



# Pediatric Surgery Update

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**Intended Audience:**  
Primary care physicians

**Objectives:**

As a result of this educational regularly scheduled series, learners will be able to:

1. Assess and correct physiological and psychological problems that may increase surgical risk for regional pediatric patients.
2. Give the patient and significant others complete learning and teaching guidelines regarding the surgery.
3. Instruct and demonstrate exercises that will benefit the pediatric patient postoperatively.
4. Plan for discharge and any projected changes in lifestyle due to the surgery.

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Jonathan Kohler, MD, RSS Chair	No relevant financial relationships to disclose.	No
Veronica Watson, MSOD, RSS Planner	No relevant financial relationships to disclose.	No
Randi Cartmill, MS, committee member	No relevant financial relationships to disclose.	No
Ben Eithun, MSN, CRNP, RN,, CPNP-AC, CCRN, committee member	No relevant financial relationships to disclose.	No
Cindy Schmitz, APNP, Presenter	No relevant financial relationships to disclose.	No
Kim Sprecker, OCPD Staff	No relevant financial relationships to disclose	No

**Accreditation Statement**

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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Follow the instructions below, and contact us at [projectecho@surgery.wisc.edu](mailto:projectecho@surgery.wisc.edu) with any questions.

1. During the live presentation, you will be provided a code. Text that code to a number we provide you, using a cell phone associated with your registration.

Text **VORMOL** to 608-260-7097

(save this number as **ECHO Credit**, it will never change)

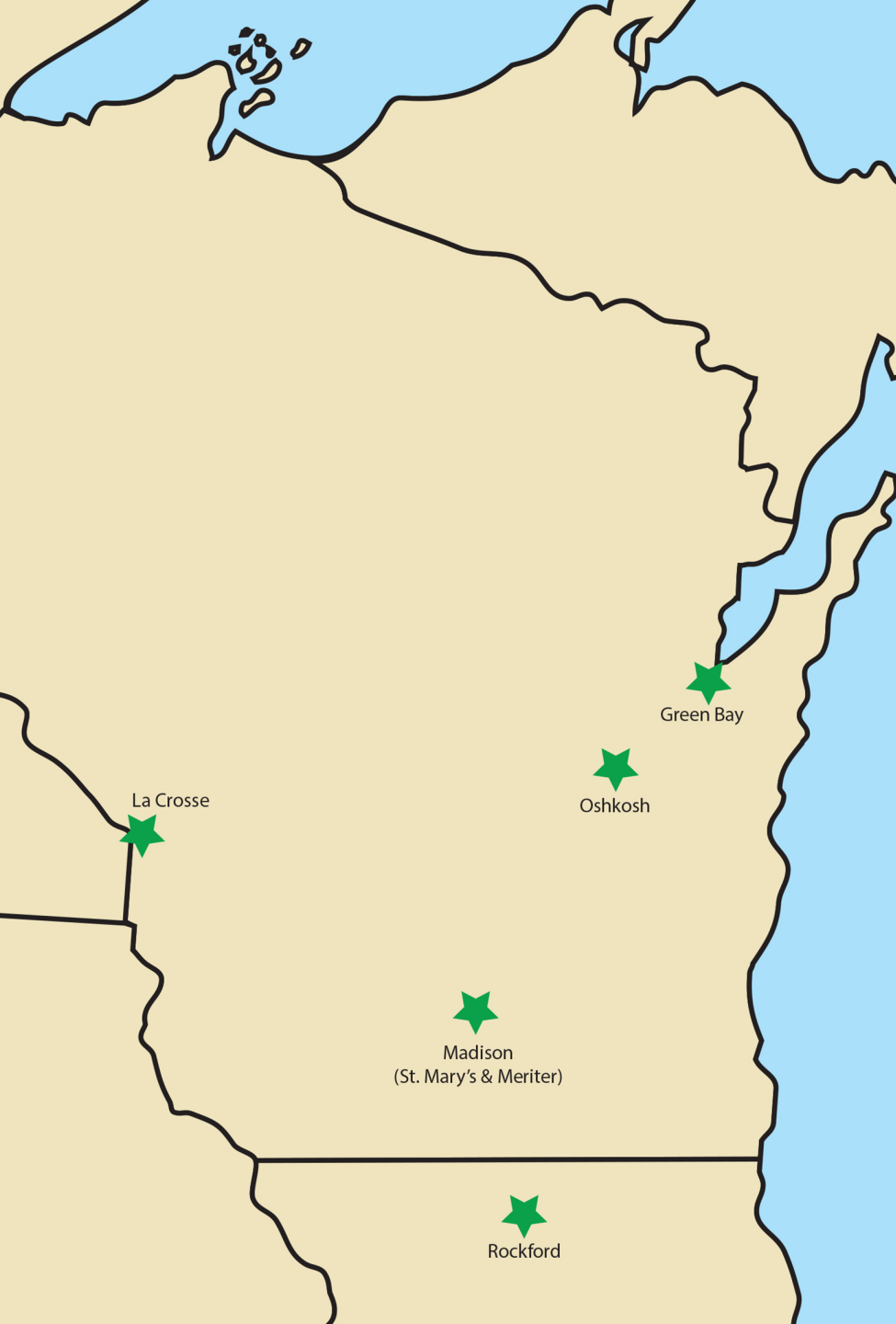
2. To view or print your credit letter, log onto to the UW Interprofessional Continuing Education Partnership website using the log on information provided in your registration confirmation email and follow the steps provided.

<https://ce.icep.wisc.edu>

# The Team



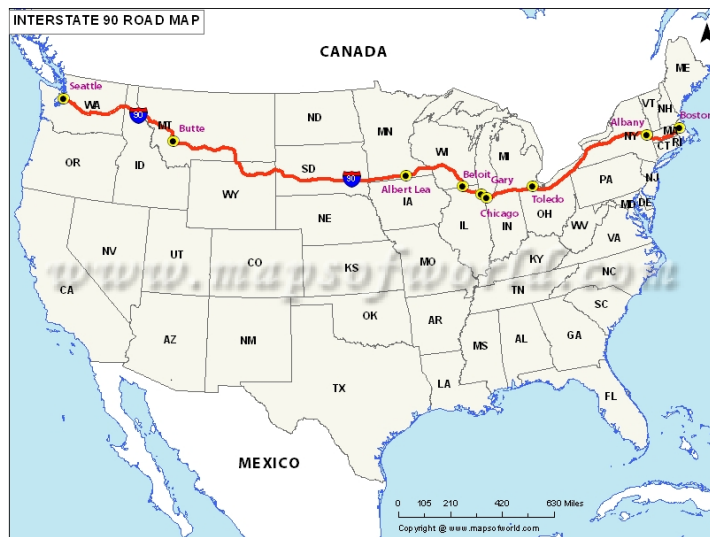




# Our Interstate Practice

# My Interstate Practice...

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- I have a natural affinity for I-90
- Born in Denver, moved to greater Boston for high school, etc.
- Med school Chicago, residency Seattle/Boston
- Fellowship Chicago
- Arrived in Madison September 2015



A little about me...





# My Partners

- Chuck Leys
- Peter Nichol
- Hau Le
- Adam Brinkman
- As well as:
  - Jeff Dubois
  - Jateen Patel





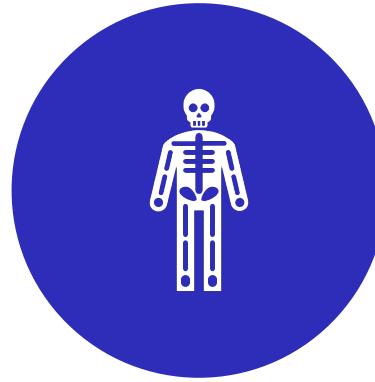
# A Maximally Minimally Invasive Practice

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- Inguinal hernias
- Gastrostomy tubes
- Pyloric stenosis
- TEF
- CPAM
- Duodenal atresia
- And more!



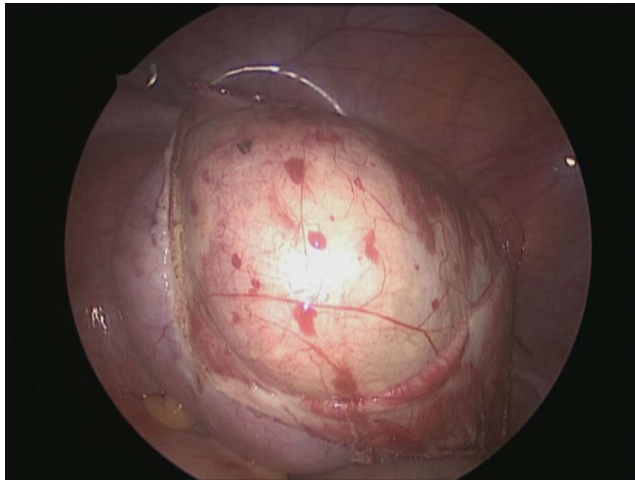
# Pectus



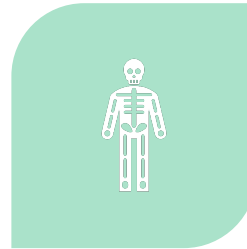
NOW DOING CRYOABLATION  
OF INTERCOSTAL NERVES



PATIENTS GOING HOME POD  
#1, USING FEW OR NO  
OPIOIDS



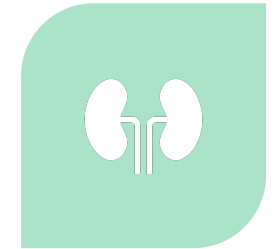
# Peds GYN and Ovarian Masses



BENIGN GYNECOLOGY  
HAS MOVED TO MERITER



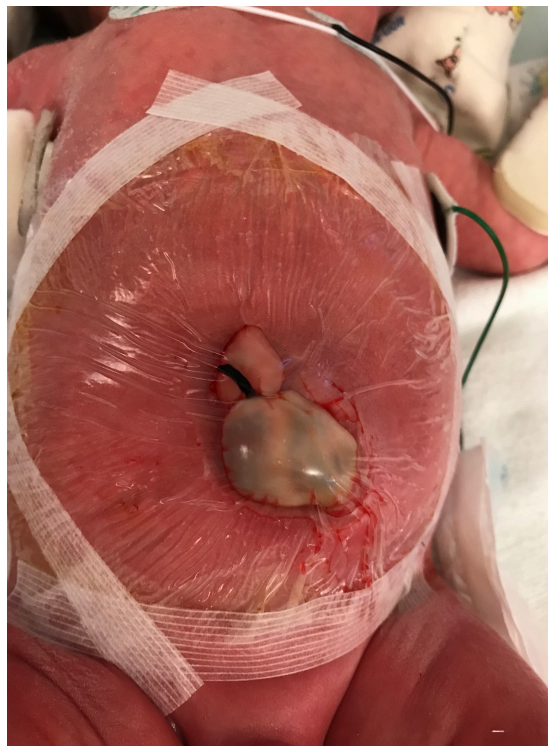
PEDIATRIC SURGERY  
HAS ASSUMED  
PEDIATRIC GYN  
OPERATIONS AT AFCH



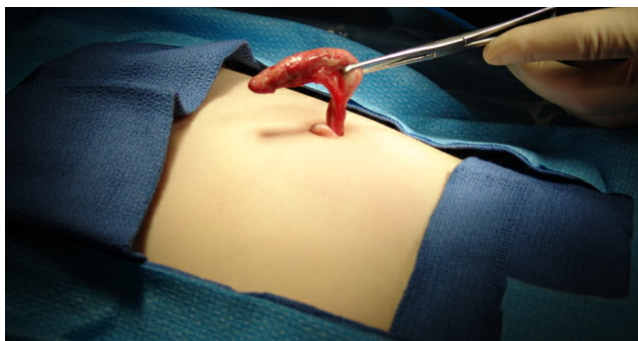
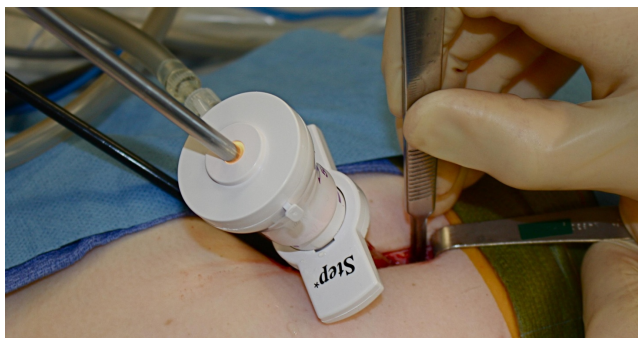
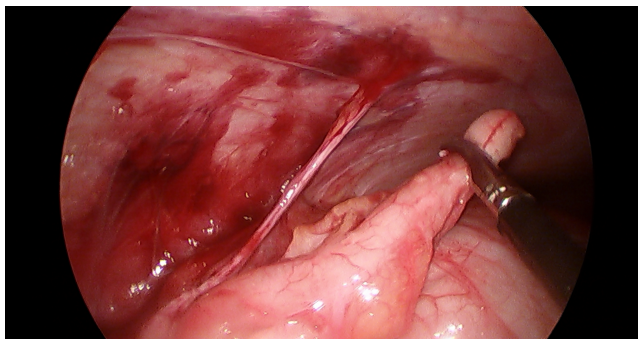
PARTICIPATING IN A  
MULTI-CENTER TRIAL OF  
OVARIAN-SPARING  
PROTOCOLS



# Sutureless closure for gastroschisis



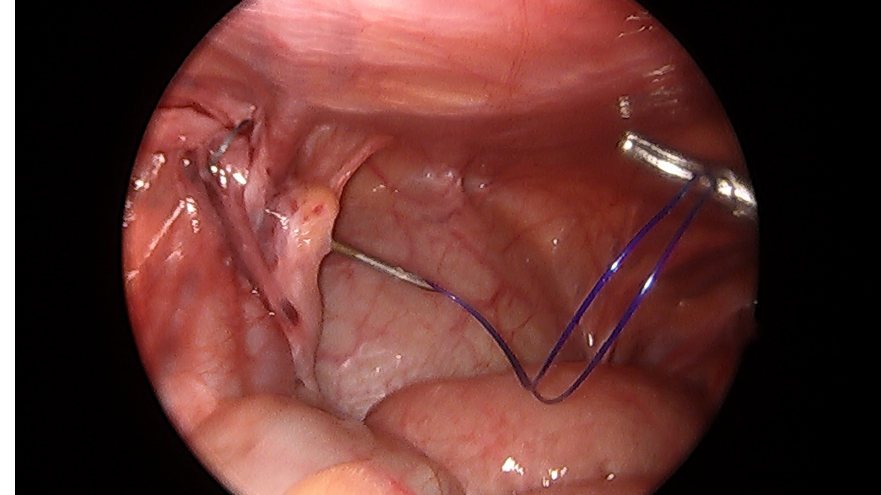
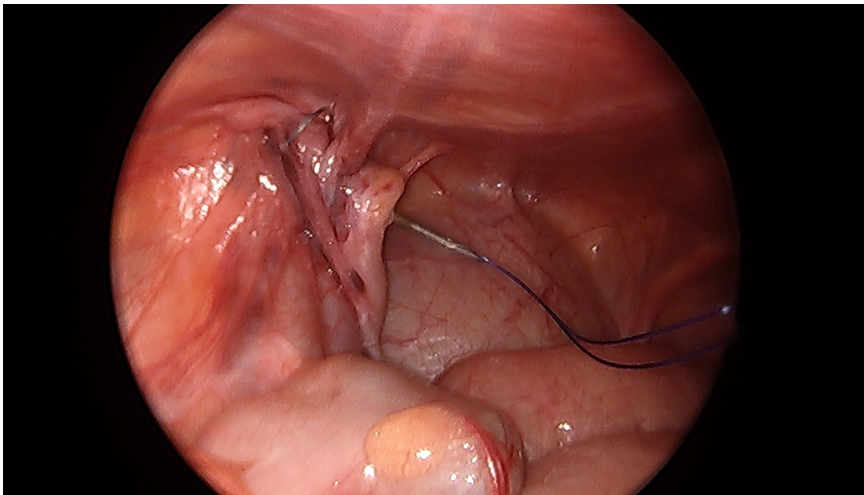
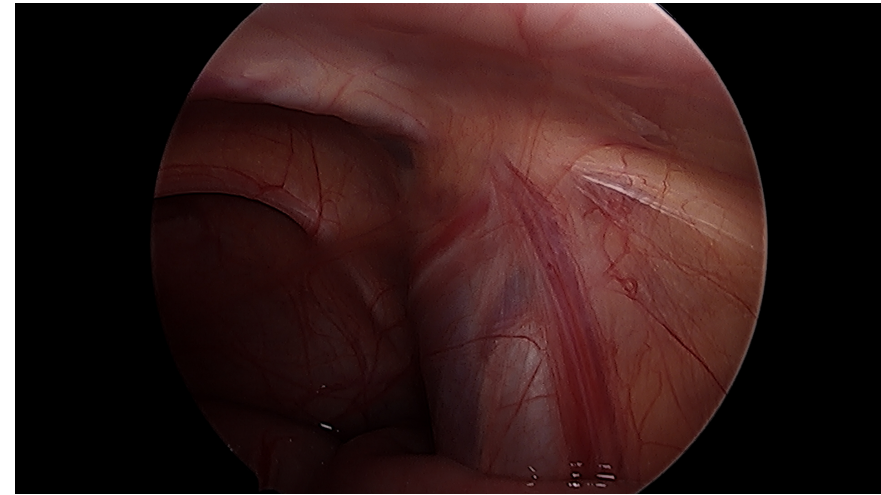
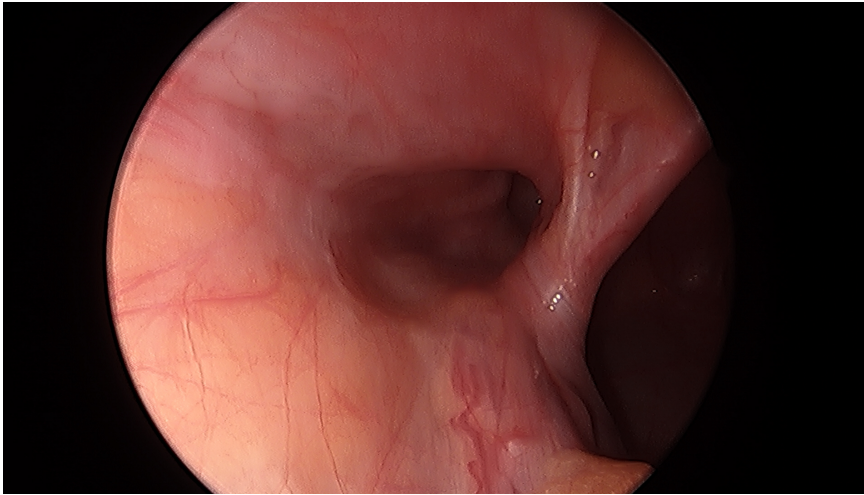




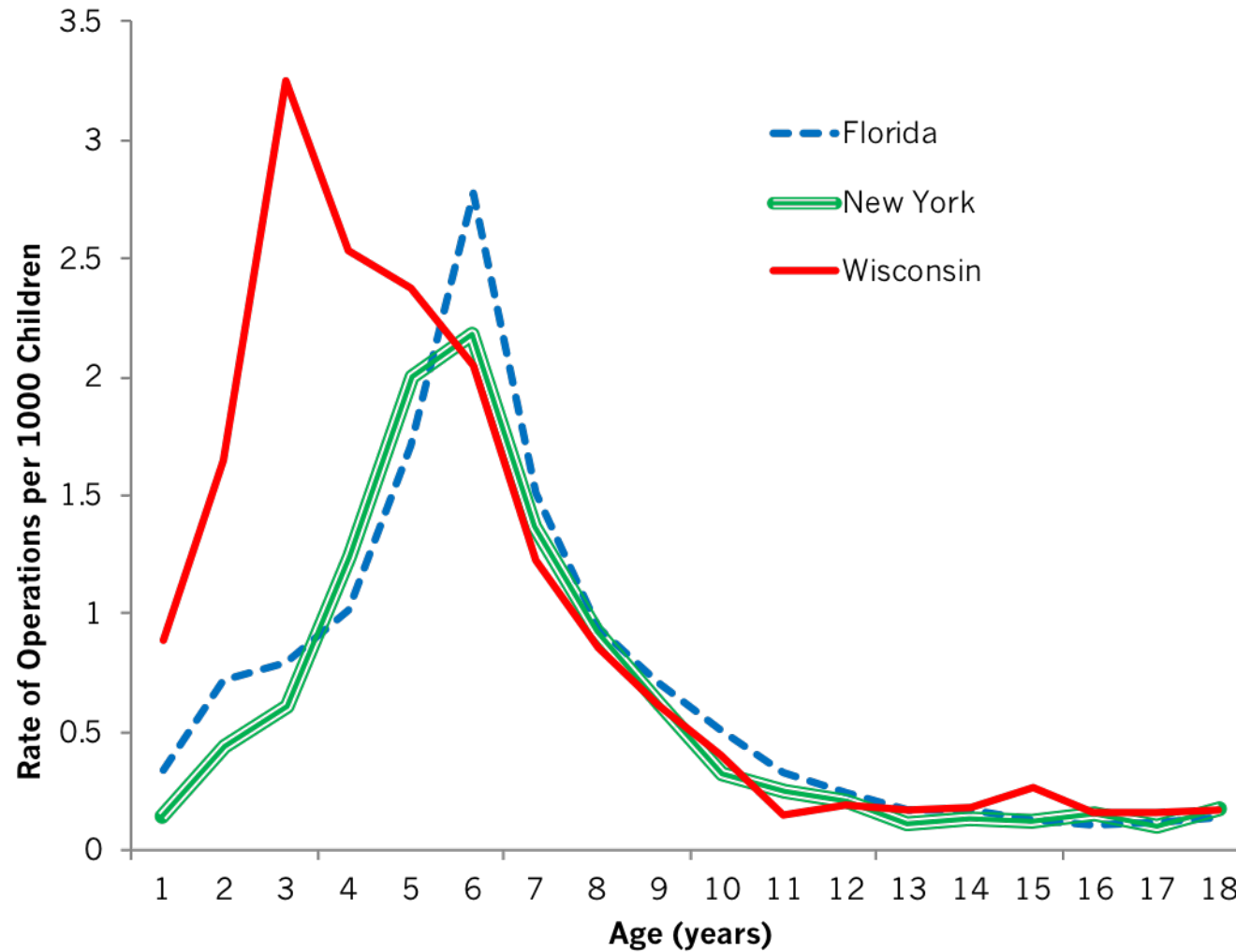
# Appendicitis

- ~90% diagnosis with ultrasound
- Quick MRI for abscess/SBO
  - 5 minutes
  - No sedation
  - No contrast
  - No radiation

# Inguinal Hernias



# Umbilical Hernias





# Pilonidal Disease – The Old Way

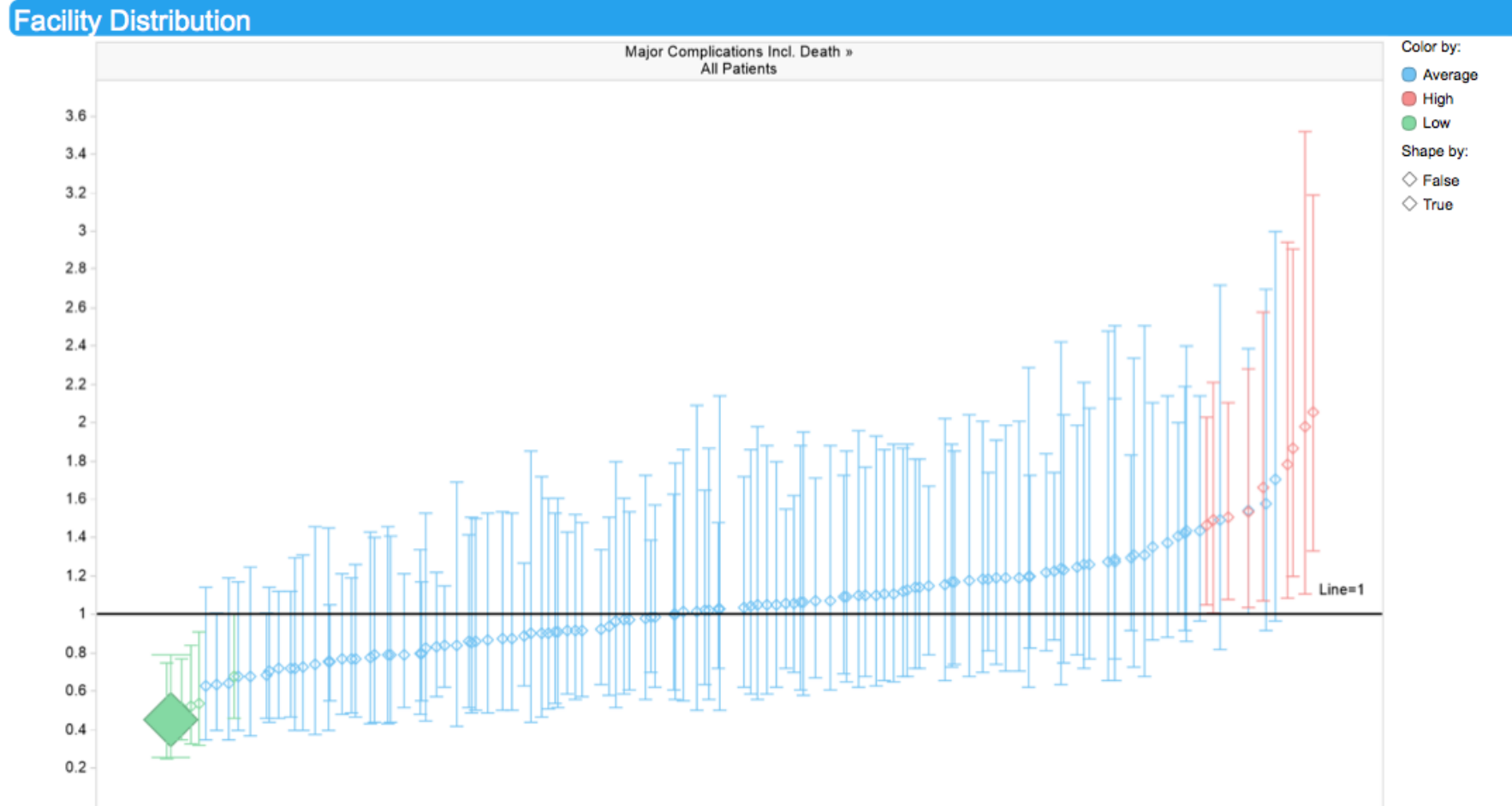




# Pilonidal Disease – The New Way



# Pediatric Level 1 Trauma





# An Academic Practice

- Health communications
- Bioengineering
- Collaborative learning
- GI physiology
- D&I
- Deimplementation
- Clinical trials



# ECHO vs. Telemedicine

## TeleECHO™ Clinic



Expert hub team

ECHO supports  
community based  
primary care teams



Learners at spoke site

Patients reached with specialty  
knowledge and expertise



## Traditional Telemedicine

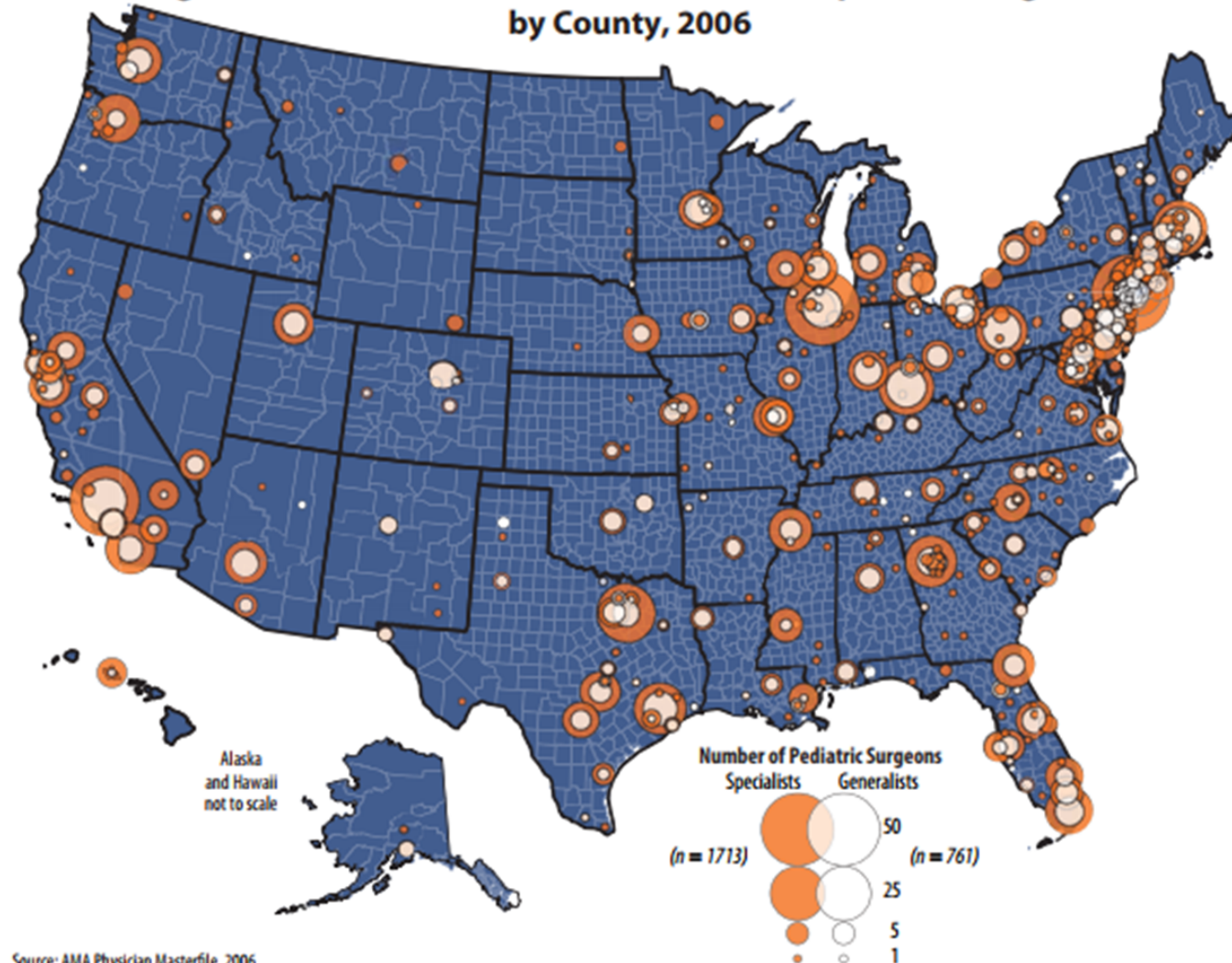


Specialist manages patient remotely





**Figure 3. Number of Pediatric Generalist and Specialist Surgeons  
by County, 2006**



Source: AMA Physician Masterfile, 2006.

Data include non-federal, non-resident, clinically active physicians less than 70 years old reporting a primary or secondary specialty classified by the ACS HPRI as pediatric surgery.

Produced By: American College of Surgeons Health Policy Research Institute, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# CSV is coming...

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- Importance of forming cooperative relationships between surgical centers to optimize resources and flow between hospitals
- Rural hospitals should have access for consultation from larger children's centers



# ECHOs ECHOs Everywhere

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- PEC
- SICK
- ACCEPT
- Endo?
- Autism?
- More?






# SPOTS

Safer Prescribing of Opioids after Trauma and Surgery

[SCWisconsin.org/](http://SCWisconsin.org/)





**SPOTS** offers a series of online courses for health care professionals who care for adults and children experiencing surgery or trauma and are concerned about the safe use of opioid for pain management. **Participants receive free Opioid CME credit.**

**View sessions online:**

<https://bit.ly/2khvndw>



## SESSION TOPICS

### INTRODUCTION TO THE ROLE OF PRESCRIPTION OPIOIDS IN THE OPIOID CRISIS

Dr. Alaa Abd-Elseyed

### OPIOID PRESCRIBING FOR CHILDREN AFTER SURGERY OR TRAUMA

Drs. Jonathan Kohler, Timothy Casias, and Jared Hylton

### OPIOID PRESCRIBING FOR SURGERY AND TRAUMA IN THE EMERGENCY DEPARTMENT

Drs. Mike Repplinger and Benjamin Schnapp

### OPIOID PRESCRIBING FOR PATIENTS WITH CHRONIC OPIOID USE DISORDER

Drs. Randy Brown and Elise Wessol

### OPIOID PRESCRIBING FOR ADULTS AFTER SURGERY OR TRAUMA

Dr. Hee Soo Jung

### PRESCRIPTION OPIOIDS IN THE PRE-HOSPITAL SETTING

Dr. Michael Lohmeier

### OPIOID PRESCRIBING BY PRIMARY CARE PROVIDERS FOR PATIENTS AFTER SURGERY OR TRAUMA

Dr. Alison Miller

# SCW/WHIO DATA: Opioids in Kids Getting Simple Operations

	Tympanostomy & Myringotomy	Circumcision	Closed Reduction Percutaneous Pinning, Elbow	Laparoscopic Appendectomy	Tonsillectomy/ Adenoidectomy	Umbilical Hernia Repair
<b>Number of Cases</b>	8346	29,365	479	1,707	2,188	659
<b>Percent Opioids Fills n(%)</b>	787 (9.4%)	773 (2.6%)	363 (75.8%)	1034 (60.6%)	1546 (70.7%)	367 (55.7%)
<b>Percent with Second Fill (within 30 days)</b>	5.6%	3.1%	11.3%	6.1%	10.2%	1.9%
<b>Mean Age (SD)</b>	3.4 (3.0)	0.1 (1.1)	5.8 (2.4)	12.0 (3.5)	8.4 (4.6)	5.2 (3.5)
<b>Median Age (IQR)</b>	2 (1-5)	0 (0-0)	6 (4-7)	12 (10-15)	7 (4-13)	4 (3-7)



# Codeine is still everywhere

	Tympanostomy & Myringotomy	Circumcision	Closed Reduction Percutaneous Pinning, Elbow	Laparoscopic Appendectomy	Tonsillectomy/ Adenoidectomy	Umbilical Hernia Repair
<b>Codeine</b>	<b>9.5%</b>	<b>15.5%</b>	<b>10.7%</b>	<b>11.4%</b>	<b>3.5%</b>	<b>4.4%</b>
Hydrocodone	33.6%	12.3%	21.8%	45.7%	50.7%	12.5%
Hydromorphone	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%
Meperidine	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%
Methadone	0.4%	1.2%	0.0%	0.1%	0.0%	0.0%
Morphine LA	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Morphine SA	1.0%	1.6%	0.0%	0.5%	0.1%	0.8%
Oxycodone SA	54.5%	69.0%	66.9%	41.2%	45.2%	82.3%
Tramadol SA	1.0%	0.4%	0.0%	1.1%	0.5%	0.0%



# SAFER OPIOIDS









Now  
what?