generally discouraged due to scarring. It is important to note:

- The frenulum is a normal structure and will always reform, but this does not necessarily mean there is a problem.
- If feeding is going well and tongue mobility is good, further treatment may not be required.
- Research shows that tongue-tie division can significantly improve feeding, though not in every case. Some babies with a high palate may continue to need extra feeding support.

Can seeing an osteopath help?

There is no current evidence that exercises or bodywork will help resolve feeding difficulties with a Tongue Tie. However, for babies who have had difficult births (e.g., Caesarean, ventouse, forceps, long or very quick labours), they may benefit from seeing a cranial osteopath, cranio-sacral therapist, or chiropractor either before or after the tongue-tie procedure. This may help relieve tension in muscles, ligaments, and tissues that can affect feeding.



Post Procedure Exercises

Exercises are best done when your baby is beginning to feel hungry, but not when they are upset or desperate for a feed. Always ensure your hands are clean and fingernails are short.

Although research on post-division exercises is limited, the general recommendation is:

- Perform exercises frequently during the first 48 hours.
- Continue several times a day for 14 days afterwards.
- Do not rub or stretch the wound directly, as this is not recommended.

For some babies, improvements in feeding/exercises may take time. Following division, the tongue can begin to move in new ways. As the tongue is a muscle, it may tire easily while adjusting to its new range of motion. Babies may feed well at first, but feeding can appear to worsen in the days following division until the tongue adapts. Most parents report noticeable improvements in feeding after the first week.

Tongue Poking

- Gently stroke from your baby's nose down to their lips to encourage mouth opening. Once open, stroke the bottom lip to encourage tongue poking.
- For older babies, sit face-to-face and stick out your tongue — they often try to copy you.

Lateral Tongue Movement

- Gently encourage your baby to open their mouth, then run your fingertip along the lower gum line from side to side.
- The tongue usually follows the movement, encouraging side-to-side mobility.

Sucking Exercise

- Place your finger pad gently against the roof of your baby's mouth (palate) and allow them to suck.
- Once they establish a good suck, gently pull your finger out — you should feel the tongue muscles flex.

What follow-up will we receive?

I will usually contact you the next day to check on your baby's feeding, and again after 2 weeks to review your progress. If you are concerned at any point, please contact me for advice via WhatsApp, text, or email.