

# How An Office Visit Can Help Your Child Feel Great

By: **Richard M. Rosenfeld, MD, MPH**

**W**hat do earwax buildup, frequent nosebleeds, repeated ear infections, and breastfeeding problems have in common? They can be managed with in-office procedures by a pediatric ENT (ear, nose, and throat) specialist.

As the first pediatric ENT specialist in Brooklyn, I have helped countless families get relief and peace of mind. I am currently ranked fifth in the world ([www.expertscape.com](http://www.expertscape.com)) as an expert in childhood ear problems (otitis media), and have been rated a "Best Doctor in America" by Castle Connolly since 1999. My most gratifying moments as a physician involve the incredible impact on child quality of life some brief, in-office procedures can make.

Frequent ear infections affect 1 in 7 children and are the leading reason they see a doctor, get antibiotics, or have surgery (ear tube insertion). Ear tubes can stop the problem, but do not appeal to many families because doctors place them under general anesthesia in an operating room. For nearly a decade I have been placing ear tubes placed in the office, during a regular visit, without any special anesthesia. More than 300 families have benefited from this service, often coming from far away because I am one of the only doctors who do this regularly. Most children under 2 years old are suitable for office placement of ear tubes, and some older children as well.

Another reason for ear tube insertion is a build-up of fluid in the middle ear (behind the eardrum), which can occur with or without ear infections. Ear fluid is not always seen by a pediatrician, and can be very subtle. Bring your child for an ear exam and hearing test (done during the visit) if they have speech delay, hearing difficulties, poor balance, disrupted sleep, or school problems. If ear fluid is present for a long time, it can also be managed with office placement of ear tubes, when appropriate.

Breastfeeding helps prevent ear problems and other infections, but some parents have trouble because of a weak, painful, or ineffective latch. Two common causes are tongue tie and lip tie, which can be corrected safely and painlessly during an office visit. Babies with tongue tie cannot fully stick out or lift their tongue, and often have a dimple or heart-shaped tip. Upper lip tie can be seen when lifting your child's lip, as thick band of tissue tethering the upper lip to the gum in the midline, often down to the edge of the gum. If your child has breastfeeding problems please call for a prompt visit, because there is often much I can do to make feeding more pleasant and effective.

Other office procedures I do include removing earwax, stopping nose bleeds, and removing foreign objects from the ear, nose, and throat. Please call our office for an appointment if you have any of these problems or could benefit from the procedures noted above.

*Dr. Richard Rosenfeld is board certified by the American Board of Otolaryngology and is fellowship trained in Pediatric Otolaryngology. His UPB offices are located in Downtown Brooklyn at 185 Montague St., 5th Floor, Brooklyn, NY 11201 (718-780-1498) and in Park Slope at 376 Sixth Ave., Brooklyn, NY 11215 (718-499-0940)*

*Richard M. Rosenfeld, MD, MPH  
Distinguished Professor and  
Chairman of Otolaryngology  
SUNY Downstate Medical Center,  
Brooklyn, NY 11203,*

*Tel: 718-270-1638, Fax: 718-270-3924.*

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UPB-Brooklyn ENT  
185 Montague St.,  
5th Floor  
Brooklyn, NY 11201  
718 780-1498

UPB-Brooklyn ENT  
470 Clarkson Ave.,  
Suite H  
Brooklyn, NY 11203  
718 270-4701

UPB-Brooklyn ENT  
376 6th Ave.  
Brooklyn, NY  
11215  
718 499-0940