

Title: Pediatric Anesthesia at Strong Memorial Hospital - Golisano Children's Hospital at Strong, University of Rochester School of Medicine and Dentistry, Rochester, NY

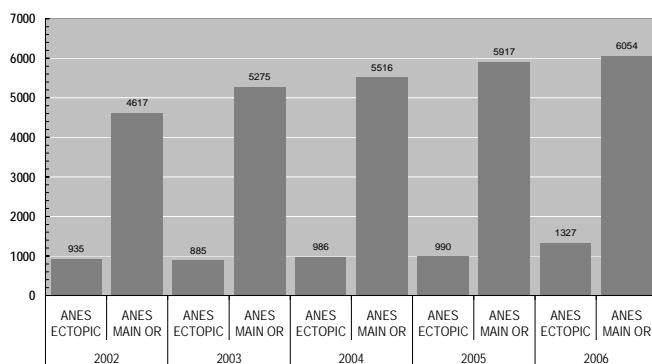
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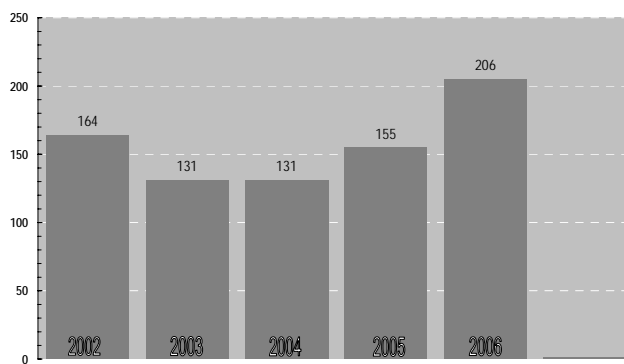
As a hospital-within-a-hospital in a busy academic setting, Golisano Children's Hospital at Strong (GCHS) supports a full array of pediatric medical and surgical services. The closest free-standing children's hospital is Children's of Buffalo (NY), about 1.5 hours to the west by car. Syracuse, NY, lies roughly 100 miles to the east. Thus GCHS remains fairly isolated and is a unique provider in a service area of roughly 2.2 million people. In addition to the usual complement of surgical services, GCHS is the only resource for congenital heart disease surgery in all of western upstate New York, and the only location for interventional cardiac catheterization. Similarly, GCHS remains the only upstate NY center for pediatric orthotopic liver transplantation (both cadaveric and living related donors) and autologous stem cell transplantation. GCHS also carries the designation of a Level I pediatric trauma center from the American College of Surgeons.

The University of Rochester Department of Anesthesiology has approximately 60 full-time attending staff. Five attendings have at least fellowship training in pediatric anesthesia, and two have additional training in pediatric cardiac anesthesia. Of the five attendings with pediatric anesthesia fellowship training, two are board-certified in pediatrics, and one of those is also board-certified in pediatric critical care medicine. The five pediatric anesthesia-trained attendings divide pediatric call among them for the department. For this duty, the attendings cover all cases (except for open heart and transplant surgery) in children aged 24 months or younger. Open heart and transplant cases are covered by separate teams. A unique aspects of pediatric anesthesia at GCHS is the strong departmental commitment to providing coverage at extramural (outside the operating room) locations, including MRI, CT, interventional radiology and angiography, cardiac catheterization and electrophysiology, GI endoscopy, radiation oncology treatment, and ophthalmology clinic. We have one of the largest extramural anesthesia caseloads of any children's hospital in the US, including free-standing hospitals. The following graphs provide a summary of pediatric anesthesia clinical activity.

Pediatric Anesthesia Case-load Over a 5-Year Period (OR and Extramural ["ECTOPIC"] Locations)



Pediatric Cardiac Anesthesia Case-load Over a 5-Year Period



In August 2006, the pediatric surgical suite opened, providing areas for pre-anesthesia holding, post-anesthesia recovery, and parent/family waiting. Substantial growth in most areas of pediatric anesthesia has occurred over the past 5 years at GCHS, improving the training experience in our ACGME-approved pediatric anesthesia fellowship. With the planned addition of an ambulatory surgery center by summer, 2009, we anticipate further caseload increases, as well as the organization of a pediatric acute pain service.