

Upper Lip Tie Divisions

Position statement as agreed between Maxillo Facial Surgery NNUH, Paediatric & Neonatal Surgery NNUH, and Cleft. NET. East

Dear GPs/Parents,

We are often getting requests for upper lip tie assessments and divisions in babies, toddlers, and young children. There are concerns being raised by some groups regarding a possible effect on breastfeeding. There is no evidence to support this. The other worry is a postulated effect on dentition.

To address these concerns, we would like to share our position statement with you and parents who have similar concerns.

The normal position of the upper lip frenulum, at this age is actually on the most prominent part of the alveolus, between the anterior teeth, in the midline. This is considered as a normal anatomy and should have no effect on the feeding. The low position will change as the alveolus starts to mature and this further migrates upwards particularly as the permanent teeth come through and the alveolus develops. Therefore, there is usually no clinical indication to do a frenectomy at a young age. If this should be necessary then the appropriate time is when the permanent teeth have developed, and orthodontic treatment is proceeding, or after the upper permanent canines have erupted.

We would be happy to review, if any dental concerns are reported following eruption of the upper permanent canines. In this situation, we request and assessment and recommendation from a dentist following eruption of the child's upper permanent canines, prior to referral for consideration of lip tie division. The procedure in a young child requires general anaesthesia with the inherent risks of a GA, the risks being particularly high in a child under 12 months of age. A specialist paediatric dentist may be able to offer a division of upper lip frenulum in an older or adolescent child under local anaesthetic with much reduced risks.

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Upper Lip Tie Division-Letter (Departmental Letters)