Our Mission

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need.

We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a Spirit of Healing—with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.

We are, with God’s help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

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Imagine your child’s life depended on receiving immediate medical attention by intensive care specialists. What would happen if that care were not available where you lived?

Fortunately for families across Louisiana, they will always have access to this care at Our Lady of the Lake Children’s Hospital — which thanks to the Pediatric Transport Team is just a ride away.

The transport team travels from Baton Rouge to any part of the state to carry patients who are in need of a higher level of care. Depending on the distance, they travel by ambulance, helicopter or plane to make sure children can receive the critical care they need in an emergency situation.

This dedicated team recently reached a major milestone in its history. The Pediatric Transport Team transported its 1,000th patient, a number that represents life-saving care across great distances in just five years.

Madisyn Duet, for example, was transported to Our Lady of the Lake Children’s Hospital from Thibodaux at 8 years old after she found herself fighting for her life due to complications from Flu B and pneumonia with MRSA resulting in acute respiratory distress syndrome.

“When you get told that your child has to be airlifted from one place to another because of the severity of her condition, it’s terrifying,” said Madisyn’s mom Lindsay Cavalier. “But when you meet the people on the transport team, they give you such a sense of security and you just know they are going to take amazing care of your child.”

Lindsay recognizes that without the ability to arrive so quickly in Baton Rouge to receive the intensive care her condition required, Madisyn might not be here today.

Now a healthy 10-year-old, Madisyn is just one of the many children across Louisiana and beyond who have been given a second chance by the highly trained Pediatric Transport Team at Our Lady of the Lake Children’s Hospital.

As soon as the team arrives at a referring hospital, patients are stabilized and readyed for transport. Upon arrival at the hospital, patients are brought to the Emergency Department or Pediatric ICU, where treatment continues.

“We feel like we have truly made an impact on children across the state,” said Shaun Kemmerly, MD, chief medical officer of Our Lady of the Lake Children’s Hospital. “We’re able to take in critically ill children and begin their treatment before they even arrive, and then transport them here safely to get the special pediatric ICU care they need.”

“It’s a very special position to be in, and not something everyone is comfortable doing,” said Bassett. “You’re theoretically risking your life every time you go up in a helicopter to save someone else’s life. But when you think about how a child’s life is better because of it, it’s very rewarding and something I’m proud to do.”
Shop for a Cause

Grabbing any last-minute Christmas gifts? You can support our hospital even while shopping! Through Amazon Smile, any purchases you make through our dedicated shopping link, Amazon will donate a portion to our Amazing Kids.

Shop using this link: smile.amazon.com/ch/72-0423651

Welcome, New Family Advisory Council Members

Our Lady of the Lake Children’s Hospital Family Advisory Council ensures that patients and families are at the center of the care provided at our hospital. Our objective is to influence positive change to improve the experiences and outcomes for our patients. Our council is comprised of a diverse group of families from all over Louisiana and with incredible stories of resilience and survival.

Meet Our Newest Members!

- Kelsie Blades
- Corinne Blanche and Jeffrey Moore
- Richie and Holly Edmonds
- Jessica Gaspard
- Jason and Stacy LeBlanc
- Amanda and David Leto

- Scott and Katie Ronkartz
- Krista and John Scurria
- Katie and Chuck Suire
- Danyale and Brian Thibodeaux
- Karesa and Darryl Usey
Our Lady of the Lake Children’s Hospital Receives Accreditation for Child Life Internship Program

Certified child life specialists play an important role at Our Lady of the Lake Children’s Hospital by helping children understand their illnesses in age-appropriate ways, calming their fears during medical procedures, and assisting families in coping with potentially traumatic events. Now the hospital’s child life team is also playing a significant role in shaping the future of the child life profession.

The Child Life Clinical Internship Experience at Our Lady of the Lake Children’s Hospital recently earned accreditation by the Association of Child Life Professionals, becoming one of only 33 hospitals worldwide and the only hospital in Louisiana to earn this distinction. Child Life Council Clinical Internship Accreditation recognizes those institutions that meet the requirements established for clinical preparation programs in child life and promote the child life profession through continuous quality improvement of learning and professional practice.

Holiday Cinnamon-Sugar Popcorn

Bring your kids in the kitchen and get cooking with this simple holiday treat. This snack is great for a party, or for in front of a Christmas movie on the couch.

Ingredients
- 8 cups popcorn (popped without salt or fat)
- 2 tablespoons sugar (or sugar substitute)
- 1 teaspoon ground cinnamon
- ½ teaspoon salt
- 1 ½ tablespoons butter, melted

Directions
1. Place popcorn in a large bowl.
2. Combine sugar, cinnamon, and salt in a small bowl. Drizzle popcorn with melted butter; toss well. Sprinkle with sugar mixture; toss well again to coat.

For more holiday cheer, check out @ololchildrens and @kidsinstructionmanual on Instagram.
Jay Gardner, MD’s all-in approach helps children manage diabetes

When a doctor dedicates 40 days of his life to literally walk in his patients’ shoes, people notice. As many as 40 percent of Dr. Gardner’s patients have diabetes. For most, their days are punctuated by finger sticks to check blood sugars, carefully watching carbs ingestion, and getting multiple daily doses of insulin.

Dr. Gardner and his partner, Chantal Lutfallah, MD are pediatric endocrinologists at Our Lady of the Lake Children’s Health Endocrinology. Daniel Hsia, MD also joined the team, helping transition pediatric endocrinology patients to adult care.

“Diabetes is a lot of what we do, but endocrinology is extremely varied,” Dr. Gardner said. “It includes all the glands, many of which communicate with each other through the hormones they produce.”

Blood sugar disorders like diabetes, growth concerns, thyroid problems and problems associated with puberty account for most of the patients seen by pediatric endocrinologists.
Dr. Gardner works to teach his patients about causes and effects that trigger or worsen them. Many diabetes patients have to wear blood sugar monitoring patches and cell phone-sized insulin pumps.

Effective teaching requires first that we understand, and earlier this year, Dr. Gardner took that to heart. For Lent, Dr. Gardner decided to live as his diabetic patients do by wearing an insulin pump and blood sugar monitor for the entire 40 days. In order to truly endure and battle temptation, Dr. Gardner fitted himself with an insulin pump, including the needle-inserted cannula that slips below the skin.

“Patients endure this burden. I knew I could learn something, maybe have a new perspective,” Dr. Gardner said.

Rather than delivering insulin, Dr. Gardner’s pump delivered doses of saline in response to blood sugar fluctuations recorded by a separate continuous glucose monitor he wore.

“I started on Ash Wednesday and continued all the way to Easter Sunday morning,” Dr. Gardner said.

He learned plenty from the experience. For one, he realized just how tedious it can be.

For example, at mealtime everyone could sit down and eat except him. “My wife and kids could start eating but I still had to count my carbs and put it into my pump.”

He also learned what a significant impact his diet has on his own blood sugar levels.

Even though he does not suffer from diabetes, he observed surprising swings in his blood sugar levels directly caused by foods he was eating. Where he used to dig into a generous bowl of Frosted Mini-Wheats, he cut his portion back considerably when he saw its effect on his blood sugar after he arrived at work. He also makes sure to include protein with his breakfast now.

Continued »
Dr. Gardner’s long-term goal with most patients is to teach them to help manage their own conditions. Young teens often struggle with all of those time-consuming steps such as checking blood sugars and counting carbs.

“One of the most fulfilling times for me is when they get a little older, they mature and start to take care of themselves,” Dr. Gardner said. “If I can help lift the veil, show them why they need to take care of those things and connect those dots.”

It’s often a long journey before teenage patients reach the point where they learn to take care of themselves. “Families are very frustrated; they bring up concerns of their child gaining so much weight, which can seem insurmountable,” Dr. Gardner said.

For Dr. Gardner, it’s the cause-and-effect of the body’s glands and hormones that’s truly fascinating. They create feedback loops, which is similar to complicated engineering systems. As a child, Dr. Gardner loved math and may have been destined for a career in engineering.

Slim Goodbody put a stop to that. The star of a PBS children’s program called “The Inside Story With Slim Goodbody,” the character dressed in a bodysuit painted with life-sized muscles, bones and internal organs. He taught his young viewers about healthy habits by singing catchy songs about the human body, Dr. Gardner recalled with a smile.

He became fascinated with how the human body functions. Another important influence on Dr. Gardner’s career choice was his older sister, who as a child had to overcome myriad neurological issues.

“Just my growing up and seeing all of what she went through, those things fostered my interest in being a physician,” Dr. Gardner said.

After graduating from Tulane University, he enrolled at LSU School of Medicine in New Orleans where he thought about becoming a neurologist. But he didn’t enjoy his neurology class. What he did enjoy was his clinical rotation in pediatrics.

“Even though kids are sick and some of them do suffer, the positive part is so many of these kids get better and become well,” Dr. Gardner said. “They glow, their shining faces, the appreciation they have, that kind of environment was really attractive to me.”

While some of his classmates recoiled from the intricacy involved in studying the endocrine system, he fell in love with it, a perfect mix of engineering-style cause-and-effect and pediatric medicine.

“What attracted me were those feedback loops,” he said. “The relationships and communication between parts of the body, how they feed back on each other, is very much like engineering,” Dr. Gardner said.

He’s careful not to lecture his patients. Instead, he prefers a technique called motivational interviewing. By asking open-ended questions, he encourages children to open up about their condition and to seek answers.

For example, if his patient is overweight, Dr. Gardner might ask them if it’s okay if they talk about their weight. If they say yes, then he might ask if they’d like to lose weight, and if yes he can talk about methods and tactics that work, and so on.

“I want to just provoke thought; I want them to discover the answer; I’m there just sort of pushing them along,” Dr. Gardner said. “I encourage the parents to do the same thing, but it’s hard. You have to take the time to do it, and some kids don’t want to engage in that way”

Education is essential for patients with diabetes. Dr. Gardner and Dr. Lutfallah are hands-on when it comes to helping their patients. The two have both volunteered at an annual summer camp held every July in Leesville for diabetic children.

Diabetes Camp is put on by the Louisiana chapter of the American Diabetes Association. Children and teens from all over Louisiana attend the camp, which provides comprehensive medical support, fun activities but most important of all, the chance to connect with other kids who battle the same conditions and regimens every day.

“They really need to meet other children with the condition, to learn some new perspective, understand their condition better, make it more of a priority, and learn there are other kids just like them who struggle just like they do,” Dr. Gardner said.

“Kids and families need to engage with resources, including the camps,” he said. “It’s about creating those relationships.”

In the end, even physicians and other caregivers can learn to provide better care. “I learn from families; their experiences can then help me refine my skills over time,” Dr. Gardner said. “I always have to keep an open mind.”

“I learn from families; their experiences can then help me refine my skills over time. I always have to keep an open mind.”

—Dr. Jay Gardner
Pediatric Specialists at Our Lady of the Lake Children’s Health

CHILD AND ADOLESCENT PSYCHIATRY
John deBack, Jr., MD
Joseph Grizzaffi, MD
Warren Trask, MD
Melissa Watson, MD

CLEFT & CRANIOFACIAL SERVICES
Laura Hetzler, MD
Taylor Theunissen, MD

HEARING & BALANCE CENTER
Moises Arriaga, MD, MBA, FACS
Rahul Mehta, MD

PEDIATRIC ALLERGY & IMMUNOLOGY
Barbara Brunet, MD
Sandhya Mani, MD
Theron McCormick, MD

PEDIATRIC ANESTHESIOLOGY
Kevin Blackwood, MD
Tiffany Bourgeois, MD
Abe Reddy, MD

PEDIATRIC CARDIOLOGY
Michael Crapanzano, MD
Lauren Haddad, MD
R. Lester Hixon, MD
Khushboo Parikh, MD

PEDIATRIC CRITICAL CARE
Brian Binck, MD
Tania Burns, MD
Kelechi Iheagwara, MD
Firdous Laique, MD
Stephen Papizan, MD
Bhattari Pallav, MD

PEDIATRIC DEVELOPMENTAL MEDICINE
Cindy Chestaro, MD
Steven Felix, MD

PEDIATRIC EMERGENCY MEDICINE
Stephen Beasley, MD
Julio Castillo, MD
Hitesh Chheda, MD
Brent Combs, MD
Alex Flood, DO
Karen George, MD
Rebecca Hook, MD
Ebony Hunter, MD
Laura Kleinpeter, MD
Richard Lasseigne, MD
Emily Richard, MD
Tara Ryan, MD
Ashley Saucier, MD
Neel Shah, MD
Aaron Tiffee, MD
Chris Woodward, DO

PEDIATRIC ENDOCRINOLOGY
James Gardner, MD
Daniel Hsia, MD
Chantal Lutfallah, MD

PEDIATRIC GASTROENTEROLOGY
J. Brannon Alberty, MD
Ghannim Aljomah, MD
Meredith Hitch, MD
Elizabeth McDonough, MD
Patrice Tyson, MD

PEDIATRIC GENETICS
Duane Superneau, MD

PEDIATRIC HEMATOLOGY/ONCOLOGY
Jeffrey Deyo, MD, PhD
Sheila Moore, MD
Kacie Sims, MD

PEDIATRIC HOSPITAL MEDICINE
Angela Byrd, MD
Natalie Evans, MD
Erin Hauck, MD

PEDIATRIC INFECTIONOUS DISEASE
Michael Bolton, MD
Karen Williams, MD
Adaora Uzodi, MD

PEDIATRIC NEUROLOGY
Charlotte Hollman, MD
Lalania Schexnayder, MD

PEDIATRIC NEUROSURGERY
Allen S. Joseph, MD
Lori McBride, MD

PEDIATRIC OPHTHALMOLOGY
Andrew Black, MD
Bradley Black, MD
Candace Collins, MD
Pamela Williams, MD

PEDIATRIC ORTHOPEDICS
Brad Culotta, MD
John Faust, MD

PEDIATRIC CRANIOMAXILLOFACIAL SURGERY
George Zakhary, DDS, MD

PEDIATRIC PULMONOLOGY
Jessica L. Brown, DO
Andres Carrión, MD
Dwayne Henry, MD
Thomas Horsman, MD

PEDIATRIC RADIOLoGY
Allison Vitter, MD

PEDIATRIC SURGERY
Faith Hansbrough, MD
John Lopoo, Jr., MD
J. Robert Upp, Jr., MD
James Wood, MD

SLEEP MEDICINE
Jessica Brown, DO
Dwayne Henry, MD
STORIES FROM OUR LADY OF THE LAKE CHILDREN'S HOSPITAL

OPERATION Mazing

Pediatric neurosurgeon Lori McBride, MD, saw something amazing happening in her hometown of Baton Rouge. She watched Our Lady of the Lake Children’s Hospital begin building a brand new freestanding hospital, creating a statewide network of providers to treat children across the state, and increasing access to services by adding pediatric specialists to its team of providers.

She knew she wanted to be a part of this team and to help shape the landscape of pediatric healthcare here in Louisiana. In July, she officially joined Our Lady of the Lake Children’s Health as the chief of pediatric neurosurgery.

“Dr. McBride is one of the top pediatric neurosurgeons in the state and a game-changer in terms of the patients we are able to treat and the high level of care they will receive,” said Shaun Kemmerly, MD, chief medical officer for Our Lady of the Lake Children’s Hospital.

“Dr. McBride is one of the top pediatric neurosurgeons in the state and a game-changer in terms of the patients we are able to treat and the high level of care they will receive,” said Shaun Kemmerly, MD, chief medical officer for Our Lady of the Lake Children’s Hospital.

“Dr. McBride’s decision to join our team is a testament to the talented providers our future freestanding children’s hospital will attract and why it is such an important resource for the community,”

The freestanding Our Lady of the Lake Children’s Hospital, set to open in 2019, will continue to provide exceptional care for more than 100,000 patients annually from Louisiana and across the Gulf South.

“It’s a really exciting time to join the team here while they’re making preparations to assemble the team that will open the new hospital,” Dr. McBride said. “What really sealed the deal is when I came here and started meeting everyone, and it’s pretty clear that they are working toward a common goal of doing the right thing for the patients, setting the hospital up correctly, and it was extremely refreshing for me to see.”

Dr. McBride is one of only eight pediatric neurosurgeons in Louisiana and has more than 20 years of experience in specialty areas such as neurotrauma, epilepsy and brain tumor surgery. She performed the first-ever endoscopic craniosynostosis release in Louisiana, and has done more than 100 since — including on a special patient named Marleigh Walley.

When Marleigh’s parents, Rachel and Jon Walley of Gonzales, arrived at the hospital to deliver their baby girl, they had no idea of the journey ahead.

Marleigh was born on March 26, 2013 a few weeks before her due date. She looked a little different, but that didn’t raise any red flags. It was her trouble breathing that concerned her doctors.

Baby’s Brain Surgery a Work of Heart

Pediatric neurosurgeon Lori McBride, MD, and patient Marleigh Walley share a hug and a laugh in the Assisi Garden at Our Lady of the Lake.

Continued »
Marleigh was placed in the neonatal intensive care unit. Her oxygen levels were closely monitored, and she was discharged four days later.

But at 3 months old, Marleigh developed a cold and things went downhill from there. She rapidly began losing weight and her health started to decline. She was referred to a genetic specialist, who took one look at Marleigh and told her parents that she was very sick.

Marleigh was diagnosed with failure to thrive — a condition where a child’s weight or rate of weight gain is significantly below that of other children of similar age and gender. She was immediately admitted to the hospital.

“That was really scary because we weren’t prepared to hospitalize our kid,” said Rachel.

While the Walleys were in the hospital, pediatric neurosurgeon Lori McBride, MD, visited their room and discovered that Marleigh had craniosynostosis, a birth defect in which one or more of the fibrous joints between the bones of a baby’s skull fuse prematurely before their entire skull has formed.

“It was amazing because Dr. McBride just walked over to her, put her hand on her head, and immediately pointed out the three sutures that were fused.”

Marleigh was also diagnosed with Crouzon Syndrome, which, in addition to craniosynostosis, can include additional symptoms such as bulging and misalignment of the eyes, a small nose, and an underdeveloped upper jaw.

After a CT scan and X-rays, Dr. McBride confirmed that Marleigh needed surgery as soon as she was healthy enough for her tiny body to handle it. Two months later, in October 2013, she was ready for her first skull surgery at just 6 months old.

Dr. McBride told the Walleys about a relatively new procedure at that time — an endoscopic release — where the surgeon makes tiny incisions on the skull to go in with an endoscope, or small camera, and a small tool that removes the bone over the fused suture.
The catch? Marleigh would have to wear a molding helmet 23 hours a day for an entire year, and her parents would have to bring her to 15 to 20 appointments that year to monitor her head growth and helmet. But if they could do that, then Marleigh was a prime candidate for this type of surgery.

“We didn’t even discuss it,” Rachel said. “We knew that was the right thing for Marleigh. The entire process was flawless. Dr. McBride did excellent in the procedure and we began helmet therapy. Everything started out wonderfully.”

Then, two months later, Marleigh developed hydrocephalus — a condition where excessive cerebrospinal fluid (CSF) surrounds the brain and spinal cord. The accumulation of CSF results in an abnormal widening of ventricles in the brain, creating a potentially harmful pressure. Hydrocephalus, left untreated, can be fatal.

So just days before her first Christmas, Marleigh was back in the hospital having surgery to get a ventriculoperitoneal shunt, or “VP shunt.” VP shunts are surgically placed inside the brain ventricles to divert fluid away from the brain and restore normal flow and absorption of CSF.

To make matters more complicated, the shunt needs a place to drain, yet Marleigh was supposed to be wearing a molding helmet covering her entire head. Fortunately, her orthotist was able to customize a helmet to allow room for the shunt, and Dr. McBride was there to cheer her on through the entire process.

“Dr. McBride was so confident and reassuring and told us we were going to figure it all out,” Rachel said. “She really gave us confidence to know Marleigh was going to get through this.”

Marleigh needed one more surgery the following January for another fused suture, and in total had four surgeries in her first year of life — not something most new parents prepare for.

“We felt really helpless several times throughout this journey,” Rachel said. “With each new complication we questioned if we were making the right decisions.”

But those difficult decisions have paid off for Marleigh. Today she is a happy, healthy 4-year-old girl who has caught up to her peers developmentally and in some cases exceeds them.

“Now, for the first time ever, she is at an average height and weight as others her age,” Rachel explained. “She has a great personality. She is really funny, friendly, and outgoing. She communicates so well and is usually the first to approach someone.”

Dr. McBride said she has enjoyed watching this transformation.

“When you talk to her now, it’s like talking to any other 4-year-old. It’s neat for me to get to watch her really come along and thrive and then watch her parents grow their confidence as well.”

She credits the success of Marleigh’s treatments in large part to her parents and how proactive they were in her healthcare. “Marleigh never missed an appointment, and the Walleys followed post-op care instructions to a T.”

Another key to Marleigh’s success is that her family no longer needs to travel to see their favorite neurosurgeon. Their sense of humor helped as well. The Walleys found an online support group for families with kids that had craniofacial conditions. Through that organization she purchased a onesie that said “I heart my neurosurgeon,” and dressed Marleigh in it for her first skull surgery.

That started a trend of humorous t-shirts. Another one read “Skull surgery: Nailed it!” Dr. McBride has a framed photo in her office of Marleigh wearing one of her favorites that reads “I’ve had work done.”

Marleigh has had a lot of “work done,” and she will likely need more procedures in her pre-teen years to do a mid-face advancement and expand her narrow sinuses. There is also a likelihood that she may need another surgery to replace her shunt in the future.
Small Patients, Big Technology

As surgery has evolved, so have the many amazing tools and technologies available for use in pediatric surgery.

For Dr. McBride, she has relied on improved technology including a computer guidance system that gives a targeted CT scan or MRI scan. Those images can be sent to a system in the operating room that has a camera array.

“As I’m operating, I can look up on the TV screen and see the patient’s MRI with the instruments super-imposed over the brain as I’m working in real time so I can follow their movements through the brain,” she explained.

George Zakhary, DDS, MD, a pediatric craniomaxillofacial surgeon with Our Lady of the Lake Children’s Health, has benefited tremendously from virtual surgical planning in his practice. He is able to take a CT scan and have a sterilizable guide made to determine where to make incisions during surgery. These guides are produced by a 3D printer and are placed directly on the bone so he and his team know exactly where to cut based on the pre-operative CT scan.

“It’s made a huge difference in pediatric craniofacial surgery because of the accuracy you need to move things around in the face and the skull,” he said. “In the past it was difficult to be completely accurate, but with these new guides, I am able to be much more precise.”

Our Lady of the Lake Children’s Hospital was also one of the first hospitals in Louisiana to offer pediatric robotic surgery. Robotic surgery, or robot-assisted surgery, allows surgeons to perform many types of complex procedures with more precision, flexibility and control than is possible with conventional techniques. Robotic surgery is an advanced form of minimally invasive or laparoscopic surgery where surgeons use a computer-controlled robot to assist them in certain surgical procedures.

“In pediatric surgery, many of the most complex operations are still performed most safely and effectively using an open technique, particularly in newborns and infants,” said James Wood, MD, pediatric surgeon with Our Lady of the Lake Children’s Health. “But the advent of robotic technology means that a growing number of these extremely complex procedures can now be done using tiny incisions — often no larger than the width of an ink pen.”

Pediatric surgery is increasingly heading to a place where technology is focused on patient-centered care and improving not just their medical outcomes but the quality and length of their care and recovery.

“Things will continue to get more minimally invasive, and technology will make surgery more accurate, shorter, and safer,” Dr. McBride explained. “All of the new advances on the horizon are exciting because they’re geared toward making the patients’ stays shorter, and the surgeries more effective and safer for the patient.”

The Walleys are happy to see these trends as Marleigh’s journey with Crouzon Syndrome continues, and they are thankful to have Dr. McBride and a team of child-focused specialists with Our Lady of the Lake Children’s Health who will be there for her every step of the way.

“Her case has been very complicated, and we have just been blown away by the incredible results,” Rachel said. “We are so fortunate to have such an amazing team and the best level of care there is.”

Calming Concerns:
Advice for Parents of Pediatric Surgery Patients

“Schedule a pre-op tour. And just be honest with your kids. Let them know that you’re going to the doctor and why. In the long run, kids always do the best when they’re prepared. And bring lots of comfort items from home.”

Dana Achary, CCLS
Child Life Specialist for Surgical Services

“Be honest with your kids. Try to explain what’s happening to them in terms that they can understand. Keep it simple. Ask your kids to share their questions or fears.”

Tiffany Bourgeois, MD
Pediatric Anesthesiologist

“Even if you’re not calm on the inside, you need to keep your game face on for your kids. Even infants can sense when mommy is scared or daddy is upset. It’s ok to go get a breath of fresh air to avoid being on edge or crying in front of kids.”

Lori McBride, MD
Chief of Pediatric Neurosurgery

“I know it’s scary, but we will hold their hand when parents can’t. You can trust that we will look out for them.”

Olivia Hebert, RN
Pediatric OR Nurse (pictured)

“As soon as the child is old enough to understand what is going on, parents should try to involve them in the treatment in some way. You can have age-appropriate discussions about what the surgery is and try to involve them and get them on board with their treatment plan so it’s something they want and something they know is important and how it’s going to help them.”

George Zakhary, MD
Pediatric Craniofacial Surgeon

“Preparation. Preparation. Preparation. We may not be sure what’s going to happen, but humans are the strongest beings that walk the face of the earth, and with knowledge we can face anything.”

Faith Hansbrough, MD
Chief of Pediatric Surgery
Kids are not just “little adults,” which is why all providers with Our Lady of the Lake Children’s Health who treat pediatric patients are highly trained to meet their specialized needs.

“Adult patients generally make their own decisions; they talk to you, and they can speak to you in times of illness and tell you exactly how they feel and it can help draw you to a diagnosis,” explained Faith Hansbrough, MD, chief of pediatric surgery who has been with Our Lady of the Lake for more than 30 years. “Children can’t necessarily do that.”
There are other considerations associated with pediatric anesthesiology, according to Tiffany Bourgeois, MD, certified pediatric anesthesiologist with Our Lady of the Lake Children’s Health.

“From the neonate to the teen, they have different requirements on how they metabolize drugs, how their respiratory system and central nervous system are developed, and you have to take that into account,” she said. “As a child grows, we adjust our plans. You can’t just make a simple recipe like you do for adults. For each child you have to come up with an individualized plan.”

While kids and adults obviously differ in how they are medically treated, arguably the most important differences are emotional and psychological.

That is why Our Lady of the Lake Children’s Health has entire teams specifically trained to work with children – from the surgeons, to the anesthesiologists, to the nurses and even Child Life specialists.

A Child Life specialist’s role is to help promote positive coping throughout a hospital stay. There are 10 Child Life specialists at Our Lady of the Lake Children’s Hospital with one specifically designated to work with pediatric surgery patients.

Dana Achary, the Child Life specialist for surgical services, helps children through their surgery experience from the time they arrive until they are discharged.

“We make sure that not only are a patient’s medical needs being met, but they’re also getting the appropriate play that they deserve, have access to therapeutic activities, and they understand why they’re here in the hospital,” she explained. “I also walk them through procedures and make sure they know what’s next and what to expect while they’re here in the hospital.”

Achary offers pre-surgery tours for patients to familiarize them with areas of the hospital they will visit during their stay, and help prepare them for everything they will see and everyone they will meet. There are also special tactics she employs to help make surgeries less intimidating for the little ones.

She uses special dolls to demonstrate placing IVs or to explain what may be going on in a patient’s body. She uses special language to quell fears that medical terminology may trigger. For example, she is careful not to refer to anesthesia as being “put to sleep” but as to getting “sleepy air.” Patients also are allowed to decorate their “sleepy masks” with stickers and choose a flavor of lip balm to scent their “sleepy air.”

Because kids aren't simply "little adults," everyone is trained to meet their specialized needs.
Kids 10 and younger receive anesthesia through this induction mask rather than an IV, so Achary likes to reassure these smaller patients that they’re not going to feel any of the pain they might fear.

“I like to explain to them that there will be no pokes, no sticks, and that none of the things I have are things that are going to hurt them,” she said.

“Usually I can see the relief pretty quickly when I tell them that and you can see them start to relax and be able to breathe a little bit.”

The nurses in the pediatric operating rooms are also specially trained to work with children. According to Olivia Hebert, RN, one of seven nurses that work primarily with pediatric surgery patients, this makes all of the difference.

“You can tell whenever you’re in a room that is full of people who have taken their time to specialize in pediatrics versus people who may know a lot but don’t do pediatrics every day,” she said. “It’s not a lack of knowledge or a lack of skill or even a lack of care, but with kids there are so many more details to think about. It takes a full circle of people specialized in pediatrics to truly make that experience.”

That experience will only improve when the new freestanding Our Lady of the Lake Children’s Hospital opens in 2019, as the entire facility has been designed for kids and with their special needs in mind.

“Having a freestanding hospital that is completely dedicated to the care of children is going to change the landscape of healthcare for children in this area dramatically,” said Dr. Bourgeois. “It’s long overdue, and it’s going to be great for not only Baton Rouge but this entire state.”
As a construction professional whose company builds major structures all over the country, Baton Rouge businessman Art Favre strives to make a profound impact in Louisiana with his philanthropy.

He supports Our Lady of the Lake’s freestanding children’s hospital because it will improve the quality of life not only for his family and those of his employees at Performance Contractors, but all of Louisiana. “This new children’s hospital should be a major game changer for the region,” Favre said.

Favre co-founded Performance Contractors in 1979. Today, the company employs more than 8,000 people.

“I try to make giving about creating a better culture and lifestyle in the region,” Favre said.

Favre is the latest high-profile donor, bringing donations to $44 million toward the initial philanthropy goal of $50 million.

As well as a business owner who employs thousands of people — many of them with young children — Favre is a grandparent who wants world-class care available to kids without having to travel out of state to get it.

“It’s not just about my grandkids; it’s about a lot of my employees’ kids and grandkids,” he said.

“I’ve been very fortunate in life because I’ve enjoyed good health, and I got a great education at LSU and have been able to utilize what I learned there to develop a company and a career that’s allowed other people to have success as well,” Favre said.

He explained that in the 1990s, his growing company was struggling to persuade major industrial customers it could perform large-scale projects. But after they built stylish new offices stepping up to larger and far-away projects suddenly got easier.

“It was amazing. When we built this building it was like a light bulb went off in their heads.

“We didn’t do anything to make our company bigger; we simply built a very permanent structure that said, ‘we’re here for the long term. We’ve invested heavily in our future.’”

Work started coming in from all over the country, including from major companies with Louisiana facilities who’d previously assumed Performance Contractors was merely a local company.

“I see the same thing happening for the freestanding children’s hospital,” Favre said. “This building’s going to be a flashing neon sign to the community that we have a state-of-the-art, first-class children’s hospital here in Baton Rouge,” he said. “It’s going to give Our Lady of the Lake an enhanced ability to go out and hire the best talent from around the country, perhaps the world. That will allow them to amass more and more expertise as a region-wide hospital destination.”

James W. Moore Jr. and his wife Lynn Moore of Monroe also have pledged their generous support to the project. James Moore is chairman of the board of trustees of the Franciscan Missionaries of Our Lady Health System, of which Our Lady of the Lake is part. The Moores are enthusiastic supporters and advocates for the children’s hospital.

“Look at all the health issues our Louisiana children have, and there’s nothing like this new facility anywhere in Louisiana,” said Lynn Moore. “It’ll be state-of-the-art. They’re assembling a world-class team of doctors there. What could be better?”

Art Favre with his grandchildren, (left to right) Brandon Favre, Caroline Zeringue, Catherine Zeringue, Christian Zeringue, and Elizabeth Favre.
There’s nothing like this new facility anywhere in Louisiana. It’ll be state-of-the-art. They’re assembling a world-class team of doctors there. What could be better?
— Lynn Moore

Her husband agreed. “This is something that will benefit the whole state, and particularly north Louisiana,” James Moore said. “Parents in our area often have to go out of state for care — Little Rock or Memphis, at least that’s what they think,” he said. “I just think once the new hospital opens up it will be the go-to place. This is something the entire state needs.”

The fact Art Favre has pledged $1 million reaffirms the value of supporting the effort, especially among other business leaders, Moore said. He added, “Someone like Mr. Favre, with the reputation and stature he has in the community, when somebody like him steps up and makes a commitment like this it says to other business people this is worthy, this is a good way to express your generosity in Louisiana. And it speaks volumes about Mr. Favre.”

He continued, “I think most businessmen in general get busy everyday doing their thing; you can’t be successful if you’re not 100 percent committed to your business. In the day-to-day trenches making it happen and driving your business, you tend not to think about the soft things that are important to your employees, your family and your grandkids. But this children’s hospital fits the mold that everybody can get behind because it will improve the quality of life in Baton Rouge [and the state of Louisiana] for their own families, their larger business family, and all the children of those families.”
Helping Your Teen Cope with Anxiety

By Donna Fargason, MD
Child and Adolescent Psychiatrist and Residency Clinic Supervisor at Our Lady of the Lake

People have different ideas about anxiety and different ways of expressing it, and this is especially true among teenagers. Recognizing anxiety in teenagers can be difficult.

I once had a teen patient who was referred from her pediatrician because the doctor was assessing her for seizures but couldn’t get them under control. She was passing out at school, shaking, her heart was racing, and it definitely looked like she was having seizures. But after a thorough medical exam and then psychiatric evaluation, it was determined that she was having panic attacks resulting from anxiety.

Anxiety is a big word for lots of different things, and different people resonate with different presentations or descriptions.

Sometimes I ask kids if they’re anxious and they say, “No.” I’ll then ask if they’re overwhelmed, shy, worry a lot, have a lot of stress, feel easily frustrated, have sticky thoughts, or put a lot of pressure on themselves. Sometimes they’ll respond “Yes” to one of those other phrases because it resonates better than the word anxiety.

Teens and adults who have anxiety are usually wired that way and have often had some evidence of it since early childhood. Anxious people can learn to compensate, and often disguise their symptoms since a lot of anxiety happens in the mind.

Anxiety symptoms can wax and wane. If there is a stressful event, anxiety can get kicked into high gear. Most parents already have an idea if their child lives on the anxious side of life. If they see that their kid is not coping well with change, not handling situations well, experiencing dysfunction, starting to look depressed, then it’s very important to pay attention and take these steps:

**Talk to your kid about how they’re feeling and what you’re noticing.** For example, I recently noticed that my son hadn’t been acting like himself lately, that he seemed sullen and more withdrawn. I brought this to his attention and asked him what was wrong. He started crying and told me about problems he’s having at school.

I asked him why he hadn’t brought this up sooner and why he had been telling me he was having good days. He just wanted to get on his computer so that he didn’t have to think about it. My noticing and asking uncorked it, and we were able to discuss the issues.

**Talk with your child’s guidance counselor.** Let them know your child seems to be struggling. Ask what they may be noticing at school that would help you address issues with your child.

**Check in with your pediatrician** and have them talk with your child about stressors and their responses to the stress, anxiety or worry.

**Be aware that most teens turn to their friends for help, not their parents.** You may have to get in their business. Get nosy. Don’t be afraid to get involved — it’s your job to be aware and seek help.

**Be open to the idea of therapy or a psychiatric evaluation** if it appears that your child may need another neutral third party evaluation, especially if the level of dysfunction is high or if depression is suspected.

Being aware early is important. The above steps can help you recognize and address issues early, and to get your child’s school guidance counselor, primary care physician, therapist, or psychiatrist involved when appropriate.

Outward Expressions of Anxiety

Anxious people often disguise their symptoms since a lot of anxiety happens in the mind. Sometimes there are outward expressions of anxiety that are observable to others, such as:

- Shyness or reluctance to engage
- Excessive worry
- Overly exaggerated responses to events
- Being easily irritated or frustrated
- Being perfectionistic and rigid, inflexible, hard on one’s self
- Being withdrawn and avoidant
- Stomachaches, headaches, fatigue and nausea
- School avoidance
“Sometimes I ask kids if they’re anxious and they say, ‘No.’ I’ll then ask if they’re overwhelmed, shy, worry a lot, have a lot of stress, feel easily frustrated, have sticky thoughts, or put a lot of pressure on themselves. Sometimes they’ll respond ‘Yes’ to one of those other phrases because it resonates better than the word anxiety.”

—Dr. Donna Fargason
A few superheroes made our patients’ day during Halloween week by rappelling off the building and bringing joy to everyone. Thank you to Baton Rouge Union of Police, Baton Rouge Police Department, Back the Blue of Baton Rouge and Roco Rescue.

After climbing down the side of the building, Spiderman visited fans at Our Lady of the Lake Children’s Hospital.

Our patients received some extra snuggles thanks to enCourage Kids Foundation and their Teddy Bear donation.
Guests enjoyed our inaugural Black Tie Bingo event with several rounds of Bingo and exciting jackpot prizes.

Pediatric surgeon Dr. Jim Wood greets our resident pet therapy dog Kodi on their weekly trip to visit our halls.

Our annual Children’s Miracle Network Mediathon was held November 16–17 and raised more than $185,000!
Mythbuster
It's possible you have heard, “Caffeine is bad for your kids. Stay away!” However, that's not always the case. Caffeine is a common substance consumed by both adults and children. It works by stimulating the central nervous system and can be found in a variety of beverages.

Studies on the effects of caffeine in children are few, but we do know enough to debunk some common myths to ease worried parents. Let's review:

**MYTH #1**  
Caffeine is not safe for kids.

It is suggested that up to 100 mg of caffeine (approximately one, eight-ounce cup of coffee) daily is generally safe for kids.

Studies show that most children, ages 4–16, are getting an average of 16–65 mg per day. Some kids are more sensitive to caffeine and may experience more jitteriness or agitation. Some children may experience withdrawal symptoms like headaches, nausea and vomiting. My concern is that most of the caffeine kids consume is in sodas, energy drinks, or sweetened teas — all of which have high sugar content.

**MYTH #2**  
Caffeine will make my child wet the bed.

With most potty-trained children, this is simply not the case. However, consider that caffeine is a natural diuretic, so you may find your child needing to go to the restroom more often during the day. To prevent the chance of bed wetting, it may be a good idea to limit drinks of any kind within two hours of bedtime. Additionally, you should avoid caffeine in any child with a known bed wetting issue, as it will likely only make matters worse.

**MYTH #3**  
Caffeine always causes inability to sleep.

If taken early in the day and in appropriate doses, this should not be a problem. However, some children may be more sensitive to caffeine, and you may see increased sleep onset latency (the time it takes to fall asleep). The amount of lost sleep can accumulate over time, which can lead to daytime sleepiness and behavior problems. In general, you should work to establish a good bedtime routine for kids to ensure they are getting the recommended sleep for their age each night (around 9–11 hours). Your routine should not include caffeine intake after 4 p.m.

**MYTH #4**  
Caffeine increases the risk of heart disease in children.

A child would have to consume a high dose of caffeine for this to be a concern. It should be noted that we have seen a marked increase in energy drink consumption through the years. Some energy drinks have been reported to contain dangerously high doses of caffeine (more than 500 mg, equivalent to five cups of coffee!) which could be toxic if consumed by children. In light of this, it is best to avoid energy drink consumption by children. In normal low doses, however, caffeine poses no serious increase in your child’s risk of heart disease.

In the end, you should consider what is best for your child individually. If you have additional concerns it is always a good idea to talk them over with your child's pediatrician. Questions about caffeine intake are a great topic to address at your child’s next well check appointment.
From football to cheerleading to soccer, fall sports are in full swing again. With your child back on the field, it’s important to separate urban legend from the truth when it comes to concussions.

Concussions are serious medical issues. After even a mild concussion, it’s important that your child has time to heal. The length of that time is based on the symptoms. If your child is continuing to show symptoms such as headaches or nausea, they are not ready for extensive activity.

**MYTH #1**
Concussions aren’t really dangerous, and your child can return to play quickly after diagnosis.

Concussions are a severe medical issue. After even a mild concussion, it’s important that your child has time to heal. The length of that time is based on the symptoms. If your child is continuing to show symptoms such as headaches or nausea, they are not ready for extensive activity.

**MYTH #2**
Concussions require testing.

Diagnosing a concussion is not dependent on a medical test because damage from a concussion is so microscopic it is usually not seen in a CT scan.

A CT scan, or computerized tomography scan, uses a series of X-ray images and computer processing to create cross-sectional images of bones, blood vessels, and soft tissues, providing a more detailed report than traditional X-rays.

If your child has any neurological symptoms, technically they have a concussion. These symptoms range from losing consciousness to mild headaches or nausea. Other symptoms include confusion, memory loss, dizziness, ringing in the ears, fatigue, or lack of coordination. If your child is showing any of these signs after a head injury, they may have a concussion and should see a doctor.

**MYTH #3**
Football is the only sport that comes with a risk of concussions.

Children and adults can get a concussion in any sport or activity, including baseball, swimming, biking, ATV riding and other activities.

Research shows children playing sports other than football are actually more likely to get concussions than football players.

**MYTH #4**
It’s important to keep a child with a concussion awake.

This myth probably comes from a time before CT scans, when more serious head injuries like bleeding were harder to diagnose. After your child is seen by a doctor, diagnosed, and given the proper treatment and instruction, there is no reason to keep them awake. Cognitive rest will help a child with a concussion heal quickly and effectively.

**TRUTH**
You should always take a child to a doctor after any head trauma.

If your child is showing any symptoms of a concussion such as headaches, confusion, memory loss, dizziness, ringing in the ears, fatigue, nausea, or lack of coordination, they should see a doctor.

While waiting for a doctor’s office to open is usually okay, it depends on the severity of the trauma. Regardless, taking a child with a concussion to the doctor after their accident ensures no further damage has been done.

If your child is active in sports, it’s important to know the signs of a concussion and when to see a doctor. Always follow all instructions given by the doctor to ensure your child is able to heal fully and return to normal activity.
It’s cold and flu season, which might mean you or your children have been battling some sort of sickness over the last few months. But did you know there are several common cold myths that are often passed off as fact? How do you know the difference between what’s true and what’s anecdotally shared from generation to generation?

**MYTH #1** Children catch colds from sleeping with wet hair, or not wearing hats or socks in winter.

This is FALSE. Children can catch a cold from a respiratory virus at any time of year. While children tend to be more susceptible to catching colds during the winter months, there is no scientific evidence to suggest that being cold or wearing wet hair causes a cold. There is no such thing as a cold virus that only spreads during the winter months; colds can be contracted at any time.

**MYTH #2** Feed a cold; starve a fever.

This is FALSE. Good nutrition and hydration are important during any illness, regardless of the symptoms. However, I usually reassure parents who are concerned that their child’s appetite is decreased when they are sick. Most children who do not have other underlying chronic diseases are going to do just fine with a decreased appetite for a few days. It is most important that they try to drink clear fluids to maintain hydration. This will help minimize fever and thin secretions, allowing for them to feel better in general.

**MYTH #3** Green mucus indicates that an infection is bacterial.

This is FALSE. Green mucus is simply colored because white blood cells are present. These cells serve an important function for fighting off all types of infectious pathogens by “digesting” them. The green color is simply a by-product of this process.

**MYTH #4** Cough and cold medicines shorten or prevent colds.

This is FALSE. There are countless medications available over the counter to treat the symptoms of the common cold. Many of these medications contain multiple drugs that are not approved for use in children under the age of four. Additionally, most have never been scientifically proven to be effective in relieving the symptoms they are meant to treat, and should never be used to prevent a cold. The best defense against contracting the common cold is with good infection control practices, such as washing hands.

**TRUTH** The common cold is caused by a virus.

This is TRUE. There are millions of distinct viruses that can cause the common cold. This is why it has been so difficult to develop a vaccine to prevent it. It is also the reason why a child can catch 8–10 different colds in one winter season, seemingly never recovering from one before another one strikes. It is important to note that antibiotics are ineffective against the common cold because it is a viral illness.

Parents should rest assured that their child's immune system is usually quite capable of handling the common cold on its own. However, in the event that the child displays prolonged fever symptoms (greater than 48–72 hours), difficulty breathing/blue skin color, or symptoms lasting longer than 10 days, parents should not hesitate to seek the assistance of a pediatrician. *
Kids Don’t Come with Instructions ...

...So we’re writing some for you.
Follow us @kidsinstructionmanual on Instagram.