

**Heavens Gate Limited (Simon Prideaux) Surgical Tongue-Tie Division (Frenulotomy) Informed
Consent form**

Name of Parent / Legal Guardian.....

Name of baby including middle names..... DOB

Address:.....

GP:

Why snip the tongue-tie?: The government have supported 'WHO' guidelines encouraging exclusive breastfeeding for 6 months. NICE include **division of the frenulum (frenulotomy)** as a ***“form of care that appears to be promising for extending the duration of breastfeeding***, well grounded in theory and with some research to substantiate”. There are also probably benefits of frenulotomy in those babies having bottle feeding difficulties. There is some evidence that frenulotomy also improves reflux and colic type symptoms. However improvement in feeding or digestion can never be guaranteed. By performing a frenulotomy, the tongue is freed, thereby improving the chance of a pain-free and effective latch, a more efficient suck and a better seal on bottle or breast.

What is the procedure?: Frenulotomy in babies is a simple procedure as the frenulum has a poor blood and nerve supply. **Principle complications** These complications include but are not limited to post-surgical **bleeding, infection**, swelling, pain, damage to adjacent structures such as salivary glands, nerves, muscles. A common complication is **re-attachment, scarring or reformation of the frenulum** which may need further minor surgery. **How is it performed?** Using blunt-ended sterile scissors, the frenulum will be snipped back its full length. A sterile swab will immediately be pressed on the cut and the infant taken straight back to the mother for feeding. **What about aftercare and follow up?** Healing time on average is 3 to 14 days. The wound heals like an ulcer and may appear white, grey, bright orange or yellow (if the baby has jaundice). These are all normal. Aftercare includes tongue exercises which will be explained. I have been advised to return for a 1-week follow up check to evaluate healing of the frenulum area. **Alternatives to suggested treatment:** I understand that alternatives to a frenulotomy include no treatment, with the expectation that the frenulum may continue to cause breastfeeding feeding issues in the short term **or manual therapy (Osteopathy)**. **No warranty or guarantee:** I hereby acknowledge that no guarantee or assurance has been given to me that the proposed treatment will be successful. The procedure as well as the findings on examination have been explained to me fully and I have been made aware of the risks as well as the potential benefits of **Frenulotomy** and I hereby give my consent for this procedure to be carried out by Simon Prideaux . **I certify that I have read and fully understand this document, that all my questions have been answered and I AM THE PARENT OR LEGAL GUARDIAN OF BABY**above. **If I declined Vit K for my baby I understand that there is an increased risk of VKDB and I accept that extra risk** I understand that this is a private service and agree to settle the fee which was agreed in advance. **I also consent to Osteopathic treatment for my baby** YES / NO

Signature of parent /legal guardian:*>>>..... PRINTDate:.....

Countersigned : Practitioner (Simon Prideaux) Tel **07501221701** Date

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