Patient Outcomes and Parental Satisfaction After Office Frenotomy

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Terri Giordano DNP
Betsey Kim CRNP
Ashley Williams CRNP
Brooke Jaquith CRNP

Division of Otolaryngology
ANKYLOGLOSSIA

• Tongue tie
• Abnormally short, thickened or tight lingual frenulum that restricts tongue mobility
• Poor latching, frequent loss of latch, prolonged feeding, irritability with feeding, poor weight gain or inability to breast feed
• 0.1 - 12% of newborns with male to female predominance of 3:1
• Reduced tongue mobility, articulation, orthodontic problems including malocclusion, open bite, separation of lower incisors, mechanical problems related to oral clearance and psychological stressors
ANKYLOGLOSSIA

• No consensus on diagnosis and management
• American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant
FRENOTOMY

- Minor surgical procedure - separation or cutting of frenulum
- Consent obtained
- Child held or placed on papoose board
- Topical anesthesia with lidocaine
- Tongue elevated with grooved director
- Frenulum cut
  - Avoid trauma to Whartons’s ducts
- Infant then breastfed
QI PROJECT

• September 2015 to assess the outcomes for newborns and infants undergoing office frenotomies

• Questions:
  • Seeing a lactation consultant
  • Pain with breastfeeding
  • Difficulty latching on
  • Use of nipple shield
  • Prolonged feeding time
  • Weight loss
  • First-time breastfeeding mother
QI

- Data collected in REDCap
- 842 procedures
- Indications
  - Maternal reports of pain with breastfeeding
  - Difficulty latching
  - Weight loss
  - Prolonged feeding
  - Dysphagia
- 57% first-time breastfeeding mothers
RESULTS

• Mean age 30 days
  • 96% between 2 - 90 days old
• 72% indication for procedure resolved
• Reduced maternal pain
  • Pre-procedure reported 5.9
  • Post-procedure 1.2
• 75% continued breastfeeding
  • Milk supply
  • Return to work
  • Personal preference
  • Long-term goal not breastfeeding
CONCLUSION

• Frenotomy is a quick procedure that can be done safely in the office setting

• Consider frenotomy in newborns and infants with ankyloglossia who present with difficulty nursing to improve outcomes in breastfeeding dyad

• Saves time, money and avoids general anesthesia
REFERENCES


