Policy Statement 2.13 Ankyloglossia and Oral Frena

AUSTRALIAN DENTAL ASSOCIATION

Position Summary

The diagnosis and treatment of ankyloglossia requires inter-disciplinary care by multiple health professionals. Not all individuals diagnosed with ankyloglossia require surgical treatment and non-surgical management strategies should be considered as first-line treatment.

1. Background

1.1. Oral frena refer to the band of tissue connecting one surface within the mouth to another. These include the lingual frenum which is the tissue connecting the bottom of the tongue to the floor of the mouth, and labial frenum which connects the lip to gum just above the teeth.

1.2. Ankyloglossia or tongue tie has been reported in neonates, infants, children, and adults and refers to the restricted movement of the tongue by the lingual frenum. It may be visible as a v-shape at the tongue tip and restrictive frenum but is not diagnosed from visual assessment alone.

1.3. It has been suggested that ankyloglossia is linked with a range of health issues, including breastfeeding, speech, and dental problems, such as malocclusion. Contemporary management of these problems includes a range of treatments and health professionals.

1.4. Malocclusion, or misaligned teeth, may arise in a minority of individuals with a prominent lingual or labial frenum. Malocclusion, gum recession and dental decay cannot be predicted based on the anatomic appearance of the frenum in infancy or early childhood.

1.5. Breastfeeding issues can be associated with ankyloglossia. Current evidence shows non-surgical management strategies as an effective first-line therapy for the management of functional limitations related to ankyloglossia.

1.6. There is insufficient evidence to definitively conclude that ankyloglossia causes other health problems, including sleep disordered breathing, gastroesophageal reflux disease (GORD), colic or difficulty transitioning to solid foods.

1.7. In recent years, there has been a large increase in the referral and surgical management of newborns, infants, and children with ankyloglossia. The frenum may be divided or removed using a variety of techniques.

1.8. As part of orthodontic management, a minority of older children and adults with intra-oral frena associated with malocclusion, may benefit from timely surgical release of the frena.

1.9. There is insufficient evidence to support the surgical release of the labial or buccal frena in infants to assist with breastfeeding difficulties, speech outcomes, or orthodontic issues including midline diastema closure

1.10. The surgical management of ankyloglossia carries the risk of both acute and chronic complications. Complications can include deep ulceration, bleeding, bruising, airway compromise, swelling, restricted tongue movement, scar tissue formation, salivary gland duct injury, oral aversion, cysts, tongue paraesthesia, infection, and potentially life-threatening loss of blood.

1.11. No training courses exist that allows any member of a health profession to register as a specialist or ‘expert’ in the treatment of ankyloglossia.

1.12. There is no evidence supporting the use of musculoskeletal therapy or orofacial myofunctional therapy for the management of ankyloglossia.

Definitions

1.13. ANKYLOGLOSSIA refers to the restricted movement of the tongue causing functional limitations, accompanied by a visually restricted lingual frenum.

1.14. FUNCTIONAL LIMITATION is an inability to perform an action within a manner that is considered 'normal.'

2. Position

2.1. Diagnosis of ankyloglossia should not be based solely on anatomic appearance.

2.2. Diagnosis of ankyloglossia should only be considered after the following steps;

2.2.1. A thorough case history has been taken,

2.2.2. Objective functional assessment of tongue function has been completed using a recognised diagnostic system,

2.2.3. A complete assessment of factors impacted by the suspected ankyloglossia by a qualified professional, such as a breastfeeding observation by an International Board Certified Lactation Consultant.

2.3. Surgical management should not take place without the presence of a well-defined structural problem, which is causing functional issues. Likewise, surgical management should not be undertaken based on speculation about future problems despite lack of current problems.

2.4. In the absence of a functional limitation, the lingual frenum should be considered functionally normal.

2.5. Surgical management should only be considered after failure of non-surgical management.

2.6. Surgical management should only be undertaken by appropriately trained health professionals working in an appropriate clinical setting that can manage possible complications.

2.7. Treating clinicians must understand surgical techniques and possess the ability to identify and manage complications appropriate to the age of the patient, including access to specialist care.

2.8. Surgical management in adults should be considered elective treatment.

2.9. Individuals must not advertise themselves as registered specialists in ankyloglossia or tongue tie management specifically.

The Positions included in this policy align with the Australian Dental Association's *Ankyloglossia and Oral Frena Consensus Statement*, published in 2020.

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