

MEET THE *Team*

We understand that no surgery is simple. That is why patients need surgeons who are pediatric-trained and experienced in treating a wide range of conditions. Our team of pediatric general surgeons includes:

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SURGERY *Update*

A newsletter from Children's
Physician Group—Pediatric Surgery

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Surgery Update is a newsletter from Children's Physician Group—Pediatric Surgery intended to keep you informed regarding the latest in pediatric general surgery.

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 Call 404-785-6895 (Scottish Rite) or 404-785-8787 (Egleston) to make a referral or to discuss potential surgical treatments for your patients.

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Pediatric thoracic trauma

by Matthew Santore, M.D.

Pediatric thoracic trauma

Pediatric thoracic trauma involves injury to the chest wall, diaphragm, lungs and mediastinum, and accounts for 25 percent of injured children. This type of trauma results from high energy blunt trauma, penetrating trauma or a combination of the two. The majority of the blunt injuries result from motor vehicle accidents, while penetrating injuries are similar to adult trauma, including knife or gunshot wounds.

The most common injuries are lung contusions, pneumothorax, hemothorax and rib fractures, while injuries to the vital mediastinal organs such as the heart, aorta and trachea are less common. Most deaths from thoracic injuries occur in the prehospital setting; even severely injured patients that survive to the hospital have a high likelihood of surviving.

Presentation

The presentation ranges from minimal symptoms to extremis. About a quarter of patients present with occult injuries with no obvious sign of trauma, owing to the pliability of the pediatric rib cage and the subtleties of the radiographic findings. The initial goal for diagnosis should be to rule out the immediately life-threatening injury, including airway obstruction, tension pneumothorax, massive hemothorax and cardiac tamponade. Airway management by an experienced physician is paramount in stabilization of the patient. Ventilation and oxygenation should direct the immediate management. After stabilization, a detailed physical exam helps to avoid missing more subtle but still significant injuries. Abnormal physical findings, including dyspnea, tracheal deviation, stridor, reduced breath sounds, new heart murmurs and hypotension, should all be investigated. Adjunct studies such as chest X-ray with abnormal findings like rib fractures, hemothorax, pneumothorax, mediastinal shift or widening are essential for the preliminary workup. A detailed chest CT with I.V. contrast in all cases of significant thoracic trauma will have the greatest sensitivity for diagnosing major injuries. The patient should also be monitored with continuous

echocardiogram monitoring and potentially assessed with a 12-lead ECG. Further workup with bronchoscopy or esophagoscopy may be warranted.

Management

Depending upon the severity of the injury, the treatment of thoracic injuries ranges from simple interventions (oxygen, pain control, tube thoracostomy) to major operative procedures. Most patients do not require an operation and can be managed with supportive measures, with or without tube thoracostomy.

Outcomes

The type of injury dictates the risk for morbidity and mortality. The higher the injury severity score, the greater the risk of death. The deaths that occur with children usually occur within the first few days after the injury, resulting from the injury itself and not from respiratory failure or sepsis. The overall mortality rate from the National Pediatric Trauma Registry was 15 percent of severe chest trauma patients. The overall morbidity is low, with more than 90 percent of patients discharged with no impairment.

About Children's

Children's is a national leader in pediatric trauma. Egleston hospital carries the highest designation as the only state-designated Level 1 pediatric trauma center in Georgia. The Level 1 distinction recognizes centers that provide both premier care and conduct academic research. Additionally, Scottish Rite hospital holds the state's only Level 2 pediatric trauma center. At Children's, we have the expertise to manage complex and morbid thoracic injuries. Our team of pediatric trauma surgeons, CT surgeons, anesthesiologists, plastic surgeons, vascular surgeons, ENT surgeons, maxillofacial surgeons and emergency medicine physicians works closely with nurses and other support staff to provide state-of-the-art technology care 24 hours a day. As a result, we treat more than 60 percent of Georgia's pediatric trauma patients.

Program News & Announcements



Children's welcomes Adam Gorra, M.D.

Board certified in general and pediatric surgery, Adam Gorra, M.D., recently joined Children's Physician Group—Pediatric Surgery at Scottish Rite. Dr. Gorra previously served as Assistant Professor of Surgery at University of Colorado School of Medicine and Medical Director of Pediatric Trauma at Children's Hospital Colorado in Colorado Springs. Prior to that, Dr. Gorra practiced general pediatric surgery at Children's Hospital Central California in Fresno, where he also chaired the sports injury prevention subcommittee of the Safe Kids Coalition, focusing on the prevention and management of sports-related head injury. Dr. Gorra has broad experience in the field of pediatric surgery with special interest in the correction of congenital anomalies, hepatobiliary surgery and pediatric trauma.

Dr. Gorra has written several peer-reviewed articles and presented nationally, covering topics ranging from regional variation in trauma care to long-term neurodevelopmental outcomes in children born with gastroschisis.

Dr. Gorra earned his medical degree from University of Connecticut School of Medicine and completed his general surgery training at Maine Medical Center in Portland, Maine. He also completed a pediatric surgery fellowship at University of Nebraska/Children's Hospital and Medical Center in Omaha, Neb.

Originally from New England, Dr. Gorra now lives in Sandy Springs and enjoys spending his free time with his wife and four young children. A lifelong ice hockey fanatic, Dr. Gorra still plays hockey and coaches for the local youth league. He also enjoys tennis, golf, cycling, skiing and just about everything else outdoors.

Contact us

Children's Physician Group—Pediatric Surgery provides comprehensive general and thoracic pediatric surgical care for children and adolescents throughout Georgia and the Southeast. Our offices are located at:

Main offices

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1975 Century Blvd., Suite 6
Atlanta, GA 30345

P: 404-785-8787, F: 404-785-8788

Drs. Bhatia, Clifton, Durham, Heiss, Meisel, Parker, Raval, Santore and Wulkan

Children's Medical Office Building

5455 Meridian Mark Road, Suite 570
Atlanta, GA 30342

P: 404-785-6895, F: 404-785-6896

Drs. Bleacher, Bussey, Glasson, Gorra and Raschbaum

Outpatient clinics

Children's at Cobb (Marietta)

P: 404-785-6895, F: 404-785-6896

Dr. Bleacher

P: 404-785-8787, F: 404-785-8788

Dr. Meisel

Children's at Fayette (Fayetteville)

P: 404-785-8787, F: 404-785-8788

Dr. Bhatia

Children's at Forsyth (Cumming)

P: 404-785-6895, F: 404-785-6896

Drs. Bleacher and Raschbaum

Children's at Old Milton Parkway (Alpharetta)

P: 404-785-6895, F: 404-785-6896

Dr. Bussey

Children's at Satellite Boulevard (Duluth)

P: 404-785-8787, F: 404-785-8788

Drs. Bhatia, Heiss, Meisel and Santore

P: 404-785-6895, F: 404-785-6896

Drs. Glasson and Gorra

Athens Clinic (Athens)

P: 404-785-8787, F: 404-785-8788

Dr. Clifton

Columbus Clinic (Columbus)

P: 404-785-8787, F: 404-785-8788

Drs. Heiss and Wulkan

Surgical locations

We perform surgeries at Egleston hospital, Scottish Rite hospital, Children's at Meridian Mark Outpatient Surgery Center and Children's at Satellite Boulevard Outpatient Surgery Center.