Hi everyone. I am taking a kid to the OR next week for some dental work. He is five years old with no medical issues. Mom has asked me if I can do a lingual frenectomy, and he does appear quite tongue-tied, all the classic signs: can't stick his tongue past his lower lip, strong attachment to the mandible and almost appears as if displacing the lower teeth lingually. I'm very comfortable doing labial frenectomies, and I've only done one lingual in the past.

Among those of you who do lingual frenectomies, do you have any pearls of wisdom to pass on to me before I jump into this? What are your techniques and how do you suture/control bleeding? I'd appreciate any input. Thanks.

Don't use a scalpel. That will be a mess. Use an electosurge, a handheld cautery or the OR's Bovie on low power. Slice through the frenum and you are done. No bleeding, no sutures, and the kid will just be a little sore.

Thank you sensei, I’ll do that. Is your slice done from the tip of the tongue down, or do you slice lower? I know there are the salivary ducts, and I certainly don’t want to damage those.

I pull the tongue up and slice where the tissue is thinnest and continue right down to the base. If you pull the tongue enough the tissue stretches nice and taut so you have great visibility and can see exactly what is just frenum and what is tissue that might have structures in it.

It’s time to invest in a laser!

Not convinced that electrosurgery is the way to go except in very simple, very minor tongue-ties. I have redone a bunch of electrosurge lingual frenectomies done by ENT in my area. I always use a scalpel, make sure the frenum is stripped off the base of the tongue. Releasing only where tissue is the thinnest will not be a complete frenectomy in many cases. There is often still dense fibrous tissue and sometimes muscle beneath that thin mucous membrane that also represents frenum. To close the wound correctly you often have to undermine the margins of the wound with blunt dissection. Suture with 5-0 fast gut and make sure you are using magnification so that you avoid the salivary gland duct openings. Sometimes I will thread a fine catheter into each duct opening so that my assistant and I know where they are hiding. Run a 3-0 silk suture through the tip of tongue for traction, have the assistant pull the silk suture vertically to expose the frenum while you are dissect-
ing it off the base of the tongue. Certainly not as simple as a zip with a laser or electrosurgery but this is a complete excision, which does not need to be revisited.

I feel the same way about a properly done maxillary frenectomy. Using a laser or electrosurgery to get the superficial tissue ignores the most important aspect, the underlying muscular attachments. I feel for both to be done properly it involves a scalpel. With that said, I have not done any so I've got no experience in the area.

Wasn't a big part of my training either so our periodontist does these. He always uses a scalpel and does a nice job. I watched him do a few and there was more to it than just numb and a quick snip.

There are different types of restriction. If it is a posterior tongue-tie, the doctor needs to go much deeper. When the patient opens, you can see the downward pull in the middle of the tongue. Through the years I have seen lingual frenectomies need to be re-done. The biggest problem is if the patient does not move his/her tongue, the fibers can re-attach and then there is scar tissue. I insist the patient move and stretch the tongue up and down, side to side and in and out. An oral myologist can work with the patient to exercise the tongue afterward to ensure that the patient will get the best result. The only time you do not need exercises is if the patient is an infant and still breastfeeding.