I would like to welcome you to the inaugural edition of Pediatric Pulse, a Kentucky Children’s Hospital newsletter especially for referring providers. In this quarterly newsletter we will provide updates on the happenings at KCH in addition to information on new and interesting services we offer.

Numerous KCH records are now available through the Physician Portal, as noted in the Outreach section on page 3 of this issue. The most utilized information to date is the online discharge notes from the newborn nursery and wards, along with lab results and procedural notes. More and more daily progress notes are also being made available online.

One area that we need to continue working on is increasing one-to-one direct conversation with referring providers. This issue has been frustrating to all of us. We will continue to emphasize the importance of this. In the meantime, if you have trouble getting in touch with your patient’s attending physician, please contact me through UK•MDs (toll free 1-800-888-5533).

Dr. Carmel Wallace

Interim Chair, Kentucky Children’s Hospital
Department of Pediatrics
Division Chief, General Academic Pediatrics

Treatments options for vesicoureteral reflux

Vesicoureteral reflux (VUR) is a urinary tract anomaly that affects approximately 1 percent of children. This condition is frequently associated with urinary tract infection. The reflux of this infected urine can lead to renal scarring, which may carry a risk of long-term renal damage. Patients with vesicoureteric reflux are diagnosed by voiding cystourethrogram (VCUG). The reflux has a severity ranging from Grade I (mild) to Grade V (severe).

Medical or conservative management involves long-term antibiotic prophylaxis to prevent the occurrence of urinary tract infection while reflux persists. This conservative approach relies on spontaneous resolution of VUR. Spontaneous resolution of VUR decreases with increasing reflux grade. Conservative treatment avoids the risk of surgery but has the inherent disadvantage of long-term antibiotics use causing antibiotic resistance.

Surgery offers a high rate of success with a relatively small risk of complications. This treatment is reserved for more severe reflux and involves a major surgical procedure that requires a hospitalization for several days.

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Endoscopic treatment involves the injection of bulking material below the ureteral orifice in the bladder. This elongates and augments the intramural part of the ureter, thus preventing reflux of urine into the ureter.

Since the concept of subureteric injection therapy for the treatment of vesicoureteric reflux was described in the early 1980s, it has become a viable therapeutic option. After the first clinical series reported by O’Donnell and Puri in 1984, several different materials such as Teflon®, bovine collagen and Macroplastique® were put to use, but concerns about efficacy and safety limited that use. Because of the high safety profile of Deflux®, which has been shown to engender minimal local tissue reaction, it has been the predominantly used material in the endoscopic treatment of VUR.

Indications for intervention include breakthrough urinary tract infection, progressive renal scarring, noncompliance with medical therapy, nonresolution of VUR and parental preference. Patients suffering from more complicated urinary anomalies with secondary reflux, such as ureterocoele, may require a different surgical option.

A Deflux injection procedure is usually carried out as day surgery, with the patient under general anesthetic. Patients receive parenteral antibiotic prophylaxis before injection therapy, which is continued for three months postoperatively until further testing confirms success. While the endoscopic treatment of VUR requires minimal operative time and low morbidity, it is associated with a high cure rate of 80 percent. Reimplants offer higher success rates (95 percent), but are more invasive and may require a one-night hospital stay.

To refer a patient to a pediatric urologist, contact UK•MDs at 1-800-888-5533.

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**Community-Wide Morning Report**

**Wednesday, Sept. 21**

Wheeler Room – MN136

(Old Dean’s Conference Room)

During this meeting, we will discuss the continuum of care of patients from community presentation to discharge from UK HealthCare, and recognize the spectrum of morbidities in the discharged pediatric population.

For more information or to register, contact Tarra Crane at tarra.crane@uky.edu or 859-257-5736.

**Kentucky Children’s Hospital**

**Contemporary Pediatrics Conference**

**Thursday-Saturday, May 17-19, 2012**

Lexington, Ky.
Meet our new physicians

We are pleased to welcome Dr. Lisa Rachelle Klein and Dr. Anna N. Kamp to our team of pediatric cardiologists at Kentucky Children’s Heart Center at Kentucky Children’s Hospital!

Dr. Klein, is an award-winning, board-certified pediatric cardiologist. She earned her medical degree from SUNY Health Sciences Center at Syracuse, N.Y. and went on to complete her residency and fellowship at The New York Hospital. Prior to joining Kentucky Children’s Heart Center, Dr. Klein served as medical director of the Sanger Heart and Vascular Institute location in Hickory, N.C.

Dr. Klein has served on numerous committees and has presented lectures throughout the United States. Her research has been published in several journals and she remains an active member of professional societies including the American Medical Association, American College of Cardiology, American Academy of Pediatrics and Kentucky Pediatric Society.

Dr. Kamp, joins Kentucky Children’s Heart Center at Kentucky Children’s Hospital from the University of Michigan, where she recently completed her postdoctoral training.

Dr. Kamp received her medical degree from Indiana University in 2002 and also holds a master’s of public health from Emory University. She is certified by the American Board of Internal Medicine and the American Board of Pediatrics and is a member of the American College of Cardiology and Heart Rhythm Society.

Dr. Kamp has conducted research for the Centers for Disease Control and Prevention, Emory University School of Medicine, Washington University School of Medicine, and Indiana University School of Medicine. Her work has been published in numerous peer-reviewed journals and abstracts.

Physician Liaison Program

By Karen Riggs, Director, Physician Liaison Program

The Physician Liaison Program works to improve service to providers who refer patients to UK HealthCare physicians, hospitals and clinics. The team’s role is to facilitate communication between you, the referring physician, and our physicians and staff so that you get the access and the information you need. Our liaison team will deliver information about our services to you and relay your concerns to our physician and hospital leadership. We will also facilitate meetings between you and our UK HealthCare physicians and administrative staff to discuss concerns.

Please contact one of our liaisons or our director for information regarding:
- UK referring physician portal
- Medical education
- Liaison visits to discuss referrals to UK HealthCare faculty

Our contact information:

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UK HealthCare’s Philip Bernard, MD, and physician liaison Tarra Crane help improve communication and collaboration with community physicians.

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Vascular Malformation Clinic

The abnormal cluster of blood vessels known as hemangiomas develops over time in infants. If not treated properly, hemangiomas can cause obstruction to vital functions of life such as seeing, hearing, feeding and even breathing. Dr. Sherry Bayliff is available to offer evaluations and second opinions on complex and straightforward cases at the Vascular Malformation Clinic.

Dr. Bayliff will work with your patients to determine the right treatment option and, if needed, can refer them to a multidisciplinary team of specialists at UK HealthCare. Treatment options for hemangiomas can include a steroid regimen, chemotherapy, surgery, laser therapy and medical therapies, such as the beta-blocker propranolol (which requires a 24-hour hospital stay).

The Vascular Malformation Clinic is normally held Thursday mornings from 8 a.m. to noon in the hematology/oncology department on the second floor of the Kentucky Clinic. For acute concerns, appointments can be scheduled based on need and availability.

To refer a patient, contact our nurse coordinator, Elizabeth Lewis, at 859-323-7705.