



Child-Appropriate Care for an Adult-Sized Problem

LUCILE PACKARD CHILDREN'S HOSPITAL'S BARIATRIC SURGERY PROGRAM

Increasing numbers of obese American adolescents are undergoing bariatric surgery to control their weight, but relatively few turn to pediatric hospitals for the procedure. Lucile Packard Children's Hospital is the only hospital in the Bay Area that brings together pediatric weight loss specialists, pediatric surgeons, and child psychologists and psychiatrists to evaluate potential candidates and shepherd them through the surgery and the long-term lifestyle changes necessary to the success of the procedure.

Furthermore, the hospital's close relationship with Stanford Hospital & Clinics ensures a seamless transition of follow-up care as the adolescent becomes a young adult, and its active bariatric surgery research program keeps the standard of care moving forward for children nationwide.

"Our program encompasses all aspects of pediatric bariatric surgery," said Craig Albanese, MD, Packard Children's chief of pediatric surgery and director of bariatric surgery for the hospital's Center for Healthy Weight, "and our outcomes have been outstanding. The kids not only lose weight, but we see excellent resolutions of co-morbidities like diabetes, sleep apnea, and pseudotumor cerebri. Their psychological outlook and peer-to-peer relationships also improve after surgery, and they function better on a day-to-day basis."

Most of the hospital's bariatric surgery patients undergo the Roux-en-Y gastric bypass, which is considered the gold standard of weight loss surgery. However, when appropriate, the hospital offers two additional options: laparoscopic gastric band surgery and sleeve gastrectomy. Packard Children's was the first California children's hospital to perform both the gastric bypass and lap band procedures, in 2004 and 2006, respectively.

"These procedures increase our ability to tailor our treatments to meet the specific needs of each child," said Albanese. "The lap band might not be for everyone. The bypass might not be for everyone. Even surgery might not be the best answer for some, but we're committed to offering patient-specific therapy to help kids fight obesity."

Because not every child will benefit from bariatric surgery, only

**Craig Albanese,
MD, Packard
Children's Chief of
Pediatric Surgery
and Director of
Bariatric Surgery
for the Center for
Healthy Weight.**



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severely obese adolescents are considered for the procedure. While adults with a body mass index over 30 might be candidates for surgery, the requirements for adolescents are much more stringent. In their case they must have a BMI of greater than or equal to 40 with accompanying serious co-morbidities, or of 50 or greater with less-serious co-morbidities.

"This is not a trivial procedure," said Peter Schilling, MD, a general surgery resident at Stanford researching pediatric bariatric surgery outcomes and complications nationwide. "As with adults, there is a real risk of significant complications or even mortality. It is a drastic measure for a drastic problem."

Those who don't fit into the surgical parameters have several additional options for weight control. Packard Children's team of experts, from pediatric surgeons and psychiatrists to physical therapists, nutritionists and social workers, are skilled not only in helping overweight and obese children lose weight, but also in preventing obesity.

"We have over 20 years of experience in weight management in children," said Albanese. "Our team includes experts in bariatric research, obesity prevention, pediatric weight control and more." Together the team evaluates and determines the best therapy for obese teenagers referred to Packard Children's.

"We have many options for these teens," agreed Schilling. "It's not as if the referring physician is suggesting that the patient definitely needs surgery. It's just an indication that he or she needs to undergo some type of managed weight loss."

Packard Children's bariatric surgery team is also part of a nationwide consortium that shares data and compares results to determine which patients are the best candidates and to increase the likelihood of a safe, successful outcome.

"The advantage of Packard Children's is that it has surgeons who are very experienced in adult bariatric surgery joining forces with pediatric surgeons and a very good support staff for evaluating patients before and after surgery," said Schilling. He and John Morton, MD, who directs Stanford's bariatric surgery program, work closely with Albanese and other pediatric experts.

"These kids are not pleasantly plump," said Morton. "They are morbidly obese teens with some very significant co-morbidities that impact their physical and psychological well-being. We all remember how difficult it was at times to get through high school. Now imagine living through the same experiences as a 17-year-old with diabetes and high blood pressure."

Patients referred to Packard Children's for weight loss management undergo a lengthy psychological, nutritional and medical evaluation to assess their specific needs and situations. In addition to meeting the BMI and comorbidity parameters, they must have tried and failed traditional weight loss methods in order to be considered for surgery. Standard lab work, including an endoscopy, is performed to rule out other causes of the patient's obesity and to reduce the chances of complications from surgery.

"We also meet and talk with the patient's family," said Morton. "Obesity is a disease that often extends into the family. Young

To be considered for bariatric surgery, adolescents must:

- Have participated in at least six months of medically supervised attempts at weight management.
- Have attained physical maturity. This may vary depending on the severity of comorbidities.
- Have a BMI \geq 40 with serious obesity-related comorbidities or a BMI \geq 50 with less-serious comorbidities.
- Demonstrate commitment to comprehensive medical and psychological evaluation before and after the surgery.
- Agree to avoid pregnancy for at least one year after bariatric surgery.
- Be capable of and willing to adhere to postoperative nutritional guidelines.
- Provide informed consent to surgery.

Serious comorbidities include Type II diabetes mellitus, obstructive sleep apnea, and pseudotumor cerebri.

Less serious comorbidities include hypertension, dyslipidemias, nonalcoholic steatohepatitis, venous stasis disease, significant impairment in activities of daily living, intertriginous soft tissue infections, stress urinary incontinence, gastroesophageal reflux disease, weight-related arthropathies that impair physical activity, and obesity-related psychosocial stress.

adults in particular need supportive and receptive family members in order to accomplish and maintain the lifestyle changes that must accompany weight loss surgery."

Those who are successful report a huge change, not only in their weight, but also in their self-confidence. Past patients have become more socially acclimated and outgoing. "It can give them a new lease on life," said Morton. "They begin to consider going to college, and thinking positively about their future. Packard Children's has a unique combination of experienced bariatric surgeons with a wide range of pediatric specialists, from surgeons to eating disorder experts. It's the right place for these teens to come."

"These kids are still kids, whether they're 16 years old and 400 pounds or 13 years old and 300 pounds," agreed Albanese. "Our staff is absolutely outstanding in dealing with that age group. No one knows kids better than people who work at a children's hospital."

For more information about Packard Children's bariatric surgery program, visit bariatricsurgery.lpch.org or contact Susan Farralles, RN, MSN, FNP, at (650) 736-2114 or sfarralles@lpch.org.



Pediatric Urologists Blend Skill with Compassion

SPECIALISTS AT LPCH TREAT CONGENITAL AND ACQUIRED GENITOURINARY CONDITIONS

Packard Children's pediatric urologists bring a combination of surgical and medical treatments to bear on a wide variety of genitourinary conditions in children. Innovative outpatient surgeries, ongoing clinical trials, and advanced fluoro-urodynamic and neurostimulation technologies are just some of the ways Packard physicians evaluate, diagnose and treat their young patients.

"We try to make any treatment as easy as possible for both the parents and the child," said pediatric urologist William Kennedy, MD. "We've found, for example, that penile reconstructions are best done between 6 and 18 months of age, when the child is disinterested in his genitals and the parent can easily manage a urinary catheter while diapering."

Packard Children's urological services are available to children throughout the Bay Area, at the hospital, the hospital's new South Bay Specialty Clinic in Los Gatos, and Dominican Hospital in Santa Cruz.

In addition to reconstruction for conditions such as hypospadias, epispadias, and structural curvature, rotation or concealment of the penis—most of which are conducted on an outpatient basis—Kennedy and Linda Shortliffe, MD, the hospital's chief of pediatric urology, are skilled in the correction of ureteropelvic junction obstructions, vesicoureteral reflux, hernias, hydroceles and other congenital abnormalities of the kidney, bladder, ureter, urethra, and male and female genitalia. Many of these conditions are diagnosed prenatally and are often treated within the first year of the child's life.

Pediatric Urology at Packard has also been involved in national clinical trials testing new minimally invasive therapies for vesicoureteral reflux.

"While we would traditionally reimplant the ureter into the bladder and create a pressure-sensitive valve to stop the reflux, we now use a cystoscope to inject biomaterials at the junction and correct the problem," said Kennedy. "We're finding this to be a very viable, nonsurgical option for children with low-grade (grades 1 to 3) vesicoureteral reflux."

Not all conditions require surgery. Problems with bladder structure or function can often be medically managed. The division of pediatric urology has three full-time nurse-practitioners who are specially trained to facilitate the care of these patients. Among the problems they treat are neurological disorders affecting the bladder (spina bifida) and recurrent urinary tract



Linda Shortliffe, MD



William Kennedy, MD

infections.

Although many children with fecal or urinary incontinence can be successfully treated with behavioral modification and short-term pharmacotherapy, Kennedy and Stanford neurourologist Rodney Anderson, MD, have successfully treated intractable cases with an implantable neurostimulation device targeted to the sacral nerves controlling the bladder, sphincter and pelvic floor muscles.

"Although this treatment is not appropriate for the average six-year-old with wetting problems, I believe it's a promising new avenue of therapy for kids with problems that don't respond to traditional approaches," said Kennedy.

Finally, Packard Children's is also exploring ways to make invasive diagnostic tests like voiding cystourethrograms more tolerable for young patients. In 2005, Shortliffe and Stanford psychiatrist David Spiegel, MD, piloted a study investigating whether self-hypnosis could lessen a child's anxiety and discomfort during the procedure. They found that hypnosis significantly reduced the duration of the test and the distress exhibited by the children. The principles of self-hypnosis are now incorporated into the armamentarium of Packard Children's recreational therapists, who can assist children undergoing invasive tests.

For more information about Packard Children's pediatric urologic services, visit urology.lpch.org or call (650) 497-8201.

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Teens Share and Learn at Unique Transplant Clinic

ORGANIZERS AIM FOR A SMOOTHER TRANSITION TO ADULT CARE

A new Teen Clinic for liver transplant recipients is garnering attention at Packard Children's. The monthly clinic is meant to prepare adolescents with liver transplants to assume responsibility for their health as they transition into the world of adult care. The concrete steps toward independence taught during the monthly meetings are adaptable to many different diagnoses.

"We've been getting calls from other services throughout the hospital wanting to learn whether this format might be an option for them as well," said clinic coordinator Marcia Castillo.

The clinic, modeled after a program for pediatric cystic fibrosis patients in Wisconsin, tackles head-on an ongoing problem in pediatric medicine: After years of hand-holding by parents and hospital staff, many adolescent patients with all types of chronic conditions are woefully underprepared to advocate for themselves in the less-than-solicitous world of adult care.

The clinics are scheduled once a month during normal clinic hours. Participating teens are assigned to one of four groups: early adolescence (ages 12 to 14), mid-adolescence (ages 15 and 16); late adolescence (age 17); and young adulthood (ages 18 to 21). After their standard clinic check-up, the parents of the teens meet as a group with Packard Children's liver transplant social worker, Chris Dong, while their children gather in another room with child psychiatrist Rebecca Bernard, MD, to discuss, well, pretty much anything.

"We give them suggestions for topics," said Castillo, "like medication adherence, tattooing and body image, sex and sexuality, for example. But we've been hearing from the patients that the most useful thing about the group is just getting to meet and know other transplant teens like them." Parents, in turn, report relief that their children are becoming more autonomous.

"Eventually these kids will need to take responsibility for their own medical regimen," said Michele Ashland, whose 12-year-old daughter, Miranda, had a liver transplant at Packard as an infant. "Parents have to learn to let go, but it's very difficult. For kids like Miranda, following your doctor's instructions is a matter of

Family Pact Services Now Available at Castro Commons

Packard Children's Teen and Young Adult Clinic at Castro Commons is now offering the Family Pact Program to adolescents of reproductive age. Family Pact is a state-run program that provides free, confidential reproductive health services to all California adolescents regardless of their legal status, as long as their personal income is low.

The Teen Clinic is part of Packard Children's Center for Adolescent Health. For more information about the clinic or the center, call (650) 694-0600 or visit adolescentmedicine.lpch.org.

life or death. It's not like they're just overdrawing their checking account."

Clinic participants are challenged to reach a number of goals designed to teach them how to care for themselves. Younger patients, for example, are expected to be able to describe their health status and read a thermometer. Older patients are taught the names and purposes of the medical tests, how to call the clinic and make or change their own appointments, and how to call a pharmacy for refills before their regular medication runs out. Finally, young adults are expected to obtain health insurance coverage independent from their parents'.

"We're trying to do something with these kids that they're not developmentally programmed to do," said Castillo. "Teens tend not to listen to their parents or their doctors; they think they are immortal. We have the best chance for success when we bring them together with their peers to talk about the challenges of living with a transplant and outline concrete, baby steps they can take toward independence. They need to understand that they have to be invested in maintaining the good outcomes they've enjoyed since their transplant."



Packard Physical Therapist Gains Rare Pediatric Certification

Packard Children's is happy to announce that physical therapist Eilish Byrne has become a pediatrics-certified specialist. The certification, given by the American Physical Therapy Association, designates individuals who have successfully passed an eight-hour exam focused on all aspects of pediatric physical therapy, including the latest in inpatient

and outpatient care, care in the school and the home, and care for children of all ages from infancy to adulthood. Byrne is one of fewer than five such specialists in the Bay Area.

The certification builds on the expertise and experience shared by Byrne and her colleagues in the physical and occupational therapy services at Packard Children's, who together care for patients from the NICU to age 21 with a broad range of problems.

"We focus on providing a continuum of care," said Byrne, "while also supporting and



Doug Fredrick Joins Children's Pediatric Ophthalmology

TEAM OFFERS COMPREHENSIVE CARE FOR ALL TYPES OF OCULAR OR VISION CONDITIONS

Children with all types of congenital or acquired ocular or vision problems can benefit from the services of the pediatric ophthalmologists at Packard Children's. The team recently welcomed the arrival of Doug Fredrick, MD. Fredrick is the former director of pediatric ophthalmology at the University of California, San Francisco.

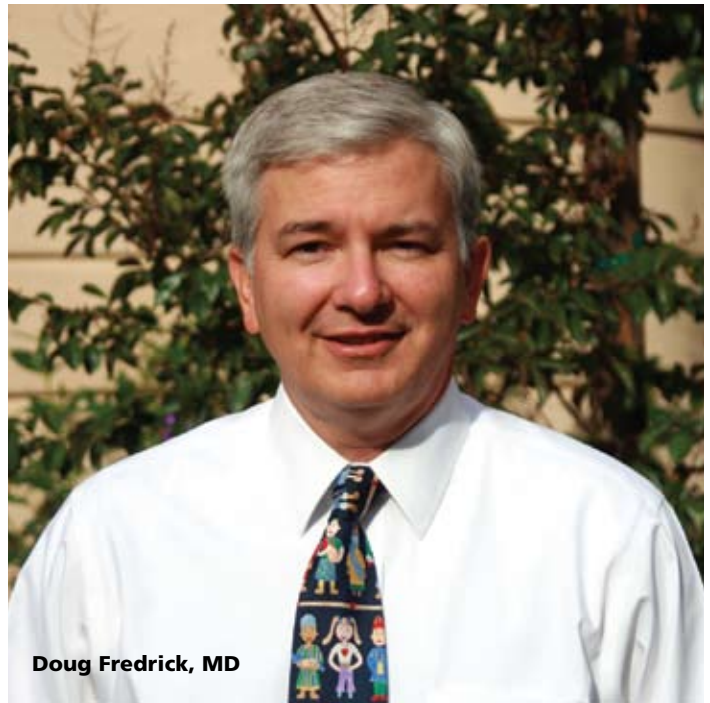
Fredrick's research focuses on the causes and possible prevention of myopia, congenital ocular anomalies, and vision development and retinopathy in premature infants. Together he and Deborah Alcorn, MD, the chief of pediatric ophthalmology at Packard Children's, have more than 30 years of experience evaluating and treating children with all types of ophthalmological conditions, including strabismus, amblyopia, and genetic disorders of the eye.

"We are committed to increasing the availability of comprehensive, multidisciplinary care in a child-friendly environment to families throughout the Bay Area and beyond," said Fredrick. "For example, we are one of the few facilities in Northern California that provides care for children with congenital ocular diseases and malformations."

Fredrick and his colleagues are also experienced in the rehabilitation of children with traumatic eye injuries, the evaluation and treatment of multiply handicapped children struggling with ocular problems, and the management of children with cortical visual impairment. They work with low-vision specialists and educators to help children reach their full visual potential. Regardless of the problem, Fredrick emphasizes that early referral is advantageous.

"Every well-child check-up should include an eye or vision assessment," said Fredrick. "We're happy to evaluate children of any age who have abnormal results at any point during their primary care. But we certainly want to see kids with problems by age 4 or 5. Amblyopia, for example, is best treated as soon as possible."

In addition to advanced clinical care, Fredrick and his colleagues draw on the synergy of three institutions—Packard



Doug Fredrick, MD

Children's Hospital, Stanford University, and Stanford Medical School—for their active research programs. Together the pediatric ophthalmologists at Packard Children's would like to expand their unique scope of services to offer an unparalleled breadth of care.

"Nobody in the country has a 'soup to nuts' dedicated pediatric eye center that deals with diagnosis and treatment of eye disease," said Fredrick, "as well as visual rehabilitation, educational collaboration, and active research into the neurological development of visual processes. I'm very excited about the opportunities here to improve the care of children throughout the region."

To refer a child for ophthalmologic services at Packard or in the South Bay, please call (650) 497-8201 or visit ophthalmology.lpch.org.

advocating for the family in the community. When we get a 14-year-old patient who has had an organ transplant or an infant who was born prematurely, for example, we have an understanding of what that child and family is going through."

In addition to providing inpatient services, such as teaching the parents of a premature infant how to properly handle and position their child, Byrne and her colleagues frequently conduct assessments for less-severely affected children on an

outpatient basis to determine if there is a school-based need for help.

"We're particularly concerned about children with soft developmental delays," said Byrne. "The signs can be subtle; perhaps there's a slight muscle weakness, for example. The child may be getting by in school, but it's not an optimal situation because it can affect their attention span, concentration and their feelings about themselves and their capabilities."

Packard Children's pediatric physical

therapists use a variety of standardized assessment tools to generate baseline results of a child's abilities and to determine the best course of action. Treatment may consist of strengthening activities, motor skills exercises, and balance and coordination work.

"It's a fascinating, wonderful job," said Byrne. "We are working to either restore the patient to what they were when they entered the hospital, or, for infants, to optimize what they can become."

Some Organ Transplant Recipients May Live Without Drugs

NEW RESEARCH FROM PACKARD CHILDREN'S RAISES HOPES OF PATIENTS, PHYSICIANS

Some people with organ transplants may be able to live without immunosuppressants, according to a recent study by Packard Children's researchers. Pediatric nephrologist Minnie Sarwal, MD, PhD, and her colleagues have identified a pattern of gene expression shared by a small group of patients who beat the odds and remained healthy for years without medication.

"We're very excited by the findings," said Sarwal. "Most transplant patients who stop taking their medications will reject their organ. But now we have the chance of telling someone committed to a lifetime of immunosuppressants that it may be possible to minimize their exposure to the drugs." The study may also help physicians determine how best to induce tolerance of donor organs in all transplant patients, regardless of their gene expression profiles.

Sarwal, associate professor of pediatrics at the medical school, is the senior author of the research, published August 20 in the advance online edition of the *Proceedings of the National Academy of Sciences*. She collaborated with physicians at Stanford and Packard Children's, as well as with colleagues from the Veterans Affairs Palo Alto Health Care System and several international institutions.

The researchers used microarrays to compare gene expression patterns in blood samples from 16 healthy volunteers with those from three groups of adult kidney transplant recipients: 22 people on antirejection medications had healthy donor kidneys, 36 people who were taking their medications but were still rejecting their organs, and 17 tolerant people had successfully stopped taking their medications without rejecting their donated kidneys.

Sarwal and her collaborators found that the expression pattern of just 33 genes in a random sampling of peripheral blood could be used to accurately pick out more than 90 percent of the tolerant patients. Furthermore, one out of 12 stable, fully medicated patients and five out of 10 patients on a modified, low-dose immunosuppressant regimen shared very similar expression patterns.



Dr. Minnie Sarwal, MD, PhD

The findings imply that patients who have a strong matching pattern for the tolerance genes may be able to safely reduce or even eliminate their dependence on the medication. It also suggests that patients who don't share the gene pattern, even if on very-low-dose medication, should be particularly vigilant about continuing to take their immunosuppressants.

"For the first time, we now have evidence that will help us say to the five out of 10 patients without this expression pattern, 'Please, please don't think about changing your medications,'" said Sarwal. "At the same time, we may

be able to say to a different patient, 'We'd like to try to cut back your drugs.'"

Although it's not known exactly how the 33 genes identified by the researchers affect the development of tolerance, the expression and function of nearly one-third are controlled by TGFbeta. Sarwal and her colleagues speculate that the genes somehow affect the development of immune cells responsible for distinguishing self from non-self. But they caution that even long-term tolerance may not last forever; immune challenges such as severe infection can sometimes cause rejection of a donated organ years after anti-rejection medication was successfully stopped.

"The real value of this technology is the ability to easily and repeatedly monitor patients over long periods of time," said Sarwal. "We can keep an eye on this genetic signature and watch for changes that might indicate the beginning of rejection before any clinical signs are apparent. This could be a very exciting advance for both patients and physicians, as it can lead to the ability to, for the first time, safely customize immunosuppression for an individual patient."

ONE OF THE NATION'S BEST

U.S. News & World Report has again ranked Lucile Packard Children's Hospital as one of the Top 10 Best Children's Hospitals in the nation. Founded in 1991, Packard Children's is the youngest hospital on the magazine's top 10 list and is the highest-ranked children's hospital in California. Unlike rankings in past years, the 2007 rankings are based not only on reputation, but also on data and statistics about each hospital's performance and quality of care.

Packard Children's performance and growth is reflected in its new dedicated Children's Heart

Center and dialysis treatment center, as well as the recent opening of its new South Bay Specialty Center. In the coming year the hospital will premiere seven new pediatric surgical suites, a cardiovascular intensive care unit, a new pediatric cancer center and a total of 39 new inpatient beds.

"The survey's results reflect the fact that we take on some of the most challenging cases, both from the Bay Area and around the world," said the hospital's chief executive officer, Christopher Dawes. "It's wonderful to see our success recognized in this way."





Faculty Update

ANN M. ARVIN, MD, Lucile Salter Packard Professor of Pediatrics, vice provost, and dean of research and professor of microbiology and immunology, has been elected to serve a four-year term on the National Institute of Allergy and Infectious Diseases Council. The council performs second-level review, advises the institute on policy, reviews institute programs, and develops and clears concepts for PAS, RFAs and RFPs. Arvin's term will run from 2007 to 2011. Arvin also serves on the Board on Life Sciences for the National Academy of Sciences/Research Council and is a member of the Institute of Medicine of the National Academies.

YASSER EL-SAYED, MD, associate professor of obstetrics and gynecology, received the Alwin C. Rambar–James B.D. Mark Award for Excellence in Patient Care at the School of Medicine's commencement on June 16. The annual award recognizes a member of the medical faculty for compassion in working with patients and their families, excellence in providing medical treatment, and effectiveness and pleasantness in interactions with patient-care staff.

ALAN CHENG, MD, recently joined the division of pediatric otolaryngology at Packard Children's. He will split his time equally as a clinician at the hospital's new South Bay Specialty Center in Los Gatos and as a researcher in the department's new Otologic Laboratory under the mentorship of Stefan Heller, MD. Cheng is a graduate of the Albert Einstein College of Medicine. He completed both an otolaryngology residency and a two-year year NIH postdoctoral fellowship investigating cell death in the cochlea at the University of Washington, and he was most recently a clinical fellow in pediatric otolaryngology at Boston Children's Hospital.

ERIC SIBLEY, MD, PHD, associate professor of pediatrics, has been elected to serve on the Council of the American Gastroenterology Association Institute. As a council member, he will serve two-year terms as vice chair and then chair of the institute's Growth, Development and Aging section. His research focuses on molecular regulation of gene expression in the developing intestine. Sibley is the sole pediatric gastroenterologist on the council. Founded in 1897, the American Gastroenterological Association is dedicated to advancing the science and practice of gastroenterology. It is the country's oldest medical-specialty society.

JAMES CHANG, MD, associate professor of surgery and chief of the division of plastic and reconstructive surgery, was recently elected to the board of directors of the American Association for Hand Surgery. The purpose of the American Association for Hand Surgery, founded in 1970, is to provide an educational forum to increase the professional expertise and knowledge of surgeons involved in hand surgery. The association has a membership of 1,100 and includes hand surgeons and other health professionals who care for patients with hand and upper extremity problems.

Publications

■ Posttraumatic stress symptoms and brain function during a response-inhibition task: an fMRI study in youth. Carrion, Garrett, Menon, Weems and Reiss. *Depression and Anxiety*. 2007 Jun 27.

■ Refining retinoic acid stimulation for osteogenic differentiation of murine adipose-derived adult stromal cells. Wan, Siedhoff, Kwan, Nacamuli, Wu and Longaker. *Tissue Engineering*. 2007 Jul;13(7):1623–31.

■ Magnesium sulfate compared with nifedipine for acute tocolysis of preterm labor: a randomized controlled trial. Lyell, Pullen, Campbell, Ching, Druzin, Chitkara, Burrs, Caughey and El-Sayed. *Obstetrics and Gynecology*. 2007 Jul;110(1):61–7.

■ Neurodevelopmental outcomes of premature infants with severe respiratory failure enrolled in a randomized controlled trial of inhaled nitric oxide. Hintz, Van Meurs, Perritt, Poole, Das, Stevenson, Ehrenkranz, Lemons, Vohr, Heyne, Childers, Peralta-Carcelen, Dusick, Johnson, Morris, Dillard, Vaucher, Steichen, Adams-Chapman, Konduri, Myers, de Ungria, Tyson and Higgins; NICHD Neonatal Research Network. *Journal of Pediatrics*. 2007 Jul;151(1):16–22. e1-3.

■ Cesarean delivery outcomes after a prolonged second stage of labor. Sung, Daniels, Brodzinsky, El-Sayed, Caughey, and Lyell. *American Journal of Obstetrics and Gynecology* 2007 Sep;197(3):306. e1-5.

■ Identification of a peripheral blood transcriptional biomarker panel associated with operational renal allograft tolerance. Brouard, Mansfield, Braud, Li, Giral, Hsieh, Baeten, Zhang, Ashton-Chess, Braudeau, Hsieh, Dupont, Pallier, Moreau, Louis, Ruiz, Salvatierra, Soulillou and Sarwal. *Proceedings of the National Academy of Sciences*. 2007 Sep 25 104(39):15448–53.

Packard Pediatric Weight Control Program

Concerned about a young patient's weight? Packard Children's Pediatric Weight Control Program can help. The program teaches lifestyle, eating and exercise habits for the entire family. Over 80 percent of children who participate in the program lose weight. Small family groups meet weekly for six months. Groups are beginning soon. For more information or to refer a patient, please call (650) 725-4424 or visit pediatricweightcontrol.lpch.org. Groups are offered in Spanish and English for kids aged 8 to 12 and teens aged 13 to 15.

LUCILE PACKARD CHILDREN'S HOSPITAL

IMPORTANT CONTACT INFORMATION

Physician Hotline for Referral & Consultation

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Tel. (800) 995-5724
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referral@lpch.org

E-mail LPCH Faculty

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UPCOMING CME COURSE

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