



## **Statement on restrictive symptomatic posterior sublingual fascia**

Statement on the indication for sublingual fascioplasty of restrictive symptomatic posterior tongue-ties in infants.

### **Anatomical clarification**

This statement refers to a differentiated anatomical classification of the sublingual fascial structures based on their attachment to the underside of the tongue.

A distinction is made between:

- anteriorly attached structures in the front third of the underside of the tongue
- medial structures in the middle third of the underside of the tongue
- structures attached posteriorly in the rear third of the underside of the tongue

The statement refers exclusively to sublingual fasciae attached posteriorly to the underside of the tongue, which can have a functionally restrictive and symptomatic effect.

### **Clinical context and healthcare reality**

In professional and social discussions, the focus is often placed on the potential trauma caused by the procedure and the four weeks of active wound management. However, the potential long-term stress caused by a lack of treatment is often not given sufficient consideration. Clinical practice shows that affected families have usually already been through a lengthy treatment process. Paediatricians, breastfeeding consultants, midwives, osteopaths and other therapeutic specialists have often been consulted beforehand, meaning that conservative measures have usually already been exhausted.

The decision to perform sublingual fascioplasty is therefore typically not the first step, but rather the last step in a multi-stage treatment process.

### **Parents' decision-making situation**

Many mothers face a difficult decision during this process: either weaning early or undergoing surgery. This decision is often associated with persistent pain, physical exhaustion and psychological stress for the dyad and family. It is usually not taken lightly, but after a long period of intensive efforts to improve the situation.

### **Functional limitations in infants**

Posterior restrictive symptomatic sublingual fasciae are often visually inconspicuous, but can cause functionally relevant limitations. This can particularly affect the elevation of the centre of the tongue.

This restriction can lead to the following problems:

- ineffective milk transfer
- extended breastfeeding or feeding times
- increased swallowing of air
- gastrointestinal complaints
- restlessness and frustration when drinking

The symptoms can persist for weeks or months, thus representing a lasting burden.

### **Assessment of the burden: intervention versus non-treatment**

When assessing potential stress factors, it is not sufficient to consider only the procedure and active wound management. The procedure itself is usually short and, when performed properly, has a low complication rate. On the other hand, failure to treat the condition can lead to potentially long-term functional impairment. The stress experienced as a result of persistent restrictions in the absence of treatment is not sporadic, but can extend over a longer period of months and become chronic in nature.

### **Effects on the mother**

The mother's situation is also an essential part of the overall assessment.

Persistent pain during breastfeeding, sore nipples, recurring difficulties with latching on and the feeling of not being able to feed the baby adequately can cause considerable physical and psychological stress.

These factors can have a significant impact on the breastfeeding process and contribute to early weaning.

### **Classification of the current study situation**

Current studies on posterior ankyloglossia show that functional restrictions on tongue mobility can be associated with breastfeeding problems and that release can lead to improvement in selected cases. At the same time, it should be noted that many studies do not clearly distinguish between anterior, medial and posterior attachment types. The specific evidence for posteriorly attached lingual frenulum fasciae is therefore limited and heterogeneous.

The literature increasingly emphasises that functional limitation, rather than morphological classification alone, is the primary factor in determining the indication for treatment.

### **Indication and therapeutic classification**

Given the limited differentiation in the study data, careful clinical assessment is crucial.

The following factors are decisive:

- the functional limitation of the tongue
- breastfeeding or feeding dynamics

- the stress situation of child and mother
- the course of treatment to date

The release of a restrictive symptomatic sublingual fascia attached posteriorly to the underside of the tongue can be a medically justifiable, sensible and relieving intervention with good preparation, minimally invasive functional complete release and aftercare by an interdisciplinary team in cases of clearly proven functional impairment and after exhausting conservative measures.

Optimal results with high success rates are achieved when embedded in a structured, interdisciplinary treatment concept with appropriate pre- and post-operative care.

## **Conclusion**

Looking at the intervention in isolation does not do justice to the complex situation of the families affected. A comprehensive assessment is required, taking into account both the potential short-term burdens of the procedure and the possible long-term consequences of not treating the condition. The decision to intervene should be made on an individual basis, in a differentiated manner and on the basis of functional criteria.

## **Literature**

The prospective, randomised controlled study by Bobak A. Ghaheri et al. investigated the influence of sublingual fascioplasty in infants with posterior tongue-tie fascia on functional parameters during sucking and breastfeeding.

The study showed that statistically significant improvements in 11 objective parameters of suckling were already evident 10 days after the procedure, including faster tongue movements, more rhythmic and coordinated suckling movements, and increased adaptability of the tongue to different drinking requirements.

In addition, mothers in the intervention group with sublingual fascioplasty reported a significant increase in breastfeeding self-efficacy, whereas this did not increase in the observation/control arm. Symptoms such as reflux in infants improved and mothers' pain also decreased significantly after the procedure.

Overall, this study supports the clinical experience that releasing a symptomatic restrictive posterior tongue tie fascia in the presence of functional breastfeeding and sucking problems can both improve infants' drinking and reduce stress and pain for mother and child.

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