

CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND

INFANT INTESTINAL INTENSIVE CARE UNIT (I³CU)**Care Team****Neonatology Team Leaders:**

David Durand, MD
Arthur D'Harlingue, MD
Priscilla Joe, MD

General Surgery Team Leaders:

James Betts, MD
Thomas Hui, MD
Olajire Idowu, MD
Sunghoon Kim, MD
Wolfgang Stehr, MD
Wendy Su, MD

Gastroenterology Team Leaders:

Judy Fuentesbella, MD
Elizabeth Gleghorn, MD

Consults/Referrals

- **24-hour availability at (510) 428-3431; ask to speak to a neonatologist**
- Prenatal consultation by phone, office visit, or at a referring hospital in collaboration with referring obstetricians and perinatologists
- Members of our I³CU team are available to give lectures at educational forums, including hospital grand rounds, M&M conferences and medical group meetings.
- Email GI-NICU@mail.cho.org

ABOUT I³CU

Congenital anomalies of the GI tract are among the most common surgical problems in newborn infants. Care of these complex infants is one of our core areas of expertise—over 25% of the patients in our NICU have some GI anomaly or surgical condition.

The GI-NICU Program at Children's is an integrated multidisciplinary, family-centered program designed to provide the highest level of care to infants with surgical and/or medical GI problems. Based in our level IIID NICU, our program extends from prenatal diagnosis and planning, through the neonatal period, and transitions to long-term outpatient and inpatient follow-up.

**TRANSFERS**

Our 24/7 transport service can arrange for transfer of critically ill newborns from referring hospitals via specially staffed and equipped vehicles. The transport team works closely with the referring physician to assure that the infant is stabilized and safe for transport. The GI-NICU team is always available to speak with physicians and families who are considering transfer of babies to our center.

CONTINUITY OF CARE

After the initial evaluation, our team works closely with referring physicians and families to develop a multidisciplinary treatment plan appropriate for each child. As infants approach discharge from the I³CU and transition to home, we work with community pediatricians and clinics to assure continuity of care. We help with arranging home and follow-up care, as well as work with payers, home health agencies, and durable medical supply companies.

Depending upon the child's diagnosis and needs, long-term outpatient follow-up care can be provided in our Gastrointestinal Clinic. This team is composed of hospital-based pediatric gastroenterologists, dietitians, social workers, and specialized nurses. Some children may need ongoing care with the pediatric general surgeons. Our goal is to maximize each child's potential and empower parents to care for their child at home whenever possible.



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

Children's Hospital & Research Center Oakland

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CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND
INFANT INTESTINAL INTENSIVE CARE UNIT (I³CU)

Our I³CU multidisciplinary team includes:

- Neonatologists
- Pediatric Gastroenterologists
- Pediatric General Surgeons
- Pediatric Anesthesiologists
- Pediatric Radiologists
- Pediatric Nutritionists
- Pediatric Pharmacists
- Newborn Developmental Specialists
- Neonatal Social Workers
- Lactation Specialists
- Pediatric Physical, Occupational and Respiratory Therapists
- NICU, Surgical, and GI clinical nurse specialists
- Ostomy team
- Central line team
- Antibiotic stewardship team
- Neonatal transport team
- Interpreter services team
- Full range of other pediatric subspecialists including cardiologists, pulmonologists, infectious disease specialists, nephrologists, and endocrinologists

Research

As part of our dedication to improving health and wellness across the globe, we are involved in a variety of innovative clinical and translational studies. Children's Hospital Oakland Research Institute is engaged in studies to improve patient outcomes in neonates with gastrointestinal conditions, including:

- Intestinal wound healing
- Necrotizing enterocolitis
- Nutritional studies

CONDITIONS TREATED

All congenital anomalies and surgical disorders of the gastrointestinal tract:

- Abdominal wall defects (Gastroschisis, Omphalocele)
- Esophageal atresia
- Tracheo-esophageal fistula
- Intestinal atresia or stenosis
- Intestinal duplications
- Imperforate anus
- Meconium ileus
- Necrotizing enterocolitis
- Hirschsprung's disease
- Gastrointestinal bleeding

Functional or medical disorders of the intestine, whether primary or secondary to congenital anomaly or surgery:

- Short gut syndrome
- GI dysmotility syndromes
- Feeding disorders
- Jejunostomy, Ileostomy, Colostomy
- Feeding Gastrostomy or Jejunostomy
- Malabsorption problems
- Gastroesophageal reflux

Associated GI diagnoses, particularly hepatic and pancreatic abnormalities:

- Parenteral nutrition related cholestasis
- Viral hepatitis
- Metabolic liver disease
- Alpha one antitrypsin deficiency
- Glycogen storage disease
- Biliary atresia
- Liver transplant coordination
- Pancreatic insufficiency
- Cystic fibrosis

SPECIALIZED SERVICES

- Intestinal lengthening
- Inpatient and outpatient parenteral nutrition
- Minimally invasive surgery (including single incision procedures)
- Genetic evaluation and counseling
- Multidisciplinary consultation, conferencing, and coordination of services

CASE STUDY



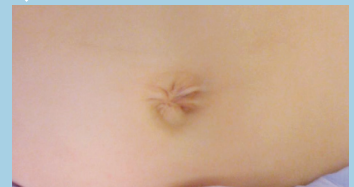
Term male infant with gastroschisis and associated ileal atresia.



The proximal bowel is on the left and the distal bowel beyond the atresia is on the right. Note the size discrepancy.



The ileal atresia is repaired with a santulli ileoileostomy due to the size discrepancy. The stoma is sited at the gastroschisis defect. The umbilical stump is preserved to provide the natural appearance of the umbilicus. The ileostomy was closed at about 6 months of age.



At two years of age, the patient is doing well and growing well. His umbilicus appears completely normal with a barely detectable scar.