

ENT Frequently Asked Questions

My five-year-old has had recurring tonsillitis several times a year since she was a toddler. She has also been diagnosed with sleep apnea. She snores and occasionally makes gasping noises while she sleeps. At what point would my child benefit from a tonsillectomy and/or adenoidectomy?

When your doctor decides it's time to remove your child's tonsils and adenoids it is usually for one of two reasons: recurrent tonsil/adenoid infections or snoring with associated sleep apnea.

Your doctor may recommend a [tonsillectomy](#) if your child has had seven or more tonsil infections in one year, five infections a year for two years, or three infections for three or more years.

In sleep apnea, your child's tonsils and adenoid tissue are enlarged, which can obstruct the airways during sleep. That's why your child snores loudly – you may even hear her gasp or stop momentarily stop breathing. Sleep apnea results in fragmented sleep. This can lead to daytime fatigue or hyperactivity, difficulties in concentrating and other issues. Your doctor may recommend a [tonsillectomy and adenoidectomy](#) to treat sleep apnea.

How are the tonsils and adenoids removed?

The tonsils and adenoids are removed in a surgical procedure by an ear, nose and throat surgeon. Tonsils and adenoids are removed through the mouth with no external scars. For many children, this is outpatient surgery. Your child will need anesthesia. The anesthesiologists at CHOC are experts; they have vast experience with children so you can rest easily knowing your child is safe in our care.

My sweet-natured baby is suddenly fussy and keeps pulling at his ears. I think he may have an ear infection. How can I tell?

The easiest way to tell if your baby is sick – with an ear infection or anything else – is his mood. If your baby is crying more than usual, or is fussy for no apparent reason, he may be sick. Babies are very susceptible to ear infections because their Eustachian tubes (the tubes that drain fluid from the middle ear) are smaller than those in an adult and are horizontally oriented. More than half of all babies will have an ear infection by the time they are one year old. As a child grows, his Eustachian tubes grow as well and move vertically. The chances of ear infections are reduced as your child grows.

Ear infections tend to happen following a cold, so if your baby has recently had a cold you will want to watch for these signs:

- Your baby pulls on his ears
- He has developed a fever – even a slight fever can be a sign of an ear infection
- His appetite is reduced – an ear infection can make swallowing or chewing painful
- Difficulty sleeping – lying down can make an ear infection more painful
- A yellow or whiteish fluid draining from the ear, which is a sure sign of infection
- An unpleasant smell near or in the ear

If you notice any of these signs, make an appointment to see your baby's pediatrician to determine the next course of action.

What cause an ear infection and how will the doctor treat it?

Bacteria or viruses cause ear infections. It happens when fluid builds up in the area behind your baby's eardrum. This can happen after a cold or sinus infection. The Eustachian tubes are much smaller than those in an adult, and they are positioned horizontally so when the tube is swollen, the fluid does not drain quickly and can accumulate. The accumulated fluid then becomes infected by germs, causing a painful ear infection. Fever may develop as your baby's body attempts to fight the infection.

Doctors treat most ear infection with antibiotics, although in some cases with older children your doctor may wait to see if the infection clears up on its own. If your child doesn't appear to be improving after 24 to 48 hours, call your doctor. He or she may want to re-examine your child or change to a different antibiotic.

It's very important that your child takes his entire prescription of antibiotics, even if he seems better. That way, you ensure the infection doesn't reoccur. Also, make sure you bring your child back in a few weeks for a re-check to make sure that the infection is entirely gone.

My 6-year-old son has recurring ear infections. Will he need ear tubes?

During an ear infection, fluid builds up behind the eardrum in a place called the middle ear space. Normally, when the ear infection has run its course, the fluid drains out of the middle ear into the back of the nose through the body's natural drainage tube called the Eustachian tube.

Sometimes this fluid doesn't go away because the Eustachian tube remains swollen and can't open. Fluid trapped behind the eardrum causes hearing loss because it prevents the eardrum and hearing bones from vibrating normally.

Ear tubes are small tubes placed into the eardrum to help ventilate the middle ear and prevent recurrent ear infections. They are the size of a pen tip and are typically made of silicone, flouroplastic or titanium.

When are tubes needed?

Tubes are placed when a child has recurrent or chronic ear infections (otitis media). Tubes are generally recommended when a child has three infections in six months; four infections in one year; or persistent ear fluid lasting three months or more with associated hearing loss. Your ENT specialist can help determine if ear tubes are needed.

How are tubes placed in the ears? Will my child need anesthesia?

Ear tubes are put in by an ear, nose and throat surgeon. A small incision is made in the eardrum and the tube is then placed through this hole. The procedure requires a child to hold perfectly still. Since children cannot hold still for this procedure it is performed in the operating room under general anesthesia.

My daughter has a very sore throat. Her throat is bright red and she is having trouble swallowing. How do I know if it is an ordinary sore throat or a more serious situation?

Sore throats are very common in children and are usually caused by a virus or bacterial infection. Symptoms may include a red, painful throat, a fever, swollen glands or nasal congestion. There is no special treatment other than rest, fluids and acetaminophen or ibuprofen to help with the pain. Usually, the child does not feel too sick and symptoms pass in three to five days. As a parent, it can be difficult to determine how serious your child's situation is. When in doubt, don't hesitate to contact your child's doctor.

Strep throat is caused by the bacteria *Streptococcus pyogenes*. Strep throat causes severe pain. Children may have swollen glands and a fever higher than 102 degrees F. A younger child may not be able to tell you what is wrong, but may have a fever, be very cranky and have a thick nasal discharge.

If the tonsils are inflamed, your child may have tonsillitis. This can occur with a viral or bacterial infection. Tonsils are the fleshy pieces of lymphoid tissue on both sides of the back of the throat.

If your child complains of a sore throat that lasts more than a day, call the doctor to rule out a more serious infection. Call the doctor right away if there are other symptoms, such as:

- Fever
- Rash
- Headache
- Stomachache
- Trouble swallowing

Seek immediate medical care if:

- The fever is over 105 degrees F
- There is neck pain or stiffness
- Your child is 3 months of age or younger
- Other medical problems are present

In some cases, a sore throat needs to be treated as an emergency. Call 911 if your child has any of these symptoms along with a sore throat:

- Difficulty breathing
- Inability to swallow
- Drooling
- Extreme illness with a rash or bruises
- Inability to open his or her mouth, cry or speak

Depending on your child's symptoms, your child's doctor will determine the severity of your child's sore throat. He may do a test for strep throat. If your child has strep throat, the doctor will prescribe antibiotics. Be sure your child takes the entire regimen of antibiotics even if her symptoms disappear. If a virus is the cause of your child's sore throat, the doctor will likely prescribe rest and plenty of fluids, as well as over-the-counter ibuprofen or acetaminophen to relieve the pain.

If your child has repeated sore throats, your doctor may consider a [tonsillectomy](#).