

## Q&A Local Resources- Tongue Tie Provider Series

LA LECHE LEAGUE OF CHATTANOOGA MONDAY, JUNE 12, 2023

### Dr Jason Blair with Pediatric Dentistry and Orthodontics of Chattanooga PDOC

Welcome to our series #LocalResources exploring breastfeeding topics in local providers throughout the Chattanooga area. Our next Q&A is with Dr. Jason Blair, in group practice at Pediatric Dentistry and Orthodontics of Chattanooga PDOC.

Hi Dr Blair! Thank you so much for taking the time to answer some questions for the families in our community. We would love if you could start by telling us a little bit about you:



I'm a pediatric dentist and have been back in the Chattanooga area since 2010. I love working with kids and families, helping to create an environment where kids hopefully can like coming to the dentist. But back several years ago, it just came on our radar, the greater need for helping families that are struggling with breastfeeding and kids that are tongue tied and have lip ties that need correction.

Q: What would you like to share about your family?

With my youngest, we began to notice he was having some speech issues. And so we were looking into what all can come through this and be the cause of the problems with it. And as I started to do an exam one day, he was in my office just getting his teeth clean. I was like, oh my goodness, he's got a minor tongue tie. And so we took care of it for him, but at a later age and mainly for the speech issue to help him with that. It wasn't necessarily a nursing issue for him.

#### Q: What does a tongue tie look like? What are the symptoms?

When it comes to newborns, the first symptoms that we typically see are from moms. And it's not fun. Breastfeeding shouldn't be painful. Other times, it's not necessarily when we have pain that's the primary symptom, sometimes we have babies who are falling asleep at the breast or not getting enough milk, or they're wanting to eat every hour to hour and a half just because they're not getting enough milk.

So when we're starting to look, and that's when we check, 1- have we seen the lactation consultant make sure their techniques and positioning is correct. And after that, we like to come in and see, do we have a lip or tongue tie that can be causing a problem with the latch or with the child's ability to nurse effectively?

Physically, what it looks like is actually a fibrous piece of tissue. The obvious ones are pretty clear. Mom and dad usually look in the child's mouth and they say, oh, my goodness, there's a little strand of tissue that's holding the tip of my baby's tongue to the floor of the mouth. Those are the obvious ones. But then there's also the lip tie, which if you pull the baby's lip up, but you see that same type of strand of tissue that connects all the way to the end of the gums. Both of those can be problematic. Now, what becomes a little bit trickier is when it's

not as obvious, then you get into what you might read about as posterior tongue tie. And that's that same band of tissue, but it's deeper within the tongue. That requires an exam where you actually have to palpate under the child's tongue to feel for that band of tissue and to feel what kind of restrictions are occurring.

#### Q: Is treatment for tongue tie necessary?

So once again, they are not always problematic. But when we have symptoms **and** we see those problems mentioned earlier, that's when it needs to be addressed.

#### Q: What about nursing toddlers with speech delays?

We like to work in conjunction with the speech therapists and pediatricians, because at younger ages like 2-3, a lot of times, they haven't been evaluated by a speech therapist yet. Moms start noticing, "Hey, we're not pronouncing things correctly with the tongue." The primary syllables that we're going to have problems with are our L's and our S's, our TH's and our z's. Those are all sounds that we create with our tongue actually reaching up to the back of our front teeth or towards the palate to create those sounds. If your tongue is tied to the floor of the mouth and you have that little band of tissue restricting it, that becomes really hard for kids.

Now some kids, as they grow, can actually compensate. They can use the back of their tongue to create those same sounds, but it's not natural, right? It takes extra effort and extra thought in order to do that. So those are the things that we're really looking for speech wise for those young toddlers, those L's, S's, TH's, and z's. If it's a severe tongue tie, it becomes something where it's easy to diagnose, to fix, to make that recommendation. If it's not as obvious, that's where we work in conjunction with the speech therapist and say, "Hey, do we need to be doing some speech therapy in addition to this as well?"

# Q: Do you do laser or scissor revisions? Why? And How long does the surgery take?

We use a light scalpel CO2 laser. So the benefit of the laser is that it's fairly quick. The actual tongue release, or lip release, only takes 30 seconds to a minute. This is beneficial for babies or toddlers who can't hold still for long periods of time.

#### Q:Do you require general anesthesia?

In our practice, we prefer not to use a local anesthetic. The first reason being that we don't want baby to be numb for 2 to 3 hours. We prefer they move about as soon as we're done. If mom would like to, she can try to nurse at that time.

Now, I do use a compounded topical which is a little bit stronger with babies. You have to be very careful not to use topical with benzocaine in it because that can cause some problems with their blood and how it reacts. It doesn't always do that. It's pretty rare, but obviously something that you don't want to happen. But we use a compounded topical that does not contain benzocaine in it. So it's safe for baby, but it takes the edge off, makes it a little bit easier for the child.

#### Q: Q: How many procedures do you perform per month?

I would say we do anywhere from five to ten a month for infants. We also do some on older kids just getting out of braces as well.

#### Q: Do you treat posterior tongue tie as well?

Yes. Literature can be a little sketchy when it comes to the posterior tongue tie. However, what we've seen is that a lot of providers just look at the tongue and they're not palpating for that posterior tongue tie. There are kids that have that deep fibrous tissue that's within the tongue that's actually causing a limitation for how the tongue should naturally move. But if you're not actually palpating for it, then you're not going to see it. So, yes, I do prefer to take care of the posterior tongue ties as well, especially if mom is showing symptoms or the child is showing symptoms that we're not feeding correctly.

#### Q: What is your post procedure stretching routine?

I do recommend stretches. I think that that's key to help for healing and to make sure that we have the best results. So I try to demonstrate for the parents while they're in the office. And so I talk about it before the procedure, then I also make some recommendations and provide them a link for some videos. So 1- I show them, 2- I talk them through it. 3- I provide some links for them to be able to see it visually because it's an emotional time. 4- we do provide a sheet of post op instructions that describes everything. And then I also like to give mom and dad my cell phone number so that, hey, when we forget these things or something seems questionable, they can text me, call me, send me a picture, all the above, in order to make sure that this is as smooth as possible for them.

#### Q: What locations do you have?

I primarily go to our Fort Oglethorpe office and then our Ooltewah office. Occasionally I'll go up to Cleveland as well.

#### Q: How long have you been in practice?

I have been practicing back in the Chattanooga area for 13 years now.

Q: Is this a solo or group practice? If it's solo, who covers you when you're gone? If it's a group, how often will we see the other doctors in the practice?

At this time, I am our primary provider that does the lip and tongue tie corrections. I usually I keep the laser with me wherever I go

Q: Do you evaluate for tongue/ lip ties or just revise after diagnosis? If so, do you do the revisions in office same day?

I evaluate for the ties in house. If someone calls and they're in pain or having trouble breastfeeding, I work really hard to try to get them in either that day or the next day, within a couple of days of when they call so that we can get things evaluated. And if possible, we try to treat the same day as well.

#### Q: How long is a consultation with you? Is there a follow-up visit?

Typically, I try to take anywhere from 15 to 30 minutes with mom and dad before we look at this. So we want to talk through the issues. We want to understand what problems that mom is having, what problems that the baby is having, what symptoms that we're seeing. Then we take a couple of minutes and we go through an actual evaluation of the child. We'll take some pre operative pictures to make sure that, if this is possible for us to send to the insurance. So not only do we file to the insurance, but if we can show some pictures, that helps for things to get paid for for mom and dad. If the child's not on dental insurance, then that allows them we'll send the pictures for them as well so they can use that when they file it for medical insurance. Afterward, then we talk through what we're finding and what

symptoms those are going to cause for the child based off what we see. And then I walk through the procedure with them and how we would take care of what needed to be done.

At that point, we let mom and dad decide, do they want to do that at that visit? Like I said, we try to make every effort. If they are if they are actively seeing a lactation consultant or if this is an experienced mom that has been breastfeeding several other children, they know that this isn't right.

They've been able to do things correctly before, and now this baby comes along and things aren't working right. I'm willing to go ahead and treat them, but I'd still recommend that they follow up with a lactation consultant. But we make every effort to help treat the child that day, as long as it's reasonable. And then once we do the procedure, like I said, the procedure doesn't take very long. Then we allow mom, if she would like to try to nurse, we provide a private area for her if they desire to try to nurse.

Then we talk about post-op instructions so they may be at the office for 45 minutes or so, depending on the situation and the conversation.

I really encourage parents to come back for a one week follow up because I want to be able to evaluate the healing with my own eyes to make sure that stretches are being done effectively and healing is occurring the way its supposed to.

### Q: How much is the procedure? Is any of this covered by insurance?

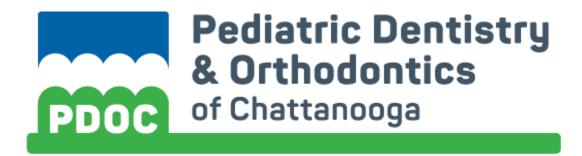
If they have dental insurance and the baby's covered, we're happy to file that claim for them. The procedure itself as of today's date is usually about \$425 for a lip and \$425 for a tongue tie revision if it's not covered. We try to work with mom and dad to make that feasible for them in order to get something done. And we also provide them some documentation if

they'd like to file it with their medical insurance. Unfortunately, we don't file medical insurance, but we will help with dental insurance.

Q: What kind of services do you offer currently, and how could someone get in touch with you?

The lip/tongue tie family of issues. When it comes to infants and young children, that's primarily what we take care of.

You can find us on our website: <u>www.pdoc.com</u> or by phone: 423-622-4173



Languages: English and some Spanish

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