



WHEN TO SEE A SPECIALIST IN CHILDREN'S EAR, NOSE AND THROAT HEALTH

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CHOC has been recognized as a Best Children's Hospital in *U.S. News & World Report's* 2021-22 rankings.



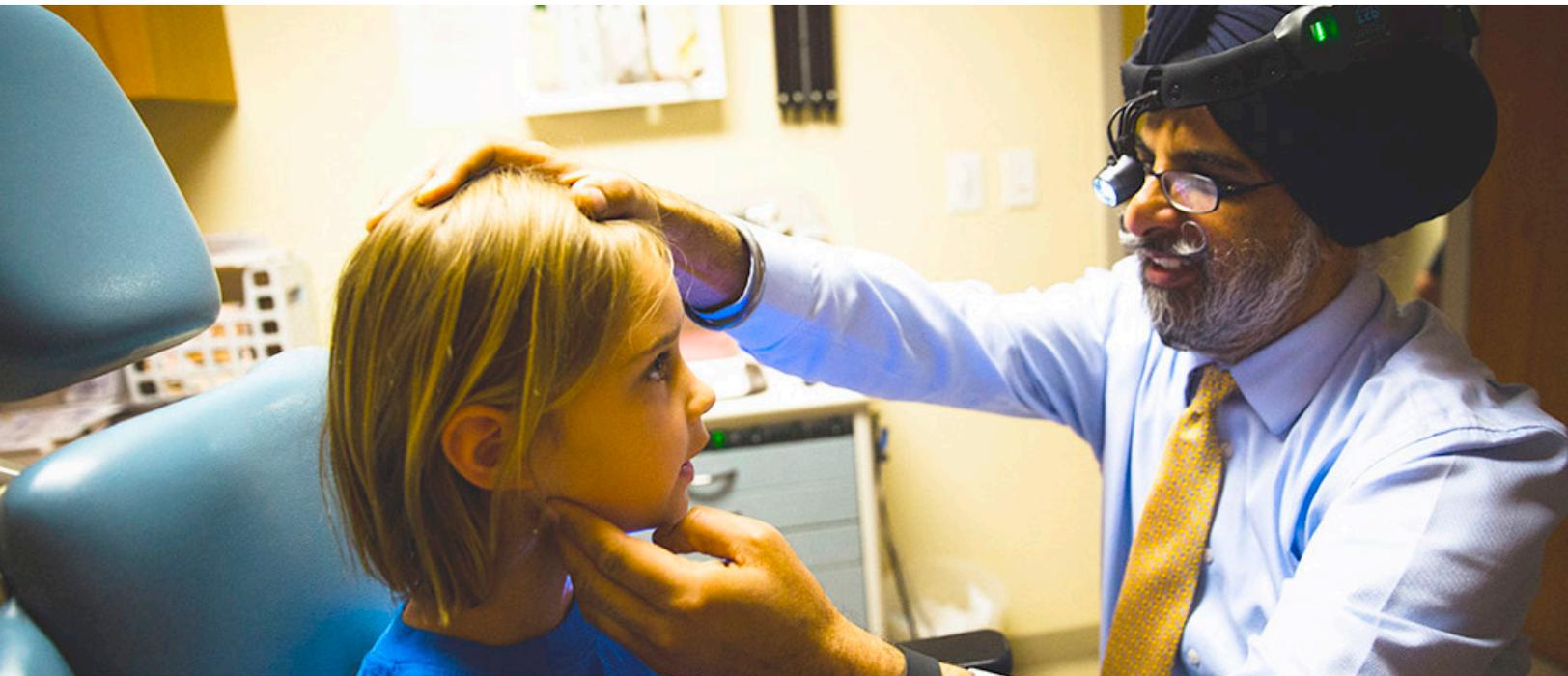
WHEN TO SEE A SPECIALIST

It's important for children to receive the care they need for ear, nose and throat (ENT) conditions. Without proper treatment, these ailments may affect kids' hearing, learning, speech and development over time. The CHOC ENT team provides specialized medical and surgical care for children of all ages, from infants to teens.

We understand it's confusing for parents to know when their child needs a specialist. In this guide, CHOC's pediatric ENT doctors provide expert advice and signs of what to look for when your child has these conditions:

- Recurring sore throat
- Ear infection
- Snoring

CHOC also cares for many other conditions, such as head and neck masses, airway and breathing problems, craniofacial conditions, balance and dizziness disorders, nasal dysfunction problems, voice issues, hearing loss and communication problems.



RECURRING SORE THROAT

In children, sore throats are often caused by the common cold, which is a viral infection. Less often, sore throats are caused by Streptococcus bacteria. A persistent sore throat can also be a sign of allergies, tonsillitis, mononucleosis, influenza or inhaling through the mouth instead of the nose.

When to see a specialist¹

- Sore throat that lasts more than 5 to 10 days
- Swelling of the face or neck
- Enlarged lymph nodes or lump in neck
- Difficulty breathing and swallowing
- Hoarseness lasting more than two weeks

Available treatments

- Antibiotics for bacterial infections
- Allergy medications
- Tonsillectomy — surgery to remove the tonsils

WHAT ARE TONSILS?

Two pads of tissue located on either side of the back of the throat that produce antibodies to help fight infection. Tonsillitis occurs when the tonsils become inflamed.





EAR INFECTION

What causes ear infection?

An ear infection is inflammation caused by fluid and bacteria behind the eardrum. Children are more prone to ear infections for several reasons. The passages in their ears are narrower, shorter and more horizontal than in adults. Because it's easier for germs to reach the middle ear, it's also easier for fluid to get trapped there.²

When to see a specialist

- More than four infections per year³
- Fluid in the ears for more than three or four months after an ear infection
- Ear infection with hearing loss that doesn't get better after several weeks
- Rupture of the ear drum

Available treatments

- Antibiotics for bacterial infections
- Surgical insertion of tiny tubes in the ears
- Eardrum repair of holes caused by infection, injury or growths
- Adenoidectomy — surgery to remove the adenoids

WHAT ARE ADENOIDS?

The adenoids are a pad of tissue located behind the nose and the roof of the mouth that help fight infection. Adenoiditis occurs when the adenoids become inflamed.



SNORING

What causes snoring?

A condition called sleep apnea may be the cause of snoring in children. Central sleep apnea typically occurs more in infants, but obstructive sleep apnea is becoming a greater concern.

Obstructive sleep apnea happens when there's a blockage in the airway that can impact the child's ability to exchange air. It is commonly found in kids ages 3-6 years old, but can occur at any age.⁴

When to see a specialist

- Thrashing or moving around in bed
- Periods of choking or gasping for breath while asleep
- Frequent nighttime awakenings
- Mouth breathing
- Excessive daytime sleepiness, irritability or hyperactivity

Available treatments

- Tonsillectomy — surgery to remove the tonsils
- Adenoidectomy — surgery to remove the adenoids

A CHEESEBURGER, PLEASE: TONSILLECTOMY TECHNIQUE SPEEDS RETURN TO NORMAL DIET, REDUCES PAIN

How intracapsular tonsillectomy — a new technique championed at CHOC — protects the muscle underneath, resulting in less risk of bleeding after surgery, vastly decreased pain after surgery and a rapid return to normal diet.

Less than four hours after her tonsillectomy, Madison had a request.

A cheeseburger, please.

The 3-year-old's mother, Lisa, was amazed. After all, it took her other child, Nick, 7, a day or two to want solid food because of soreness that lingered after his tonsillectomy.

Like the vast majority of the nearly 300,000 children who have tonsillectomies in the U.S. every year, Nick had both of his tonsils completely removed via a technique known as an extracapsular tonsillectomy (ET).

Madison, however, had an intracapsular tonsillectomy (IT) — a technique championed at CHOC in which 95% of the tonsils are removed, preserving the “capsule,” and thus protecting the muscle underneath.

The result: less risk of bleeding after surgery, vastly decreased pain after surgery and a rapid return to normal diet.



Madison underwent an intracapsular tonsillectomy at age 3 and quickly resumed her regular diet.

A CHEESEBURGER, PLEASE: TONSILLECTOMY TECHNIQUE SPEEDS RETURN TO NORMAL DIET, REDUCES PAIN (CONT.)

Dr. Kevin Huoh, a pediatric otolaryngologist, brought the technique to CHOC when he started there in September 2013 after learning it during his fellowship at Stanford University Medical Center. So, too, did fellow pediatric otolaryngologist Dr. Nguyen Pham, who joined CHOC around the time Huoh did.

Since then, more than 1,000 children have undergone intracapsular tonsillectomies at CHOC, with the rate of tonsillar regrowth — the most cited concern for not performing ITs — remaining extremely low, Dr. Huoh says. In addition, the rate of post-tonsillectomy bleeding, the most feared post-operative complication, is pretty much zero, much lower than with traditional extracapsular tonsillectomy.

Now, in a recently published research paper in *The Laryngoscope*, the foremost publication for otolaryngologists (also known as ENTs — for ear, nose and throat practitioners), Huoh predicts there will be a “paradigm shift” over the next five to seven years.

He believes ITs will become the standard surgical technique for removing tonsils in children either for snoring and sleep disordered breathing or for chronic/recurrent tonsillitis.

And CHOC, Dr. Huoh notes, was among the first pediatric hospitals in the country to adopt ITs as the standard technique.

Dr. Huoh and other CHOC doctors mainly perform intracapsular tonsillectomies on children whose large tonsils cause obstructive sleep apnea.

Such was the case with Madison.

When she was 2, her parents noticed she snored a lot and woke up tired. She was sluggish and lethargic and took one or two three-hour naps per day.

“We went online and did some research, and sleep apnea popped up,” Lisa recalls.

Lisa says she and her husband, Cameron, researched the best hospital to take Madison to and they quickly settled on CHOC, where Dr. Pham diagnosed Madison as having large tonsils and adenoids as well as obstructive sleep apnea.

Madison had the surgery on Aug. 3, 2019.

“The doctors at CHOC were all dialed in, and I was holding her an hour after she went under,” Lisa recalls. “The recovery part is what was amazing. By the time we were home, she was totally out of the anesthesia fog and asking to eat.”

So, Lisa got Madison a cheeseburger.

She never complained about her throat — just soreness on the top of her hand from the IV.

“She completely recovered in a couple of days,” Lisa says of Madison, who enjoys dancing and gymnastics. “From that first night after surgery, she has been sleeping normally, and I feel that her personality has come out a little more.”



WHY CHOOSE CHOC

Children are the sole focus at CHOC

We care for kids of all ages — from newborns to teens. Our physicians are all fellowship-trained in pediatrics, bringing a specialized expertise to children's care not found at adult practices. Even our anesthesiologists are pediatric trained.

Age-appropriate surgery preparation

Our team also includes certified child life specialists to help make your child's treatment a positive experience. By introducing patients and families to the hospital environment, procedures and equipment, our child life specialists help kids feel comfortable.

Advancing ENT care for children

At CHOC, we are committed to research and ongoing education that keeps us at the forefront of pediatric ENT care. We offer the latest procedures for the best possible outcomes for children. Unlike an adult ENT practice, our surgical equipment is used for pediatrics only.



MEET OUR ENT TEAM



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SOURCES:

1. "Sore Throats," American Academy of Otolaryngology—Head and Neck Surgery. <https://www.enthealth.org/conditions/sore-throats/>
2. "Ear Infection Information," American Academy of Pediatrics. <https://www.healthychildren.org/English/health-issues/conditions/ear-nose-throat/Pages/Ear-Infection-Information.aspx>
3. "Kids and Ear Infections," CHOC. https://health.choc.org/kids-and-ear-infections/?_ga=2.60213354.69043138.1625655942-942960082.1625500099
4. "Kids and Snoring," CHOC. <https://www.choc.org/health-topics/kids-snoring/>

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