



PEDIATRIC SLEEP SURGERY

- CONSENSUS FOR ORDERING SLEEP STUDIES IN CHILDREN -

This guideline provides physicians with evidence-based recommendations for using polysomnography in assessing children, aged 2 to 18 years, with sleep-disordered breathing and are candidates for tonsillectomy, with or without adenoidectomy. Polysomnography is the electrographic recording of simultaneous physiologic variables during sleep and is currently considered the gold standard for objectively assessing sleep disorders.

Purpose. There is no current consensus or guideline on when children 2 to 18 years of age, who are candidates for tonsillectomy, are recommended to have polysomnography. The primary purpose of this guideline is to improve referral patterns for polysomnography among these patients. In creating this guideline, the American Academy of Otolaryngology—Head and Neck Surgery Foundation selected a panel representing the fields of anesthesiology, pulmonology medicine, otolaryngology—head and neck surgery, pediatrics, and sleep medicine.

Results. The committee made the following recommendations: (1) before determining the need for tonsillectomy, the clinician should refer children with sleep-disordered breathing for polysomnography if they exhibit certain complex medical conditions such as obesity, Down syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses. (2) The clinician should advocate for polysomnography prior to tonsillectomy for sleep-disordered breathing in children without any of the comorbidities listed in statement 1 for whom the need for surgery is uncertain or when there is discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing. (3) Clinicians should communicate polysomnography results to the anesthesiologist prior to the induction of anesthesia for tonsillectomy in a child with sleep-disordered breathing. (4) Clinicians should admit children with obstructive sleep apnea documented on polysomnography for inpatient, overnight monitoring after tonsillectomy if they are younger than age 3 or have severe obstructive sleep apnea (apnea-hypopnea index of 10 or more obstructive events/hour, oxygen saturation nadir less than 80%, or both). (5) In children for whom polysomnography is indicated to assess sleep-disordered breathing prior to tonsillectomy, clinicians should obtain laboratory-based polysomnography, when available.

Reference: Otolaryngology Head Neck Surg **July 2011** vol. 145 no. 1 suppl **S1-S15**

BEFORE THE SURGERY

- Decision to proceed with your Surgeon (Dr. Barrera).
- Schedule surgery date with surgery scheduler
- Obtain medical clearance from primary care physician and medical specialist, if instructed by my surgeon
- Consult with your primary care physician about whether you should continue to take your regular medications or supplements prior to your surgery.
- Schedule appointment for autologous blood donation, if instructed by physician
- **MAKE AN APPOINTMENT WITH YOUR DENTIST TO HAVE IMPRESSIONS TAKEN FOR DENTAL MODELS** – see the letter to your dentist or orthodontist in this package
- Make an appointment with C-Dental for x-rays and pictures within 4 weeks before surgery

PRE-OPERATIVE APPOINTMENTS

- For your Pre-operative appointment with your surgeon. **BRING YOUR DENTAL MODELS AND WAX BITE TO THE PREOPERATIVE APPOINTMENT** if applicable.
- Appointments with anesthesiologist and to obtain necessary blood work, urinalysis, chest x-ray and EKG as required.



- Bring your updated Personal Medication Card listing prescription, non-prescription medications and herbal products including name, dose, and concentration.

EVENING BEFORE SURGERY

- Receive a telephone call from the Surgery Admissions Unit, confirming time and location of arrival to hospital and the time of your surgery.
- Take or stop taking regular scheduled medications prior to surgery, as directed by your physician.
- Refrain from eating or drinking anything from midnight before your surgery as directed by your anesthesiologist.
This includes water, breath mints and chewing gum.
- Refrain from smoking for 4 weeks before and the day of surgery.

DAY OF SURGERY

- Wear loose, comfortable clothing. Wear no perfume, makeup, deodorant, nail polish or jewelry. Leave valuables at home.
- Bring your health insurance card and insurance forms.
- Bring your updated Personal Medication Card listing prescription, non prescription medications and herbal products, including name, dose, and concentration.
- Bring your C-PAP machine.

ARRIVAL at SURGERY ADMISSION UNIT (SAU) or AMBULATORY SURGERY UNIT (ASU)

- Escorted to the holding area to change into gown, get IV started, and to start formal admission process.
- Taken to the operating room on a gurney, accompanied by a nurse or anesthesiologist.
- Transferred to the Post Anesthesia Care Unit (PACU) to wake up from the anesthesia.
- The surgeon will come to the surgical waiting area and speak to your family regarding your surgery.
- Transferred to a bed and taken to the nursing unit or discharged from the ASU after recovery.

POST OPERATIVE HOSPITAL STAY

- Discharge plans will be initiated by the case manager soon after your arrival on the nursing unit.
- Each day, your activities will be increased as you heal.
- Length of stay depends on your surgery and how fast you recover.

DISCHARGE FROM HOSPITAL OR AMBULATORY SURGERY UNIT (ASU)

- You will receive specific discharge instructions and follow up clinic appointment information from your team.
- You will receive medication prescriptions to be filled at your local pharmacy.
- You will receive physical and occupational therapy instructions based on your unique needs.
- You will be discharged home or transferred to a facility that can address your care needs.



AFTER THE SURGERY

- Follow the postoperative instructions
- You will be wearing firm elastic bands for up to 10 days after surgery and will need to eat a liquid diet. Take a scissors with you at all times. You can remove the elastic bands if you need to.
- Rinse your mouth 3 times a day and after meals. A Water Pik is helpful for oral hygiene as you can not brush your teeth
- Make an appointment for follow up with your physician (Dr. Barrera) or On Call physician.
- At your first postoperative visit we will remove the elastic bands and show you how to take them out and put them back in yourself. At this point you can start brushing your teeth and advance to a soft/blended diet
- If you have arch bars we will remove them approximately 4-6 weeks after your surgery

CONTACT INFORMATION

For assistance and non-urgent concerns, during regular hours, call the Clinic at 210-468-5426.

For assistance related to your care, after regular hours, call 210-468-5426 and you will be connected to the physician on call.