



**SUBURBAN**  
Ear, Nose & Throat  
Associates, Ltd.

**Otolaryngology-  
Head & Neck Surgery**

Lon J. Petchenik M.D.

George Smyrniotis, M.D.

Glenn J. Schwartz, M.D.

Kirk R. Clark, M.D.

Allan A. Ho, M.D.

Maria L. Wittkopf, M.D.

Marci J. Pugnale, M.D.

Shannon K. Pachnik, FNP-C

**Allergy-Immunology**

Anne Marie Ditto, M.D.



5999 New Wilke Rd  
Building 1  
Rolling Meadows, IL 60008

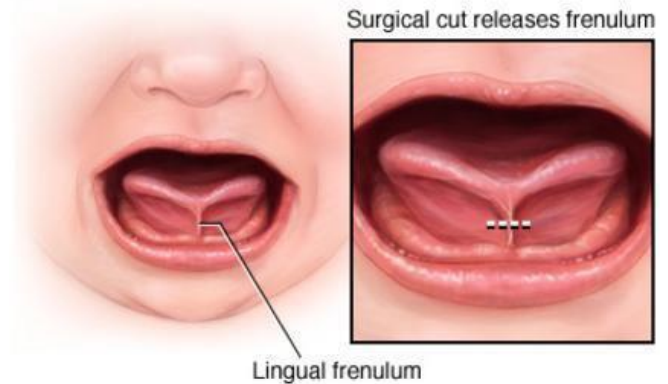
1555 Barrington Rd  
Doctors Building 1, Suite 530  
Hoffman Estates, IL 60169

Telephone: (847) 259-2530  
Fax: (847) 259-4930  
www.SubENT.com

## Lingual Frenulotomy (Tongue-tie release)

### Information and Surgical Informed Consent

Tongue tie (medically known as *ankyloglossia*) is a condition where the tip of the tongue is attached too tightly to the inner aspect of the lower jawbone (the mandible). This band of normal tissue that connects these structures is called the *lingual frenulum* (or frenum). It is estimated that up to 3- 5% of newborns may have a prominent lingual frenulum. The lingual frenulum may be unusually short or thick or both. As a newborn, a tight lingual frenulum may cause difficulties with breast-feeding such as problems with latching, obtaining seal, or pain. As a child ages, ankyloglossia may cause difficulties with speech.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

The procedure you are considering for your child is called **lingual frenulotomy**. It is a minor surgical procedure in which the frenulum is divided allowing the tip of the tongue to move more freely. In newborns, this procedure is often performed in our office or in the hospital soon after delivery, without the need for anesthesia. In older infants and children the procedure is typically performed in the operating room under a brief general anesthetic.

**Outcomes:** Lingual frenulotomy typically has very good outcomes typically with immediate improvements in breast-feeding. If performed for speech, speech therapy to retrain tongue motion may be needed.

**Risks:** As with any surgical procedure, risks exist.

**Bleeding.** Little bleeding is expected. Heavy bleeding is rare and if occurs, would need to be controlled in the operating room.

**Re-scarring.** This is the main risk that the divided frenulum would scar back down. This is uncommon, but if was to occur would require a revision procedure done under general anesthesia in the operating room.

**No improvement in the condition.** We think your child will likely benefit from division of the frenulum, but we cannot guarantee the outcome.

**Injury to the submandibular salivary ducts.** At the bottom of the lingual frenulum drains the ducts of two of our major salivary glands. The procedure is

designed to divide the frenulum above these ducts. If these were to be injured, additional treatments, including the possibility of additional surgery may be necessary. This injury is exceedingly rare.

**Alternatives:** The alternative is not to have the procedure done, and instead wait-and-see approach. This would leave your child in their current condition.

*At Suburban Ear, Nose and Throat Associates Ltd., we go to great lengths to try to help you understand your plan of care. If at any time you have questions or concerns please call us at (847) 259-2530.*

**I have been given an opportunity to ask questions about this condition, alternative forms of therapy, risks of non-treatment, the procedure and risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.**

Patient name PRINTED: \_\_\_\_\_

Parent/Guardian/POA **signature** : \_\_\_\_\_

Parent/Guardian/POA **printed** name: \_\_\_\_\_

Parent/Guardian/POA **relationship** to patient: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_