

Intestinal Rehabilitation



171

Patients seen in 2014,
55 from outside our region



Patients traveled from 20
states and 4 countries in 2014

100%

Patients with a direct bilirubin
of less than 2 mg/dL

Cincinnati Children's Hospital Medical Center provides comprehensive, multidisciplinary care for patients with complex intestinal disorders leading to short bowel syndrome and intestinal failure. Our experienced team cares for patients from around the United States and has a strong reputation for innovation and outcomes-driven care.

HOW WE'RE DIFFERENT

At Cincinnati Children's, our intestinal rehabilitation program is multidisciplinary and integrated. Patients with short bowel syndrome and intestinal failure receive comprehensive care from a team of experts that includes gastroenterologists, neonatologists, pediatric surgeons, a psychologist, dietitians, rehabilitation therapists, speech-language pathologists (feeding specialists), nurse coordinators and a social worker. Nurse coordinators are readily accessible and play a central role within the healthcare team. Clinical psychologists work with families to improve family/patient compliance with therapy.

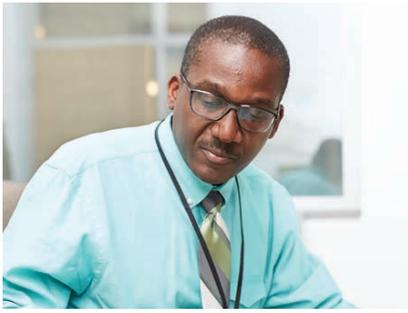
Our specialists are dedicated to helping children and families manage their conditions effectively and enjoy the best quality of life possible. Our innovative medical and surgical interventions account for the high success rate of weaning patients off parenteral nutrition. One hundred percent of our patients have a direct bilirubin of less than 2 mg/dL because of utilization of lipid-sparing protocols and compassionate use of IV fish-oil-based lipids in a select group of patients.

The catheter-associated bloodstream infection rate in our patients on home parenteral nutrition is consistently below 2.0 days per 1,000 catheter days, due to the use of ethanol lock and adjunct therapy, individualized education protocols and event analysis.

CONDITIONS TREATED

Our team cares for patients with short bowel syndrome and intestinal failure resulting from the following intestinal disorders:

- Autoimmune bowel disease
- Bowel atresias
- Congenital diarrheal disorders
- Gastroschisis
- Hirschsprung's disease
- Intestinal atresia
- Malabsorption diseases and disorders
- Malrotation
- Motility disorders
- Necrotizing enterocolitis
- Omphalocele-extrophy-imperforate-anus-spina bifida (OEIS)
- Pseudo-obstruction
- Short gut syndrome
- Small bowel transplantation
- Total parenteral nutrition-induced liver disease
- Volvulus



TREATMENT TEAM

GASTROENTEROLOGY

Conrad R. Cole, MD, MPH, MSc

*Director, Intestinal
Rehabilitation Program*

Samuel A. Kocoshis, MD

*Medical Director, Intestinal
Care Center and Small Bowel
Transplantation Program*

Monique Goldschmidt, MD

Ethan Mezoff, MD

SURGERY

Michael A. Helmrath, MD, MS

Surgical Director

NEONATOLOGY

Amy Nathan, MD

NURSING

Jeanne M. Harjo, RN, BSN, CPN

Kim A. Klotz, RN, MSN, CRNI

Lois Siegle, RN, BSN, CPN

Kathie F. Yearly, RN, CPN

NUTRITION THERAPY

Leah Barron, RD, LD

Emily Vale, RD, LD

Renee A. Wieman, RD, LD, CNSC

Rebecca J. Wilhelm, MS, RD, LD

**Jacqueline Wessel, MEd, RD,
CNSC, CSP, CLE**

SOCIAL WORK

Jennifer L. Rohrer, MSW, LISW-S

TREATMENT APPROACH

Families receive comprehensive treatment recommendations and undergo extensive training to help them manage long-term medical needs associated with short bowel syndrome and intestinal failure most effectively. We train caregivers to recognize signs of distress, establish IV access and manage other aspects of home care. The goal is to reduce the patient's need for hospitalization and frequent clinic visits. Nurse coordinators supervise patient care under the direct supervision of our physicians. We also work closely with referring teams that result in co-management of destination patients.

Most of our patients have averaged 10 surgeries over their lifetimes. Our surgeons perform state-of-the-art intestinal reconstructive procedures. Transplant surgery is offered after all other treatment strategies have failed. In 2003, Cincinnati Children's performed its first combined liver and intestinal transplant. Since then, we've performed combined liver and intestinal or isolated intestinal transplants in more than 40 patients. Our post-transplant one-year survival rate is 100 percent, placing our center among the best in class according to the Scientific Registry of Transplant Recipients*.

CLINICAL RESEARCH TO IMPROVE PATIENT CARE

Researchers at Cincinnati Children's engage in national, multisite research trials to better understand the causes of short bowel syndrome and intestinal failure and to develop more effective therapies. Areas of research include:

- Isolated liver, isolated small bowel or multi-visceral transplantation for total parenteral nutrition-related end-stage liver disease
- Nutritional and developmental outcomes of infants with intestinal failure and short bowel syndrome
- Epidemiology of micronutrient malnutrition in intestinal failure and post-intestinal-transplant patients
- Care improvement for infants born with gastroschisis
- Intestinal stem cells for mechanisms of epithelial maintenance and relation to physiological conditions and disease state
- Microbiome and secretor status in pediatric intestinal failure
- Absorptive capacity of small bowel in patients with OEIS

*Children's Hospital Medical Center Program Specific Report. Scientific Registry of Transplant Recipients. <http://www.srtr.org/csr/current/Centers/centerdetail.aspx?facility=OHCMTX1IN>. Accessed Sept. 11, 2015.

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