

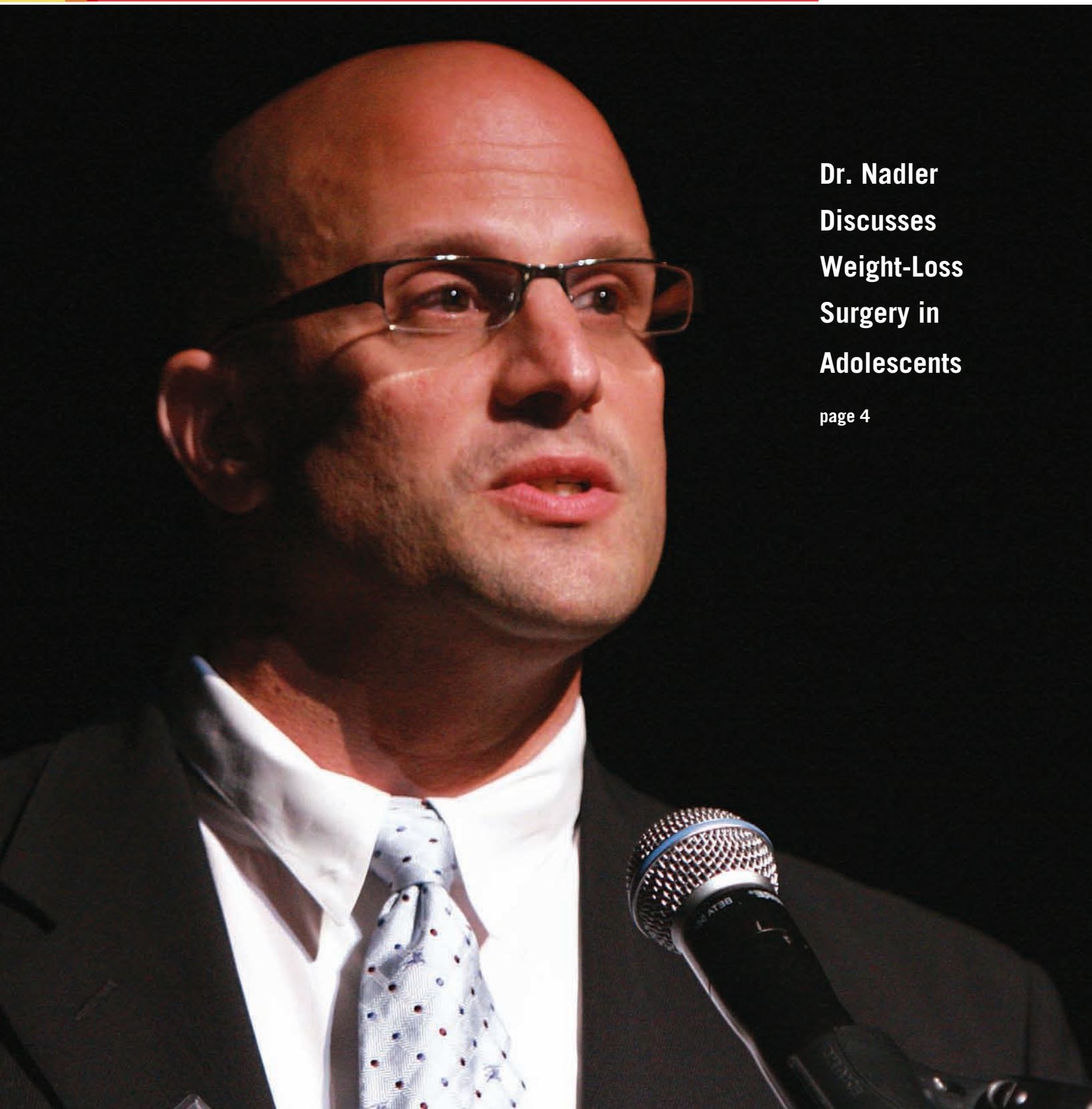
# Medical *Currents*

A Children's National Medical Center Quarterly Publication for Physicians

Spring 2011



**Children's National**  
*Medical Center*



**Dr. Nadler  
Discusses  
Weight-Loss  
Surgery in  
Adolescents**

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# Children's *News & Notes*

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## Children's Intensive Care Units Recognized for Continued Commitment to Quality

Children's Pediatric, Cardiac, and Neonatal Intensive Care teams have been recognized by two external groups for their commitment to quality and performance improvement. The teams have made great strides in implementing quality improvement processes focused on bloodstream infection rates. Congratulations to all three of Children's National Intensive Care Units for receiving the Sustained Improvement Award from Health and Human Services for Eliminating Central Line-Associated Bloodstream Infections. The Sustained Improvement Award for Eliminating Central Line-Associated Bloodstream Infections recognizes teams that demonstrated consistent and sustained progress over an 18- to 24-month period. The second award presented to the ICU teams was the George Mason University 2011 Health Care Quality Improvement Award Clinical Improvement Award. The team was recognized for "Eliminating Central Line Associated Bloodstream Infections in ICUs – A Commitment to Our Children."

## Physician Resource Kit Now Available

The most recent edition of our Physician Resource Kit, including a physician directory, laminated quick reference phone list, and referral pad, is now available. Children's National now has specific referral pads for Maryland and Virginia, listing each specialty and physicians at each location. The pads are also available in Spanish, with directions to Children's National Medical Center-Sheikh Zayed Campus for Advanced Children's Medicine and all Regional Outpatient Centers translated for your families. **Spanish referral pads and other referral resources are available by request at 202-476-4500 or [tbear@childrensnational.org](mailto:tbear@childrensnational.org).**

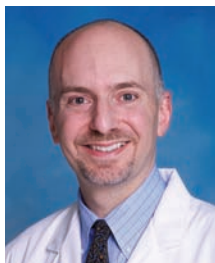


## Alumni Spotlight



**James C. Chan, MD**, served as the nephrology division chief at Children's National from 1973-1976. During his time at Children's National, he worked to start the pediatric hemodialysis program. He also served as the principal investigator on National Institutes of Health (NIH) research grants, to conduct clinical trials on vitamin D and vitamin E, credited with improving the care in children with chronic kidney disease. Recently, he was awarded the 2011 Henry L. Barnett award, the highest honor the American Academy of Pediatrics nephrology section bestows for "outstanding teaching and clinical care for children with kidney disease." He is currently a professor of pediatrics at Tufts University and a director of research at Barbara Bush Children's Hospital, Maine Medical Center.

## People *in the News*



**Jeffrey Dome, MD**, chief of the Division of Oncology, has been named as the recipient of the Thomas Willson and Lenore Williams McKnew Professorship in Pediatric Oncology. This is the first professorship in oncology at Children's National. The McKnew Professorship in Pediatric Oncology was established through an initial gift to Children's National Medical Center from the Lenore Williams McKnew Trust in 1998. The remaining funds for the professorship, more than \$700,000, were raised over the past year by Heroes Against Childhood Cancer and their sponsored events, including a "Be Brave and Shave" event featuring the Honorable Yousef Al Otaiba, United Arab Emirates ambassador to the United States.



**Joseph L. Wright, MD, MPH**, has been selected to serve as a member of the National Quality Forum's (NQF's) Steering Committee for the Regionalized Emergency Medical Care Services: Phase I Project. This project seeks to expand NQF's previous work in the emergency care area by identifying approaches for systematically regionalizing emergency care services at the national, state, and regional levels. NQF was founded in May 1999 with the mission of improving the quality of healthcare by standardizing the measurement and reporting of quality-related information and by otherwise promoting quality improvement.



**Jerome Paulson, MD**, medical director for global affairs at the Child Health Advocacy Institute, was recently elected to chair the Council on Environmental Health at the American Academy of Pediatrics. His service in that capacity begins in July 2011. Dr. Paulson also is the director of the Mid-Atlantic Center for Children's Health and the Environment (MACCHE).



**Juan C. Ibla, MD**, joined the Division of Anesthesiology and Pain Medicine as a member of the Cardiac Anesthesia Team. Dr. Ibla completed an anesthesia residency at Brigham and Women's Hospital and his pediatric anesthesia fellowship at Children's Hospital Boston. He also completed a research fellowship at Children's Hospital Boston and is an active clinician scientist. His research focus is on the role of the anti-inflammatory response in hypoxic preconditioning. Dr. Ibla will continue his basic science research

within Children's Research Institute with a faculty appointment in Genetics Medicine and Integrative Systems Biology. Prior to joining Children's National, Dr. Ibla was an Assistant Professor of Anesthesia in the Harvard Medical School, an Associate in Cardiac Anesthesia, and Anesthesia Director for Lung Transplantation at Children's Hospital Boston.



**For the 2011–2012 *U.S. News & World Report's* Best Children's Hospitals, Children's National is ranked as a best pediatric hospital in all 10 specialties.**

Children's National's 2011-2012 rankings include:

- Neonatology
- Cancer
- Neurology and Neuro Surgery
- Urology
- Nephrology
- Pulmonary
- Gastroenterology
- Heart/Heart Surgery
- Orthopaedics
- Diabetes and Endocrinology

In addition, six of our specialties ranked among the top 20 in the country in their category.

For complete details about the rankings, visit: [www.ChildrensNational.org](http://www.ChildrensNational.org).



# The Weight-Loss *Surgery Program*

By Evan Nadler, MD, Co-director of the Children's National Obesity Institute

Obesity has been established as the most critical national health issue today. The consequences of morbid obesity in adults are well described, and include an increased risk of cardiovascular disease (especially high blood pressure), dyslipidemia (for instance high cholesterol), diabetes mellitus, gallbladder disease, increased risk of selected types of cancer, and socioeconomic and psychosocial dysfunction.

Currently, at least 60 percent of the adult population is overweight or obese. This figure will only continue to grow if childhood obesity is not urgently addressed, and the morbidity associated with obesity in children will rise in parallel. The economic impact of obesity also is substantial. It is estimated that obesity in the United States accounted for between 5.5 and 7 percent of our national health care costs at the end of the last decade. In children, a more recent study suggested that hospital costs due to childhood obesity had doubled between 2001 and 2005. Thus, there is urgent need to find remedies to the obesity epidemic, especially for our pediatric patients.

## **What is bariatric surgery?**

One proven treatment that greatly reduces health risks associated with obesity is bariatric surgery (or weight-loss surgery), which has been proven effective for long-term weight-loss and for the treatment of obesity-related illnesses. According to the American

Society of Metabolic and Bariatric Surgery, there were approximately 178,000 bariatric procedures performed in the U.S. in 2006, which were mainly divided between two major procedures. The most common procedure currently performed is the Roux-en-Y gastric bypass or RYGB, followed by the laparoscopic adjustable gastric banding or LAGB. What differentiates these procedures most is that the RYGB limits the amount of food you can eat and makes it so that you don't digest your food, while the LAGB only limits the amount of food you can eat. Recently, there has been enthusiasm for a new procedure called the sleeve gastrectomy (or SG) which also limits the amount of food you can eat without impacting your digestion. All of these procedures are performed via laparoscopy (5 or 6 small incisions) and require anywhere from one to three nights in the hospital after the surgery. There is great debate regarding which procedure has the best balance of risk and effectiveness, especially when it comes to teenagers.

#### **Why surgery for teenagers?**

Obesity in the adolescent population also has reached epidemic proportions, with greater than 25 percent of all high school-aged children in the United States either being overweight or obese. Other estimates suggest that 31.5 percent of children ages 6-19 are overweight or obese nationally, and the problem may be worse in the District of Columbia. These numbers are staggering, and may be increasing. Some estimate that over 1 million adolescents ages 13-21 having a body-mass-index (BMI) of greater than 35 kg/m<sup>2</sup>, which is one threshold for surgery in the adult population. The problem has reached the point where diseases such as type II diabetes, now are increasingly diagnosed in adolescents. Compounding the issue is the fact that the vast majority of obese adolescents go on to become obese adults. Strategies for education and prevention must be developed to curtail the current trends, and behavior modification and medical therapy must continue to play an important role in weight management for children. However, a need has arisen for a more definitive and effective weight-loss strategy because of the considerable number of adolescents who are already morbidly obese, many of whom are stricken with obesity-related illnesses. Thus, surgical weight-loss procedures have gained popularity for the treatment of the morbidly obese adolescent, and have shown promising results.

#### **What types of surgery are offered at Children's National?**

Due to the associated risks of the RYGB, we do not currently recommend or offer this operation for teenagers. If there is a reason why this procedure would be preferred for an individual patient, we partner with adult surgeons who can provide this service. However, both the LAGB and SG are currently being performed at Children's National. The LAGB is the least invasive of the bariatric surgery procedures. It consists of wrapping a synthetic inflatable band around the stomach to create a small pouch with a narrow outlet; stomach restriction can be adjusted by means of



Recently, there has been enthusiasm for a new procedure called the sleeve gastrectomy (or SG) which also limits the amount of food you can eat without impacting your digestion.

saline injections into a subcutaneous reservoir. Since its introduction in the U.S. (FDA approved since 2001 for ages 18 and up), it has gained greater acceptance and its relative use is increasing. Approximately 50 percent of excess body weight is achieved at 2 years following surgery. Adjustments of the band via the access port is an essential part of this procedure and appropriate adjustments (performed up to six times annually) are critical for successful outcomes. Meticulous follow-up assessment is essential for successful weight-loss after gastric banding surgery, especially in comparison to gastric bypass surgery. Patients who do not return for regular follow-up assessment after gastric banding can expect to lose less weight and should be counseled as such. Long-term complications can be seen such as gastric prolapse, obstruction, esophageal dilation, port/tubing problems, and the overall reoperation

rate can be as high as 10 percent. One advantage is that the procedure is completely reversible with removal of band, tubing, and port.

For patients under 18 years of age, we are performing SG and have had excellent results to date. This procedure consists of a 75-85 percent vertical gastrectomy, thus creating a narrow tube of stomach as a food conduit. It has more recently been offered as a stand alone weight-loss procedure despite it originally being described as the first step in a two-stage operation. Several surgeons reported that patients lost significant weight after the first stage and did not need the second stage operation. However, there are no published data on this procedure in adolescents, although our series at Children's may be one of the first. The expected weight-loss is 50 -70 percent excess body weight at 12-24 months. *Long-term complications* are relatively unknown because very few studies with 5-year data exist; however no anastomoses are required and no bypassing of the intestinal tract is done. Therefore nutritional deficiencies are relatively rare. One lingering question is how long the procedure will last and if the stomach will stretch out over time.

#### **Who should be referred for weight-loss surgery?**

Any patient with morbid obesity can be referred to our offices, but the following criteria are generally used to assess suitability for a surgical intervention.

#### **Inclusion Criteria**

1. Be at least 14 years of age at the time of enrollment into the program and be at Tanner developmental stage 4 or greater.
2. Have a BMI of at least 35 with an obesity-related comorbidity or > 40 without a comorbidity [BMI is calculated as follows:  $BMI = \text{weight (Kg)} \div (\text{height (m)}^2)$ ; i.e.  $(W/H^2)$  or  $\text{Kg/m}^2$ ]. These criteria are the ones recommended by the NIH for adults.
3. Have a history of obesity for at least 3 years, including documented failed attempts at diet and medical management of obesity.
4. Express willingness to follow program requirements which include signing an assent form, having the individual's legal guardian sign a consent form; completing 1-2 week, 6 week, 3 month, 6 month, 9 month, 12 month, and every 6 month follow-up visits for a total of five years, and completing all clinically required laboratory and diagnostic tests.
5. Confirmation by a psychologist or psychiatrist experienced with adolescents that the subject is sufficiently mature emotionally to comply with the clinical protocol.

#### **Exclusion Criteria**

1. History of clinical disease that the surgeons feel would prohibit weight-loss surgery, including, but not limited to: congenital or acquired intestinal telangiectasia, Crohn's disease, or ulcerative colitis; severe cardiopulmonary disease or severe coagulopathy; hepatic insufficiency or cirrhosis.
2. Presence of dysphagia or documented esophageal dysmotility.
3. Patients with autoimmune connective tissue disorders.
4. Pregnancy or intention of becoming pregnant in the next 12 months.
5. Presence of uncontrolled psychiatric disease or patient immaturity which would compromise cooperation with the clinical protocol.
6. Chronic use of aspirin and/or non-steroidal anti-inflammatory medications and unwillingness to discontinue the use of these concomitant medications.
7. Unwillingness to discontinue use of weight-loss medications after surgery.

#### **Who else is part of the team?**

The care for the surgical patients is delivered by a multidisciplinary team with expertise in treating adolescents with morbid obesity.

Team members include:

1. Surgical nurse practitioner
2. Pediatric anesthesiologist
3. Dietitians and health educators
4. Child psychologist
5. Pediatricians and pediatric cardiologist for pre- and post-operative care.
6. Sleep physicians, endocrinologists, and the whole gamut of sub-specialists available at Children's National should the need arise.

#### **How do I refer a patient?**

Patients are seen at 3 locations: Children's National Medical Center-Sheikh Zayed Campus for Advanced Children's Medicine, the Spring Valley Regional Outpatient Center, and Children's National Specialists of Virginia, LLC. The easiest way to schedule at any of the locations is to call 202-476-7200. Alternatively you can email Evan Nadler at [enadler@childrensnational.org](mailto:enadler@childrensnational.org). For patients who wish to be seen at Children's National Specialists of Virginia, *an affiliated private practice*, email Faisal Qureshi at [fqureshi@cnsva.org](mailto:fqureshi@cnsva.org).

## Two Days - Twice the CME!

Free Meeting Registration to CNHN & AAP Pediatricians



*Children's National Health Network's Future of Pediatrics 2011*

## Practical Pediatrics for Practicing Pediatricians

**Wednesday, June 22 and  
Thursday, June 23, 2011**

**9 am – 5 pm** (Registration and breakfast begins at 8 am)

Bethesda North Marriott Hotel  
& Conference Center (at White Flint Metro)

- **Reception & Pediatric Trade Exhibition**

Wednesday, June 22 (5 – 6:30 pm); DC region's largest trade exhibition just for pediatricians

- **Annual Medical Staff Dinner**

Wednesday, June 22 (7:00 – 8 pm); Includes Future of Pediatrics Keynote Presentation:  
*The Future is Now: Surgical Innovations at Children's National*

- **Children's IQ Network Pediatric EMR User Group (eClinical Works)**

Wednesday, June 22, repeated Thursday, June 23 (9 am – 5 pm)

Register online at [www.ChildrensNational.org/CNHN](http://www.ChildrensNational.org/CNHN)

*Presentations  
include the  
following topics:*

- Childhood Bullying
- Vitamin D: Answers to Your Questions
- Obesity Counseling in Office Practice
- GI Motility: GE Reflux
- Pediatric Dermatology Update
- Medical Home: Parents as Partners
- Tubes and Trachs: Pediatrician Primer
- Sleep Disorders
- Food Allergies
- Heart Murmurs in Children
- Asthma: Lessons Learned
- Adolescent Gynecology & Contraception
- Improving Adolescent Immunizations
- Syncope and Sudden Death
- Epilepsy Management Update
- Evidence-Based Depression Care
- Orthopaedics in Office Practice
- Cranial Abnormalities in Infants
- Pulmonary Medicine: All that Wheezes isn't Asthma
- Genetics: Newborn Screening Update
- Genetic Screening & Work-Ups in Children
- Pediatric Radiology & Imaging
- Cultural Competency in Practice (AAP Toolkit)



**Children's National**  
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- Children's Hospital Foundation
- Children's National Health Network
- Children's National Specialists of Northern Virginia, LLC
- Children's Pediatricians & Associates
- Children's Research Institute
- Children's School Services
- Safe Kids Worldwide

Visit us on the web at [www.ChildrensNational.org](http://www.ChildrensNational.org)

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# Tell Us *What You Think*

To help us to continue to provide information you need, we have created a brief survey on your satisfaction with *Medical Currents*.

To take the survey today, visit:  
[www.ChildrensNational.org/MedicalCurrents](http://www.ChildrensNational.org/MedicalCurrents)

*Note: The survey will close on 6/24/11.*

## There's a ROC Near You!

In each issue of Medical Currents, we will update you on expansions and services at our outpatient centers. This issue, we are highlighting the Frederick Regional Outpatient Center.

If we could bring world-class care to your practice, we would. Instead, we have done the next best thing by providing the same quality of care as the hospital, only closer to your practice.

**Frederick Regional Outpatient Center**  
5910 Frederick Crossing Lane  
First Level  
Frederick, MD 21704  
301-682-6661(p) 301-682-6668 (f)

Specialty services offered at the Frederick ROC include:

SPECIALTY	SPECIALIST
Cardiology	Jonathan Kaltman, MD Gerard Martin, MD, <i>Co-Director</i> , <i>Children's National Heart Institute</i> Jai Nahar, MD
Endocrinology	Priya Vaidyanathan, MD
Gastroenterology	Anil Darbari, MD Benny Kerzner, MD
General Surgery/ Surgical Consult	Timothy Kane, MD
Infectious Disease	Roberta DeBiasi, MD
Nephrology	Kanwal Kher, MD, <i>Chief</i> Shamir Tuchman, MD
Neurology	Adeline Vanderver, MD
Urology	H. Guilford Rushton, MD, <i>Chief</i>



### Other Regional Outpatient Centers

- Children's National Specialists of Virginia, LLC  
*\*An affiliated private practice*
- Children's Center for Cancer and Blood Disorders of Northern Virginia
- Northern Virginia Regional Outpatient Center and Neurosurgery Office
- Annapolis Regional Outpatient Center
- Upper Marlboro Regional Outpatient Center
- Montgomery County Regional Outpatient Center, Ambulatory Surgery Center, Neuropsychology
- Laurel Regional Outpatient Center
- Spring Valley Regional Outpatient Center