A COMMON HIGH STANDARD OF CARE

In the case of trauma, Dr. Stylianos pointed out that the patterns of injury in children are often different than for adults. For example, take the case of a mom and a child who both get hit by the same car while crossing a street.

“The mom may break her hip, but the child suffers a devastating head injury. The child is obviously much smaller, so where the car hits him can cause serious traumatic head injury.”

Still, even when a child requires surgery for a traumatic injury, the same trauma resuscitation team treats every child with what Dr. Stylianos calls the “same seamless choreography” – in other words, a common set of standards and protocols.

“No obvious injury can distract you from examining the resi of the patient, but our team goes through an A-B-C checklist with every young patient,” he explained. “They check the child’s airway (A), breathing (B), and circulation (C) first, no matter if the child has a broken leg, a chest injury or has been in a fall.”

“We utilize these same high standards of care for every patient. This enables us to perform most effectively, and to avoid overlooking critical but less obvious problems,” Dr. Stylianos said.

As an example, the MCH team pioneered the “scarless appendectomy” and now performs nearly 500 of these procedures each year. The procedure is done by inserting the entire laparoscope through the child’s belly button. This small incision eventually heals with Miami Children’s Hospital for 35 years.

PIONEERING NEW PROCEDURES

The field of surgery is constantly changing, and Miami Children’s Hospital’s pediatric surgeons are leading the way. The team is always evaluating how the newest laparoscopic and endoscopic techniques can be applied in order to reduce pain and healing time for even the smallest infants and children.

As an example, the MCH team pioneered the “scarless appendectomy” and now performs nearly 500 of these procedures each year. The procedure is done by inserting the entire laparoscope through the child’s belly button. This small incision eventually heals and disappears into the belly button; hence, a “scarless appendectomy.”

“The child comes out of the operating room with just a BAND-AID® on her belly button. This small incision eventually heals and disappears into the belly button, hence, a ‘scarless appendectomy’,” said Dr. Stylianos.

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“Team Approach to Surgery Saves Lives”

“...as soon as Shannon was born, it was clear that something was wrong. Her breathing was hard and she had bubbly mucus in her mouth.”

An X-ray confirmed what doctors suspected: she was born with a type of esophageal atresia, a life-threatening congenital abnormality that affects one in about 25,000 babies. Her esophagus did not connect to her stomach, leaving a huge gap that could only be corrected through surgery.

Shannon was brought to Miami Children’s Hospital, where Dr. Cathy Anne Burnweit, a pediatric surgeon, operated on her using a groundbreaking new procedure that would shorten the time it took to close the gap in her esophagus from several months to about two weeks. The procedure involved surgically placing stretching sutures and strings on the upper and lower end of Shannon’s esophagus, then gently pulling the strings twice each day to lengthen the esophagus quickly and painlessly.

“This was the first time this procedure has been done in Florida. I wanted to try it because I felt she would be an excellent candidate who would benefit readily from this advanced technique,” Dr. Burnweit said.

The results were spectacular. Now 15 years old, Shannon is doing wonderfully well.

“When I operate on a baby, it’s as if she were my own baby,” Dr. Burnweit continued. “It’s a privilege to take care of these children, and for parents to entrust me with the care of their child.”

FROM SEPARATING CONJOINED TWINS TO APPENDECTOMIES

The team of pediatric surgeons at Miami Children’s Hospital performs an average of 3,000 operations each year. They were part of the first team of surgeons in Florida to successfully separate conjoined twins.

Surgery performed through the department range from highly specialized procedures to repair an intestinal atresia, a lung deformity, a diaphragmatic hernia or a pec- tum excavatum – a sunken chest – to more common procedures, like appendectomies, circumcisions and hernia operations.

“The difference between local community hospitals and Miami Children’s is that we have a whole team of pediatric surgeons, anesthesiologists, nurses and others who are dedicated to the care of only children, 24 hours a day, seven days a week.”

For example, take the case of a mom and a child who both get hit by the same car while crossing a street.

“The mom may break her hip, but the child suffers a devastating head injury. The child is obviously much smaller, so where the car hits him can cause serious traumatic head injury.”

Still, even when a child requires surgery for a traumatic injury, the same trauma resuscitation team treats every child with what Dr. Stylianos calls the “same seamless choreography” – in other words, a common set of standards and protocols.

“No obvious injury can distract you from examining the rest of the patient, but our team goes through an A-B-C checklist with every young patient,” he explained. “They check the child’s airway (A), breathing (B), and circulation (C) first, no matter if the child has a broken leg, a chest injury or has been in a fall.”

“We utilize these same high standards of care for every patient. This enables us to perform most effectively, and to avoid overlooking critical but less obvious problems,” Dr. Stylianos said.

As a child presents with an injury affecting multiple organs and subspecialists need to be consulted, the pediatric surgeon’s role is to coordinate all of the care.

“When the child needs surgery or not, we take care of him until he is stable and can be transferred to the appropriate subspecialist.” added Dr. Nahmad, who has been with Miami Children’s Hospital for 35 years.

Team Approach to Surgery Saves Lives

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NATIONAL RECOGNITION

The MCH pediatric surgery program, nationally recognized for its excellence in clinical care, also has active teaching and research components that seek to push the discipline forward, pioneering innovative technologies and cures.

“To reach future goals, we are exploring partnerships with medical schools and other institutions that can expand the depth and talent of our program,” Dr. Stylianos said.

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— Michel H. Nahmad, M.D. Senior Attending Pediatric Surgeon and Director of Thoracic Surgery

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