

Release Therapy

Team-Based Approach & Results



Lip & Tongie Ties



Guiding smiles to bright, healthy futures

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When treatment is recommended, we use advanced CO₂ laser technology to gently release restrictive oral tissues and improve oral function. This precise, minimally invasive approach allows for excellent visualization of the tissue, enabling a complete and controlled release of the restriction.

This procedure—called a frenectomy or frenotomy—is designed to restore more natural movement of the tongue, lips, or cheeks. Our focus is not only on releasing the restriction, but also on supporting improved function, comfort, feeding, speech development, and long-term oral growth.

Treatment may be initiated as early as a few days after birth and can continue through adolescence and adulthood. In many cases, earlier evaluation and treatment may help reduce compensatory habits and support more optimal functional development over time.

The procedure is completed in our office. Infants are typically treated using topical numbing gel, while older children may receive local anesthetic and nitrous oxide (“laughing gas”) for comfort. Dr. Harvey uses state-of-the-art CO₂ laser technology to precisely release the restricted tissue with minimal bleeding, no sutures, and no need for general anesthesia or sedation. The procedure itself is very quick—often completed in seconds.

Babies are usually able to nurse immediately following treatment. Older children often notice an immediate improvement in tongue mobility. While some functional changes may be noticed right away, optimal outcomes are often supported through myofunctional therapy and/or speech therapy when indicated.



Successful treatment of a lip and/or tongue-tie is a team effort. Releasing the restrictive tissue is an important step, but it is only one part of the process. Lasting improvement depends on restoring healthy oral function through time, practice, and supportive care.

Because the tongue is a muscle that has adapted to a limited range of motion, the brain and body need time to learn new, more efficient movement patterns. Just like any other muscle, it takes repetition and guidance to build strength, coordination, and function after a long-standing restriction is released.

For this reason, collaboration with other specialists is often essential for optimal outcomes. We frequently work alongside a team of trusted professionals, including:

- Lactation consultants
- Speech-language pathologists
- Occupational therapists
- Myofunctional therapists
- Orthodontists
- ENT specialists
- Pediatricians



In some cases, additional therapies such as chiropractic care, physical therapy, or occupational therapy may be beneficial, particularly when other factors like tight neck muscles or body tension are contributing to difficulties.

This interdisciplinary approach allows us to create individualized care plans that support long-term growth, function, and stability—not just short-term change. We also value strong partnerships with referring providers and encourage collaboration throughout every stage of care.

Before recommending treatment, we often encourage a functional evaluation with appropriate specialists to better understand how oral restrictions may be impacting your child’s symptoms. These insights help guide a personalized, evidence-based treatment plan focused on meaningful, long-term improvement.

What is a lip and tongue-tie?

Infants with Feeding Difficulties

Toddlers & Older Children

A **tongue-tie** is the non-medical term for a relatively common physical condition called ankyloglossia, where an unusually short, thick, or tight band of tissue (lingual frenulum) tethers the underside of the tongue to the floor of the mouth.

A **lip-tie** is a condition where the upper lip's band of tissue (the labial frenulum) connecting the upper lip to the upper gums is too short, thick, or tight.

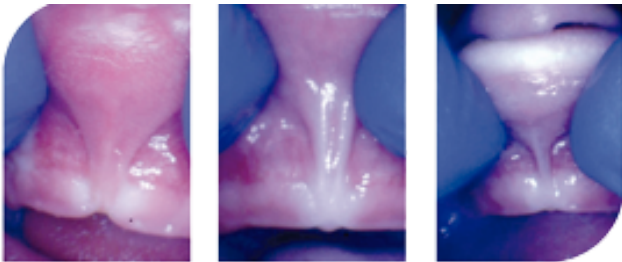
Everyone has a frenum, but in some people, it fails to recede and becomes too tight, thick, or short, causing mobility problems.

The tongue and lips are complex muscle groups and are important for all oral functions. For this reason, having a tongue-tie can lead to issues with nursing, bottle-feeding, dental care, speech, sleep, and solid foods.

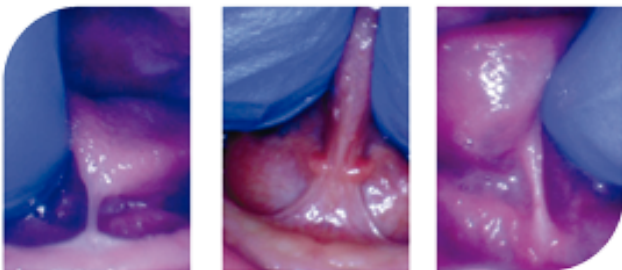
A tight tongue or lip frenum can make it difficult for a baby to latch and feed effectively, sometimes leading to poor weight gain. When a proper seal can't be formed, babies may take in excess air, contributing to gas, fussiness, reflux, spitting up, or clicking sounds during feeding. Mothers may also experience significant nipple pain, cracking, blanching, or recurrent infections, and some babies may struggle to hold a pacifier or maintain a consistent latch.

These challenges can contribute to feeding stress and, in some cases, make breastfeeding difficult to continue. Evaluation by a pediatric provider and lactation consultant is often recommended to fully assess feeding function and support both baby and mother.

When a tongue or lip-tie is addressed, many mothers report improvements such as a deeper latch, reduced discomfort, and more efficient feeding, which may also help improve digestion and weight gain over time.



Lip and tongue-ties come in different varieties. The most important consideration is the symptoms affecting both mother and baby.



Photographs obtained from Alabama Tongue-Tie Center, Dr. Baxter

Baby's Issues

- Poor latch
- Poor weight gain
- Frequent reflux or spitting up
- Clicking or smacking noises
- Frequently gassy or fussy
- Milk dribbles out of mouth
- Frustration when eating
- Unable to hold a pacifier
- Prolonged nursing sessions

Mother's Issues

- Painful nursing
- Creased or flattened nipples
- Blistered or cut nipples
- Incomplete breast drainage
- Plugged ducts or mastitis
- Using a nipple shield

Speech Concerns

Some children adapt well to a tongue-tie, while others may have difficulty producing certain sounds clearly or may be harder to understand when speaking. Speech concerns can range from mild articulation differences to delayed or unclear speech patterns.

If your child is attempting to communicate but is difficult to understand, an evaluation by a speech-language pathologist may be beneficial.

Feeding Challenges

Restricted tongue movement can affect chewing, swallowing, and moving food effectively in the mouth. Some children may gag, choke, pack food in their cheeks, avoid certain textures, or experience prolonged and frustrating mealtimes.

Sleep & Airway Concerns

Tongue-tie may contribute to mouth breathing, snoring, restless sleep, teeth grinding, and frequent nighttime waking. Some children may also appear tired during the day. Sleep and airway concerns are often multifactorial, so evaluation of the airway, tonsils, and adenoids is often recommended. Allergies and chronic nasal congestion can also play a role, making collaboration with a pediatrician, allergist, or ENT important in some cases.



Children's tongue-ties can appear tight or mildly tight. The child's function and symptoms are more important than the appearance.

Common Physical Signs of tongue-tie

- Inability to elevate the tongue to the palate with mouth open wide
- Heart-shaped tip of the tongue
- Thick or tight string under the tongue
- Difficulty moving the tongue from side to side

