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Tongue ties and Frenulum Attachments

Tongue Tie

Definition

A 'Tongue tie' describes a shortened lingual frenulum which extends to the tip of the tongue and appears to restrict the movement of the tongue. It can be found in approximately 5% of the well-baby population *(NHS GG&C advice document).*

Diagnosis

The child will be unable to extend their tongue beyond the lower incisor teeth. On inspection the lingual frenulum will appear short or attached to the tip of the tongue.

Management

Tongue ties usually improve spontaneously within the first two years of life. If there are no complications, referral for further management is not indicated.

Complications

There is little evidence to suggest that a tongue tie causes speech impediment or problems with infant feeding. There may be a limited number of patients where an aesthetic problem for a tongue tie becomes evident.

Parent information

Parents can be reassured that problems with tongue ties are rare.

If there are concerns about infant feeding, then they should speak to their health visitor who can assist with referral to local breast-feeding support services or initiate onwards referral to the appropriate surgical team. The NHS Lothian health visiting team have produced a leaflet which includes information on infant feeding: Feeding difficulties in babies (nhslothian.scot)

Speech problems should initially be referred to a speech therapist.

If there is an aesthetic concern, onward referral, which includes a clinical photograph and referral to Paediatric Dentistry can be made for an assessment. Acceptance for intervention would mainly be patients who are Gillick competent and cooperative for treatment.

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Non-lingual frenulum attachments

Definition

These are normal anatomical frenulum attachments other than the lingual frenulum such as in the lower labial sulcus and the central upper labial area. In the older child the upper labial frenulum can sit between the two upper incisors.

Diagnosis

It may be noted that the frenulum sits close to the teeth or between teeth. Frenulum attachments are normal anatomy with variation in the population expected with their prominence and position.

Management

In most patients, no treatment is required.

It may be appropriate to instruct careful brushing round the area if there is evidence of trauma.

Complications

In some cases, a prominent upper labial frenulum may be a contributing factor to a midline diastema. These cases should be assessed by a Specailist Orthodontist to confirm whether treatment is required before any onward referral to Paediatric Dentistry to consider surgical management. Not all patients with midline diastemas would require management of their labial frenulum. If referral is made for surgical management of prominent upper labial frenula, we will require a formal Orthodontic treatment plan, appropriate funding stream in place and clinical photography in order to accurately triage referrals and consideration of elective surgical treatment.

Rarely there can be persistent trauma or significant gingival recession that may warrant onward referral. In most patients this would not be the case.

Patient information

Reassurance is often the management required.

In some limited cases onward assessment by Orthodontics or Paediatric Dentistry may be warranted. Clinical photos would be required with the referral. It would be unlikely to include infants or very young children, as reassurance only would be the management of choice.

V3. 10/09/26

Acknowledgements: With thanks to information provided by NHS GG&C advice document by Mr A Sabharwal and Mr G Walker, June 2009.

Information produced by Consultants in Paediatric Dentistry within Edinburgh Dental Institute August 2024 and September 2026.