# Statement on
# Active Wound Management (AWM)

Zungenbandzentrum®

## Recommendation

**Active wound management (AWM) after functionally complete sublingual fascia release (functionally complete frenotomy) significantly improves outcomes.**

## Background

Ankyloglossia (restricted tongue-tie) is a relevant neonatal problem that can impair feeding and the development of oral motor skills. Functionally complete sublingual fascia release is an established therapy. The optimal aftercare—especially the value of active wound management (stretching and mobilization exercises) compared to purely passive measures—is controversially discussed.

## Evidence Base

| Study | Results | Conclusion |
|---|---|---|
| Miller et al. 2025 | No persistent feeding disorders with stretching exercises. Fewer recurrences and revision procedures. | Active wound management is safe and improves outcomes. |
| Valle-Del-Barrio et al. 2025 | Recurrence rate halved with correct exercises. Improved tongue function. | Consistent exercises are functionally and preventively effective. |
| Bhandarkar et al. 2022 | No difference between massage and control. No active stretching exercises investigated. | No significance for active wound management. |

## Assessment & Consensus

- The massage study is not an argument against active wound management.

- Active wound management significantly reduces recurrences.
- AWM improves functional tongue mobility and breastfeeding ability.
- AWM Reduces the need for repeat interventions.

## Recommendation of the Zungenbandzentrum® (Tongue-Tie-Center)

- AWM after functionally complete sublingual fascia release is the standard protocol.
- Active wound management significantly reduces recurrences.
- Parents should be systematically instructed and supported to perform stretching and mobilization exercises correctly and regularly.
- Active wound management is the evidence-based standard and essential for successful functional rehabilitation.

For questions and further information:

Zungenbandzentrum® (Tongue-Tie-Center)

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*Miller JE, Chung HR, Marshall CR, Wilhalme HM, West AN. Outcomes of stretching exercises after lingual frenotomy in infants: A prospective, interventional study. Int J Pediatr Otorhinolaryngol. 2025 Apr; 191:112280. doi: 10.1016/j.ijporl.2025.112280. Epub 2025 Feb 21. PMID: 40010205.*

*Valle-Del Barrio B, Maya-Enero S, Prat-Ortells J, López-Vílchez MÁ, Candel-Pau J. Readhesion of Tongue-Tie Following Neonatal Frenotomy: Incidence and Impact of Postoperative Exercises in a Prospective Observational Study. Children (Basel). 2025 Jul 24;12(8):971. doi: 10.3390/children12080971. PMID: 40868423; PMCID: PMC12384705.*

*Bhandarkar KP, Dar T, Karia L, Upadhyaya M. Post Frenotomy Massage for Ankyloglossia in Infants-Does It Improve Breastfeeding and Reduce Recurrence? Matern Child Health J. 2022 Aug;26(8):1727-1731. doi: 10.1007/s10995-022-03454-x. Epub 2022 Jun 18. PMID: 35716239.*