Sawbones 486: Tongue Ties

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

Justin: Hello everybody and welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: I'm so excited to be here with you. Good to see you.

Sydnee: Me too, Justin.

Justin: I don't have any particular reason, it's just nice. You know, it's a regular Sawbones, it's just a nice, no kids in the house.

Sydnee: I know.

Justin: It's very focused, it's nice. We've had to deal with them lately due to flu and what have you. Get your flu shots by the way. Our kids got an attenuated version of the flu because they had their flu shots and it was not bad at all, it was, like, a day.

Sydnee: Well, it was, like, two days, but yes.

Justin: It was two days for Charlie because she really likes to lap it up. Cooper was ready to party by, like, 6 PM that night.

Sydnee: And I will say, somehow you and I are knocking on the wooden table here. Somehow, we have remained flu free.

Justin: Thank you, flu shot, I bet.

Sydnee: Yep.

Justin: It's anecdotal, I know, but get it.

Sydnee: There you go. No, it is nice to know they are enjoying themselves at school and we are... That was a—

Justin: Maybe they are, maybe they aren't. The point is they're not here. [laughs]

Sydnee: They're still young enough that they like school. They enjoy it and we're...

Justin: I liked school. Wouldn't you go back to school if you could?

Sydnee: Uh, what grade?

Justin: Ooh, not middle school.

Sydnee: Nope.

Justin: No, no. God, probably not high school.

Sydnee: No.

Justin: Maybe third? That was really hard, that cursive and multiplication.

Sydnee: No, third grade was rough.

Justin: Yeah, man. I'm sitting pretty.

Sydnee: No...

Justin: I'd do college! [laughs]

Sydnee: College.

Justin: I'd do college again. [laughs]

Sydnee: College was fun. Yeah. No—

Justin: I wouldn't want to pay to do college again. Can I is that why there were so many weird 40 year olds lurking around when I was in college? You know, the one guy at the party, it's like...

Sydnee: Because it's fun.

Justin: "... what are you doing?" It's, like...

Sydnee: College is fun.

Justin: "I'm not having to pay to be here. I'm just enjoying your great drugs and your vim and vigor."

Sydnee: And your great music.

Justin: "I love this music. What do you kids say this is? Ice Spice. Well, I think Ice Spice is pretty nice from where I'm sitting."

Sydnee: That is what you would say.

Justin: Got any more of those great street drugs, kids?

Sydnee: Um... Yeah, but we're not going to go back and do college again.

Justin: No.

Sydnee: No, we're done with that.

Justin: We're going to go all the way back to being babies again.

Sydnee: Yes. Yeah. We're— Thank you, Sarah, for sending in this topic. This was a great suggestion. And Sarah also helpfully linked me to a New York Times article that I read about this. And I was kind of aware of this controversy in our current medical world, and this is an ancient problem that

we are still trying to best figure out how to address today. So we're gonna talk about tongue ties. Do you know what a tied tongue... a tongue tie?

Justin: Um...

Sydnee: Ankyloglossia if you prefer.

Justin: I have a vague idea. I was distressingly old, I would say, before I learned that was not just a metaphor, a figure of speech, but it's the... I'm probably gonna mangle it, but it's from the bottom. It's really hard to point and to... But like the thing that connects the bottom of your tongue to the bottom of your mouth...

Sydnee: Mm-hmm, the frenulum.

Justin: ... is, like, longer than typical, so the tongue doesn't have as much mobility in the mouth?

Sydnee: There you go. There you go. That's the base— And it is, by the way, like, the fact that we call it a tongue tie is sort of direct, like, you can find the term tongue tied predating us using it for a medical condition.

Justin: Really?

Sydnee: Like, we adopted the term tongue tied to mean a literal, like, physical problem in the tongue after it was already being used, like, there are, like, biblical references to being tongue tied meaning, like, I cannot speak, but it's not a literal thing.

Justin: Huh, okay.

Sydnee: Do you know what I mean?

Justin: So, it's like—

Sydnee: The figurative use came before the literal use.

Justin: And maybe it's one of those things where the etymology of it is just, like, was self-evident because we're already using it for this other thing...

Sydnee: Yeah.

Justin: ... but it's not really what you mean. It already had a derogatory connotation.

Sydnee: Yes, yeah, tongue tied did not mean a physical problem at first, and now it does. There. [laughs] There.

Justin: There.

Sydnee: Putting it separate.

Justin: Is that good enough for you, folks?

Sydnee: But I do think it's easier to say than ankyloglossia. So anyway.

Justin: But I can't say ankylo— Mm.

Sydnee: Mm-hmm. Keep working on it. The reason this is controversial is because of a statement that I'm gonna make that isn't controversial, which is that breastfeeding is hard. It's hard.

If you have breastfed in your life, then you know that, at first, no matter how much you've read about it, or like myself, I went into it as somebody with a medical degree who had studied it both as someone who planned on doing it and someone who helped others do it and had looked at like diagrams and talked to lactation consultants ahead of time and all of that stuff.

Justin: And was perhaps most importantly, like, absolutely, like, resolute in the decision.

Sydnee: Yes.

Justin: The willpower was there.

Sydnee: Yes. And so I went into it from that perspective and it still feels at first, like, how am I going to make this happen? And even when you think, okay, I think that the baby is latching and I think that we're doing it right, it's scary because you don't know for sure.

You can do— There are things you can do, like, you can weigh your baby right before your breastfeed and right after your breastfeed to try to see how much they got.

Justin: [laughs]

Sydnee: Like, that's really a thing we do.

Justin: But then you have to check and make sure they don't just have their keys. That's a problem.

Sydnee: And so it's really intimidating because then you're just, like, "Well, how do I know if they're getting enough?" And everybody tells you, like, well, as long as they're gaining weight and peeing, then they're getting enough. But then there's all these other factors which are, like—

Justin: You want a metric. You want a metric. You wanted to know exactly how many.

Sydnee: Well, and this all plays into this narrative. It is especially difficult if you come from a place and a time where breastfeeding was not necessarily the norm for the previous generation or the generation before them, which is the situation I found myself in, where we didn't have this sort of, like, institutional knowledge, so to speak, as a species that had been just passed down because there was a time period, especially in American history, where most people didn't breastfeed.

Justin: Mm-hmm.

Sydnee: And so I'm comparing it to the very easy to measure bottle feeding, where you can see exactly how much.

Justin: Right, that's true. Yeah, I hadn't thought about that.

Sydnee: You know? Not that bottle feeding is, "And everything's so easy and you have no problems if you bottle feed." Obviously there's your own set of challenges.

But I... how much they're getting is, it's scary. And it feels like something you should know how to do. That's what everybody tells you, like, "It's natural. Your body knows how to do it." Like that's, everybody tells you that. And so, like, there's all this pressure, like, you really should be able to just do it.

Justin: Right.

Sydnee: And there's—

Justin: The most natural thing in the world, right? It should just happen. [laughs]

Sydnee: And you're exhausted already. You're overwhelmed, you're terrified. You're trying to just do this thing that your body's supposed to do for you. And there are all these— Nowadays there are lots— There's lots more pressure not only to support you in breastfeeding, but to guilt you if you can't.

Justin: Mm.

Sydnee: I think it is fair to say that we went from, "Hey, breastfeeding is great and you should try it and there's nothing wrong with it," which is good because there was a time period where the message was the opposite. But we've gone all the way to, "This is the only way. And if you can't do it, I guess you're not a very good parent."

Justin: If you're interested in the topic around the time Charlie was born, so it would have been, you know, mid 2014, I think, and later we did several in a series, I think, on breastfeeding in several pregnancy related, um...

Sydnee: Yeah. The mysteries of the boob or something of the breast. What did we...? We called it something.

Justin: Yeah, I forgot. We were having a lot of fun back then. Not getting a lot of sleep, but we were having fun.

Sydnee: So, it's beyond understandable that, if in this sort of scary, vulnerable period, if somebody swoops in, who has expertise in this area. And there are lots of people who can claim expertise in this area.

When it comes to having a baby, you are surrounded by a variety of different types of medical professionals, like doctors, nurses, lactation consultants, dentists, all kinds of various medical specialties who could all weigh in and say, "I'm the expert on this."

Justin: You also have a lot of the population that has many, many years of... lived experience that assures them that they too know the exact thing that you should be doing.

Sydnee: And if you are in that moment where you're scared, you're sleep deprived, maybe you really are struggling to keep your baby gaining weight. Maybe you've been to the doctor a couple times and your baby's doctor has said, like, "Oh, they're not really gaining as much as they should and I'm worried." And so, like, you're really feeling that pressure.

If somebody comes in and says, "I know all about this and I can help you fix it. And it's really quick and easy to fix it. And also, by the way, not only will it fix all your breastfeeding problems, but it will prevent any future speech issues that your child might have. It will prevent sleep apnea. It will prevent constipation and scoliosis."

Justin: I mean, I'm feeling pretty excited if I'm hearing that.

Sydnee: Then you would probably jump on that, right? And that seems to be what's happening now when it comes to the surgeries that we perform to fix what is colloquially known as a tongue tie. I'll just use 'tongue tie.' I think that's an easier way to describe it than ankyloglossia.

Justin: Yeah.

Sydnee: So let's start with, what is a tongue tie? What do, like, you said—

Justin: I feel like I did a pretty good job.

Sydnee: Yes, but, like, how do you, I mean, we don't just— When we diagnose something, we have to have criteria. So already there's controversy in this area because I might tell you one thing and depending on whether or not you think there are more tongue ties than we're diagnosing, someone else might tell you something different…

Justin: Mm. Like the amount of tongue that is metaphorically tied.

Sydnee: … than what is— Yes. Exactly. So, what we are taught generally in medical school is that— So there's a band of tissue that connects to your tongue, that's called the frenulum, to the floor of your mouth.

Justin: Okay.

Sydnee: And it's actually, I should say, it's, like, a fold of tissue. It's not just, like, a string. This is important to know because when you cut it...

Justin: Man, I just went back to feel it and I really regret it.

Sydnee: Yeah.

Justin: I hated that.

Sydnee: You can feel it.

Justin: I hated feeling it. Don't feel it, folks at home.

Sydnee: But— Well, if you feel it, then you know when you cut it, it's not just gonna be like a little teeny cut there. Do you understand why?

Justin: Yeah. Yeah.

Sydnee: This is important.

Justin: It's gonna feel really super bad.

Sydnee: Well, I don't know. Most people have it done when they're too little to remember...

Justin: Right, yeah.

Sydnee: ... although there are adult procedures. But anyway, so the lingula frenulum, this little band of tissue, if it's too short or thick or fibrous or whatever, the point is your tongue can't stick out of your mouth more than, like, one or two millimeters past your lower teeth.

Justin: Okay.

Sydnee: Okay? So, imagine, like, stick your tongue out. It can go pretty far. But imagine it could just barely edge over your lower teeth.

Justin: Okay.

Sydnee: Okay...

Justin: And is that the metric where you— So that's a metric we're using.

Sydnee: So what we were— That was what I was taught, is that— And you can look, then. You look under the tongue and if that band of tissue is connected almost all the way to the tip, it doesn't have to be to the very tip of the tongue, but, like, basically almost to the tip, then you have concern for a tongue tie.

Now, you wouldn't even be considering this if you weren't having problems with latching and breastfeeding, more than likely, at least this is how I was taught. Like, you're not gonna go looking for tongue ties.

Justin: [crosstalk] Looking for it. Right.

Sydnee: If what you're hearing is the baby can't latch, there seems to be

some problem, like, they keep trying to and they get worn out and they're hungry and they're crying and it hurts really bad every time we try, then you might start entertaining, like, oh, maybe there's a tongue tie.

Okay, so all of that, though, is controversial that I just told you because there are lots of different assessment tools now that people use and different areas of medical professions prefer one assessment tool over another and each tool is associated with either a higher or a lower rate of diagnosing tongue tie.

Justin: Mmm, a little sketchy, guys.

Sydnee: Right? And sometimes people will say it's because the band's too thick, too short, too wide, too long, like nobody ever has decided exactly what that means. And then to add to all that controversy, in 2004, there was an article that introduced the concept of a posterior tongue tie.

Justin: Okay, what would that be?

Sydnee: Anterior meaning that the band of tissue is too close to the tip of your tongue. Anterior, like the front. And a posterior meaning that it ties too tightly somewhere along the back. So, there's somewhere along the back where your tongue is attached.

Justin: 'Cause it's a big muscle, the tongue goes all the way back and it's supposed to be the strongest muscle.

Sydnee: And— [laughs] No.

Justin: I've heard that.

Sydnee: Well...

Justin: That your tongue is the strongest muscle. You're giving me a look like you don't know if that's true or not.

Sydnee: I don't know— I'm gonna keep talking about posterior tongue tie.

Justin: [laughs]

Sydnee: But the problem is not everybody even agrees that this is a thing that can happen, a posterior tongue tie. Because what it sounds like is that you look at the tongue—

Okay, somebody's having problems with breastfeeding, you look at the tongue, well, okay, there's no tongue tie, the tongue extends easily from the mouth, and the frenulum isn't attached close to the tip and like all that's okay.

And then you come up with another reason like, well, but it's still a problem with the tongue tie and here's why. So, there's a lot of controversy as to whether that is even a thing.

Justin: Uh... Your strongest muscle in your body is the masseter, the ones you use for chewing right here.

Sydnee: That makes sense.

Justin: These are the strongest in terms of being able to exert force. Your tongue isn't just one muscle. So that's a popular misconception that I just was propagating, so I wanna go in and tell you the truth.

Sydnee: Thank you for debunking that.

Justin: You're welcome, folks. This is what you come to me for, debunking science stuff.

Sydnee: It's funny because it feels like something that I should know as a doctor, but I will tell you, we do not spend a lot of time in medical school comparing the relative strength of a single, of, like, a muscle or muscle group.

Justin: Well, that's only because you're not gonna create an imaginary tier list where muscles have to do battle against each other in some sort of mortal combat.

Sydnee: So, there's also, by the way, to add some more confusion to this whole picture, there's a concept of lip ties.

Justin: Okay.

Sydnee: Which if you, so if you reach underneath your upper lip, you feel the little band of tissue that connects your upper lip to your gum.

Justin: Yeah.

Sydnee: There are some people who will tell you that those lip ties could interfere with breastfeeding and need to be cut as well.

Justin: Mm...

Sydnee: This is a very controversial area and there are a lot of ear, nose, and throat specialists who say, "No, no, no. That is not a thing."

Justin: This is all— I got to say, Syd, this is all seeming a bit more contentious than I kind of expected.

Sydnee: It's a very contentious area. This is, we'll get emails about this. This is a very contentious area.

Justin: Well, I think, I think it... I think part of it comes from, it feels really weird to do surgery on a baby because it kind of feels like we're trying to, and obviously it's necessary sometimes, this is not a surprise to anyone, but there is something I think biologically about it where you feel, like, we are sidestepping evolution in a sense, or we are somehow outside of the natural order of how we are supposed to develop. We're doing guesswork about the evolutionary model that maybe we are not well enough equipped to do.

Sydnee: Well, I mean... I think the thing is, if you look at, and we're gonna get into this—

Justin: I'm not saying that's logically founded, I'm saying that is my emotional response, like...

Sydnee: Sure.

Justin: Like, I don't know, like the pancreas, right?

Sydnee: Yeah, but this is a—

Justin: Or Willem Dafoe in Poor Things, like finding out that you need certain organs.

Sydnee: There is, I mean, you can see, and there have always been very rare cases of a tongue that is almost completely attached to the floor of the mouth.

Justin: Mm-hmm.

Sydnee: Like, that does happen. And in those cases, the tongue is almost, like, it almost can't move.

Justin: Yes.

Sydnee: And you can imagine why that would be a problem. Obviously, I think we can all agree on that one. For, yes, breastfeeding, but also for all of life.

Justin: Yeah.

Sydnee: So, in those cases, trying to fix it, it doesn't, I mean, there's nothing that feels wrong about that to me because, you know, this is necessary. This is just basically in embryology, when everything's developing, sometimes stuff doesn't finish...

Justin: That is an extremely nonspecific way of saying that.

Sydnee: [crosstalk] ... and that can manifest in catastrophic ways. And that can manifest in minor inconveniences that maybe we can fix pretty easily, you know, to allow you to eat normally and speak normally, right?

Justin: Right.

Sydnee: So, I think that's all, that is where this falls into. The question is, since it is a little bit subjective, all of the criteria we use to diagnose it, where does your line fall? And everybody...

And it turns out that the line is radically different. Anyway, the way we fix it, which we've already kind of alluded to, is you snip that band of tissue. I mean, that's, it's frenectomy or frenotomy, um, '-otomy' would indicate that you're cutting a hole in something, whereas frenectomy is removing, like, '-ectomy' is removing it, '-otomy' is making a hole in it. I think that you hear them used interchangeably because it's...

Justin: It's an either and or...

Sydnee: Either way, it's the same thing.

Justin: Yeah.

Sydnee: It's both. You're just cutting it. And the way that they do that in modern days is they— So, you can either use your fingers, like, to go on either side of the band lift the tongue straight up and a pair of scissors and snip. Um... Or there's a laser specifically for this. There's also a little tool, if you don't want to use your fingers, you can use this little kind of like fork shaped tool and lift the tongue up that way and snip.

Justin: Okay.

Sydnee: And then— But like I said, they're also very expensive fancy lasers that some people buy, and they use these very expensive fancy lasers...

Justin: Okay.

Sydnee: ... for this as well. We have been doing this, not with lasers. I mean, probably since forever. We have, like, wood carvings that demonstrate doctors doing this from the 1600s. It's mentioned in ancient literature. We have, like, accounts of how they fixed it starting in probably, like, the 1600s and moving forward. And the opinion through most of history has been that this is a very rare condition. A lot of people talked about that

even though they had heard of cases, like, that there are lots of writings from early physicians saying that they've never actually seen one.

Justin: Really?

Sydnee: Yes.

Justin: One of the really bad ones, like, the real legitimate ones.

Sydnee: But, well, I mean at the time it was a... I think that the diagnostic criteria was a little less controversial.

Justin: Mm.

Sydnee: The doctors are saying, "No, I've never seen an issue with a tongue being so attached to the bottom of the floor that it would cause a problem."

Justin: Wow. That's weird.

Sydnee: But even back then you see writings from nurses who disagree. "No, it is more common than you know." Not that it is incredibly common, but I think what we're talking about, is this a so rare that you might, as, like, a person like myself, I might go my entire medical career and never encounter it, or is it rare in the sense that I'll only see it a handful of times, or is it something that I should be diagnosing on a yearly basis?

That's what we're talking about, sort of that range. And I mean, part of the problem too is, who was delivering the babies? We're kind of in the 1700s for a lot of when these writings were done. Who was delivering the baby? Who was actually caring for the baby early on? And when would a doctor have any interaction with the baby?

Justin: Mm-hmm. And how much time would the doctor check back in to see how things are going and everything?

Sydnee: So, you have, in most cases, midwives who are actually doing the deliveries and midwives would be the ones who would do the procedure,

were it necessary. So, the doctor might not even know. The doctor might not ever see the baby until after this has been done, breastfeeding is well-established. You'd have no reason to ask about it...

Justin: Right.

Sydnee: ... unless either one, the baby still isn't breastfeeding well, or two, there was some sort of complication that arose. But in either case, there's an argument to be made like, were doctors not diagnosing it because it wasn't that common or were doctors not seeing it?

Justin: [crosstalk]

Sydnee: Now there is— There are writings from a midwife, a German midwife at the time, Justina Siegemund, who said that the frequency, like, was one in a thousand. So, someone who would know, who would have that first contact, and would say that that's about how common they would they would estimate it to be.

Justin: It's weird that it is not as meaningful. Like, it feels like a number we should be able to zoom in on and just know, right? But it's— The criteria is so squishy.

Sydnee: It's so squishy. Cause that's what, like, you look at pediatric textbooks from the 1800s and one, it says that it's one in a hundred and in another, it says that it's one in 10. So nobody knew. There are writings and then there was another physician who wrote that it was one in every three children.

Justin: Wow. Well, then...

Sydnee: These are all textbooks.

Justin: That certainly seems wrong to me.

Sydnee: And again, we're talking about a time in medicine where we're still, gosh, all time, where we're still trying to figure it out, right? And so, and also

before the internet, things like a medical textbook or a really influential sort of treatise could be published in a vacuum.

So you're publishing this thing based on your own expertise and experience and you're not necessarily seeing what's happening somewhere else. And so you might get a very skewed—

And if it hits just right at just the right moment, it might have huge impact on kind of our understanding of something medically, but only represent a tiny slice of the truth.

You would think now we would be closer to understanding absolute truths because we can know what's happening everywhere all at once. But I think you could make the argument that has almost somehow made it worse.

Justin: Yeah.

Sydnee: Um, so this puts the prevalence anywhere from .02% to 10.7%.

Justin: Okay, great. So yeah, so we don't know.

Sydnee: So, what do we do about it? What should we do about it? Why is there controversy now? I'm going to tell you after we go to the billing department.

Justin: Let's go.

[theme music plays]

[ad break]

Doug: My name is Doug Duguay and I'm here to talk about my podcast in the middle of the one you're listening to. It's called Valley Heat and it's about my neighborhood, the Burbank Rancho Equestrian District, the center of the world when it comes to foosball, frisbee golf, and high-speed freeway roller skating.

And there's been a Jaguar parked outside on my curb for 10 months. I have no idea who owns it. I have a feeling it's related to the drug drop that was happening in my garbage can a little over a year ago. And if this has been a boring commercial, imagine 45 minutes of it. Okay, Valley Heat. It's on every month on MaximumFun.org or wherever you get podcasts. Check it out, but honestly, skip it.

[Valley Heat theme plays]

John: Hello, sleepyheads. Sleeping with Celebrities is your podcast pillow pal. We talk to remarkable people about unremarkable topics, all to help you slow down your brain and drift off to sleep. For instance, we have the remarkable Neil Gaiman.

Neil: I'd always had a vague interest in live culture food preparation.

John: Sleeping with Celebrities, hosted by me, John Moe, on MaximumFun.org or wherever you get your podcasts. Night night.

[ad break ends]

Justin: Okay, Syd, the modern era of tongue tie.

Sydnee: Okay, so the treatment, and I mean again, has always been fairly similar. So you find writings from Celsus and Galen, and they describe, and the ancient Greek and—

Justin: Well, Paracelsus, Paracelsus get up in there?

Sydnee: Nah, well, I mean, I didn't quote him. Probably, probably. But Celsus and Galen both said basically the same thing. You just lift up the tongue. If the baby— If the tongue is really attached and the baby can't talk... So, we're waiting until the baby can talk, I guess.

Justin: [laughs]

Sydnee: You just grab the tip of the tongue and you cut underneath it and try not to bleed too much. And that was pretty much it.

Justin: Yeah.

Sydnee: And use a sharp instrument is basically what is insinuated. So, whatever your sharp instrument is. Something you use to cut things.

Justin: I think that seems preferable to whatever rusty old nail file you have laying around.

Sydnee: Well, and this— So, and this would be if the procedure is being done by a physician, because midwives were not supposed to use any sort of instruments.

That was kind of part of the deal. Like, you can deliver the babies, but if you need to do something that a surgical instrument would be involved, you need to call a doctor. That was kind of the— That's a crude way of dividing the labor, I guess, literally and metaphorically.

Other than a catheter. I believe a catheter was allowed, but nothing else. So, when a midwife delivered a baby and the frenulum needed to be cut, they could not use a tool.

Justin: Oh...

Sydnee: So, it was common practice and this is about 1700s to use a fingernail.

Justin: Oh, man!

Sydnee: Yes.

Justin: Aw, man.

Sydnee: Mm-hmm. And there, I mean, there are writings that reflect this: "The tongue is sometimes so closely tied to the lower part of the mouth by the means of the brindle that is obligated to be cut. This is usually done by nurses and midwives with their nail." So, nurses or midwives who delivered the baby would have a sharp nail to use, yes. And I mean, again—

Justin: If it just says nail though, maybe it's a special... Maybe it's not a fingernail.

Sydnee: No, it's a fingernail.

Justin: Maybe it's a special... [crosstalk]

Sydnee: It's definitely a fingernail.

Justin: ... used for just this purpose.

Sydnee: There are lots of writings that talk about the use of a sharp fingernail or even just like, well, and moving forward, even just, like, your finger to tear tissue.

Justin: Yeah.

Sydnee: But yes, a sharp nail was very common. And again, we're not in an era where we understand, like, infection. So...

Justin: Right.

Sydnee: ... the idea...

Justin: Right, fingernail's as good as— Yeah, yeah, right.

Sydnee: ... that our fingernails are dirty, because all of our fingernails are, all of us. That's just the nature of your fingernails, you touch things with your hands and you get germs under there.

The idea that would not be sanitary. Now, to be fair, I don't have a ton of stories to tell you about, like, okay, to compare this to some, I think that this is a good comparison. When we talked about teething, when we did a whole episode on teething, and if you wanna learn more about it, I will just warn you, it's...

Justin: It's a much more bracing listen than you think that you're going to be participating in.

Sydnee: We thought teething was a problem at one point that we needed to help along. And so, it was not uncommon to cut gums to help the teeth break through.

And there are definitely accounts we talk about of infections that arose, you know, fatal infections that could arise from that. I don't have a whole list of fatal infections to tell you arose from this practice. I'm not saying it didn't. I mean, certainly it must have at some point, right?

Justin: Aren't your antibodies, like, I'm gonna make myself sound stupid, but at that age, aren't you, like, just ripping it with antibodies and stuff, like, healing agents and stuff like that?

Sydnee: Well...

Justin: Like you're just, like, juiced full of stuff from mom, like...

Sydnee: If you're breastfeeding. If you're breastfeeding, yes. And then also the mouth has natural, like, protective, like that— There are elements within your mouth, specifically, and your gut to protect you against infections. And also, the mouth is already, it's not like it's a sterile environment to begin with.

Justin: It's dirty, actually.

Sydnee: Yeah, harbors tons of bacteria.

Justin: It's the dirtiest thing on Earth.

Sydnee: So, I don't know, but either way, you didn't have to use your fingernail, you see other accounts of things you can use. And a lot of this, and I think this is where you get into some of the early controversy about it.

A lot of this kind of goes into, like, folk medicine writings, because you could use a fingernail, or you could use, like, a sharp coin. Yes, like, a piece of

money. Sometimes you would find surgeons using specific tools, other than scissors or lancets, they could use things like silver nitrate or iron sulfate, which are both caustic substances that will cauterize, sort of burn and damage the tissue that way.

So, you find some accounts of that or, like, ligature meaning they would, like, try to cut it or I mean try to tie it so that it would... die. You know. The wound, again, I think it's important to know there is a wound left behind because it's actually, like, if you imagine once you cut that it's gonna be like a diamond shape. It's not just a little snip. I think a lot of people assume it's just a... It's like a string?

Justin: Mm-hmm.

Sydnee: It's not a string. It's a folded band of fascia, this tissue that has formed. And so, when you cut it, there's a little hole there. And they used to recommend things like barley water or honey to treat the wound. Or they would just say, like, the breast milk will treat it. You know, it goes right to where we need it to go.

Even throughout all these years, most physicians would still argue that you probably don't need to do this. And they would say the only indication is, you know, if the kid is showing signs of a lack of nutrition, they're not gaining weight, you know, they're clearly suffering from that.

There were some certain things you could look for, like, when they feed a clicking sound that might indicate the tongue was trying— Like, a click as it was trying to—

Justin: [crosstalk] Okay.

Sydnee: You have to imagine how involved, especially with breastfeeding, the tongue is with, like, molding around the nipple and helping to force the milk out of the nipple.

Justin: Yeah.

Sydnee: And so, as the— There would be, like, a clicking sound as the tongue wasn't able to, I don't know, to perform this. That they would wear out. And again, there were some pretty obvious descriptions of, like, the tip of the tongue being attached to the floor of the mouth.

But while this was going on, most physicians were saying, "But this is so uncommon. And we don't trust the midwives who are diagnosing this as frequently and who are doing this procedure all the time." Now how much of that was because it was being over-diagnosed and how much of that was because there's always been conflict?

I mean, we've talked about it on the show in multiple different episodes, the history of midwifery and physicians who deliver babies and the interaction between those two groups. It's always been contentious.

Justin: Yeah.

Sydnee: It's always been sort of a turf battle and so, you know, were they just dismissing these concerns from the midwives because of sexism and arrogance or were they dismissing the concerns because they weren't valid?

Justin: Yeah.

Sydnee: Probably some of both, right?

Justin: Right.

Sydnee: So anyway, you kind of have this debate that rages on. And I mean, we're all throughout the 1800s where there are a lot of doctors saying, "This is kind of like a folk medicine thing. You don't need to listen to this." But then there are nurses and midwives who are saying, "No, it's much more common than you think." And all of this, at least on the US end, kind of quieted down in the 1900s.

Justin: Hmm.

Sydnee: Why?

Justin: Why?

Sydnee: Why did we, why do we not have this raging battle? Once we get into, like, more standardized practices of medicine, where we're starting to, like, really rely on evidence-based medicine, we're using tools to diagnose things when we're moving into that era of medicine, this should have been solved, right?

We should have figured out what the truth was. That was the right time to take something like this that's controversial, drill down on the science, look at the studies, look at the outcomes, and decide who's tongue-tied and who isn't...

Justin: [crosstalk] So why didn't we?

Sydnee: ... who needs treatment and how do we do it?

Justin: Why didn't we?

Sydnee: Because breastfeeding fell out of fashion.

Justin: Mm.

Sydnee: It didn't become that prominent of an issue for a while because, especially with the wide release of standardized formula that you could purchase.

Justin: Yeah.

Sydnee: And we've done a whole episode on formula so you can hear about all of the weird stuff we tried to feed babies before we had formula, thank goodness.

But once formula became something that you could purchase that we knew was, like, perfectly made to meet a baby's nutritional needs, a lot of people stopped breastfeeding. And again, we've done a whole episode on this, but a lot of the kind of social view of breastfeeding in this country was that it was what you did if you couldn't afford formula.

Justin: Right.

Sydnee: And so formula was seen as, like, the better, this is what you did if you were more affluent, if you had means, if you wanted to give your baby the best, you bought formula, and if you absolutely couldn't afford any of that, I guess you could breastfeed, but it was looked down upon. And so it certainly wasn't something you were going to talk about or seek a lot of support for or any of that because it was almost seen as shameful.

Justin: Mm.

Sydnee: So, for a while, there's no, real arguing about tongue ties...

Justin: Right, because we aren't— Because, oh, okay.

Sydnee: Yeah, does that make sense?

Justin: Yeah.

Sydnee: Okay, well, as what happens with all things, breastfeeding came back. So, you start to see in the ‘70s a rise in the interest of breastfeeding again. I know that seems, that's such a long time ago, like, to say this, it started in the ‘70s, why are we just now having this huge debate about tongue ties and breastfeeding in the year 2024?

Well, because, kind of like I already mentioned, for a lot of people starting to try to breastfeed, they didn't have that sort of cultural knowledge base to turn to. They didn't have a parental figure or another older person in the family who they necessarily could look to for that sort of support. Their friends were kind of in the same boat.

Justin: We talked about several times, it's really hard. These things change really slowly because for every bit of new science there are, you've got a bunch of people who are, like, "Listen, all I know is I made it through doing it this way, so, like this is how I was brought up."

Sydnee: Mm-hmm.

Justin: And it's that cyclical thing of perpetuating it too.

Sydnee: And you really, it takes a while to sort of turn that tide. Like, I feel like I am at a point now where if I had a younger person in my life who was looking to me like, hey, I'm trying to breastfeed, can you help me? I could start to offer that support, but I feel like that's just a generational tide that has turned here recently.

Anyway, so as you start to see a resurgence of breastfeeding, the controversy kind of returns. So in the 90s, we see some, like, actual tools created to diagnose a tongue tie. And one that is used a lot is the Hazelbaker assessment tool, which was made by Allison Hazelbaker, an international board certified lactation consultant.

And you'll see that IBCLC, that's somebody who can provide evidence-based, knowledgeable support in breastfeeding. And they are, especially early on, having one of those in your hospital, like we did, who could help me troubleshoot, counsel me, was just amazing.

Justin: Are they different from La Leche League?

Sydnee: La Leche League is its own thing. Like the IBCLC, people who have that designation have actually gone and become certified lactation specialists.

Justin: Oh.

Sydnee: It's like the certification board.

Justin: Okay, got it.

Sydnee: So you could certainly work with La Leche and be, I mean, probably most of them are IBCLCs, but they're different. You know what I mean?

Justin: Yeah.

Sydnee: Like they're different, yeah. Complementary, different organizations. So anyway, she created this tool that, and you can look it up, it's free for you to check out. And it has, like, different criteria, like how does the tongue look when it's lifted? Because when you lift up your tongue, if it's really attached to the bottom of your mouth, it will look heart-shaped.

Justin: Oh.

Sydnee: So, but anyway, the elasticity of the frenulum, with how the function stuff, like how far can you lift it and how far past your lower lip can you stick it out. So anyway, there's a whole— You score the baby on all these different things.

And then at the end, they tell you like either, no, your perfect score, your tongue works fine, or well, it's acceptable, but there might still be some issues or there's definitely some impaired function. And then if you have impaired function, then you can be referred to have that frenectomy or frenotomy, you know, performed.

Now, as people were starting to become aware of this and treating it, and I was trained on how to do, I've never done one, I've never actually done a tongue tie release, but I was trained on how to do it in med school.

Justin: You just take your nail and get...

Sydnee: [laughing] You just take a sharp nail. There was an article published, and I referenced it earlier, in the American Academy of Pediatrics in 2004, that really sort of, again, sometimes an article just hits at this moment, and it was not a study that was done.

It was not based on, like, I have all these numbers and we compared these two groups. It was not that kind of article. It was more based on a person's experience as a pediatric surgeon who did these procedures and kind of making the case that based on my personal anecdotal experience, I believe there are a lot more tongue ties than we're diagnosing. And I believe we should be doing this procedure a lot more frequently. And it really had a huge impact on the world of infant care tongue tie release.

In the ensuing years, there would be all this new debate and controversy among pediatric surgeons and dentists and lactation specialists, it culminating in the year 2020 when there was a panel of ear, nose, and throat specialists who released their sort of consensus guidelines on it and said basically, "We are over-diagnosing tongue ties. We're doing these procedures way too frequently."

Justin: Mm-hmm.

Sydnee: And the idea of like the cheek or lip tie, all of that sort of thing, we shouldn't be doing period. But despite that, and despite the fact that, by the way, there are no high-grade studies that say a tongue tie release does something beneficial.

Justin: Mm.

Sydnee: There are lots of testimonials. There is lots of anecdotal evidence. But as far as the kind of studies that we use to guide medical decision-making, there are none that tell us...

Justin: Babies are notoriously tough for this kind of research, though, right?

Sydnee: Right.

Justin: Because no parent wants to be, like, "My little Dakota will be the control." Like, nobody wants to do that.

Sydnee: It's really hard. I mean, and especially, like, if things are going well, you're never gonna complain. If things aren't going well, it could be due to a variety of issues, but if there's one that is a quick fix... And the other thing too, is that breastfeeding for most people, you tend to struggle at first and then it gets easier as you go. And so it's kind of like the cure for hiccups or warts.

Justin: Mm.

Sydnee: There's going to be something that you do right before it goes away. And then you're going to credit it with that. There are probably some

children getting tongue tie releases who... breastfeeding would have improved with time anyway. It had nothing to do with that. They just also had that done. And in addition to all this, there are risks. They're rare. Most of the time this procedure, they don't do it. By the way, we usually don't use any kind of anesthesia other than maybe some topical, like put something numbing on that area and then just do it.

That's it. That's the extent of the anesthesia. It's not a surgery that we put you to sleep for or anything like that. It's done very quickly in an office or, like, in the hospital setting, in the nursery. I mean, it is not something that you would go under general anesthesia for, okay? But there are some complications that we've seen and that New York Times article, which is a really nice sort of, like, summary of all the controversy around it...

Justin: Mm-hmm.

Sydnee: ... if you're interested in why there is such a kind of debate. It's called Inside the Booming Business of Cutting Baby's Tongues. It was published this past December. But they detail some cases where things went terribly wrong. And they're— Because of the pain after the procedure, some babies have aversion to all foods and all, like, bottles and breastfeeding because now they've associated their mouth with pain.

Justin: Okay, well, what are you supposed to do? You know, like, as a parent, what are you supposed to do if the doctor comes in and is like, we gotta snip here? Like, I mean, how do you know the difference between somebody who really needs this and who doesn't?

Sydnee: That's, I mean, I think what you're asking is the problem that a lot of parents are up against right now. And you will hear, like, there are parents who say, "You need to get this done because I did it and it saved my breastfeeding relationship with my child."

And then there are parents out there who are saying, "I had this done and my child still can't eat solid food at one year and had to eat through a feeding tube for a while." I think that one thing you need to look for is the person assessing for a tongue tie.

First of all, they should be doing it in person. If there is someone who works through the internet and tells you based on pictures or descriptions that your baby needs a tongue tie release, I would not trust that person. Go somewhere else. I'm not, I don't know if your baby has a tongue tie or not, but you cannot diagnose it through a blog. And there are people out there— And that's the thing, too—

Justin: People maintaining blogs? [laughs] Bloggers?

Sydnee: You know what I mean. You can't diagnose it based on—

Justin: You can't use a blog to treat something.

Sydnee: I think what is happening...

Justin: Can't use your MySpace to—

Sydnee: ... is you have scared groups of new parents on the internet and, like, Facebook groups and things like that who are saying, "What do I do? I can't breastfeed because of blah-blah-blah-blah and I'm scared and help." And then you have bad actors who go into that group and say, "Your baby's tongue tied. I don't even need to see."

Justin: Right, right, right.

Sydnee: "Just based on what you're saying. And you can come to this office where I'm affiliated and they will do this procedure for you. It takes 30 seconds. It does cost seven, eight, $900. Your insurance does not cover it, but it will fix all of your problems."

And that is the problem is we have a space where there are people who are making pseudoscientific claims about who has it and what the potential benefits of it are.

Because that's the other thing. They're also touting that if you have this done, it will prevent your baby from developing sleep apnea in the future and also make sure that they don't get scoliosis, which why would it have anything to do with either of those things?

Justin: Yeah.

Sydnee: So, there are all these pseudoscientific claims. And I think the other thing too is, I believe our culture has accepted that not all of us physicians can be trusted. And I think they've taken that to an extreme, I would argue. Right? Like, I don't think making the statement that there are some doctors that are bad actors is not a— Well, that's not controversial. I mean...

Justin: It's practically the thesis statement of Sawbones. [laughs]

Sydnee: Right? I think what's tougher—

Justin: We live in the gray area between trusting medicine fully and distressing medicine and doctors fully.

Sydnee: What's tougher is that in this article, they detail an international board-certified lactation consultant who seems to similarly be dabbling into pseudoscience and therefore is a bad actor in this space because they're recommending this procedure without going through any sort of proper assessment and making claims as to what it can do that are not true or based in any science.

And I don't think we're as used to that. I mean, usually, I think the public kind of sees, like, doctors, we're the villains, but usually people like nurses or lactation consultants, sort of, like, the other healthcare professionals, are usually always the good guys. And this is a case where I think you've got bad actors in multiple areas. Yes, of course, I'm not letting doctors off the hook.

Please don't get angry at me. But you've got bad actors in all the various healthcare realms, including dentists who are getting in on this. There's a whole conference that they talk about tequila and tongue ties, where they let a bunch of people come and look at the cool new lasers and buy these new lasers and they told them, like, if you buy these lasers, then you could do one procedure a day and make your money back within the first couple

weeks and then it's just profit, profit if you get these, you know, fancy $80,000 Biolase lasers.

Justin: Just be wary of anybody offering new parents certainty or control. Because I feel like that is the thing that you crave most is any sort of certainty. And anybody who's saying this is a, you know, this will fix it, whatever your problem is for sure, you instantly distrust them.

Sydnee: Yes, and if there, yes, if there is someone who would diagnose you without actually assessing you, that's a problem. I mean, 'cause there are assessment tools like I referenced, but it requires you to actually examine the patient and talk to the parent and, like, even watch the breastfeeding issue, watch the latching issues, observe it directly to see, and then make sure there's nothing else going on that might need help with or troubleshoot or whatever.

If there's somebody who isn't going through that process, I would find that a very untrustworthy provider and I would go seek counsel somewhere else. Because again, that doesn't mean that tongue ties don't exist, they do. And some of them do need to be treated. but there are probably a lot of tongue ties being done, tongue tie releases being done unnecessarily right now.

Justin: There it is, folks.

Sydnee: So, and if you, by the way, I feel like because this has become, I mean, we're talking about, like, an 800% increase in these procedures being done. I mean, like, in recent years.

Justin: [crosstalk]

Sydnee: So, I mean, the number of, and again, most of the time, this will be a complication-free procedure. So most of the time, whether it helped or not, it's... nothing bad happens most of the time. When it does go wrong, it can go really wrong, and that matters. If you're someone out there who's listening to this and thinking, like, "Oh my gosh, I got my kid a frenectomy and now I'm questioning and I'm doubting," please don't.

I was very worried about talking about this, just statistically, there might be somebody out there who's starting to feel some guilt. I... We didn't have this done, but I, definitely, during our breastfeeding journey, I engaged in lots of pseudoscientific sort of thinking about some of the, like, supplements that I bought. I made you make me those cookies constantly when I didn't really think those cookies were helping me make milk. They— I just like the cookies.

Justin: Yeah.

Sydnee: I went and bought the pink drink...

Justin: A completely legitimate reason to ask you to make you cookies, by the way. I'll just make you cookies if you want to eat cookies.

Sydnee: But I engaged in a lot of pseudoscientific thinking because I was so desperate and scared and I was willing at that point to think. "Oh, my gosh, maybe I don't know. Maybe I shouldn't trust my scientific mind anymore. Maybe I should just..."

Justin: "Rely on my husband." Yes, that's—

Sydnee: Well, rely on, like, this, what might be considered sort of, like a, I don't know, this knowledge passed down through the ages that I'm going to...

Justin: Yeah. Appeal to ancient wisdom.

Sydnee: I did! I fell— I mean, I know I fell victim to that because I was desperate to do whatever I could, you know, and we all are. You know, that's a very normal thing, if you're a parent or guardian, to look at your at your child and say, "I will do whatever I can." So please don't beat yourself up. It is easy to get taken in. And this is an area where I think in another 10-20 years, we're going to go, "Oh my gosh."

Justin: Yeah.

Sydnee: "What were we doing?"

Justin: Yep. Uh, thank you so much for listening to our podcast, Sawbones. We hope you enjoyed your time with us here today. Thanks to the Taxpayers for these their song, Medicines, as the intro and outro of our program. Um, we got a fun episode for you. Uh, it is a crossover episode with our friends, the Glaucomfleckens. Uh, they do a podcast called Knock Knock, Hi. You may have seen, uh, Dr. Glaucomfleckens... [laughs] What? I keep nailing it every time. I don't know why I'm getting so tickled.

Sydnee: The TikToks.

Justin: We're a guest on their show, Knock Knock, Hi and they're guests on our show. It's a really fun conversation. It's a weird, like, us, like, meeting the, basically, like, parallel universe version of Justin and Sydnee, but, uh, keep an eye out for it. That is going to do it for us. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]