



# Monitor or operate?

How the otolaryngologist separates the cases to watch and wait from those that usually have a surgical indication.

 **SAFE TO MONITOR**

Observe and reassess when:

- ✓ Snoring is **occasional**, linked to colds or allergy flare-ups, and improves outside those periods
- ✓ No pauses in breathing and no signs of poor-quality sleep
- ✓ Throat infections are **infrequent**
- ✓ The child grows, sleeps, and functions well day to day

 **TIME TO INVESTIGATE**

Seek evaluation when there is:

- > **Frequent** snoring with mouth breathing and restless sleep
- > **Pauses in breathing** during sleep
- > An impact on behavior, attention, or school performance
- > **Repeated** throat infections over the year
- > Recurrent ear infections or suspected hearing loss

## When surgery is usually indicated

**1** **Airway obstruction and sleep apnea** FIRST-LINE TREATMENT

When enlargement of the adenoid and/or tonsils causes obstructive sleep apnea or sleep-disordered breathing with an impact on the child, surgery is considered the first-line treatment, per the main guidelines.

**2** **Recurrent throat infections** PARADISE CRITERIA

Surgery tends to be considered based on the number of **well-documented** sore-throat episodes:

**7+**

episodes  
in **1 year**

**5+**

per year, over the  
last **2 years**

**3+**

per year, over the  
last **3 years**

**Each documented episode** must have a sore throat plus at least one of these: fever > 38.3 °C, tender swollen glands in the neck, exudate on the tonsils, or a positive strep test.

THE DECISION IS ALWAYS INDIVIDUAL  
 It weighs the intensity of the symptoms, the child's age, the impact on their life, and the physical examination – not just the size of the tissues in isolation.

