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The New York Times
Editor in Chief, Joseph Kahn
620 Eighth Ave,
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RE: **Inside the Booming Business of Cutting Babies' Tongues**

12/18/23

Mr. Kahn,

Let me start for apologizing for the length of this communication, but I hope you will give me the time to present valuable information about the topic of tongue-tie, also synonymous with Tethered Oral Tissues (TOTs), restriction of the oral ankylofrenula, or ankyloglossia. I am writing regarding the recent engaging (yet enraging) article in your 12/18/23 publication listed above. I am a NJ based Speech-Language Pathologist and Board-Certified Orofacial Myologist® who specializes in feeding, oral motor, and orofacial myofunctional disorders to include TOTs.

I understand the authors' concerns regarding the uptick of tongue-tie surgeries and agree that surgery should be carefully considered; however, I also have some great concerns about the overgeneralizations of this article and the fearmongering it has created. I have personally experienced more positive outcomes than negative when proper pre-and post-operative therapies are performed with a frenectomy. Many of which have been performed by Dr. Siegel.

Increased awareness of any medical condition will result in an increase in prevalence as more professionals become educated and proficient in the diagnosis of the condition. The diagnosis may

in fact be on the rise, but so is professional research, conventions, conferences, and online training.

The authors did not accurately describe the desirable standards of care available to patients to include oral motor interventions, feeding therapy, speech therapy, orofacial myofunctional therapy, bodywork (physical therapy, craniosacral therapy) and integrative therapies (chiropractic care, osteopathy) in pre/post-operative care. This was the whole goal of the book which I co-authored with Lori Overland in 2018, *Functional Assessment and Remediation of Tethered Oral Tissue(s)/TOTs.* This information is available through multiple sources such as The Breathe Institute, The Alabama Tongue Tie Center, TalkTools®, The International Consortium of Oral Ankylofrenula Professionals as well as multiple professional journals which are easily accessible through a simple google search.

My major concerns about this article are as follows:

- No professional in this arena refers to the release of a frenulum as "clipping" the proper terminology is frenectomy, frenotomy, frenuloplasty or release. The article made the procedure sound barbaric.
- The authors interviewed Dr. Siegel, Dr. Zaghi, and other subject matter experts. The authors were provided with research and evidence to support the efficacy and safety of frenectomy, but this was omitted.
- Only licensed physicians have the scope of practice to decide on a frenectomy. While other professionals assess functional implications, ultimately the decision to release TOTs is a medical decision by a dentist, ENT and/or oral surgeon. It seems some of the professionals in this article did not stay within their scope of practice, but this should not represent the majority who do.
- The article failed to interview licensed speech-language pathologists (SLPs) and occupational therapists (OTs) who are experts in oral sensory-motor and feeding disorders. Lactation consultants (IBCLCs) are the gold standard for the breastfeeding dyad, and members of the tongue-tie team, but when a more complex feeding or swallowing (dysphagia)

exists, a proper pre-operative assessment by a licensed pediatric feeding specialist (SLP/OT) is imperative.

- The authors lacked an investigation of the hospital that provided "feeding therapy." Were the SLPs/OTs specifically trained in this diagnosis, or treatment of feeding and swallowing disorders? They did they give these therapists a fair representation. Some feeding clinics take a behavioral approach which is contraindicated with frenectomy. The lack of information provided does not justify the authors' conclusions. The authors missed an opportunity to educate the public on what type of therapies are evidence based for frenectomy care.
- Restrictions of the oral ankylofrenula impact patients across the lifespan. This article focused on infants and gaslighted the experiences of other patients, harping only on complaints, with no mention of the thousands of positive outcomes achieved across the lifespan. Had they taken the time to interview a fair number of patients, they would have come to different conclusions.
- When Dr. Siegel discussed what long term outcomes could be, this is based on research. In my experience he only performs releases when functional deficits are current, not to avoid future problems. His words appear misconstrued.
- I have shared a countless number of patients with Dr. Siegel and the authors barely touched upon the amount of time, pre-and post-op instructions, referrals, and personal communications with his patients, including his personal cell for any concerns. To infer that "one doctor in Manhattan takes in millions of dollars from his tongue-tie practice," seemingly refers to Dr. Siegel. Do your authors have his tax returns? Are they aware how many charity cases he takes on as well as free education to clinicians, therapists, and other surgeons? Did they calculate his expenses in maintaining two offices, staff, and standards of care? This is outright slander.
- Many frenectomies are covered by insurance, both in and out of network. The overall theme that tongue-tie surgery is simply a money making scheme is provocative journalism but is grossly inaccurate and unfair. This accusation may result in an overgeneralized patient and caregiver

suspicion of laser dentistry. A more ethical approach would have been to educate potential patients on what credentials to look for in a surgeon, but instead the authors led the readers to avoid these surgeons completely. While it is possible that some providers may not have the most ethical motivations, to lump all surgeons into this category is disrespectful, defaming and shaming, especially singling out one of the most highly regarded pioneers in the field.

- Regarding lasers, most subject matter experts use a variety of tools in their practice. For example, Dr. Siegel uses a CO2 laser, but will also use scissors when needed. In any lecture I have witnessed from Dr. Siegel he has been forthcoming about risk factors and benefits of various surgical tools.
- The authors stated, "*Ms. Goldwert had to squeeze her cheeks to help her suck, even when using a bottle*." There is no report on whether this patient had adequate pre- and post-operative care beyond a single lactation consult. Did the baby receive suck training from the IBCLC? Did the baby receive bodywork? Was the baby rigorously evaluated for other feeding problems to rule out comorbidities? Diercks et al., (2020) followed development of a program utilizing pediatric speech language pathologists to perform feeding evaluations prior to surgical consultation, 69.9% of patients subsequently did not undergo surgical procedures. 11 (23.9%) underwent labial frenotomy alone and 30 (65.2%) underwent both labial and lingual frenotomies. I fully support this process as not all feeding issues are due to tongue-tie, but rather than helping parents find proper evaluations the authors used scare tactics to avoid intervention at all.
- Spending "thousands on therapies" is a generalized, uneducated statement. The reader has no concept of comorbidities, the therapists' level of expertise, whether the parents chose to go out of network and /or the patient had special needs or comorbidities that complicated this process.

The authors chose to draft a one-sided article based on several specific patient complaints. I feel deeply sorry that these patients did not experience the same outcomes I have seen for my

own patients, but I do see this happen, when patients come years after surgery, when important evaluations and therapies are omitted from the process. If you follow any well-respected surgeon, you will find they advocate for therapeutic interventions.

The authors ignored other information provided to them, most importantly the research that physicians and dentists submitted. Clearly those with the most experience and training will conduct the most research on this topic. Most research is positive for the combination of surgery and the therapy combined. Examples include:

1. A groundbreaking study by Ghaheri, et al., in 2021 clearly showed that infants improve feeding parameters using an objective bottle-feeding system post-frenectomy. (https://doi.org/10.1177/01945998211039784).
2. A prospective cohort study I published with Baxter et al., in 2020, found that speech improved in 89%, solid feeding improved in 83%, and sleep improved in 83% of patients as reported by parents. Fifty percent (8/16) of speech-delayed children said new words after the procedure ($P = .008$), 76% (16/21) of slow eaters ate more rapidly ($P < .001$), and 72% (23/32) of restless sleepers slept less restlessly ($P < .001$). After tongue-tie releases paired with exercises, most children experience functional improvements in speech, feeding, and sleep. (https://journals.sagepub.com/doi/10.1177/0009922820928055)
3. Zaghi, S., et al. (2019) found that 348 surveys (83% response rate) were completed, showing 91% satisfaction rate and 87% rate of improvement in quality of life through amelioration of mouth breathing (78.4%), snoring (72.9%), clenching (91.0%), and/or myofascial tension (77.5%). Minor complications occurred in <5% of cases including complaints of prolonged pain or bleeding, temporary numbness of the tongue-tip, salivary gland issues, minor wound infection, or inflammation, and need for revision to excise scar tissue. There were no major complications. https://doi.org/10.1002/lio2.297.

This article should be immediately rectified and/or retracted. I advocate for patient safety and functional improvements and this article may impede them from getting the care they need. Dr. Siegel's impeccable reputation has been tarnished and facts have been tainted to elicit fearmongering, rather than a well-rounded education, which is the very accusation this "article" negates.

Frenectomy can be a life changing procedure when a team of professionals performs a proper task analysis of function, to include a highly trained licensed professional who has the licensed scope of practice to assess and treat oral motor, feeding, swallowing and/or speech sound disorders. Pre-operative care can rule out other factors, help reduce fascial restrictions, train the caregivers, avoid oral aversions, and establish clinical baselines. At the very least, this article in a revised format could help patients ensure they find the right therapeutic providers for a detailed assessment prior to surgery, and a highly skilled surgeon. I do support educating the public on safety, effectiveness, and ethics, but this article unfortunately totally misses the mark.

Respectfully Submitted,

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