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## Preparing a Sleep Video

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Thank you for preparing this video study to help determine if your child has a significant breathing problem at night. Children with large tonsils and/or adenoids can have something called “sleep apnea” or “sleep disordered breathing”, which can cause problems with the quality of sleep. This can lead to daytime symptoms such as difficulties with learning, concentration, attention or behavioral. In rare cases, sleep problems like this can cause strain on the heart or interfere with growth.

Although the most accurate way to evaluate a child’s sleep is with an overnight study in a hospital or special lab (known as a PSG, or sleep study), this is not always needed in an otherwise healthy child. There is a home version of this study (for children over 4), which provides less information than a formal PSG, but may be adequate. Sometimes, I rely on a parent’s own account of how their child sleeps (along with the physical examination) to help decide if surgery is necessary. If it is not clear to me how the child is sleeping, or if a sleep study is not possible, a video may help me decide on a course of action.

Sleep patterns vary throughout the night. **The video should be made when the child is exhibiting his or her worst symptoms of nighttime breathing.** It may be necessary to observe your child sleeping from time to time over several hours, or on more than one night before you find the concerning pattern of breathing. Heavy snoring, gasping, struggling to breathe or pauses in breathing are the types of symptoms that I am looking for. Breathing may be worse in some positions (such as when the child is on his or her back).

Try to show me the symptoms when they are most severe. It is OK to send two or three clips, but **please do not send me more than a minute or two** of video in each clip, I will not be able to review long sleep sessions. The bottom line is that if the heavy breathing or snoring is rare, and if it takes you a long time to find any episodes of abnormal sleep, it is less likely to be serious enough to require surgery. If you feel that you need to record extended periods of sleep to catch rare symptoms, it might be better to try a formal sleep study .

The lights should be turned up enough to allow me to see the child, and the sound volume as high as possible. The child’s head and chest should fill the video frame, and if possible, the shirt should be off or moved up enough to see the ribs (one sign of apnea is “pulling” around the ribcage).

The easiest way by far for me to review the video is if you post it on an online sharing service such as YouTube, or a cloud based site such as DropBox. There should be no privacy risks if you don’t label the clip with any identifying information – just email me the link to the page, and delete it once I have reviewed the video. While password protected systems are available, they should not be necessary if no identifying information is used.

I can also review video delivered by email (through the address above), although large files are often filtered out or delivered in unreadable form by some email systems, and this is definitely not the best way to send the study. I can also listen to an audio recording, but this is not as good as the video study. And if you are coming in for a follow up visit, we can review the recording together on your phone.

I will get in touch with you as soon as I have a chance after reviewing the video or audio clip. Thank you, and feel free to call or email if you have any further questions.

Michael Rothschild, MD