Robotic Surgery Program puts Texas Children’s on the leading edge

Dr. Chester Koh is an internationally recognized expert in robotic surgery and minimally invasive surgery in children. With Koh leading the way, Texas Children’s Hospital acquired the da Vinci® Si Surgical System in September 2013 and has completed more than 100 surgeries as of July 2014.

“Robotic surgery is increasingly becoming the standard of care for many pediatric surgeries, especially in the field of pediatric urology, since the numerous benefits include smaller incisions, shorter hospital stays, decreased postoperative pain medication requirements and smaller scars,” Koh said.

Benefits of robotic surgery extend beyond the patient experience.

“Robotic surgery reduces the strain and fatigue on the surgeon, and the 3-D vision greatly improves the surgeon’s view, which can lead to further improvements in patient safety,” Koh explained. “With the da Vinci robot, we are using the same surgical skills that we have learned with open surgery for reconstructive procedures, but without the need for large and painful incisions.”

The program continues to grow with the arrival of Dr. Patricio Gargollo, who has expertise in performing innovative, complex reconstructive pediatric robotic surgeries. He is one of the few robotic pediatric urologists in the country with these specialized skills. In addition to using the robot for pediatric surgical cases, the system is also used to treat a variety of pediatric and adult gynecological conditions.

Education and training are important components of the robotic surgery program, as well. In March, Texas Children’s Hospital and Houston Methodist Hospital hosted the 3rd Annual Pediatric Urology Robotics Hands-on Course, co-sponsored by Intuitive Surgical. Participants from across the country and the world attended the two-day event, including Gargollo and other select faculty from varying U.S. institutions.

“The course provided a hands-on experience for some of the most complex cases that pediatric urologists face, to help ensure children all over the world have access to the most advanced care possible,” Koh said.

The next conference will take place in March 2015. Learn more at texaschildrens.org/robotic-surgery.

A message from the surgeon-in-chief

Dear colleagues,

I’m pleased to announce that the recent U.S. News & World Report rankings have once again named Texas Children’s Hospital fourth among the 183 pediatric institutions surveyed nationally, and we are one of only 10 hospitals to achieve the Honor Roll designation. Additionally, Texas Children’s is the only hospital in Texas — and the entire Southern region of the U.S. — awarded the Honor Roll distinction.

Specifically, four surgical subspecialties were ranked in the top 10: #2 Cardiology and Heart Surgery; #5 Gastroenterology and GI Surgery; #6 Neurology and Neurosurgery; #7 Urology; and #36 Orthopedics.

Our high rankings demonstrate the commitment we have not only to achieving quality outcomes both hospital-wide and within the Department of Surgery, but also to tracking those outcomes and using them to continuously improve the care we deliver. While we are proud of our results, we are not resting. We are using these results as another catalyst in our pursuit of providing the best possible patient care.

You can learn more about the Department of Surgery and its divisions by reviewing the 2013 Surgery Annual Report at texaschildrens.org/surgery-report.

Thank you for your continued interest in the Department of Surgery and Texas Children’s Hospital.

Respectfully,

Charles D. Fraser, Jr., M.D.
Surgeon-in-Chief, Texas Children’s Hospital
Donovan Chair and Chief of Congenital Heart Surgery, Texas Children’s Hospital
Clayton Endowed Chair in Surgery, Texas Children’s Hospital
Professor of Surgery and Pediatrics, Baylor College of Medicine
The Orthopedics Division of Texas Children’s Hospital continues to expand as recent recruits Dr. Howard Epps, medical director of Orthopedics, and Dr. Jaclyn Hill bring their expertise to Houston. Together, Epps and Hill lead the Pediatric Deformity Correction and Limb Reconstruction Clinic, designed specifically to treat infants, children and young adults with complex orthopedic disorders of the lower limbs.

“Our goal is to provide patients with expert care in one location through a multi-disciplinary clinic,” said Hill. “By sharing our focused expertise, we can create better outcomes as we follow our patients through the treatment process, rehabilitation and beyond.”

One of the main focus areas of the clinic will be treating leg-length deficiencies with advanced technology like internal magnetic lengthening nails.

“Patients might have congenital deficiencies, trauma or infections, or a limb deficiency of unknown origin that can lead to the need for limb lengthening,” said Hill.

Magnetic lengthening nails are relatively new — within the past few years — and Texas Children’s has been an early adopter of the Precice® intramedullary nail. This nail lengthens the femur and tibia using an External Remote Controller (ERC) to non-invasively lengthen the implant.

To begin the treatment process, the nail is surgically implanted into the patient’s limb. At the one week post-surgery visit, a Precice representative meets with the patient to deliver the ERC and review the proper technique for using the unit. Lengthening is a precise process. Often, the goal is to lengthen the limb five to six centimeters and usually takes 50-60 days. To achieve this, the patient uses the ERC three times a day to activate the magnetic nail to expand a total of one millimeter per day. Traditional lengthening has been done with an external fixator, but with this advanced technology, all the hardware is internal and non-visible to the patient. Also, with the ERC, the patient is able to perform the lengthening at home.

“We see an increase in quality of life and self-esteem in our patients once the process is complete,” said Hill. “Outward signs of length discrepancy like a shoe lift are eliminated, and we can prevent future joint or back problems for our patients.”

Texas Children’s Hospital West Campus opened a new eight-bed Pediatric Intensive Care Unit (PICU) earlier this year to accommodate patients with higher acuity to better meet the needs of the West Houston community.

Texas Children’s Hospital West Campus, opened in 2010, houses 20 pediatric subspecialties, including seven surgical subspecialties, and is approximately 25 miles from Texas Children’s Hospital in the Texas Medical Center.

“We wanted to provide a higher level of care at West Campus after seeing the needs of the community,” said Shannon McCord, director of West Campus Patient Care Services. “This allows even more patients to receive their care closer to home.”

The PICU expansion was supported by a generous $1 million donation from the Lauren and Lara Camillo family.

With this new unit, the West Campus is now able to care for patients with conditions including but not limited to asthma, diabetes, meningitis, respiratory failure, seizures, shock and more. Care for neonates (< 30 days) diagnosed with the following conditions is also available: ALTE, bronchiolitis, hyperbilirubinemia, suspected sepsis and more.

Patients who need care that is outside the scope of the West Campus will still be transported to Texas Children’s Hospital in the Texas Medical Center, but this new expansion will impact the ability of the West Campus to do more surgical procedures and admit more patients from the Emergency Center who would have been triaged to the main campus before.
An interview with Dr. Allen L. Milewicz, chief of community surgery

Dr. Allen Milewicz was appointed chief of community surgery for Texas Children’s Hospital in January of 2014. In this role, Milewicz oversees Texas Children’s surgical services within the community, including Texas Children’s Hospital West Campus and the four Texas Children’s Health Centers. This interview reflects on his role, responsibility and vision.

Q: What is the role of a chief of community surgery?
A: My job is to represent and help implement the mission of the Department of Surgery at the various Texas Children’s facilities outside the Texas Medical Center. This means creating an environment that allows our patients to receive the same high quality and safe care they expect at the medical center. It also means ensuring our surgeons and advanced practice providers have the tools and resources they need.

Q: How did you feel about taking on this new role?
A: This new role allows me to use my experience in community practice, along with my MBA, in a new venture. Having the back-up and support of the excellent leadership at the hospital and working with the skilled West Campus administrative and surgical teams has made this transition a fun and challenging experience.

Q: What are your goals as chief of community surgery?
A: My focus now is to improve patient access to our clinics, to increase surgical volume, to develop a dedicated surgical staff and to develop and grow new, community-oriented programs. We look forward to opening new multi-specialty clinics at the West Campus that will complement and supplement those available in the medical center and the new Kingwood Health Center. Additionally, we plan to hire several surgeons who will provide service at various locations like West Campus, our health centers and eventually our new community hospital in The Woodlands in 2017.

Q: How does your role impact surgical services at West Campus?
A: As Dr. Charles D. Fraser, Jr., surgeon-in-chief, recognizes the importance of the community to the Department of Surgery and has acknowledged it with the creation of this role. This endorsement lends credibility and validity to the community surgical effort. The impact of our services is already noticeable with increasing surgical cases.

Q: What has your new role taught you about leadership?
A: When I started this job, I received a leadership packet from Mark A. Wallace, president and CEO of Texas Children’s Hospital. One of the things Mr. Wallace says that I had not read elsewhere deals with the importance of being upbeat and optimistic. He emphasizes how a positive point of view sets the tone and outlook for everyone. In addition, follow-through and execution are just as important. Being cheerful and coming up with good ideas is easy. Following through and making things happen takes persistence and hard work.

Q: How does your role help advance the Department of Surgery?
A: As health care evolves, and Texas Children’s Hospital with it, a strong presence in the community is becoming increasingly important. We are now in a position to complement and support community health care providers with our convenient, high quality subspecialty surgical care close to home.

Surgical Research Day 2014

More than 200 physicians, nurses and operating room staff attended the 5th Annual Edmond T. Gonzales Jr. Surgical Research Day on May 9. The event included six oral presentations and 86 poster presentations.

“Surgical research, both basic and clinical, is central to our core values as academic surgeons at Texas Children’s Hospital,” said Dr. Charles D. Fraser, Jr., surgeon-in-chief at Texas Children’s Hospital. “The presentations highlight the exciting and innovative work being done by our surgical colleagues, residents and students.”

This year’s keynote speaker, Dr. N. Scott Adzick, presented “Prospects for Fetal Surgery.” Adzick is the C. Everett Koop professor of Pediatric Surgery and surgeon-in-chief at The Children’s Hospital of Philadelphia. Lynn Sessions, a health care privacy lawyer at BakerHostetler in Houston, delivered the ethics presentation titled “Mobile Technology in Health Care: Convenience or High Risk.”

The event concluded with an awards ceremony. Winners included Dr. Fariha Sheikh, Pediatric Surgery, Best Oral Presentation: Anesthesia-Induced Neurotoxicity in the Mid-Gestation Fetal Sheep; Dr. Scott Rosenfeld, Orthopedics, Best Poster: Evaluation of Talo-calcaneal Coalitions Using 3-D Printed Models; and Dr. Irving Zamora, third year clinical research fellow, Pediatric Surgery, and Dr. Yesenia Rojas, third year basic science research fellow, Pediatric Surgery, the Samuel Stal Research Award.
Announcements

NEW PHYSICIAN Hires
Ellis Arjmand, M.D. – Chief of Otolaryngology
Patricio Gargollo, M.D. – Urology
Charles Hartin, Jr., M.D. – Pediatric General Surgery
Tiffany Raynor, M.D. – Otolaryngology
Matthew Sitton, M.D. – Otolaryngology
Mitch Seruya, M.D. – Plastic Surgery
Ronald J. Vilela, M.D. – Otolaryngology

Jea accepted into Scoliosis Research Society
Neurosurgeon Dr. Andrew Jea has been accepted by the Scoliosis Research Society as an active member. Only 33 of the 1,100 members are neurosurgeons, and up to now there has not been a pediatric neurosurgeon accepted as an active fellow.

2013 ANNUAL REPORT
In 2013, the Department of Surgery completed more than 24,000 operating room cases, 113,000 clinic visits and $340 million in gross revenue. Highlights from the year include:

• Launch of the Same-Day Surgical Consultation Program, with more than 2,000 same-day appointments scheduled in the first three months alone
• Completion of 98 transplants, the most ever completed in a year at the hospital
• Addition of three multidisciplinary clinics: Craniofacial Program, Urologic Stones Clinic and an Oculoplastics Clinic
• Installation of the Robotic Surgery Program
• Development of the nation’s first Pediatric Surgery Fellowship Program for Physician Assistants

See the whole report or view information on a particular division at texaschildrens.org/surgery-report.