

CHILDTIMES

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CHILDTIMES

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ON THE COVER

Sam Arroyo, 12 (in Dodgers uniform), tore the ACL in his right knee during a football game last fall when another player accidentally rolled over on the back of his leg. The orthopedic team at Children's was able to perform reconstructive surgery on his knee without interfering with his growth plates. After five months of physical rehabilitation at Children's, Sam ran faster than he had before the injury and played second base and pitcher on his Little League baseball team. Children's is one of the few hospitals nationally to have physicians trained in both pediatric subspecialties and sports medicine. With Sam, from left, are his cousin Miguel, his brother David and his father, Juan.





Surgery Center improves efficiency, convenience

Robert Morgan, D.D.S., a Richardson-based pediatric dentist, has been bringing his surgical patients to Children's for nearly 30 years. Children's made it much easier for him to do so, thanks to the addition of the Pavilion Surgery Center at Children's five years ago.

Since its opening in March 2003, the PSC has allowed the hospital to enhance its surgical services by improving the efficiency of surgery caseloads and by providing a friendly atmosphere and convenient location for patient families.

Prior to the opening, all surgeries took place in the main hospital. Since 2003, many outpatient elective surgeries have taken place at the center, which is adjacent to the main hospital and has convenient parking. Moving such surgeries to the PSC has allowed the main hospital to focus on more complex surgical cases, including cardiac, neurology and trauma surgeries.

"When the Pavilion Surgery Center opened, it really helped decompress the caseload in the hospital," said Patricia Crabb, RN, director of the center.



Dr. John Burns, a plastics surgeon, reviews surgical charts in the OR of the Pavilion Surgery Center, which first opened its doors five years ago.

The physical layout and flow of the 33,000-square-foot PSC was designed to improve speed and efficiency for patient families. The center's floor plan is laid out so that the pre-operative, step-down recovery and the postanesthesia care unit are centrally located, allowing surgeons and nurses to quickly get to and from a patient. In most cases, families spend no more than six hours at the center from check-in to discharge.

"As a private pediatric dentist, having a state-of-the-art freestanding surgical center available to those patients with less severe

conditions is irreplaceable," Morgan said.

Pavilion Surgery Center Fast Facts

- Grand opening: March 2003.
- Six operating rooms, with capacity to expand to eight.
- Since its opening, the PSC caseload has more than doubled — from 2,801 cases in 2003 to 5,779 in 2007.
- The PSC has handled a total of 24,091 cases in five years.
- Operating room services include dental surgery; dermatology; ear, nose and throat; ophthalmology; general surgery; gastroenterology; urology; oral surgery; orthopedic surgery; pain management; plastic surgery; and physical medicine rehabilitation.
- In 2003, 60 surgeons worked at the PSC. Currently, there are 85 surgeons practicing at the center.
- Seven employees have been at the center since the opening.
- Of the 85 surgeons currently working at the PSC, 29 have continually performed procedures at the PSC since its opening.

Children's ranked among nation's top pediatric hospitals by U.S. News & World Report

Children's has again been named one of the top pediatric hospitals in the country, according to *U.S. News & World Report*.

In the magazine's latest "America's Best Children's Hospitals" issue, Children's was ranked 25th of the 143 U.S. hospitals that were eligible for the honor. It is the only hospital in Dallas, and one of only two pediatric hospitals in Texas, to be included in the overall rankings. It was second consecutive year for Children's to be included on the list.

"We are pleased with this recognition of our progress and the investment we are

making to serve children and their families," said Christopher J. Durovich, president and chief executive officer of Children's. "It is an honor for us to be included in 'America's Best Children's Hospitals.'"

In an extension of the 2007 overall pediatric rankings, the 2008 America's Best Children's Hospitals also ranked pediatric hospitals in specific care areas, including cancer, digestive disorders, heart and heart surgery, neonatal care, neurology and neurosurgery, respiratory disorders, and general pediatrics.

Children's earned national rankings in several specialty areas, including:

- Cancer — 15th
- Digestive Disorders — 26th
- Heart and Heart Surgery — 22nd
- Neurology and Neurosurgery — 23rd

The specialty rankings of this year's America's Best Children's Hospitals were based on a new and improved methodology that weighed the hospital's reputation, case outcomes and care-related measures such as nursing care, advanced technology, credentialing, and other factors.



Construction work moving along at Dallas, Legacy campuses

The signs of progress can be clearly seen at both Children's Medical Center Dallas and Children's Medical Center Legacy as development continues on Tower IIIB in Dallas and the main hospital of the Legacy campus.

Tower IIIB

The Children's logo was attached to the front of the new 10-story, 398,000-square-foot tower during the summer, bringing what will be the new front entrance and face of the hospital one step closer to completion.

The lobby level and first floor of the tower remain on schedule to be fully operational by

the latter portion of 2008. The lobby level, which will house the Family Center and Pharmacy, is 75 percent complete.

Interior doors and hardware are being installed along with Terrazzo flooring. The millwork on the first floor is also nearly finished. Counters and reception areas are installed.

Upon completion, the first floor will include Admitting, Volunteer Services and the Gift Shop.

Legacy campus

Construction on Children's Medical Center Legacy has entered its second phase.

Service lines that are scheduled to open in the fall include the Operating Room, Post Anesthesia Care Unit and the Emergency Department.

The Legacy Ambulatory Care Pavilion is open and providing outpatient treatment in several subspecialties.

The new 120,000-square-foot facility offers the largest suburban group of pediatric specialists in the nation.



Top: Construction workers on stilts install light fixtures in Tower IIIB. The lobby level and first floor of the tower are scheduled to open at the end of 2008. Bottom: Construction on Children's Medical Center Legacy is in its second and final phase.

The Pavilion includes 48 exam rooms and provides a full range of therapeutic and diagnostic services including laboratory and radiology.



A back view of Children's Medical Center Legacy, which is to open this fall.

Dr. Matthew Cox improves medical evaluation of state's at-risk children

Dr. Matthew J. Cox, co-director of the Referral and Evaluation of At-risk Children (REACH) Program at Children's, has been appointed to the new Texas Health and Human Services Commission Committee on Pediatric Centers of Excellence Relating to Abuse and Neglect, which will help improve the state's medical evaluation of child abuse and neglect.

The committee was created as part of a bill enacted by the 2007 Texas legislature relating to child protective services.

"It is with great honor that I serve on this committee designed to improve and standardize the medical services provided to abused and neglected children in Texas," Dr. Cox said.

The 10-member committee has been charged with developing guidelines for designating regional pediatric centers of excellence that will:



Dr. Matthew Cox

- Provide medical expertise to children suspected as victims of abuse or neglect.
- Assist THHSC in evaluating and interpreting medical findings for these children.
- Develop recommended procedures and protocols to follow for physicians, nurses, hospitals and other healthcare providers in evaluating suspected cases of childhood abuse and neglect.

• Recommend methods to finance the centers of excellence and their services.

Dr. Cox has been in his current position at Children's since 2004. Dr. Cox, a 1998 graduate of the University of Texas Medical School

at Houston, was the chief resident at Vanderbilt University Medical Center in 2001-2002 and undertook a two-year Child Abuse and Neglect Fellowship at Children's Hospital of Philadelphia from 2002-2004.

"This is an impressive honor, and we are very proud of Dr. Cox's prestigious appointment to this committee," said Dr. Glenn Flores, director of the Division of General Pediatrics at Children's and professor of Pediatrics and Public Health at UT Southwestern Medical Center. "In 2006, over 67,000 children in Texas were confirmed victims of child abuse, so the committee and the Centers of Excellence have an unprecedented opportunity to ensure that these vulnerable children receive the highest quality, state-of-the-art evaluation and care throughout the state."



Neurology offers expanded assessment appointments

Children's is expanding its neurological assessment services for patients and their families at the hospital's Dallas campus.

The service is led by neurologist Dr. Patricia Evans and Mary Ann Morris, Ph.D., a diagnostician and nationally recognized leader in childhood special education.

Dr. Evans is an associate professor of Pediatrics and Neurology at UT Southwestern Medical Center.

Morris is an adjunct professor at the University Of North Texas College Of Educational Psychology.

The approach will be multidisciplinary and comprehensive, with certain days of the week devoted to different suspected diagnoses.

On Mondays, Neurology services will see four patients with suspected autism-spectrum disorders for a full day of assessments, including appointments with Dr. Evans and Morris.

Tuesdays will be set aside for children with cognitive delays and special needs who may not fit any particular category of neurologic deficit but who are experiencing a wide variety of processing delays.

On Wednesday afternoons, clinicians will see children with traumatic brain injury — the first service of its kind at Children's.

Neurology also is working closely with the Dallas Independent School District, particu-



Mary Ann Morris, Ph.D., left, and Dr. Patricia Evans

larly the district's homeless and immigrant childhood populations, who have disproportionately high levels of exposure to traumatic brain injury.

On Thursdays, Neurology will see up to four new patients with attention-deficit/hyperactivity disorder and other learning disabilities.

On any given day patients may be seen by a full team of neurologists led by Dr. Evans and Morris along with occupational, physical and speech therapists.

"The Neurology department at Children's is very excited about the development of these neurodevelopmental services; they represent a significant way to provide coordinated services to many children," Dr. Evans said.

Autism-spectrum disorders diagnostic service available at Children's

Considerable evidence exists in the clinical literature and in practice that early diagnosis and intervention may be integral to the successful treatment of children with autism-spectrum disorders (ASD).

ASD assessments are conducted through the Psychiatry service at Children's in conjunction with UT Southwestern. The diagnostic assessment and identification service for children with suspected ASD takes place every Wednesday for children ages 18 months to 5 years. Additionally, ASD diagnostic assessments for older children (6-18) are available at other times during the week.

The service offers:

- Multidisciplinary assessment with each case receiving collaboration from professionals in Psychology, Psychiatry and Speech Pathology.
- Same-day evaluations results for children from 18 months to 5 years.
- Referrals made within Children's and to outside community agencies.
- Ongoing psychopharmacological evaluation and treatment, when applicable.

Children's one of three institutions to lead cardiac study on student athletes

Every year in the United States approximately 8 million student athletes participate in sports at school. Before children are allowed on the field, a family history and a physical exam is required. But experts believe that a more in-depth screening program is needed.

Sudden death episodes primarily occur in apparently healthy children during a time of strenuous physical exertion, and are most often attributed to previously undiagnosed cardiac diseases.

Children's is one of three institutions leading a state-wide cardiac research study to address the need for a pre-sports screening program in Texas.

Drs. William Scott and Ilana Zeltser, pediatric cardiologists at Children's, will participate in the research study to identify children who may be at-risk for sudden death episodes. Over the course of a year, 15,000 student athletes will receive an electrocardiogram — a test measuring the electrical activity of the heart. Dr. Scott, chief of Cardiology at Children's and professor of Pediatrics at UT Southwestern, and Dr. Zeltser, associate professor of Pediatrics at UT Southwestern, will examine the electrocardiograms.

"Our goal is to establish new standards for normal electrocardiogram values in the adolescent athlete," Dr. Zeltser said. "We hope to increase the sensitivity and specificity of the electrocardiogram as a screening tool for sudden death in young athletes."



Pediatric cardiologists Drs. William Scott and Ilana Zeltser visit with a patient.



Phototherapy treatments produce encouraging results

The fact that 8-year-old Iris Loya agrees to stand still for 15 minutes, three times a week during her phototherapy treatments at Children's says a lot.

Constantly moving and smiling, Iris loves to perform for the Dermatology staff during her visits. Her only moments of stillness occur during phototherapy, which requires her to stand inside a chamber that showers her with UVB rays. Lately, the treatments have returned some color to areas of her skin affected by vitiligo — a skin disease that destroys melanin and leaves behind white blotches.

Although a complete cure for vitiligo is unknown, phototherapy is proven to arrest disease processes and decrease symptoms in certain patients. The treatment also is used for psoriasis and eczema. At any given time, about 15 patients come in multiple times each week to receive the treatment at Children's.

One side effect of phototherapy is an increased risk of skin cancer, which Children's Dermatology staff members dis-

cuss with parents prior to treatments. Maurica Contreras, a clinical nurse specialist in the Dermatology department, said that most parents feel the treatment is worth the risk if noticeable progress is being made.

The Dermatology staff surprised Iris with a chocolate cake when she recently returned for her 100th phototherapy treatment. Iris' mother, Maria Loya, said she was grateful for the kindness of the staff and the positive results.

"I was a little scared at first about bringing Iris in for phototherapy," Loya said. "But the staff here has been wonderful, and the color is coming back in the places she lost pigmentation little by little."

Iris Loya emerges from the phototherapy chamber as Neina Greenhouse, RN, looks on.



Experts seek answers to obesity through genetic research

Dr. Kamal Bharucha is part of a new generation of gene explorers. Their avenue of study, called model organism research, focuses on the common fruit fly, which is helping the researchers build the foundation for future discoveries.

The fruit fly, *Drosophila melanogaster*, is one of the most studied organisms in biological research, particularly in genetics

and developmental biology. About 75 percent of known human disease genes have a recognizable match in the genetic code of fruit flies, and 50 percent of fly protein sequences have mammalian analogs.

Currently, the fruit fly is being used as a genetic model to study mechanisms underlying a number of human diseases, including the neurodegenerative disorders Parkinson's, Huntington's and Alzheimer's disease, as well as obesity, diabetes and cancer.

Dr. Bharucha and his research team are exploring the way that fruit fly genes control the mobilization of fat from the fat tissue, as well as other genes of interest within the fruit fly genome that may affect fat accumulation.

Dr. Kamal Bharucha

"We can now genetically create flies that are fat, which gives researchers many opportunities to explore basic questions of metabolism," said Dr. Bharucha, a physician at Children's and assistant professor of Pediatrics and Pharmacology at UT Southwestern.

One of the strengths of using the fat tissue in *Drosophila* is that it is very easy to work with. Researchers can dissect out the fat tissue at every stage in the flies' development. Fruit flies even have insulin-producing cells and store fat in a manner similar to the way humans do.

Dr. Bharucha is excited about the practical applications of the team's research.

"While type 2 diabetes was a rarity in kids even a couple of decades ago, it's now becoming increasingly common. Our team is poised to discover new genes that may contribute to the cause of obesity and diabetes in all children," Dr. Bharucha said.





Unveiling a legacy

What once was an endless field of grass and trees has been transformed into a state-of-the-art facility – Children's Medical Center Legacy.

The dream launched into a reality because of the support of 51 visionary founding members who committed at least \$100,000 to the \$15 million wePromise capital campaign to build, equip and staff Children's Legacy. A celebration took place to honor those members and unveil the Legacy Founder's Wall, located on a natural rock wall at the hospital's main entrance.

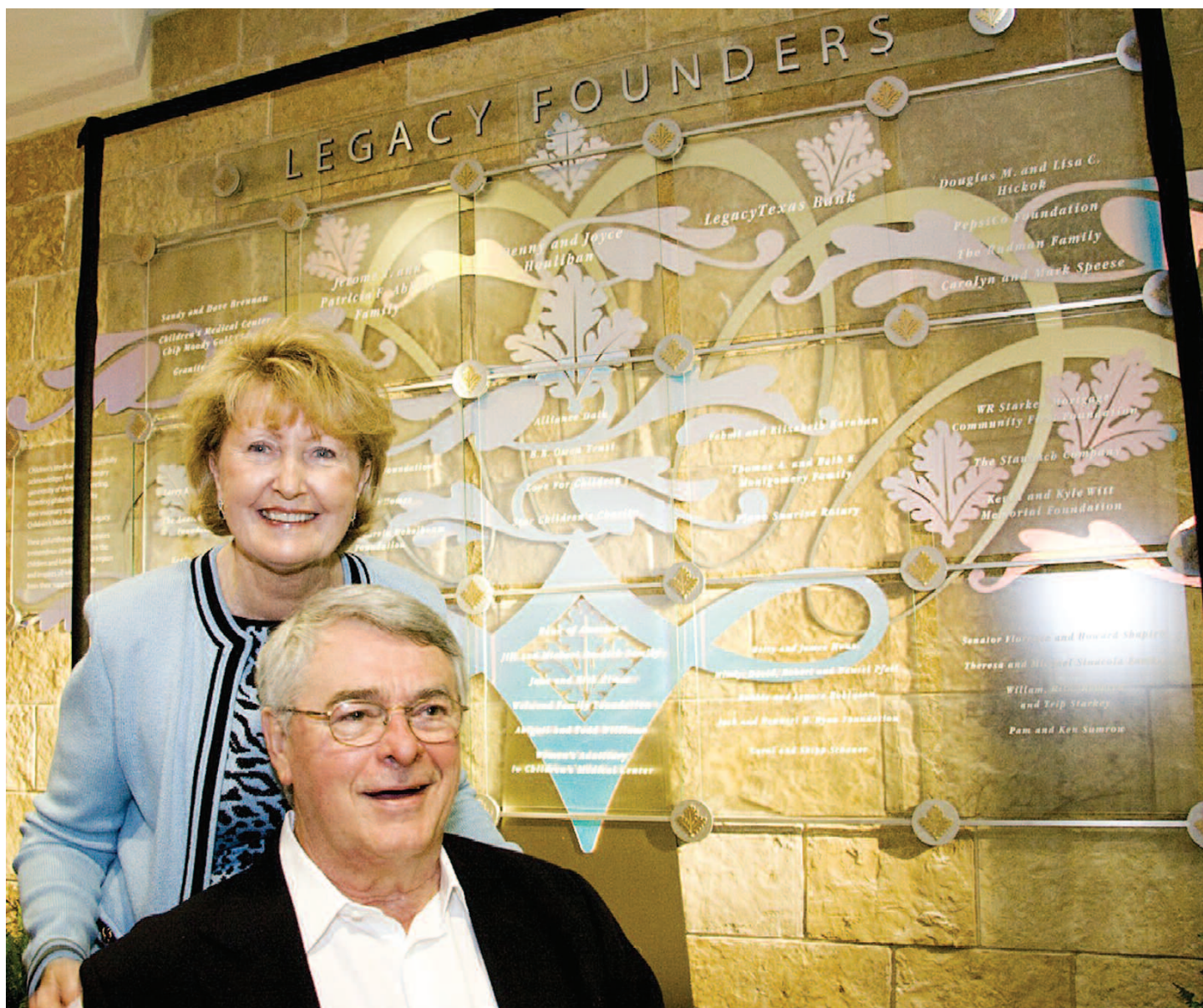
When the evening opened, the campaign had not yet reached \$15 million. However, gifts from Rita and Bill Starkey, Marni and Scott Benson and Trisha and Carl Ewert/The Staubach Company pushed the campaign over its goal.

More than 200 people attended the event, where Christopher J. Durovich, Children's president and chief executive officer, and Michael Dardick, Children's Legacy Steering

Committee chairman, expressed their gratitude for everyone's continual support.

The Children's Legacy Ambulatory Care Pavilion opened in April 2008 and continues to serve the needs of children in Collin, Cooke, Denton, Fannin and Grayson counties. The hospital will open in the early fall.

Because of their generosity, Joyce and Denny Houlihan were honored on the Legacy Founder's Wall.





Children's Medical Center Legacy Founder's Wall

Jerome T. and Patricia F. Abbott Family Alliance Data
 Larry K. and Nesa L. Anders
 The Andrea-Mennen Family Foundation (TAFF)
 Austin Commercial
 Bank of America
 Marni and Scott Benson
 Jacqueline and Richard Bowman
 Dani and Edward Butowsky
 Keely and Bill Cawley
 Children's Medical Center Chip Moody Golf Classic
 Dallas Stars Foundation
 Jill and Michael Dardick Family
 Darling Homes
 Elsie and Marvin Dekelboum Family Foundation
 EDS
 Granite Properties
 Douglas M. and Lisa C. Hickok
 Roy E. Hock Family
 Denny and Joyce Houlihan
 Hunt Construction Group
 Fehmi and Elizabeth Karahan
 John V. Lattimore Jr. Foundation
 LegacyTexas Bank
 Mike and Gina Lester Family
 Love For Children
 Love Life Foundation

John D. and Frankie E. Montgomery
 Thomas A. and Beth E. Montgomery Family
 Betty and James Muns
 B.B. Owen Trust
 PepsiCo Foundation
 Mindy, David, Robert and Daniel Pfeil
 Plano Sunrise Rotary
 Jane and Kirk Rimer
 Hedy and Ron Rittenmeyer Family
 Robbie and Lynore Robinson
 The Rudman Family
 Jack and Nannerl H. Ryan Foundation
 Carol and Skipp Schauer
 Senator Florence and Howard Shapiro
 Theresa and Michael Sinacola Family
 Carolyn and Mark Speese
 Star Children's Charity
 William, Rita, Rebecca and Trip Starkey
 WR Starkey Mortgage Community First Foundation
 Trisha and Carl Ewert/The Staubach Company
 Pam and Ken Sumrow
 Welwood Family Foundation
 Abigail and Todd Williams
 Kevin and Kyle Witt Memorial Foundation
 Women's Auxiliary to Children's Medical Center



From left, Ralph Stow and Bill Starkey celebrate at the reception hosted in the lobby of the Children's Legacy Emergency Department.



Lisa and Doug Hickok in front of the newly unveiled Founders Wall.

Legacy Steering Committee

Honorary Chairs

Dr. Betty Bell Muns
 James Muns

Chair

Michael Dardick

Committee Members

Bill Cawley
 Todd Diener
 Tony Good

Denny Houlihan

Joyce Houlihan

Libby Maus

Tom Montgomery

John Muns

Todd Platt

John Pulliam

Kirk Rimer

Senator Florence Shapiro

Bill Wells

Dr. Thomas Zellers

Past Committee Members

Richard Abernathy

Dr. E.T. Boon

Michelle Brennan Hall

Lisa Hickok

Dr. Robbie Robinson

Dr. Phyllis Stone



During the event, Maddie and Gray Harrison spoke about their son, Keegan, who was treated at Children's.



Women's Auxiliary marks 40th year of Family Night at Six Flags

It was Margaret Cowan's first year to chair Family Night at Six Flags, but she has long been involved. Cowan remembers attending the event each year during her childhood.

"Beginning in elementary school, my family would make the annual trip to Family Night at Six Flags," Cowan said. "I feel like chairing the event is a great way to pay it forward."

Along with chairs Jenny Esquivel and Courtney Madden, Cowan helped to plan the 40th annual Family Night at Six Flags, hosted by the Women's Auxiliary to Children's. Thousands of people experienced the thrill of roller coaster rides and entertainment — all for a good cause.

The 40th anniversary event raised more than \$430,000, and since its creation in 1969, Family Night at Six Flags has raised more than \$11 million for Children's. Proceeds helped to fulfill the Auxiliary's \$3.1 million wePromise Campaign pledge to fund the Women's Auxiliary 12th floor critical care unit at Children's.

"The 40th year marks a milestone for everyone involved," said Cindy McGeoch, 2007-08 president of the Women's Auxiliary to Children's. "The evening is a chance for people to support the hospital in big and small ways."

Members of the Women's Auxiliary,

"Beginning in elementary school, my family would make the annual trip to Family Night at Six Flags. I feel like chairing the event is a great way to pay it forward."

— MARGARET COWAN
2007-08 CO-CHAIR OF FAMILY
NIGHT AT SIX FLAGS

Children's President and Chief Executive Officer Christopher J. Durovich and representatives from Balfour Beatty, Six Flags, Bank of America and Tom Thumb participated in this year's ribbon-cutting ceremony to kick off the evening's festivities.

As soon as the ribbon fell to the ground, the crowd scattered throughout the park to enjoy rides, costumed characters and entertainment from a variety of groups.

Judging by the constant roar of roller coasters and countless smiles, the 40th year was a success.

Making a difference for more than 45 years

The Women's Auxiliary to Children's is a non-profit organization established in 1962 by leaders in the community with a mission to provide organized and specialized medical care for children. To meet that need, four healthcare facilities joined together — the Richmond Freeman Memorial Clinic, Children's Hospital of Texas, Bradford Memorial Hospital for Babies and the Ivor O'Connor Morgan Memorial Hospital for Tuberculosis Children — to create Children's Medical Center Dallas.

Women who were active in auxiliaries that served the four facilities created the Women's Auxiliary to Children's. Since then the group has committed their gifts, time and talents to serve as ambassadors — raising community awareness and funds to support patients at Children's. Second and third generations of families are represented within the group, carrying on a meaningful legacy of making life better for children.

The group raises funds through projects, programs and events benefiting Children's. With more than 820 members, the Women's



2008 Family Night at Six Flags co-chair Courtney Madden, center, and daughter, Elizabeth; husband, John; and son, Jack. Not pictured is daughter, Kate.



2008 Family Night at Six Flags co-chair Margaret Cowan, center, and her husband, Chris; son, Mac; and daughter, Allie Beth.



2008 Family Night at Six Flags co-chair Jenny Esquivel and sons Will and Wyatt. Not pictured is husband, James.



“The 40th year marks a milestone for everyone involved. The evening is a chance for people to support the hospital in big and small ways.”

— CINDY MCGEOCH
2007-08 PRESIDENT OF THE
WOMEN'S AUXILIARY TO
CHILDREN'S



Dr. Karen Halsell, honorary physician chair for the 2008 Family Night at Six Flags event, marks the milestone with her husband and daughter, John and Sarah Kate Ashton.

Auxiliary orchestrates a number of fund-raising efforts and annual events, including Family Night at Six Flags, Breakfast with Santa in conjunction with the Neiman Marcus Adolphus Children's Parade, greeting cards and the Children's Corner Gift Shop at the hospital. The group's cookbook — *The Collection, Cures for the Common Cuisine* — is a unique compilation of simple gourmet recipes.

To learn more about the Women's Auxiliary, call the Office of Development at 214-456-8360 or visit www.childrens.com.

A year of meaningful gifts

Under the leadership of Cindy McGeoch, 2007-08 president of the Women's Auxiliary to Children's, the group gave more than \$800,000 to Children's and closed out the \$3.1 million wePromise pledge for the critical care unit.

Not only did members provide financial support last year, they also gave their time by helping patient families through several projects such as decorating the hospital halls, bringing meals on New Year's Eve and Mother's Day and providing staff appreciation meals throughout the year.

In addition to the wePromise pledge, the Women's Auxiliary provided generous gifts in 2007 to help fund vital equipment and care at Children's:



Patricia Winning, left, senior vice president of Business Development and Ambulatory Services at Children's, accepts a check for \$803,364 from the Women's Auxiliary to Children's president, Cindy McGeoch, during the Auxiliary's Annual Membership Meeting at the Children's Dallas Ambulatory Care Pavilion.

\$200,000

Pledge for the Children's Healing Garden

\$150,000

Gift to help fund specialized attachments for surgical robot

\$100,000

Gift to equip a Neonatal patient room

\$45,000

Gift to fund three cameras for a surgical robot

\$25,000

Pledge to Children's Legacy

\$25,000

Gift for the Women's Auxiliary Scholarship Fund

\$25,000

Gift for the Children's Art Therapy Program

\$7,000

Gift for the Funnyiatrics Clown Program



Special thanks to the generous sponsors of the 40th Anniversary Family Night at Six Flags.



Magical moments

Funnyiatrics Program fills hospital with joy

On any given week at Children's, Dr. Slappy rounds the corner to find a patient in a hospital room. But instead of administering medical treatment, she reaches for spongy red noses hiding in her white lab coat.

Dr. Slappy, also known as Tiffany Riley, is one of eight professionally trained clowns in the Funnyiatrics Clown Program at Children's who fill the hospital with laughter. And bringing joy to patients is exactly what Amy and Harlan Korenvaes set out to do when they moved to Dallas.

The path to healing through humor

Amy helped initiate the founding of the Big Apple Circus Clown Care Unit in New York and decided then she would do whatever it took to bring smiles to faces. After moving to Dallas in 1998, she volunteered in the Children's Emergency Department and Child Life playrooms, where occasionally clowns would visit, but not on a regular basis.

Amy began planning a clown program at Children's, but no funding was available. In the meantime, Riley, a performer from the Big Apple Circus Clown Care Unit, came to Dallas and had the same vision to get a program off the ground. In July 2005, Brenda Marshall, also known as "Dr. Abby Normal," and Riley began making rounds at Children's two days each week. Over the next couple of months, Dick Monday, former director of

Ringling Bros. and Barnum & Bailey Clown College, was brought in to help recruit and train talent for the program.

"It was the perfect storm – the right situation at the right time and place," Harlan said. "We were thrilled to work with a number of employees at Children's who embraced our vision and had the foresight for a successful program."

In 2006, the Korenvaes' gave \$200,000 to Children's to establish an endowment to support the Funnyiatrics Clown Program. The program recently expanded from three days to four.

Making the rounds

Whether it's a baby being calmed with "clown music" before surgery or children laughing at the clowns' antics in an outpatient area, the mood immediately lifts upon their arrival.

"For a couple of moments, the clowns

A brighter day

Twelve-year-old R.J. Batts doesn't miss a beat when the clowns stop by his room. R.J. continues treatment in the Heart Center at Children's after undergoing a pacemaker/defibrillator implantation to regulate his heartbeat. Throughout treatment, the clowns make sure his spirit remains strong.



R.J. Batts

"When the clowns are around, I feel happier than usual and sometimes I forget I'm in a hospital," R.J. said.

R.J. and Dr. Abby Normal, one of the clowns, even have matching checkered pants.

"R.J. and the clowns start joking around and try to outdo each other," said Mary Batts, R.J.'s mom. "It's hilarious to watch them — similar to a comedy routine. You have to be on your toes because they come up with all kinds of tricks."

transport the children out of the hospital surrounding into a magical place," Amy said.

Riley said their goal is to empower the child, and to treat the healthy part of the child while they are in the hospital.

"We are silly and embody laughter, goofiness and less stress — all things you never expect to see in a hospital," Riley said.

Building the program

Plans are in the making to include the clown program at Children's Medical Center Legacy. Harlan said his desire is that it will be an expansive program with tentacles that reach throughout the Dallas community and beyond.

Both Amy and Harlan hope the wonder of being "clowned" as Amy calls it, continues for years.

"Laughter is a vital part of the healing process," Amy said. "A day without being clowned is like a night without stars."

Amy and Harlan Korenvaes with, from left, Dr. Abby Normal (Brenda Marshall), Dr. Slappy (Tiffany Riley), Dr. Knock-Knock (Eric Binkowski), Dr. Dainty (Marcie Myers), Dr. Yock (Shawn Patrello), Dr. Nerse (Bob Barraza) and Dr. Monday (Dick Monday) bring laughter to the patients at Children's.





Critical diagnosis

Planned gifts make tomorrow possible for children like Liberty Ingram

On Dec. 16 at the Ingram family farm in Windthorst, Texas, 3-year-old Liberty suddenly became listless with shallow breathing. Her condition quickly worsened to generalized seizures. Michelle and Tony drove Liberty to a nearby hospital. There, Liberty was diagnosed with Addison's disease — primary adrenal deficiency — which causes low blood pressure and low blood sugar.

While at the other hospital, Liberty also developed a blood clot in the femoral artery in her leg. Because that hospital was not equipped to treat the problem, Liberty was transferred to Children's — the one place in North Texas that provides pediatric interventional radiology. Children's also had a team of specialists to treat her Addison's disease.

Physicians at Children's stabilized Liberty's blood pressure and resolved the blood clot. Liberty's healing continued with care from endocrinologists, infectious disease and surgical specialists, neurologists and the critical care team.

"My husband normally isn't into hugging, but when Tony heard the news, he immediately reached out to give the doctor a hug," Michelle said. "Once we stayed at Children's, we thought it was amazing how many people stopped by to check on Liberty and the amount of knowledge they had."

Liberty continues to receive medications and treatment at Children's to stay ahead of Addison's disease.

In February, Liberty celebrated Christmas with her family and even received a late visit from Santa Claus. Now she is well on her way to riding in style on her favorite gift — a pink pedal tractor.

"Watching Liberty unwrap gifts and knowing that she almost didn't make it was overwhelming," Michelle said. "I couldn't imagine life without her. It has made us appreciate the little things in life and not take anything for granted."

Remarkable as it seems, extraordinary, life-saving events such as these happen at Children's almost every day. Through thoughtful gift planning, you also can help tomorrow's generations of children by investing in cutting-edge research, physician recruitment, nursing education and training or many other significant areas.



Three-year-old Liberty Ingram feeds a calf at her family's dairy farm in Windthorst, Texas. Life-threatening symptoms landed Liberty in the pediatric intensive care unit at Children's, where a team of multidisciplinary experts attended to her every need.

"Watching Liberty unwrap gifts and knowing that she almost didn't make it was overwhelming. I couldn't imagine life without her. It has made us appreciate the little things in life and not take anything for granted."

— MICHELLE INGRAM

Can we help?

To learn more about supporting Children's through life-income gifts, such as charitable gift annuities and charitable trusts, or with a gift from your estate, call the Children's Office of Development at 214-456-8360 or email: officeofdevelopment@childrens.com. Children's welcomes the opportunity to discuss charitable giving strategies in more detail with you and your advisors.



Circle of Friends

Tight-knit group honors 2007 chair, welcomes 2008 co-chairs

Friends talking over coffee, writing letters and sharing encouragement may look like a typical social gathering, but the Children's Medical Center Circle of Friends Committee has a deeper purpose.

The committee works to orchestrate a letter-writing campaign to raise funds for Children's. In 2007, the Circle of Friends had a record-breaking year for committee-driven solicitations. Support for the effort was remarkable and the monies raised further enhanced the ability for Children's to operate with the financial flexibility necessary to offer critical services that are non-billable.

A chance to give back

Patty Leyendecker, 2007 Circle of Friends Committee chair, recently hosted a celebration coffee in the Children's Dallas Ambulatory Care Pavilion to thank committee members and to introduce the 2008 chairs — Juli Harrison and Susan Holman.

Leyendecker's firsthand experience at Children's led her to chair the Circle of Friends Committee. Her 16-year-old son, Eric, was diagnosed with Hodgkin's Lymphoma in 2004 and began treatment at Children's.

"Circle of Friends is a way to give back to a place that has given so much to us," Leyendecker said. "It's unexplainable, but when you're at Children's, you feel secure. Everyone at the hospital supports you and whatever needs you have will be met."

The group became a family affair, as Leyendecker's daughter, Meredith, 20, was the top Circle of Friends fund-raiser in 2007. Meredith sent nearly 200 letters and raised more than \$40,000 for the hospital in honor of her brother, Eric.

"It all started when Eric was diagnosed with cancer and I felt helpless," Meredith said. "I wanted to help out kids like my brother and it gave me a way to be proactive with his treatment."

Personal ties

Harrison and Holman have been a duo, volunteering at the hospital for years, so it is only natural they chair the group together.

"Juli and I work very well together,"



Patty Leyendecker, front, 2007 Circle of Friends Committee chair, and her children, Meredith and Eric, are involved in the Circle of Friends to give back to the hospital that saved Eric's life.

Holman said. "We know a lot of the same people, but we run in different circles too."

Holman first experienced Children's when one of her daughters was treated for meningitis. Eighteen years later, the Holmans were back at Children's for their youngest daughter, Krissi, to be treated for cancer.

"During Krissi's treatment, we saw so many changes taking place at the hospital — constant construction to improve every aspect of the patients' experience," Holman said. "Krissi's dream was to build a library at the

hospital. Before I knew it, mountains started moving and the Krissi Holman Family Resource Library and Children's Collection was established.

"I had never seen so much love or care at one place," she said. "Children's is the only place to be."

If you would like to join our Circle of Friends, call the Office of Development at 214-456-8360 or email: officeofdevelopment@childrens.com.



The Children's Trust members learn firsthand about giving opportunities

Clinical staff members present needs at annual Philanthropy Roundtable

In the Children's Dallas Ambulatory Care Pavilion, the scene was something to behold. Approximately 50 members of The Children's Trust listened intently as clinical staff members promoted a variety of philanthropic needs at Children's.

Physicians could be heard plugging their program one last time — "Vote for table number two," and "Remember me when casting your vote." The event proved to be a success as it actively involved members in the process of determining what to fund at the hospital.

A speedy process

Each year, stations are displayed and Children's clinical staff members present program and departmental support opportunities to members of The Children's Trust. For one hour, The Trust members rotate to each booth to learn more about the hospital's needs.

At evening's end, attending members cast their votes and the top three options are then presented to the entire membership for a final vote to decide which area will receive the group's annual financial gift.

"The roundtable is a great idea," said Dr. Warren Snodgrass, chief of Urology at Children's and a presenter at the event. "It's an opportunity for people interested in philanthropy to see the breadth of the programs at Children's."

"I felt like I was on American Idol, except the judges were positive about every-

one," said Dr. Michael Dowling, a neurologist at Children's and assistant professor of Pediatrics and Neurology at UT Southwestern. "It was a challenge and quite an education to detail my research hypothesis and plan in less than five minutes."

Investing in a healthier future

The five giving opportunities presented to members included:

- Medical equipment to furnish a new ambulance for Children's Legacy.
- The creation of a "Reality Room" for clinical staff to practice life-saving skills.
- A heart study to identify children who may be at risk for sudden death episodes.
- One set of instruments for the new da Vinci Surgical Robotic System.
- A pediatric stroke research study to help understand how to better treat children after a stroke.

The Children's Trust voted to help Children's Legacy with a new ambulance.

Gretchen and Chris Groves, The Children's Trust chairs for 2008, have been involved with the group for five years. They said the hallmark of The Trust is the ability to pool together individual talents and funds

to make a larger impact.

"The Trust is a dynamic group with so many aspects," Gretchen said. "The gift selection process is pivotal to our core mission to support the hospital."

Impacting others

The Children's Trust is an organization of young professionals and families who represent the next generation of philanthropic leaders, providing support to Children's while learning more about pediatric health-care. The Trust began in 2002 with 50 members, and now nearly 650 individuals work collectively with the single focus to make life better for children.

For more information about The Children's Trust, call the Office of Development at 214-456-8360 or visit www.childrens.com/thechildrenstrust.



The Children's Trust members Byron Neuhooff and Kyle Green (background) observe as Children's Transport Team members, from left, Christine Spurrier, RN, Tommy Warr, RRT, and Dan Morales simulate an asthmatic patient's experience in a Children's ambulance.

Save the date for the 18th annual *Children Helping Children* tournament

Children and teens ages 8 to 18 are invited to grab their rackets and meet on the court this fall for the 18th annual *Children Helping Children* Junior Singles Tennis Tournament.

The Auction Party will kick off the weekend on Friday, Sept. 19, at Embassy Suites Dallas-Frisco, and the tennis tournament will take place on Saturday and Sunday, Sept. 20-21, at High Point Tennis Center in Plano. Each participant has the goal of raising \$250

in pledges from friends and family members.

The event was founded by Pam and Ken Sumrow, whose son, Clint, was a patient in the Center for Cancer and Blood Disorders at Children's when he was 5 years old.

Capital One Bank hosts the event, which has raised more than \$2 million for pediatric cancer research and programs. For more information call 214-456-8360 or visit www.childrens.com/HowToHelp/TennisTournament.cfm.



Kristin Brikmanis of Aledo serves another ace.



Son's life-saving
treatment at
Children's
inspires family
to create
foundation

LOGAN'S
gift

Bright and blue-eyed, 9-month-old Logan Wallace is all smiles these days — a stark contrast to his condition at birth. Logan was diagnosed with Transposition of the Great Arteries — a congenital heart defect — an hour after he was born. The condition causes the aorta and pulmonary arteries to be switched, leading to a lack of oxygen at birth.

Richard and Beth Wallace, Logan's parents, received the news that Logan would need specialized care — and fast.

"We had no doubt in our minds that Logan needed to be at Children's," said Beth, a member of the Women's Auxiliary to Children's. "The staff and services are unmatched."

EQUIPPED FOR SUCCESS

The Heart Center at Children's, set up with a cardiovascular intensive care unit and a team of critical care experts, has the proficiency needed to care for the smallest babies. The risk of death during an arterial switch — the procedure Logan would need — averages two to three percent nationally, but at Children's it has remained at zero percent over the past three years.

"The type of procedure we performed on Logan requires a very complete Heart Center team with a lot of experience working together to generate the maximum safety level," said Dr. Joseph Forbess, chief of Cardiothoracic Surgery at Children's. "We have performed this operation successfully on patients as small as 2 pounds."

Dr. Forbess holds the Pogue Distinguished Chair in Pediatric Cardiac Surgery Research and is an associate professor of Cardiothoracic Surgery at UT Southwestern Medical Center.

THE LIFE-SAVING PROCESS BEGINS

At birth, Logan underwent a balloon atrial septostomy, a catheter-based procedure that widens an existing hole in the wall between the two upper chambers of the heart. The procedure improved the circulation of oxygen-rich blood and stabilized him until he was ready for open-heart surgery.

When Logan was 2 days old and 6.5 pounds, Dr. Forbess performed an arterial switch — repairing the holes in Logan's heart as well as switching the coronary arteries. For more than two hours, Logan was placed on the cardiopulmonary bypass machine, which pumps and oxygenates the blood. His heart was stopped for 95 minutes while Dr. Forbess repaired a hole in it and exchanged the aorta and pulmonary arteries. During the procedure, the team focused on avoiding injury to Logan's electrical conduction system — a sig-

nificant risk which would result in the need for a pacemaker.

"The most critical part of the operation was moving the small coronary arteries," Dr. Forbess said.

COMPLETE TRUST

Despite the delicacy of the procedure, the Wallaces' confidence in the team treating Logan remained strong.

"Dr. Forbess is the premier doctor to perform this surgery," Richard said. "He trained under the doctor who performed the first arterial switch procedure, which has been in existence for nearly 30 years."

After four hours, Dr. Forbess met the family in the waiting room with positive news — Logan's repaired heart was beating perfectly.

"Logan more than likely will not require further surgery and he is expected to lead a normal and active life," Dr. Forbess said.

LOGAN'S GIFT

Through their involvement at Children's and Logan's experience, the Wallace family decided to create Logan's Gift — a foundation to support Cardiothoracic Surgery at Children's. Beth and Richard are members of the Children's Circle of Care and The Children's Trust — organizations that provide support to the hospital and host events to learn more about pediatric healthcare.

"When we moved to a regular patient room, it touched me to see a lot of kids whose families couldn't be at the hospital with them," Beth said. "We want to be available to help in any way they need us — both financially and through personal interaction. We put our names out there so we can talk with families who have questions about a recent diagnosis, or need someone who can relate."

Their other children — 3-year-old Lilly



Preceding page: Logan Wallace flashes a smile — only nine months after undergoing life-saving surgery at Children's. Above, from left, Lilly, Beth, Logan, Lleyton and Richard Wallace are an integral part of the Children's family.

and 5-year-old Lleyton — are a vital part of the foundation.

For Lilly's birthday party, they initiated a book drive and donated 50 books to the hospital. During Christmas, the family assembled activity bags for the patients. The next project in the works is a crayon drive through the children's school.

"We were thrown into the situation," Richard said. "Suddenly we had to drop everything and live at the hospital. Our hope is that through Logan's Gift, we can provide supplies like coloring books and toiletries — essentials that are needed on a daily basis. We want to make the families' transitions easier."

"We were told that more than 200 people would touch Logan's case before he left the hospital, and each person we met was amazing," Beth said. "We love everything about Children's and we will be completely devoted to the hospital for the rest of our lives."

— by Heather Elise Campbell
FOR MORE ON THE HEART CENTER,
VISIT WWW.CHILDRENS.COM

"Logan more than likely will not require further surgery and he is expected to lead a normal and active life."

— Dr. Joseph Forbess,
Chief of Cardiothoracic Surgery
at Children's

IMPLANTING hope



Premature baby tiniest in Texas to receive world's smallest pacemaker



In the Neonatal intensive care unit at Children's, Dr. Kristine Guleserian peers into the incubator and reaches for the tiny hand of 12-day-old Audrey Nguyen. Not only does Audrey weigh just less than 3 pounds, but underneath the incision lining her chest, the smallest manufactured pacemaker in the world helps to regulate her heartbeat.

Mixed feelings

When Karyn Nguyen discovered she was pregnant, her husband, Andy, and 4-year-old son, Drew, couldn't wait to welcome a new baby into the family. But at 17 weeks gestation, they received news that instantly changed their feelings from excitement to fear.

During a routine visit, Dr. Thomas Albert, a perinatologist at Presbyterian Hospital of Plano, discovered how Audrey had been affected by Karyn's lupus — an inflammatory condition in which the immune system attacks tissues and organs. The lupus struck Audrey's heart, causing a serious cardiac defect. Audrey's heart rate had dipped to 50 — a normal rate for a baby at that stage is 150. Fluid also had accumulated around her heart. Dr. Albert diagnosed Audrey with congenital complete heart block (CHB). She would need a pacemaker to survive.

Top-notch care

"When we found out about Audrey, we were hurt and worried — we didn't know what to do," Karyn said. "We believed that Audrey needed the best place to increase her chances of living. Andy and I didn't know any doctors at Children's, but we heard it was one of the top hospitals in the nation and we quickly set up an appointment."

Children's was the only pediatric hospital in North Texas that could provide a team of specialists with the level of expertise Audrey needed. Neonatologists at Children's work closely with a team of multidisciplinary experts — cardiologists and fetal echocardiography specialists, cardiothoracic surgeons, anesthesiologists, nurses, critical care specialists and neonatal ICU specialists to ensure the highest quality of care.



At one week and just 2.6 pounds, Audrey Nguyen received the smallest manufactured pacemaker in the world — approximately the size of 1 1/2 quarters. Preceding page, Dr. Kristine Guleserian, surgical director of Pediatric Cardiac Transplantation at Children's, holds Audrey 12 days after her pacemaker implantation.



“After Audrey’s surgery, we had the option to be transported to another hospital ... we had no question that Audrey needed to stay at Children’s ... while we have been here everyone has treated us like Audrey is the one patient they have that day.”

— ANDY NGUYEN

Karyn and Andy Nguyen cherish the time spent with Audrey. Opposite page, Dr. Kristine Guleserian strokes Audrey’s tiny hand in the neonatal ICU.

Extensive monitoring

Karyn was treated in the Fetal Heart Program at Children’s. Dr. Catherine Ikemba, a cardiologist at Children’s who specializes in fetal echocardiography and assistant professor of Pediatrics at UT Southwestern, worked closely with Dr. Albert to monitor Audrey with echocardiograms to determine the most appropriate timing for delivery given her precarious heart rhythm. Managing Audrey’s condition and knowing the exact time for delivery would be essential to saving her life.

“We were scared of loss but Dr. Ikemba reassured us and she was there for us every step of the way,” Andy said.

Initially, Drs. Albert and Ikemba alternated every other week in monitoring Karyn with echocardiograms. As their concerns grew because of Audrey’s low heart rate and slow growth, Karyn was scanned biweekly, and she was treated with medications to decrease the inflammation and to increase Audrey’s heart rate.

Electrophysiology nurses at Children’s educated the Nguyens about prenatal care and the pacemaker implantation. At 31 weeks gestation, the team determined it was time for Audrey to be delivered.

“What we needed was fetal growth so the baby would be big enough to put a pacemaker inside,” said Ronda Hefton, RN, Fetal Heart Program Coordinator at Children’s. “Our fear was that the pregnancy would have ended in fetal demise if Audrey had stayed inside another week.”

Two hours after a successful delivery, an ambulance transported Audrey to Children’s, where she was monitored in the neonatal ICU.

A risk worth taking

Dr. William Scott, chief of Cardiology at Children’s and professor of Pediatrics at UT Southwestern, collaborated with the electrophysiology team at Children’s about Audrey’s treatment plan.

Surgeons at Children’s had successfully implanted 23 pacemakers in 2007, but never on a baby Audrey’s size. Ultimately, the team decided that the benefits of the surgery

outweighed the risks.

“Audrey didn’t have a sufficient heart rate to thrive and grow,” Dr. Scott said. “To keep her stable, we maintained her temporarily with medications and watched to see if her heart rate would come up over time and it didn’t. It was clear that Audrey would need the pacemaker.”

Dr. Guleserian, surgical director of Pediatric Cardiac Transplantation at Children’s and assistant professor of Cardiothoracic Surgery at UT Southwestern, would take on the challenge of Audrey’s implantation.

Life-saving device

A pacemaker consists of two parts — a generator that produces electrical impulses and wire leads that deliver the charges to the heart. Audrey’s heart would be regulated by a pacemaker weighing 12.8 grams — approximately the size of two quarters stacked together.

“As small as the device seems, it is relatively large in relation to Audrey’s body and heart size,” Dr. Guleserian said. “In addition to the usual risks of bleeding and infection during pacemaker implantation, erosion into the abdominal cavity or through the skin is an added risk in a baby this size. The main challenge was to avoid injury to the heart muscle as it is very fragile in premature babies.”

Setting the pace

At one week old and just 2.6 pounds, Audrey would be the tiniest baby in Texas to receive the smallest manufactured pacemaker in the world.

As soon as Audrey was prepped for surgery, Dr. Guleserian made a skin incision and opened the outer lining of the heart to drain the fluid. A pocket was carefully formed to accommodate the pacemaker. At this point, Dr. Guleserian had to be extremely meticulous as the peritoneal tissue is as thin as plastic wrap and can tear very easily. Once a pacing lead was stitched into the ventricular chamber of the heart and connected to the generator, Dr. Guleserian placed the pacemaker into the pocket.

After several tests to ensure the device



was working properly, the pacemaker was set to raise Audrey's heart rate from 58 to 135 beats per minute.

Stable rhythm

Audrey was taken to the cardiovascular ICU for four days before she was transferred to the neonatal ICU, where a team of specialists including Dr. Prameela Karimi, a neonatologist at Children's and assistant professor of Pediatrics in Neonatal-Perinatal Medicine at UT Southwestern, managed her care.

The electrophysiology team monitored the pacemaker's function with electrocardiograms and telemetry. Pacemaker evaluations were performed to measure the device's output and the team made appropriate adjustments.

"After Audrey's surgery, we had the option to be transported to another hospital, closer to our home," Andy said. "Even though we travel 30 minutes longer, we had no question that Audrey needed to stay at Children's."

"It's like the signs say — Children's is the one — and while we have been here everyone has treated us like Audrey is the one patient they have that day."

Strong ties

Through it all, Karyn and Andy gained another family member. In the midst of discussing their baby's future with Dr. Guleserian, the Nguyens asked her to be Audrey's godmother.

"Dr. G has cared for our baby like she was her own child," Andy said. "What more can parents ask for in a godparent?"

— by Heather Elise Campbell
FOR MORE ON THE FETAL HEART PROGRAM,
VISIT WWW.CHILDRENS.COM/HEARTCENTER

Editor's note: Just before press time, Audrey died due to pulmonary hypertension. Babies like Audrey are at risk for a number of problems related to their prematurity, with lung disease being the most critical hurdle. Audrey continues to inspire the team at Children's to strive every day to make life better for children.

“What we needed was fetal growth so the baby would be big enough to put a pacemaker inside. Our fear was that the pregnancy would have ended in fetal demise if Audrey had stayed inside another week.”

— RONDA HEFTON, RN, FETAL HEART PROGRAM COORDINATOR AT CHILDREN'S



Angels

IN THE

operating room

They call themselves “Dave’s Angels.” But instead of a team of three working undercover, the angels are 18 specialists serving on the frontlines, saving babies who otherwise would die at birth.

The ex utero intrapartum treatment (EXIT) team is a highly specialized multidisciplinary unit that treats babies still in the mother’s womb. The team reports to Dr. David Schindel, a pediatric surgeon at Children’s.

Physicians at Children’s and Parkland Memorial Hospital formed the team more than a year ago to deliver babies diagnosed with airway compression or other congenital disorders. The team — one of a few of its kind in the nation — has performed eight EXIT procedures, successfully establishing an airway route to allow the baby to adequately receive oxygen.

INTENSE PLANNING

When team members learn of a patient — usually months before a procedure — they meet to assess the situation and plan for all scenarios. During the final meeting, everyone agrees on the best plan of action to obtain an airway — an endotracheal breathing tube, a tracheostomy or resection of the mass. Dr. Romaine Johnson, an otolaryngologist at Children’s and assistant

professor of Otolaryngology at UT Southwestern, provides input based on his experience with evaluating and treating swallowing and airway disorders.

"The preparation ensures we have a planned success rather than a thrown together failure," said Dr. Schindel, who also is an assistant professor of Surgery at UT Southwestern. "We are taking something that could be disastrous and turning it into a positive situation."

Because the team only has a matter of seconds to minutes to save the baby's life in EXIT procedures, the planning stage is crucial — often the difference between life and death.

SAVING AVA

Ava Pires-Ferreira, now 4 months old, was diagnosed before birth with a large mass that wrapped around both sides of the neck and tongue and went into her chest. At delivery, she would not have the ability to breathe without a specialized procedure.

"I was terrified — not as scared of the procedure as I was about the outcome," said Courtney Pires-Ferreira, Ava's mom. "But knowing there was a special team in place put me at ease."

The difficulty lies in preserving enough blood flow through the umbilical cord, protecting the placenta, and avoiding contractions of the uterus to leave enough time to establish the airway. The most significant risk for Courtney would be a hemorrhage because of the relaxed uterus.

"It is a unique situation because we have two patients," Dr. Schindel said. "Each person has a specific role in the Operating Room. We have to be coordinated because it's complicated."

At 39 weeks gestation, Courtney was taken to the Operating Room where the EXIT team waited. They began the C-section and as Ava received oxygenated blood through Courtney's uterus and placenta, the team quickly pulled Ava out and, realizing her mass was soft, lym-

phatic fluid, they began the intubation process. Within four minutes, an airway was established and Ava took her first breath of life.

"It is impossible to put into words how I felt after I realized Ava was going to be OK," Dr. Schindel said. "All of the hours spent planning comes down to a couple of seconds or minutes, and to be in the Operating Room with everyone ready to do their job is indescribable. The team effort saved Ava."

THE NEXT STEPS

Ava continues treatment at Children's, where physicians resected enough of the mass to allow for access to the trachea. Eventually, the residual malformation will be removed by performing sclerotherapy — a procedure to shrink the vessels.

"Aggressive therapy with more resection is unwarranted because it could damage Ava's facial nerves," Dr. Schindel said. "We are taking a conservative approach and after further treatment, the malformation will be diminished with minimal scarring."

A LASTING MEMORY

Courtney said everyday with Ava is a miracle, and she will always remember meeting her for the first time. Not a typical encounter, but one that is ingrained in Courtney's mind.

"I was taken to the neonatal intensive care unit in my hospital bed," Courtney said. "I couldn't wait to see Ava, but I was very nervous."

As she rounded the corner into the neonatal ICU, Courtney laid eyes on her daughter and immediately breathed a sigh of relief.

"I didn't see the mass. I just saw Ava's face and beautiful eyes."

That priceless moment for the mother and baby is the reason Dave's Angels exists.

— by Heather Elise Campbell
FOR MORE ON THE EXIT PROCEDURE,
VISIT WWW.CHILDRENS.COM

The ex utero intrapartum treatment (EXIT) team goes above and beyond to make life better for children.

Below is a list of employees who have dedicated their time, talents and resources to serve on the EXIT team.

DR. DAVID SCHINDEL — pediatric surgeon at Children's and director of the EXIT team, assistant professor of Surgery at UT Southwestern

SHERRI BOBO, RN, BSN — director of Perioperative Services at Children's

JOSEPH BOWLEY, RN — OR nurse at Children's

JESSICA CHAVERA, CST — surgical technologist, service coordinator of General Surgery at Children's

KISHORE CHUKKALA, RRT-NPS, CPFT, AE-C, RCP IV — OR team leader at Children's

KRISTIE CLINARD, RN, CNOR — clinical manager of Perioperative Services at Children's

CHRISTY FLANERY, RN — OR Nurse at Children's

NINA GODINEZ, PSA — health unit coordinator at Children's

DR. ROMAINE JOHNSON — otolaryngologist at Children's, assistant professor of Otolaryngology at UT Southwestern

DR. JULIE LO — maternal/fetal medicine physician at Parkland Memorial Hospital, assistant professor of Obstetrics and Gynecology at UT Southwestern

DR. MATTHEW MILLER — pediatric anesthesiologist and pain management specialist at Children's, assistant professor of Anesthesiology and Pain Management at UT Southwestern

MARY REECE, RN — OR Nurse at Children's

DR. PETER SZMUK — pediatric anesthesiologist at Children's, associate professor of Anesthesiology and Pain Management at UT Southwestern

DONNA M. TAYLOR, RRT-NPS — ECMO coordinator at Children's

DR. MARITA THOMPSON — ECMO medical director at Children's, associate professor of Pediatric Critical Care at UT Southwestern

DR. DIANE TWICKLER — fetal radiologist at Parkland Memorial Hospital, professor of Radiology and Obstetrics/Gynecology at UT Southwestern

DR. MYRA WYCKOFF — neonatologist and director of Newborn Resuscitation Services at Parkland Memorial Hospital, assistant professor of Pediatrics at UT Southwestern

DR. MICHAEL ZARETSKY — fetal intervention specialist at Parkland Memorial Hospital, assistant professor of Maternal Fetal Medicine at UT Southwestern

Preceding page, the EXIT team performs a C-section and begins the intubation process. Below, left, Dr. David Schindel, a pediatric surgeon at Children's checks on Ava moments after the procedure. Below, right, Courtney Pires-Ferreira shows off her 2 ½ -month-old daughter, Ava, who underwent a life-saving procedure at birth by the EXIT team at Children's.



the Snodgrass • repair

**Urologist at
Children's
having global
effect**

Hypospadias, an incorrectly formed opening of the urinary channel, affects boys across the world, but finding a satisfactory surgical treatment for the condition is difficult for children living outside the United States.



Dr. Snodgrass has earned a worldwide reputation for developing innovative solutions for victims of failed hypospadias surgeries. That was the factor that ultimately motivated the Mohans to come to Children's for Nischal's final surgery, which required a procedure commonly referred to as the "Snod-graft" repair.

Consider the case of Nischal Mohan. The 13-year-old from India had hypospadias at birth. He endured three failed corrective surgeries during his childhood in his home country.

"Every time a surgery failed, it was very traumatic for Nischal," said Shalini Mohan, Nischal's mother. "No matter how much I tried to calm him, it was still an issue."

As Nischal neared his teenage years, he became more self-conscious about his condition. He stopped going to the bathroom at school and would return home anxious every day with a full bladder.

His increasing anxiety about his condition motivated his family to give surgery one last try. They initially scheduled for Nischal to have his final operation performed by a team of renowned surgeons in India. Yet, throughout the process, the family never felt at ease.

In March, Nischal's father, Shyam, recalled a conversation he had earlier with a friend whose son was going to have a hypospadias procedure performed at Children's. He decided to call him to see how the surgery went. Before he could pick up the phone, the same friend called him to tell him to bring Nischal to America.

"He almost forced me to go to Dallas with his urging," Shyam said. "He said, 'There is no way you are going to get this done in India. You must go to Dr. Snodgrass, because he is the best in the world.'"

THE FIRST NAME IN HYPOSPADIAS SURGERY

Dr. Warren Snodgrass, chief of the Urology department at Children's and Professor of Urology at the University of Texas Southwestern Medical Center, developed a procedure to correct hypospadias in the 1990s that has become the worldwide surgical standard. The procedure is technically known as Tubularized Incised Plate (TIP) repair, but it is more commonly referred to by surgeons across the globe as the "Snodgrass Repair."

The procedure has earned universal

acclaim for its versatility; it can be used to correct minor and more severe forms of hypospadias, and also can be effective for some re-operations when initial surgery is unsuccessful.

The benefits of the "Snodgrass Repair" include restored functionality of the penis and a more normal cosmetic appearance.

Dr Snodgrass also has earned a worldwide reputation for developing innovative solutions for victims of failed hypospadias surgeries.

That was the factor that

ultimately motivated the Mohans to come to Children's for Nischal's final surgery, which required a procedure commonly referred to as the "Snod-graft" repair.

COMING TO TEXAS

After Shyam's serendipitous conversation with his friend, the family cancelled their plans to have Nischal's surgery performed in India and booked plane tickets for Dallas. Two months later, Nischal was operated on by Dr. Snodgrass.

"We were lucky to get referred to Dr. Snodgrass," Shyam said. "Looking back, I think it is one of the smartest decisions we've ever made. He did a fantastic job."

"We have great doctors in India, too, but I think his expertise showed with the way he treated Nischal."

The Mohans are just one of several interna-

Preceding page, Dr. Warren Snodgrass, at left, takes a break with Dr. Vincenzo Domenichelli, who traveled from Italy earlier this year to observe Dr. Snodgrass. This page, top, Dr. Snodgrass, chief of the Urology department at Children's and Professor of Urology at UT Southwestern, celebrates a successful surgery with the Mohan family from India. Families from around the world visit Children's every year to have hypospadias repairs performed by Dr. Snodgrass. This page, bottom, Dr. Snodgrass performs the "Snodgrass Repair."



tional families who have come to Children's to have the hypospadias procedure performed by Dr. Snodgrass. Other patients have come from Russia, Bolivia, Germany, Grenada, China and Canada – not to mention from all over the United States.

Some came because they wanted their sons to be operated on by the surgeon who described the TIP repair. Others came because they learned Dr. Snodgrass could perform surgery without circumcision after their local surgeon informed them circumcision would be needed during the operation. Many came after failed procedures in their own country, like Nischal.

SHARING EXPERTISE

Dr. Snodgrass is doing his best to equip international physicians with the training and knowledge necessary to perform the "Snodgrass Repair" effectively on patients in their home countries.

Every year Dr. Snodgrass participates in a number of workshops on hypospadias and other pediatric urology issues across the United States and overseas, and frequently performs demonstrational surgeries. During

his eight years at Children's, he has been a visiting professor more than 40 times to over 25 countries. In addition, foreign physicians often visit Dallas to observe and learn from Dr. Snodgrass.

"Really, an operation that only one person in the world can do would not be

of much value," Dr. Snodgrass said.

"Fortunately, TIP repair is a versatile operation that has become the most common hypospadias technique now being used.

"I am happy to assist international patients here and am glad that I can offer them help, but at the same time I am grateful for the opportunity to teach other surgeons how to improve their own results."

— by Craig Foster
FOR MORE ON HYPOSPADIAS,
VISIT WWW.CHILDRENS.COM





Children's honors young researchers at local science fairs

When the words “brilliant” and “innovative” come to mind, you’re likely to think of Children’s Medical Center, but you also should think of the many talented high school students in the Dallas-Fort Worth area who are pursuing their science and technology dreams.

This spring, Amanda Lu, a junior at Plano West Senior High School, and Vijay Kuppurajan, a sophomore at the Talented and Gifted Magnet School in Dallas, were the inaugural winners of the Children’s Medical Center Young Researcher Award.



Dr. Steven Rodrigues, a resident at Children’s, presents one of two inaugural Children’s Medical Center Young Researcher Awards to Vijay Kuppurajan, a sophomore at the Talented and Gifted Magnet School in Dallas. The award was presented in recognition of his project on *E. coli* contamination in area lakes for the Dallas Independent School District Science Fair.



Dr. William Scott, chief of Cardiology at Children’s and professor of Pediatrics at UT Southwestern Medical Center, with Plano West Senior High School junior Amanda Lu, one of two inaugural winners of the Children’s Medical Center Young Researcher Award. Her project focused on ways to reduce the side effects of a blood substitute.

Recognizing young talent

The award, given at the Dallas and Plano Independent School Districts annual science fairs, recognizes a talented young person who has dedicated his or her time and talents to a project that seeks to find a better way for mankind to live longer and better. For their efforts, Lu and Kuppurajan were each honored with a gold medal and a \$250 stipend for assistance with their projects’ costs.

Lu’s project was entitled “Effect of HT-HBOC-201 on Neutrophil and Endothelial Cell Activation” and concerned a blood substitute for which she was seeking to reduce side

effects. Kuppurajan’s project was entitled “The Great Hunt for *Escherichia Coli*: Part II” and investigated levels of the bacterium in area lakes. Both young researchers have worked on and modified their projects for two years.

Volunteer judges

Children’s provided volunteer judges from its medical staff for the district-wide fairs. This year, the judges included residents Drs. Monika Gadhia, Sarah Dacey and Steven Rodrigues for the DISD fair and Drs. Joseph Forbess, William Scott, Warren Snodgrass, Peter Stavinocha, Ph.D., and Kristy Hagar, Ph.D. Drs.

Forbess, Scott and Snodgrass are the respective chiefs of Cardiothoracic Surgery, Cardiology and Urology services at Children’s. Dr. Rodrigues and resident Dr. Lauren Gore also participated in the PISD judging.

While judging science fair projects overall, the reviewers also took the opportunity to evaluate projects from the categories of Behavioral and Social Sciences, Biochemistry, Cellular and Molecular Biology, Medicine and Health and Microbiology. They paid particular attention to two criteria: the project’s applicability to medicine and the strength of its testing of hypotheses.

Hair loss for a good cause



At left, front row, from left, Dr. Naomi Winick, Dr. Martha Stegner. Back row, Roberto Torres, Michael Henson, Dr. Tim McCavit and Dr. Mark Hatley show what one version of true devotion to Center for Cancer and Blood Disorders patients looks like. The six CCBBD physicians and research coordinators had their hair shorn as part of a St. Baldrick’s Foundation fund-raising event to raise money and awareness for childhood cancer research and to support fellowships. CCBBD volunteers raised \$20,000 for St. Baldrick’s.



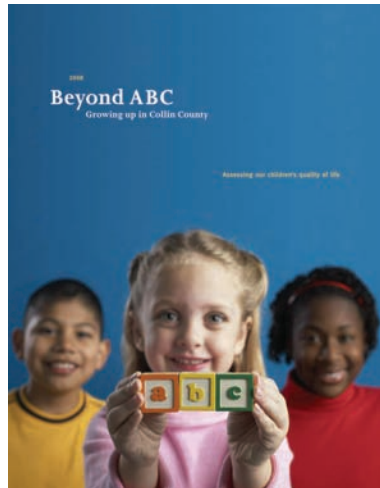
Four-year-old patient Jack Maurer is lifted up to help shear his oncology physician, Dr. Tim McCavit, at the Saint Baldrick’s Foundation charity event as Dr. Mark Hatley looks on.



New report on Collin County youth spotlights good news, concerns

Nearly 85 percent of Collin County 2-year olds were fully immunized in 2006, well above the Texas rate of 79.5 percent. Yet more than 50,000 children in the county have limited access to healthcare because they are uninsured or are enrolled in Children's Medicaid or CHIP. These were among many findings in the first edition of *Beyond ABC: Growing Up in Collin County*, a publication that measures the health and well-being of Collin County children. The publication, produced by Children's and an advisory board of Collin County leaders, is a quality-of-life analysis designed to inform members of the community.

"Children's Medical Center reported statistical information in an understandable, user-friendly format," said Judge Cynthia Wheeles, who heads the 417th judicial district court, which handles all Child Protective



County Coalition, aims to improve the quality of life of children by developing strategies related to public policy, advocacy, public awareness and community programs.

The Collin County report is modeled after *Beyond ABC: Growing Up in Dallas County*, which is in its sixth edition and is produced by Children's with help from the Coalition for North Texas Children.

Services cases. "This report's greatest achievement is its positive message of opportunity. Yes, Collin County has some issues and needs, but we have an opportunity to help and make a real difference."

The report has already spurred a group of concerned civic health and social service leaders to form a coalition to raise awareness about the needs of area children. The Children First! Collin

Children's experts facilitate post-play sessions at production on eating disorders

"Eat (It's Not About the Food)," a world premiere play by Linda Daugherty about eating disorders, had performances this spring that included facilitators from Children's. The Dallas Children's Theater play was sponsored by the Center for Pediatric Eating Disorders at Children's, which had staff on hand to lead on-stage, post-performance discussion and Q&A.

Children's, which has provided treatment for eating disorders for more than 20 years, offers the most comprehensive eating disorders program available in Texas for both girls and boys and is the only inpatient program for



eating disorders including medically compromised patients and children with feeding tubes.

"Eat" uses interwoven vignettes of girls and boys struggling with eating disorders to candidly explore causes and warning signs of eating disorders as well as the influences of society and the

media on young people's perceptions of weight and body image.

Children's also hosted a booth at a health fair in the lobby of the theater that offered additional education about eating disorders as well as information on the inpatient and outpatient eating disorders services.

Families empowered against childhood obesity with Get Kidz Fit Fest

Children's helped equip thousands of families with practical methods to combat childhood obesity at the 2008 Get Kidz Fit Fest at Fair Park.

The Dallas Area Coalition to prevent Childhood Obesity, which Children's co-founded, presented the event along with multiple sponsors. The festival was designed to educate children and their families about wellness and good nutrition habits.

Attendees participated in hands-on healthy cooking demonstrations and sports and fitness activities including rock climbing and martial arts.

Childhood obesity is a critical problem. It is a leading factor in the unprecedented rise of type 2 (formerly known as "adult onset") diabetes among adolescents. Children who develop type 2 diabetes might also be afflicted with heart disease, blindness, pregnancy complications and kidney disease when they grow up.

Children's is doing its best to reverse the momentum. The Get Kidz Fit Fest is a major part of the Advocacy department's effort to educate and empower the community against pediatric obesity.

"Get Kidz Fit was a rousing success," said Julia Easley, director of Advocacy at Children's. "We brought together 50 organizations that encourage healthy lifestyles with 5,000 children and their parents for a fun-filled day of activity and education."



Children at the "Get Kidz Fit," wellness and nutrition festival play a nutrition game with the Children's mascot, Jack the Rabbit.



Despite commute, time with patients weekly highlight for Smith



Rachel Smith

Based on circumstance, Rachel Smith is not a likely candidate to volunteer in the Emergency Department at Children's.

For starters, she works at a risk management firm. In her own words, "Probably a lot of what I see in the ED is a product of what my work tries to prevent." And her job is in Bedford, Texas.

So, to volunteer at Children's, Smith has to drive all the way from Bedford to Dallas in rush hour traffic every Monday evening. To top it off, she has to drive all the way from Dallas to Arlington, where she lives, every Monday night when she finishes volunteering.

So why does she do it?

"I love playing with the kids," Smith said. "It's the highlight of my week. For a few hours, nothing worries me. It doesn't matter what is going on in the economy or my outside life. I can get down on the ground, play with these kids and not think about anything else."

Smith's first experience with Children's occurred five years ago when her nephew was rushed to the Emergency Department after being born with a hole in his heart. His chances of survival were slim, but the staff at Children's repaired his heart and won over his family in the process.

"Everyone who worked here seemed so happy," Smith said. "We were really panicking, and they made us feel so warm and welcome. They were so accommodating and friendly."

Now, Smith is one of the people responsible for making patients and families feel welcome in the Emergency Department at Children's. Her desire is to bring a smile to their faces, which makes her a perfect fit to volunteer at Children's after all.

"I feel like I leave a little fingerprint on their lives," Smith said. "I just thank God that I'm able to do it."

Dodds consider Saturday playroom shifts valuable use of free time

Free time is a precious commodity for Jerry and Jackie Dodd, so they try to make the most of it.

Jerry is a police officer. Jackie is an attorney. Their work schedules prevent them from regularly seeing one another during the week, because Jerry often works nights when Jackie works days.

Yet, after only being married one year, the couple decided that the most valuable use of their time would involve volunteering at Children's. They recently received their 100-hour pins earned by volunteering together on Saturdays in the Aikman End Zone.

Ironically, the Dodds said they feel selfish in a way.

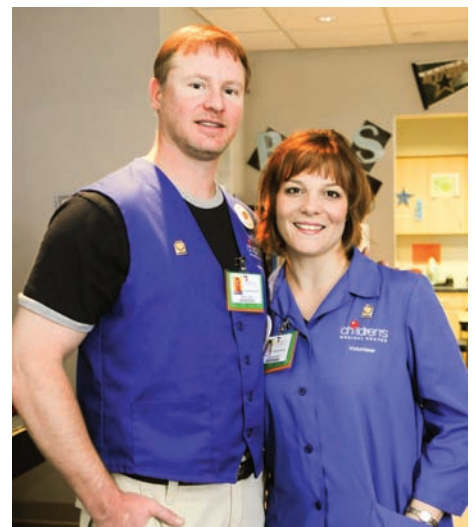
"Volunteering probably helps us out mentally and spiritually more than it helps the kids," Jerry said.

Jerry specializes in sports and video games, and Jackie concentrates on arts and crafts. Occasionally, their roles will overlap, which isn't a problem unless Jerry has to deal with fuse beads.

"I can get them down and set them out," Jerry said. "But when it comes down to having the dexterity to pick out the specific beads, I'm awful. So, when it comes time to play with them, I get Jackie."

Even though neither foresees a reduction in their busy schedules anytime soon, they both are committed to maintaining volunteering at Children's a priority.

"I changed jobs in November," Jackie said. "And the one thing I told my new bosses was 'I'll gladly come in on weekends but not Saturdays — that's when I volunteer at Children's.'"



Jerry and Jackie Dodd



Blacketer and Williford are 'model' volunteers

Sarah Blacketer and James Williford spend their days analyzing physical beauty as employees of the Kim Dawson modeling agency. And they wouldn't trade it for the world.

But last fall, both developed an itch to devote more of their time away from work to spiritual and emotional beauty.

"I really felt like I had a lot of wasted free time," Williford said. "I wanted to help out somewhere, and I knew that out of all the people at the agency, Sarah would be the one to know about volunteering."

Williford's assumption was right. Blacketer already was engaged as a Children's volunteer. As an artist, she had used her talent to help design and paint street art along Commerce Street to help beautify the parade route for the annual Neiman Marcus

Adolphus Children's Parade, the downtown Dallas holiday parade benefiting the hospital. After three years in that role, Blacketer had just decided to begin volunteering at the hospital on a regular basis.

Blacketer told Williford about Children's, and the duo went through volunteer training together last winter. They chose to become "floaters," which allows them to perform a variety of volunteer duties. Blacketer's favorite activities involve creating art projects with children in hospital playrooms, and Williford's favorite is holding infants.

"I don't know why, but kids seem to calm down and relax when I hold them," Williford said. "I call myself the 'baby whisperer.'"

Both Blacketer and Williford describe their volunteer time as "therapeutic." Spending time with children recovering from illness and injury, they said, forces them to put their lives and careers in perspective.

"We love our jobs," Blacketer said. "But in the fast-paced industry we're in, sometimes it's nice to be able to back away every now and again from our work and contribute in a different way."



Sarah Blacketer and James Williford

Rivas siblings play paintball, kickbox and volunteer at Children's — together

Nacho and Karen Rivas aren't your typical brother and sister. While many siblings their age are trying to assert their independence from their families, Nacho, 20, and Karen, 17, still spend most of their time together. They go on double dates, play paintball and even kickbox together.

"We're real tight," Karen said. "People think that we're twins. Sometimes, people even think we're married."

One of the Rivas siblings' favorite activities is volunteering at Children's together. They began in the teen volunteer program nearly four years ago. They recently received their 500-hour pins and have become two of the most popular volunteers.

"People know us because of Nacho's name," Karen said, "and his hair."

While their official volunteer night is Wednesday, they regularly come in on off nights to play with the children whose parents are attending parenting classes. On Wednesdays, they serve in a variety of areas including playrooms, the front desk and patient rooms.

"We do a little bit of everything," Nacho said. "We've been here quite a while. So, wherever they need us, we're ready to help."

Both Nacho and Karen would like to work in the medical field, possibly at Children's. Nacho is interested in becoming a nurse or child life specialist. Karen wants to become a general surgeon.

In the meantime, they both plan to continue volunteering at Children's.

"We love being here and playing with the kids, because we're really still big kids," Nacho said.

Karen and Nacho Rivas



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Dr. Ted Votteler

A lifetime of innovation and care for children

Dr. Theodore Paul “Ted” Votteler touched countless lives as a pediatric surgeon and teacher of surgeons. His pioneering career began when he became intrigued with pediatrics during his general surgical residency in the 1950s. His greatest joy in being a pediatric surgeon, he said, was watching his patients survive, grow up and live fulfilling lives.

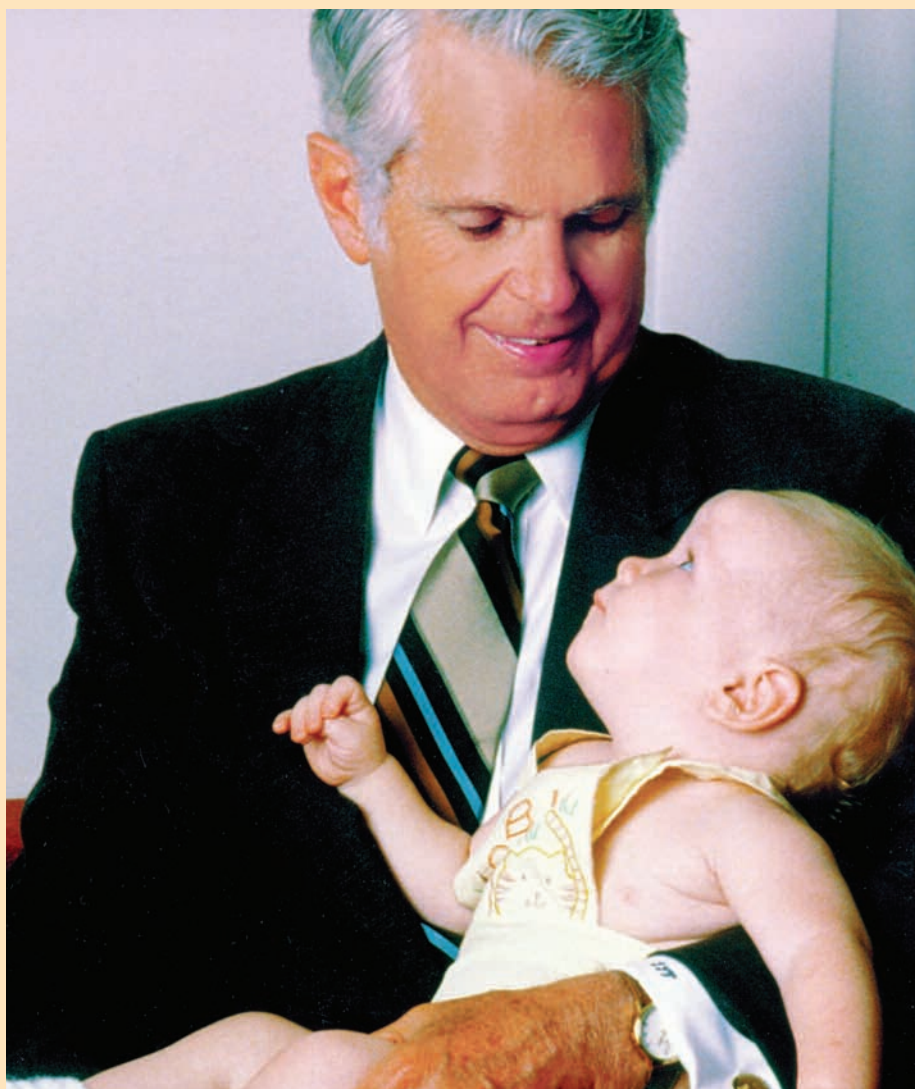
Dr. Votteler, 80, died May 23, 2008, in Dallas. He was born in Portland, Ore. Only the third surgeon in Texas to specialize in pediatric surgery when he began

his career, Dr. Votteler went on to perform an estimated 25,000 surgeries and to train more than 600 residents and medical students in pediatric surgical care. He was one of the first in the nation to separate conjoined twins, and became an international authority on the separation of conjoined twins, separating seven sets of twins during his career.

He established the first pediatric surgical intensive care unit in the region at Children’s in 1960 and the nation’s first hospital-affiliated pediatric day surgery unit in 1968. He served as chief of



Dr. Votteler performed an estimated 25,000 surgeries and trained more than 600 residents and medical students in pediatric surgical care during his career.



Surgery at Children’s, chair of the division of Pediatric Surgery at UT Southwestern Medical Center and on the Children’s board of directors for more than 20 years.

A graduate of the Tulane University School of Medicine, he completed a one-year surgical residency and served as chief resident at Children’s Hospital of Philadelphia under Dr. C. Everett Koop, who later was U.S. Surgeon General. After training, Dr. Votteler returned to Dallas and joined Children’s.

His focus never wavered.

“You are operating on a family’s most precious possession – period,” he said. “You can’t look at it any other way.”

His greatest joy in being a pediatric surgeon, he said, was watching his patients survive, grow up and live fulfilling lives.



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