Pediatric Otolarynology Head and Neck Surgery

Our pediatric Otolaryngology – Head and Neck Surgery (Ear, Nose and Throat) practice covers all areas of medical and surgical diseases involving the head, neck and aerodigestive tract.

Our team of board-certified, fellowship-trained head and neck surgeons performs about 3,500 operations a year. Most surgeries are outpatient, or day-surgery cases, which reduce stress on the child and family. Our team performs all advanced surgical procedures and keeps abreast of current treatments by participating in lecturing, publishing and teaching to ensure the best care for your patient.

As the only dedicated pediatric head and neck surgery group in the area, we provide management of all disease processes involving the head and neck:

- Salivary gland tumors
- Lymphoma
- Orbital masses
- Hearing loss
- Complex ear masses/infections
- Complex airway lesions
- Complex respiratory issues
- Thyroid masses

Our pediatric ear, nose and throat specialists are always available for consultations and urgent patient appointments.

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

ENT Office Numbers

Main: (559) 353-6453
FAX: (559) 353-6457
Physician Line: (559) 353-5312

Physician Liaison

(559) 353-7229

Pediatric ENT Consultant Reference Guide

Condition	Pre-referral Work-up	When to Refer
Epistaxis	• History and physical • Labs (PT, PTT), if indicated by history or physical examination	• Work-up is positive for allergic rhinitis and no improvement after six weeks of topical allergy medications (daily nasal steroid) • Work-up negative for allergic rhinitis and no improvement after four weeks of [1% hydrocortisone ointment to anterior septum nightly]
Hoarseness	• History and physical • Gastroenterology consult to rule out GERD	• Three or more months of moderate to severe hoarseness not responsive to one month trial of ranitidine or PPI therapy. • Any hoarseness associated with stridor not compatible with croup • Hoarseness with moderate or severe stridor or respiratory distress should be seen urgently in the ED
Lateral Neck Mass/ Branchial Cleft Sinus	• Deep cystic or solid masses not associated with thyroid gland requires neck CT with contrast • If suspected thyroid mass, ultrasound of neck with notation of thyroid gland • If atypical TB suspected, patient should have PPD prior to visit • Persistent inflammatory lymph nodes should have CBC with diff/momospot/bartonnella titers/toxoplasmosis	• Pit in neck with history of drainage • Lateral neck mass > 4 cm in diameter • Asymptomatic lateral neck mass < 4 cm in diameter present greater than one month, not responsive to one course of oral antibiotics • Any lateral mass with overlying erythema or signs of fluctuance
Cysts/Masses • **Neck mass** • **Thyroid mass** • **Parotid mass** • **Dermoid cyst**	• History and physical (including antibiotic history)	• Positive physical findings
Branchial Cleft Sinus	• History and physical	• Positive physical findings

Pediatric ENT Consultant Reference Guide

Condition	Pre-referral Work-up	When to Refer
Obstructive Adenotonsillar Hyperplasia	• History and Physical	• History of three or more months of frequent loud snoring with suspected sleep disturbance • Trouble swallowin

Rhinorrhea/Nasal Congestion	• Rule out allergic rhinitis
	  • History of atopic dermatitis
	  • Family history
	  • Referral to allergist PRN
	• Rule out adenohyperplasia
		• Work-up positive for allergic rhinitis and no improvement after six weeks of topical allergy medications (daily nasal steroid)
		• Symptoms of nasal obstruction/sleep apnea

Sinusitis	• Physical examination consistent with sinusitis • Positive imaging • Three to six weeks broad-spectrum oral antibiotics • Nasal steroids x six weeks • Nasal irrigation with antibiotic solution x six weeks	• Persistent symptoms despite six weeks of appropriate treatment
Tonsils/Adenoids	• History and physical • Ancillary tests • Throat culture, monospot as appropriate, CBC • Lateral neck X-ray	• Three or more infections per year despite adequate therapy • Hypertrophy causing upper airway obstruction, severe dysphagia or sleep disorders • Suspected peritonsillar abscess • Unilateral tonsillar hypertrophy

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Condition	Pre-referral Work-up	When to Refer
Nasal Trauma	• Physical examination to rule out associated injuries, septal hematomoa, significant lacerations or persistent epistaxis • CT for diagnostic confirmation of associated injuries	• Evidence of septal hematomoa, complex laceration or uncontrolled epistaxis • Complaints of significant nasal obstruction less than 10 days from trauma • Significant cosmetic deformity less than 10 days from trauma • Nasal fractures - call practice directly
Cholesteatoma	• History and physical • Comprehensive audiology evaluation	• Positive physical finding
Hearing Loss	• History and physical • Comprehensive audiology evaluation	• Positive physical finding
Stridor	• History and physical	• Contact practice directly or send to Valley Children's Emergency Department for immediate evaluation