Pediatric Surgery

The Pediatric Surgery department at Valley Children's specializes in the repair of birth defects and acquired conditions in infants, children and adolescents. Surgeons perform about 3,500 pediatric surgeries a year andmore than 200 different surgical procedures, some common and others rare.

Conditions treated include:

- Hernias (inguinal, umbilical, ventral) and hydroceles
- Undescended testes
- Chest wall deformities (pectus excavatum and carinatum)
- Congenital anomalies requiring surgery (gastroschisis, diaphragmatic hernia, atresia)
- Lung and chest masses, cysts
- Blood disorders requiring splenectomy
- Hepatobiliary disease (biliary atresia, choledochal cyst, gallbladder disease, tumors)
- Gastroesophageal reflux disease, feeding disorders requiring gastrostomy
- Anorectal and colon malformation (Hirschsprung's disease, imperforate anus, fecal incontinence)
- Head and neck (masses, thyroid disease/thyroglossal duct cyst, branchial cleft remnant)
- Tumors (neck, chest, abdomen, pelvis, extremity, excluding hands/feet)

Procedures are performed on an inpatient, outpatient and emergency basis. A high volume of surgical cases, combined with diverse training from national centers of excellence, give our surgeons a level of experience not found elsewhere in our region. Our physicians' expertise means a lot to our patients and their families. Often our patients experience shorter lengths of stay and better outcomes.

Valley Children's ranks highly in the American College of Surgeons National Surgical Quality Improvement Program. Whenever possible, our surgeons use less invasive surgical techniques (i.e., laparoscopies with small incisions), adopting nationwide best practices and providing compassionate care through multidisciplinary teams that have broad experience with children. We are one of the few pediatric centers on the West Coast that offer a comprehensive robotic surgical program. We also offer minimal blood loss techniques whenever appropriate. Our pediatric surgeons work closely with the hospital's subspecialists and subspecialty surgeons.

Access Center

24/7 access for referring physicians
866-353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: 559-353-8888

Pediatric Surgery Consultant Reference Guide

Pediatric Surgery Office Numbers

Main: 559-353-7290
FAX: 559-353-7286
Physician line: 559-353-7289

Physician Liaison

559-353-7229

A pediatric surgeon has completed a five-year residency in general surgery, plus a two-year fellowship in pediatric surgery, and is certified by the American Board of Surgery in both general and pediatric surgery.

The following patients should be referred to a pediatric surgeon:

Infants and children with perforated appendicitis should be cared for by a pediatric surgeon. If a non-pediatric surgeon makes the diagnosis or suspects the diagnosis of perforated appendicitis in a child, the child should be transferred to the care of a pediatric surgeon.

Infants, children, and adolescents with solid malignancies should be cared for from the outset by a pediatric surgeon or pediatric surgical specialist and a pediatric medical cancer specialist.

Minimally invasive procedures (e.g., laparoscopy, thoracscopy) in infants and children should be performed by a pediatric surgeon trained in these techniques.

Infants and children with medical conditions that increase operative risk (e.g., congenital heart disease) who must undergo a common surgical procedure (e.g., hernia repair) should be cared for by a pediatric surgeon.

Pediatric Surgery Consultant Reference Guide

Condition	Pre-Referral Work-up	When to Refer
Appendicitis	• CBC • CRP	• Send to Emergency Department as soon as possible
Dermoid cyst	• History and physical • If there is a concern of deep involvement on the face, orbit or scalp, CT or other imaging	• If becomes painful, inflamed, changes in color or size or becomes a cosmetic issue • If located on face, refer to Plastic Surgery
Gallstones	• History and physical examination • Ultrasound/HIDA w/ GB PDSC • Liver function studies	• Positive physical findings or scan
GER	• H2 blocker • PPI • UGI, swallow study, pH probe study, endoscopy	• Secondary referral after Gastroenterology consult
Umbilical hernia	• History and physical	• If persistent in a child > 4 years old or in a younger child with a large (> 2cm) defect or proboscis type hernia • Refer to Emergency Department if incarceration is suspected
Epigastric hernia	• History and physical	• Positive physical findings

Valley Children's HEALTHCARE

Pediatric Surgery Consultant Reference Guide

Condition	Pre-Referral Work-up	When to Refer
Inguinal hernia	• History and physical	• Refer to Emergency Department if incarceration is suspected • Urgent referral if child is < 6 months old • Routine referral if child is > 6 months old
Communicating hydrocele	• History and physical	• Treat as inguinal hernia using above guidelines
Hydrocele	• History and physical	• Routine referral to surgery if persisting beyond 1 year of age
Pectus carinatum/ excavatum	• History and physical • R/O connective tissue or genetic disorder (e.g., Marfan syndrome) • CT / PFT / ECHO	• If patient is in distress or as indicated by imaging • Upon family request • Pre-adolescence
Perirectal/perianal absess	• History and physical	• Refer if patient experiences recurrent episodes or persistent drainage
Pyloric stenosis	• History and physical • Serum electrolytes • Ultrasound	• Send to Emergency Department as soon as possible
Sacrococcygeal pilonidal disease	• History and physical	• Refer if symptomatic
Cryptochordism or undescended testes	• History and physical • Ultrasound	• Positive physical findings or scan

Pediatric Surgery Consultant Reference Guide

Condition	Pre-Referral Work-up	When to Refer
Prenatal anomaly - Fetal diagnosis • **Abdominal wall defect** • **Intestinal obstruction** • **Diaphragmatic defects** • **Chest mass** • **Conjoined twins** • **Choledoeal cyst or biliary disorders** • **Oranan cyssts**	• Maternal-fetal perinatal evaluation and high resolution fetal ultrasound • Amniocentesis results or karyotype, if known	• Positive physical findings or scan
Infant ovarian cyst	• History and physical • Abdominal and pelvic ultrasounds	• Positive physical findings or scan
Lymphadenopathy	• History and physical (including antibiotic history) • PPD or other skin testing	• Positive physical findings or scan
Fecal incontinence	• History and physical (including prior surgical intervention)	• Positive finding for anoretal malformation (imperforate anus) or Hirschsprung's disease • Approaching school age and still in diapers during the day
Skin and soft tissue masses • **Dermoid / sebaceous cyst** • **Pilomatrixoma** • **Lipoma** • **Vascular malformation (not on face)**	• History and physical (including antibiotic history) • Photographs if vascular lesion	• Positive physical findings • Suspected malignancy • Vascular lesion
Head and neck masses • **Brachial cleft anomaly** • **Thyroglossal duct cyst**	• History and physical	• Positive physical finding