Subject: Frenectomy and Surgical Treatment of Ankyloglossia

Policy nr: DEN007

Effective date: 2015-01-01

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POLICY:

All requests for surgical treatment of a labial frenum under general anaesthetic (GA) or conscious sedation (CS) must be referred to the Dental Advisor. If done under local anaesthetic it can be approved for all cases without referral.

Request for a lingual frenectomy for feeding or speech reasons can be approved under GA or CS.

DEFINITION:

Frenectomy is the surgical removal of the mucous membrane and connective tissue fibres between the central incisor teeth, known as the frenum. When this strand of connective tissue is present below the anterior tip of the tongue, it leads to a condition referred to as ankyloglossia.

GUIDELINE:

All requests for frenectomies, labial or lingual, under local anaesthetic to be approved subject to available benefit. The clinical value of a labial frenectomy in children with mixed dentition, especially in children younger than eight, is not scientifically proven and all cases should be referred to a Dental Advisor.

Lingual frenectomies to be approved for patients under the age of 8 years under GA or CS without referral to the Advisor.

GENERAL INFORMATION:

The labial frenum is an anatomical structure which consists of mucous membrane and connective tissue. The frenum changes with age. At first it is generally wide and thick, but becomes thinner and smaller as the child grows. As the central incisors erupt and the alveolar process develops vertically, the frenum gradually attaches higher in the direction of the apices of the teeth.

It was previously thought that the labial frenum interferes with the closure of the diastema between the front teeth. This resulted in misdiagnosis and unnecessary surgical intervention. The midline is at its widest in children aged 7 to 11 months. It then decreases in size between 2 and 4 years and
widen again in children between the age of 5 and 6 years, due to the increase in inter canine width of approximately 5mm.

This is the result of the growth in the alveolar process to accommodate the permanent teeth.

The fact that a midline diastema is present in the primary dentition, could be quite normal and it generally disappears after the permanent teeth erupt. The internationally accepted guideline for the removal of a maxillary frenum is to wait until the laterals and canines have erupted.

A mandibular frenum which is diagnosed as problematic should be managed when first noticed. This is to prevent any periodontal defects in the lower incisor region.

The lingual frenum has to be managed quite differently, as it is often the cause of feeding problems in infants, and difficulties with speech and function in older children and even adults. The condition is referred to as ankyloglossia.

It is a well-documented scientific fact that breast feeding has major advantages for both mother and child, when compared to any other form of infant feeding.

However, it has been shown that three times more mothers discontinue breast feeding if their infants suffer from ankyloglossia, when compared to babies without the condition. This is due to the significantly increased pain caused by these babies when feeding, as well as difficulties suffered by the infant.

In these cases a simple surgical procedure can remove the problem. This would typically be done under GA

REFERENCES:


4. Block SM. Ankyloglossia: When Frenectomy is the Right Choice. Pediatric Annals Jan 2012; 41(1) : 14-16

5. Gasparovich SR. Frenectomy.2005
