

# Progress Notes

A Publication of the Medical Staff of Valley Children's

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## IN THIS ISSUE

- 2 Craniofacial Surgery
- 4 Preventing Childhood Injuries
- 6 Protecting Against Concussions
- 8 New AAP Bronchiolitis Guideline
- 9 Managing Zika Referrals
- 10 The Consummate Medical Staffer
- 11 Medical Staff News

# Craniofacial Surgery: Standing on the Shoulders of Giants



**Angela Rodriguez, MD**  
Director, Craniofacial Anomalies Clinic  
Valley Children's Healthcare

Craniofacial surgery is the branch of plastic surgery dedicated to the treatment of a group of conditions affecting the head and face. Craniofacial surgery had modest origins in ancient times. It was not until the 1950s when the modern father of craniofacial surgery, Dr. Paul Tessier, a French surgeon, achieved significant strides.

Cleft surgery (facial cleft, lip and palate), on the other hand, progressively evolved. Dr. Ralph Millard, a U.S. Navy surgeon, became interested in caring for local children with cleft lip while serving in the Korean War. He presented the basic technique utilized to this day (with modifications) in the "First International Congress of Plastic Surgery" in Sweden in 1955. Later, Dr. Cloyd Harkins, a dentist, and Dr. Herbert Koepf-Baker, a speech pathologist, offered the first interdisciplinary course on the nonsurgical management of cleft lip and palate, inspiring the establishment of the "American Cleft Palate-Craniofacial Association" (ACPA). These two doctors understood early on the need for multiple, unrelated specialties to speak the same language when treating these complex patients.

All of us plastic surgeons have been directly or indirectly trained by Dr. Tessier and Dr. Millard disciples and our lives changed by this specialty. From the moment we chose to dedicate our careers to serve children with



cleft lip and palate, to our first cleft surgery, our patients' amazing results remind us how fortunate we are at Valley Children's to be able to offer the best treatment available.

Valley Children's Craniofacial Anomalies Clinic is the only multidisciplinary clinic in Central California that provides care for children with cleft lip and palate. Our craniofacial clinic meets quality team care standards and has dual accreditation for the treatment of both cleft and craniofacial conditions approved by the ACPA, the world's leading institution in the research of oral clefts and craniofacial conditions.

Our goal is to address the child's condition and developmental problems to restore normal facial

features and minimize any functional difficulties. Our team features an essential mix of surgeons and pediatric specialists dedicated to diagnosing and treating complex craniofacial conditions. A multidisciplinary team of specialists is critical to ensuring children receive optimal care since children with these conditions often face physical and developmental challenges. This approach allows for a comprehensive, individualized plan that fits our patients' special needs.

Our team includes a craniofacial surgeon, pediatric neurosurgeon, speech therapist, feeding specialist, nurse coordinator, social worker, oral and maxillofacial surgeon, genetics specialist, genetics counselor, pediatrician, orthodontist and pediatric otolaryngologist. The team is supported by our Regional Level IV Neonatal Intensive Care Unit.



## The Valley's Only Multidisciplinary Craniofacial Anomalies Clinic

### What conditions should be referred to the CFA Clinic?

Cleft lip and palate, any facial cleft, craniosynostosis, head anomalies, hemifacial microsomia, Goldenhar syndrome, microtia, nasofrontal dysplasia, Stickler's syndrome, velocardiofacial syndrome, Pierre Robin sequence, and dentofacial anomalies constitute the most common referrals.

### What can we expect from team care?

The craniofacial clinic assists families in understanding and responding to early diagnosis and prenatal information, feeding problems, coordinating surgeries, and identifying and treating physical and developmental problems of patients with craniofacial conditions. Team care is dictated by the needs of the children and their families.

### What can the craniofacial clinic do for your patient?

- Provide early parental education and accurate data about the birth defect and expected outcome.
- Offer feeding education, especially for families of infants born in community-based hospitals without cleft teams.
- Coordinate surgeries and specialist visits.
- Establish effective communication among multiple specialists and families.
- Address the patient's and family's psychological and social needs.

### What happens when you make a referral to the craniofacial clinic?

The referral will be triaged. Depending on the patient's age or need for surgery or treatment, one of our plastic surgeons may see the patient followed later by the team. Typically we will coordinate a two-hour team visit in advance, which includes meeting the "core team" – plastic surgeon, speech pathologist, social worker, nurse coordinator, and other potential specialists. At the end of the evaluation, the team will customize the child's medical or surgical plan based on the family's input, social factors and the child's psychological development. Primary care and referring physicians should expect a full report of the visit, usually conducted annually.

### What is unique about Valley Children's craniofacial clinic?

All our specialists are board certified and exclusively dedicated to the pediatric patient. Our craniofacial specialists use some of the latest surgical techniques not available elsewhere in the region.

### Can I visit the craniofacial clinic?

If you are a physician interested in craniofacial or cleft care, we will be happy to arrange a visit to our facilities.

Our direct line is **559-353-6405** or email  
Dr. Rodriguez, [arodriguez1@valleychildrens.org](mailto:arodriguez1@valleychildrens.org).



# Preventing Childhood Injuries



**Michael Allshouse, DO**  
Medical Director, Pediatric Surgery and Trauma  
Valley Children's Healthcare

In 1917, the SS Mont-Blanc, a cargo ship loaded with wartime explosives, collided with another ship in Halifax Harbor. The historic blast killed and injured thousands.

The disaster's lack of coordinated medical care for children inspired Dr. William Ladd to pioneer the specialty of pediatric surgery in North America. Children's hospitals soon began opening across the country. As we approach the 100th anniversary of that event, I am reminded – as a pediatric surgeon and father of five – of how far we have come, and how far we have to go, in preventing injury in children.

In the U.S., injury is the No. 1 killer of children over all diseases combined. It is also the most common cause of

disability in childhood. Every year, 8,000 families lose a child to injury and millions more children are treated in emergency departments for injuries, many of which can affect them for a lifetime.

The good news is most of these injuries are preventable, usually with the right education, awareness and planning. However, too many families do not have access to the resources they need to keep their children safe from drowning, car crashes, poisonings, fires, abuse and falls.

But we can solve this – together!

At Valley Children's, our pediatric trauma team partners with parents, schools and first responders to prevent childhood injuries. We are the lead agency for Safe Kids

Central California, part of a global organization committed to preventing injuries in children. This coalition implements programs such as car-seat checkups, safety workshops and sports clinics to help parents and caregivers protect children.

When a child suffers serious injury, Valley Children's Level II Pediatric Trauma Center – Central California's only pediatric trauma center – is ready. Our board-certified specialists cover the full range of pediatric medicine, and are skilled in the unique needs of infants, children and adolescents. We are also specially trained and experienced in doing everything possible to correct or improve the child's condition without surgery.

Fortunately, unintentional injury deaths of children ages 0 to 18 have declined nationally by 40 percent over the past five years, saving nearly 2,000 lives. We like to think our local injury prevention efforts have contributed to this remarkable decrease. But we need to do more.

Protecting our children is everyone's responsibility. Valley Children's and others can provide the education, resources and tools to help prevent their injuries, and to treat them when necessary. But parents are the first line of defense. They need to take the lead with their children. Modifying a child's environment and engaging in safety practices, such as installing stair gates and keeping matches and lighters out of reach, can make a big difference.

As a father, I get it. It can be difficult to get your child to wear that bicycle helmet, or look both ways before crossing the street, or never jump into the pool without adult supervision. Three of my children have special needs, a situation that presents even more challenges. I will let you in on a little-known, but important, fact: The single most preventative action you can take to keep your kids safe from unintentional injury is the proper use of a car seat.

Yes, a car seat.

Despite decades of outreach around car seat safety, car crashes remain the No. 1 cause of death for children under age 12. This is a heartbreaking statistic! Many crash deaths are preventable by putting kids in the right seat and using it the right way.

California law states children must ride in a secured car or booster seat until they are 8 years old or reach 4 feet nine inches in height. Beginning Jan. 1, 2017, children must ride rear-facing until they are age 2, weigh 40 pounds or are 40 inches tall.

Many parents remove their children from car and booster seats too early. Child safety seats reduce the risk of death in passenger cars by 71 percent for infants and by 54 percent for kids ages 1 to 4. For children ages 4 to 8, booster seats cut the risk of serious injury by 45 percent. Nine out of 10 car seats are installed incorrectly. To help make sure your child's car seat is secure, Valley Children's offers free car seat checks by appointment.

The SS Mont Blanc showed us that sometimes something good is born out of tragedy and trauma. As we continue to make great strides in reducing injuries in children, we keep focused on the ultimate goal: ensuring each of our kids has the best opportunity for a healthy, happy life.

**For information or to schedule a free car seat check, contact Kristina Pasma, Valley Children's trauma nurse liaison and coalition coordinator at Safe Kids Central California, at 559-353-5528 or [kpsasma@valleychildrens.org](mailto:kpsasma@valleychildrens.org).**

**The single most preventative action to keep kids safe from unintentional injury is the proper installation and use of a car seat.**

# Protecting Children Against Concussions



**Paul Lebby, PhD, FNAN**  
Medical Director, Neuropsychology and  
Director, Neurodevelopment  
Valley Children's Healthcare

Thirteen-year-old Anna slips from the uneven bars, slamming the mat headfirst. Dizzy and nauseous, she does not tell her coach for fear he will pull her from practice or worse, the upcoming competition.

She resumes practice shortly after, unaware she suffered a concussion. She falls again. This time the impact causes permanent brain damage. Within seconds, her dream to perform gymnastics, go to college and become a veterinarian shatters.

Although most concussions are reversible, they can cause life-changing injuries like Anna's if not allowed to fully heal. Those of us entrusted with the health and wellbeing of children – and even young athletes themselves – need to take this injury seriously. Young, developing brains are more sensitive to the effects of concussions, placing them at greater risk of long-term brain damage. Fortunately, certain actions can help prevent or minimize this damage.

## Effect of multiple concussions

But first, let us look at what happens when a direct or an indirect blow to the head triggers a concussion. Damage to brain tissue causes temporary chemical and metabolic

changes within the brain cells, making it more difficult for cells to function and communicate. If a cell loses too much energy during this process, the cell dies and cannot be replaced. If a second injury follows before the brain recovers and is still highly vulnerable, a stroke or other life-threatening injury can occur.



Therefore, after the first concussion, children should immediately stop participating in activities that put them at risk of another head injury. A second injury is more likely while the child continues to experience slower reaction time, decreased balance and coordination, and other concussion symptoms.

I tell my patients, "You're not the same person you were before your concussion, but you will be if you protect your brain and allow it to fully recover." Reducing mental and social activities for one to two

weeks or until concussion symptoms resolve protects the brain and helps healing.

National attention on the link between multiple concussions and long-term brain damage in professional athletes has underscored the need to protect athletic children and adolescents from a similar fate.

At Valley Children's, I consistently see a significant decline in a child's functioning following only a few minor concussions within a year or two. Each additional concussion seems to cause greater injury, longer recovery and more permanent difficulties. After two or more concussions, I advise parents to seriously consider removing their child from activities with high risk of head injury.

Similar to Anna, children frequently return to an activity before full recovery. They may be concerned about letting the team down or disappointing their parents or themselves. Rather than being cautious after a child's injury, the coach or teacher may tell the child to "Shake it off" and get back in the game.

The result shows up in our emergency rooms. Sports-related concussions account for more than half of all ER visits by children ages 8 to 13, according to the National Athletic Trainers' Association. Many other activities,

from skateboarding and bicycle riding to cheerleading, can cause this injury as well.

People often do not realize that concussion may or may not involve loss of consciousness. Emergency medical attention is needed if the child experiences vomiting, loss of consciousness, seizure or other major symptoms. Otherwise, if symptoms persist more than two weeks, the child should see a pediatric specialist for evaluation.

## The cost of winning

Athletic and recreational activities provide physical, emotional, mental and social benefits that far outweigh the risk of serious injury – but we need to use common sense, especially when it comes to our children. The cumulative effect of concussions over a lifetime, and the sensitivity of a child's maturing brain to injury should be considered when deciding how young a child begins playing sports, particularly contact sports like football.

Society tends to define success only by winning rather than continuous improvement. The win-at-all-costs attitude pressures our kids to keep playing, even after a head injury – but at what price? Every time children continue to play soon after a concussion, they risk severe complications. For each successive concussion, children are trading precious brain cells for touchdowns, goals, trophies or glory.

We all have a responsibility to ensure our kids reach their full potential. To help them achieve their long-term goals and dreams, we must protect their brains.

For more information, visit the Centers for Disease Control and Prevention at [cdc.gov/headsup/parents/](http://cdc.gov/headsup/parents/) or the Brain Injury Association of America at [biausa.org/brain-injury-children.htm](http://biausa.org/brain-injury-children.htm).

## Harvest Ball Celebrates 20th Anniversary



Thanks to generous community and donor support, Valley Children's 20th annual Harvest Ball raised \$775,000 toward providing quality pediatric care for the children of Central California. The signature black-tie event was held this year at Valley Children's Hospital. Harvest Ball has raised millions to support kids at Valley Children's over the past two decades, providing hope and healing to the many children and families we serve.



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## New AAP Bronchiolitis Guideline



**Karen Dahl, MD**  
Vice President, Quality and Patient Safety  
Valley Children's Healthcare

Last fall, the Evidence-Based Medicine subcommittee of the Medical Staff introduced the updated clinical pathway for bronchiolitis to incorporate the recommendations of the 2014 American Academy of Pediatrics Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis.

Our updated clinical pathway covers evaluation in the emergency department through admission and discharge and was a collaboration between the ED physicians and the hospitalists, led by Drs. Julieanna Sahouria and Shea Osburn. The updates emphasized a reduction in testing and medications that have not been shown to improve outcomes but are associated with increased cost of care and side effects. Following are three "Key Action Statements" from the guideline that led to these changes:

- Clinician should diagnose bronchiolitis and assess disease severity on the basis of history and physical examination.

- When clinicians diagnose bronchiolitis on the basis of history and physical examination, radiographic or laboratory studies should not be obtained routinely.
- Clinicians should not administer albuterol to infants and children with a diagnosis of bronchiolitis.

We strongly discourage viral testing (RSV test) and chest radiographs. However, the biggest change is that we no longer initiate a trial of bronchodilators. Data has shown that although there may be temporary improvement in a subset of patients, the length of stay or likelihood of admission is not altered by this therapy.

The initial rollout of this pathway was quite successful: bronchodilators decreased 27%, chest radiographs decreased 10%, and RSV testing decreased 12%. We anticipate seeing further reductions this year with the introduction of a real-time dashboard showing these key indicators.

## Managing Zika Virus Referrals



**Monica Prinzing**  
Marketing Content Specialist  
Valley Children's Healthcare

When Angie Aguillon of Lindsay learned that she tested positive for the worrisome Zika virus shortly before giving birth to her son Mario, naturally she felt concerned: "I was so afraid for my baby."

Healthcare officials believe Aguillon contracted the virus while visiting Honduras in December 2015 through the bite of an infected Aedes mosquito – the primary way the virus spreads. Zika virus infection in pregnant women can cause fetal microcephaly (abnormally small head and brain) and other poor pregnancy outcomes.

Fortunately, Mario was born seemingly healthy and tested negative for the virus. Mario's pediatrician, Dr. Aurora Grace Hwang, felt it was important that Valley Children's pediatric infectious diseases specialists evaluate him. "This is new territory – much remains unknown about the Zika virus," said Dr. Hwang.

Physicians may refer a pregnant or newborn patient who has, or is suspected of having, the Zika virus to Valley Children's, where maternal-fetal and pediatric specialists can provide guidance, testing, diagnosis and/or specialized care as needed.

"We feel very confident in managing pregnant women or infants with suspected Zika virus infections," said Dr. Choekchai Rongkavilit, medical director, pediatric infectious diseases. "We have a wide range of specialists who can help before and after birth."

"We are here to help any pregnant patient who is concerned about a possible Zika infection that has occurred during her pregnancy," said Dr. David McLean, medical director, perinatology.

After examining Mario, Dr. Rongkavilit found no serious health issues. "Valley Children's is a great resource," said Dr. Hwang. "We're lucky to have such a great children's hospital."

In Honduras, a newly pregnant Aguillon noticed a sudden rash all over her body, a major symptom of the virus that

was rapidly evolving throughout the Americas. After three ultrasounds indicated no fetal abnormalities, she and her husband, Mario Saavedra, assumed everything was fine. Aguillon went into labor in late June. The birth hospital immediately tested her blood for the Zika virus after learning she recently traveled outside the country.

The Zika virus is not transmitted through casual contact. In addition to Aedes mosquitoes, it can also be spread from infected persons to their sexual partners. The incubation period for infection is up to two weeks. Aedes mosquitoes have been detected in California, including Fresno, Madera, Tulare and Kern counties. So far in California, Zika virus infections have been documented only in people who were infected while traveling outside the U.S. or through sexual contact with an infected traveler, according to the Centers for Disease Control and Prevention (CDC).

For the latest recommendations, visit the CDC at [www.cdc.gov/zika](http://www.cdc.gov/zika).



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# The Consummate Medical Staffer



**Fred Laningham, MD**  
Chief of Staff  
Valley Children's Healthcare

It is with heavy hearts that Wishon Radiology partners and Valley Children's medical staff mourn the untimely passing of Dr. John Charles Smith at 67 years old.

Dr. Smith is best remembered as an excellent physician and the consummate "medical staffer."

A native Texan, he came to California after graduating medical school in San Antonio and completing his internship, residency and fellowships at University of Southern California. His fellowships were in nuclear medicine and pediatric radiology. On Oct. 23, 1980, Dr. Smith began his career with Wishon and Valley Children's – and never left. Early on, he introduced newer techniques and functioned as both a general pediatric and an interventional radiologist, and took on leadership roles in the radiology group, medical staff and community.

It is probably safe to say that Dr. Smith's level of participation and impact as a medical staff leader equals or surpasses that of any individual who has walked our halls. Highlights include medical director of the department of radiology (1980-2016), chief of staff (1996-1997), past president of ChildNet (1996-2000), and member of the Valley Children's Board of Trustees for the past 13 years. As vice-chairman of the board of trustees, he was preparing himself to become the next chairman, a rare honor for a physician.

As I reviewed Dr. Smith's curriculum vitae for this statement, I came to a few realizations. Like any great mentor/teacher, he was quietly preparing the next generation of

*I can say in great confidence that he inspired me – and so many others – to seek more opportunities like this to represent the physician perspective.*

physicians to lead us into the future. I was lucky enough to sit a few feet from him in the radiology reading room for eight years. We had many great conversations detailing how to advance and implement high-quality pediatric medical care. Much of what he worked so hard to accomplish he did on his own time. I think he was essentially telling me, "Valley Children's is my home and now your home, so get involved and make a difference in growing the mission." In addition to the 36 years of dedicated medical care to children, this is his legacy, and in my estimation, one of his greatest professional achievements. I can say in great confidence that he inspired me – and so many others – to seek more opportunities like this to represent the physician perspective.

Sadly, my days at work are now different. I miss his juxtaposition and razor-sharp wit that were a beloved part of each day. We see the same qualities in his family. Dr. Smith is survived by his wife, Susie, and his children and their spouses Brenden (wife Laura) and Alison (husband Brett). He was a proud grandfather and took every opportunity to see his grandson and granddaughter. Susie was a mentor to my wife at the Holiday Guild. They all gave him a perceptible joy. I will miss him so much and I know many others will, too.

Rest in peace, Charlie.

## Medical Staff News



### New practitioners who recently joined Valley Children's medical staff include:

#### Clinical Genetics

##### Susanna Sorrentino, MD

Dr. Sorrentino is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a clinical geneticist at Valley Children's.

#### Maternal-Fetal Medicine

##### Lissa Francois, MD

Dr. Francois is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a maternal-fetal medicine specialist at Valley Children's.

##### David McLean, MD

Dr. McLean is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a maternal-fetal medicine specialist and medical director, perinatology, at Valley Children's.

#### Pediatric Anesthesiology

##### Kamyar Bahmanpour, MD

Dr. Bahmanpour is a new member of Pediatric Anesthesiology Associates Medical Group practicing as an anesthesiologist at Valley Children's.

##### Shannon Granger, MD

Dr. Granger is a new member of Pediatric Anesthesiology Associates Medical Group practicing as an anesthesiologist at Valley Children's.

#### Pediatric Critical Care Medicine

##### Devasena Iyer, MD

Dr. Iyer is a new member of Pediatric Anesthesia Associates Medical Group, Inc., practicing as a pediatric intensivist at Valley Children's.

#### Pediatric Diagnostic Radiology

##### Brian Pugmire, MD

Dr. Pugmire is a new member of Wishon Radiological Medical Group, Inc., practicing as a radiologist at Valley Children's.

#### Pediatric Emergency Medicine

##### Katharine Long, MD

Dr. Long is a new member of Emergency Medicine Physician Partners of Madera County, Inc., practicing as an emergency medicine physician at Valley Children's.

#### Pediatric Hospitalists

##### Janae Barker, DO

Dr. Barker is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a hospitalist at Valley Children's.

##### Barsam Gharagozlou, MD

Dr. Gharagozlou is a new member of Valley Children's Primary Care Group practicing as a hospitalist at Emanuel Medical Center in Turlock.

##### To Dung Nguyen, MD

Dr. Nguyen is a new member of Valley Children's Primary Care Group practicing as a hospitalist at Bakersfield Memorial Hospital in Bakersfield.

##### Yoshihiro Ozaki, DO

Dr. Ozaki is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a hospitalist at Valley Children's.

##### Tara Sutherland, MD

Dr. Sutherland is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a hospitalist at Valley Children's.

##### Angela Veesenmeyer, MD

Dr. Veesenmeyer is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a hospitalist, part-time infectious diseases specialist and Associate Graduate Medical Education Program Director at Valley Children's.

#### Pediatric Interventional Radiology

##### Benjamin Pruett, DO

Dr. Pruett is a new member of Wishon Radiological Medical Group, Inc., practicing as an interventional radiologist at Valley Children's.

#### Pediatric Neurology

##### Parvin Azizi, MD

Dr. Azizi is a new member of University Pediatric Specialists practicing as a neurologist.

##### Cesar Santos, MD

Dr. Santos is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatric neurologist and medical director, neurology, at Valley Children's.

#### Pediatric Plastic Surgery

##### Matthew Hiersche, MD

Dr. Hiersche is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatric plastic surgeon at Valley Children's.

#### Pediatric Rheumatology

##### Reshma Patel, MD

Dr. Patel is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatric rheumatologist at Valley Children's.

#### Pediatrics

##### Stephanie Altamura, DO

Dr. Altamura is a new member of Valley Children's Primary Care Group practicing as a pediatrician at Fresno Children's office in Fresno.

##### Anna Ekstrom, DO

Dr. Ekstrom is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatrician in the Medical Genetics Department at Valley Children's.

##### Erica Gastelum, MD

Dr. Gastelum is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatrician in the pediatric Pulmonology Department at Valley Children's.

##### Ivy Mulinge, MD

Dr. Mulinge is a new member of Valley Children's Primary Care Group practicing as a pediatrician at Adventist Health in Hanford.

##### Hailey Nelson, MD

Dr. Nelson is a new member of Valley Children's Specialty Medical Group, Inc., practicing as a pediatrician in the Charlie Mitchell Children's Center at Valley Children's.

##### Mitul Patel, MD

Dr. Patel is a new member of Children's Medical Center of Fresno practicing as a pediatrician.

##### Jean Russell, MD

Dr. Russell is a new member of Valley Children's Primary Care Group practicing as a pediatrician at Fresno Children's office in Fresno.

##### Rupa Thacker, MD

Dr. Thacker is a new member of Valley Children's Primary Care Group practicing as a pediatrician at the Dakota and Skypark offices in Fresno.



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