

Chez nous

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MCH EMPLOYEE NEWSLETTER

April 14, 2011

News

National Volunteer Week

Turning frowns into smiles

MCH team uses innovative pre-surgical procedure to help mend cleft lips and palates

By Christine Zeindler



Thomas was born with a cleft lip and a nose that was partially collapsed. Although his family found out about the birth defect a few days before his birth, when they held him and saw his face, they realized how serious his condition was. "His lips didn't meet, his

gums were particularly crooked and misaligned and his nose was falling down on one side. I knew this condition wasn't life threatening, but thought my son would need an enormous number of surgeries," says Isabelle Billard, Thomas's mother.

Thankfully, Ms. Billard's worries were not justified. New innovative procedures performed at the Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC) are giving children with cleft lips and palates reason to smile. This non-invasive intervention, called nasoalveolar molding (NAM) reshapes the gums, lips and nostrils prior to surgery, resulting in near-perfect features and fewer surgeries.

"By using NAM, we improve the aesthetic results because we align and balance the features," says MCH pediatric orthodontist Dr. Broula Jamal. "This technique takes advantage of the malleability of the immature cartilage to make the nose as symmetric as possible and to raise the collapsed nostrils. It also helps stretch the soft tissues, like the lips, so the surgeon can close them without any tension and thus reduce the scarring.

"I had never heard about this procedure before," says Ms. Billard. "Although I was nervous, I was encouraged by the thought of reducing the number of surgeries."

At five weeks of age, Thomas was fitted with a custom-made molding plate similar to an orthodontic retainer. The device, which was attached to his face with small rubber bands, was worn 24 hours a day. Each week, small adjustments were made by Dr. Jamal until the gap between the gums was small enough to attach a small post to the appliance. This post was then inserted into the nostril and slowly adjusted to lift the nose and open it.

"I saw improvements in the first week. I could see how his lip was growing in the right direction. It was very powerful to see the progressive improvement," says Ms. Billard.

Once the lips were almost closed and the nose straightened, MCH plastic surgeon Dr. Mirko Gilardino took over. After a single surgery, Thomas's lips are completely closed, his gums are aligned and you can balance a pencil on the end of his nose.

(Continued on page 2)



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(Continued from page 1, Turning Frowns into Smiles)

“We are seeing better end-results,” says Dr. Gilardino referring to the NAM procedure. “We need to do less significant revisional procedures; the lips don’t need much work and usually the nose requires only minor revisions.”

“Thomas didn’t complain while wearing the appliance and I know the NAM made a huge difference,” says Ms. Billard.

At 11 months old, Thomas smiles frequently, and so does his mother. “This was an effort, but it was well worth it.”

For more information about the Cleft Palate Clinic please call: 514-412-4400 x22517. To watch a TVA news report about the NAM, visit: tvouvelles.ca/lcn/infos/regional/archives/2011/02/20110212-160058.html

Thank you to all volunteers of The Montreal Children’s Hospital

A message from Dr. Harvey Guyda, Associate Executive Director of the Montreal Children’s Hospital of the MUHC

The purpose of life is not to be happy - but to matter, to be productive, to be useful, to have it make some difference that you have lived at all. ~Leo Rosten

As volunteers at the Montreal Children’s Hospital (MCH), you do more than ‘make some difference’ – you’re making a huge difference in the lives of the children and families in our care. We wish to sincerely thank every one of the 470 volunteers for donating your time and energy to this hospital. You are invaluable members of the MCH community. Your kind words, gentle touch, ready smile, and attentive ear have a profound effect on the lives of children who are sick, in pain or lonely.

Today, society pays rapt attention to celebrities, making heroes out of entertainers that may contribute little to society. However, we know that you are the true heroes in our community. You provide your enthusiasm, kindness, support and encouragement, often with a touch of humour, to make someone’s day a little brighter. In return, you ask for nothing, you expect nothing.

The Merriam Webster Dictionary defines a hero as: a man or woman admired for his or her achievements and noble qualities. This aptly describes every MCH volunteer from young adults to seniors who work via Volunteer Services, the MCH Auxiliary, MCH Foundation, FAF and/ or the Council for Services to Children and Adolescents.

Please know that we genuinely appreciate and value your commitment to The Montreal Children’s Hospital. It is gratifying to know the volunteer spirit is alive and well here. Thank you on behalf of our patients and their families for everything that you do.

To the world you may be one person but to one person you may be the world.” Heather Cortez

Did you know?

- 470 volunteers work at the MCH
- Our volunteers work a total of 25,000 hours per year, the equivalent of nearly 14 full-time employees.
- Volunteer Services is planning training sessions for volunteers. The first session will be dedicated to active listening.
- More and more volunteers are working in the ER as part of the “Help me find my way” program.
- Our volunteers are now working at the MCH daycare which is part of an agreement with Le Papillon.
- Our volunteers say they feel extremely welcomed by staff and are happy to be part of the MCH team.

If you would like to have a volunteer work in your department, service or clinic, call Ann Hébert, Volunteer Services Coordinator, at ext. 22764.

Chez nous is published by the MCH Public Relations and Communications office.

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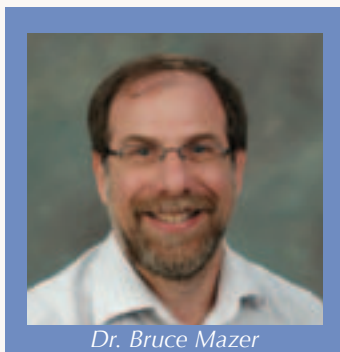
To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.
Deadline: April 22, 2011.

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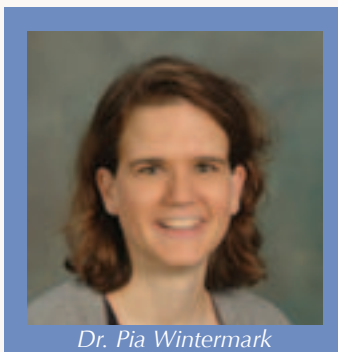
Patients: The motivation behind clinical research

Three MCH clinical researchers share their experiences

By Christine Zeindler



Dr. Bruce Mazer



Dr. Pia Wintermark



Dr. Indra Gupta

For Drs. Bruce Mazer, Pia Wintermark and Indra Gupta, their days begin much the same as other physicians. After waking up, they eat, check their pagers and review the list of patients they will be seeing. Then they turn their minds to a different kind of medicine – how their laboratory experiments are doing. For these physicians at the Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC) patient care is tied inextricably to their research. This makes for a busy life, but they can’t imagine doing one job and not the other.

“It can make me a little schizophrenic,” says Dr. Mazer, Head of the MCH Allergy and Immunology Department, commenting on dividing his time between seeing patients and working in the lab. “Because we are always multitasking we feel pulled in one direction or another. We work long hours. If it wasn’t so much fun, I probably wouldn’t do it. But it’s extremely enjoyable, tremendously rewarding and I know I’m doing this to help people.”

Research focus: Antibodies to treat inflammatory disease

In addition to running numerous immunology clinics, to treat children with asthma, allergies, severe skin diseases and immune deficiency, Dr. Mazer conducts research at the McGill Meakins-Christie Laboratory. His work is focused on looking at how antibodies, the molecules that fight infection, can also control the immune system. “We believe antibodies are not just in the body to fight infections. We are looking at how the administration of high levels of antibodies can decrease over-stimulated immune systems, such as the immune systems of patients with asthma. It is like these molecules go into the body and calm down the immune response. We have seen this result in both animal models and in humans.”

“My research gives me interesting approaches for parents and patients. Having an understanding how the cells work and how they interact allows me to give a bit more perspective and information to families. I think they really appreciate this.”

Research focus: Cooling the body to combat brain injury

Dr. Wintermark, a neonatologist, says there is a need for

research in her area of clinical expertise, the care of sick newborns. She is examining ways to stop the brain injury that occurs when a newborn is deprived of oxygen at birth, something that can happen during a particularly difficult labour. “Physicians can repair damage to the heart and most other organs, but for the moment, we have no solutions for repairing damage to the brain. Telling parents their child has this type of injury and that there is nothing we can do is unacceptable.”

Dr. Wintermark’s research focuses on cooling babies several degrees below normal to decrease brain injury. “This technique works well for some babies. Others however still develop injury, despite the treatment. Our goal is to figure out why there is a difference and how we can improve the current treatment.”

Molecular biology to understand kidney disease

Patients are also the motivator for Dr. Gupta’s research. “When I see children with kidney disease and how they struggle, it motivates me to go back to the lab and re-examine the biology behind the disease.” Dr. Gupta, a pediatric nephrologist is using molecular biology to understand how inherited kidney and urinary tract abnormalities occur. Although she is optimistic about future prospects, she cautions about expectations. “I think we should remain humble about what we can do in the lab because there are many small steps, over years, that will contribute to a significant finding down the road. I am attracted by the process of taking what we know about patients and bringing this to the lab and then back to the patient. It takes a lot of stamina, but is well worth it.”

“Patients ask why I’m always in such an upbeat mood and I say it’s because I don’t just do one thing. I think treating patients and conducting research improves the quality of care I deliver,” adds Dr. Mazer.

Read more about how these physicians juggle their patients, the lab and their personal lives at www.thechildren.com/news

Celebrating 25 years of service and more

Congratulations to the many staff members who celebrated 25, 30, 35 and 40 years of service at the MCH from October to December 2010.

25 years

SARA ANDREA BAZINET
ANDRE BEAUDOIN
DANIEL BEAULIEU
MAURICE BROSEAU
CHANTAL CHAMPOUX
SONIA CHAMPOUX
JOANNE COTE-HICKS
CARMELINA DI RE
PATRIZIA FARNESI
FRANCE FORTIN
MARIE GALE
DEBORAH HARMIDY
JEANNINE JULIEN
MARC LA SALLE
MARTINE LAFLAMME
DIANE LANGFORD
GINETTE LABEL
MANON LECLAIR
JO-ANN LEWIS
GINETTE MANSEAU
ANNE-MARIE MARTINEZ
LINDA MASSE
HELENE MCISAAC
HELENE PELLETIER
ALAIN PROVENCAL
LUCY RICHARD
BERNARD RIEL
CHRISTIANNE ROY
SANTINA SCARAMELLA
KAREN THOMAS
MARIE TREMBLAY

30 years

MARIE ANTONACCI
CLEOPATRA ASHBY
ANNE BOISVERT
ANGELINE BOULAY
PATRICIA BROWN
HELENE CARON-EMMEYAN
ROBERT CAUCCI
ELLEN CLARK GARDENER
ALDA DIBATTISTA
MARY ANNE DIGBY
ROBIN GAGNON
SERGE GAUVREAU
JOCELYN GILMORE-CLARKE
SYLVIA LADAN
JOHANNE L'ECUYER
GAYLENE MARTIN
PATRICIA MCALEESE
MARIE CLAUDE MERCURE
NINO NOBILE
VINCENZA PASCUZZO
SILVIA PISTAGNESI
NICOLE POITRAS
SEGUNDO QUINTO
MARIA SANTOS
CHRISTIANNE TESSIER
ROBERT TREMBLAY

35 years

HELENE BOURROUILH
SCARPELLI
JOSE BRUM
MICHELE FORTIN
SILVINA FULVIO
ESTHER GILKES
JUNE HUM
LINDA HUNTOON
WESTMORE ISHMAEL
MARY MCQUILLAN
CHERYL PERKS
LISE RAJOTTE
SHIRLEY STRAUGHTON
AREVALOUISSSE TOPALIAN
EMIDIO TULLI

40 years

DIANE LEMAY

Farmer's Market - by Demetra Kafantaris

On March 23, the MCH held its first ever Farmer's Market; it was a resounding success! The reaction on people's faces as they entered the cafeteria was proof we were onto something good. People were drawn to the kiosk by the aroma of fresh fruit and vegetables and by the beauty of the colourful display.



The idea for the market was generated by members of MCH Administration after meeting with MUHC Health Promoting Hospital representatives to discuss next steps in pursuing *healthy active living* (HAL) objectives. The idea also responded to the government's push to have public institutions establish healthy eating policies and practices (*saines habitudes de vie.gouv.qc.ca*).

Endorsed by MCH Senior Management and with support and encouragement from the MCH Quality

Celebrate Easter with lamb

Throughout the Christian world, feasting on lamb at Easter is an established tradition. It is also a common Passover meal for the Jews. The natural breeding cycle of sheep produces lamb in the months of March and April hence it is a traditional means of ushering in the spring season. Nowadays, modern animal husbandry allows for lamb of varying ages to be available year round.

Even though lamb meat is considered red meat, it is very healthy and tasty, having a very tender and buttery quality. Lamb is rich in vitamins and minerals, mostly iron and zinc. Half of the fat is unsaturated, i.e. good for the health, but it is obviously advisable to trim most of the fat.

Easter tradition calls for roasted lamb, but instead you can cook it in a stew that can be made ahead of time so that you'll have more time to spend with family and guests.

Turn the page for Lamb Tagine with Fennel recipe

of Life at Work Committee and the MCH Family Advisory Forum, I asked Corinne Pinsonneault, Manager of Food Services-MCH (Sodexo), to organize the event. She eagerly did so, finding an enthusiastic collaborator in Cédéric from *Fruits et Légumes Jasmin et cie*, who brought a small segment of his Atwater Market kiosk to the Children's.

To further promote healthy eating, Corinne had a chef prepare several salads to be sold in the cafeteria, the idea being that people could try the salads and then pick up the recipes and ingredients all at the same place.

In light of the immensely positive feedback the Farmer's Market will be back. Stay tuned to *Chez Nous* to find out when. In the meantime, eat and live healthy!



SOSCuisine.com is a meal and grocery planning service used by over 240,000 Canadian families every week. SOS Cuisine helps consumers make smarter food choices thanks to the variety of healthy meal plans that take advantage of flyer specials at local supermarkets and take into account personal food preferences. The service is available from coast to coast in all ten Canadian provinces.

Lamb Tagine with Fennel

Preparation: 30 min; Cooking: 1 h;

Total: 1 h 30 min

570 Calories/serving; yield 6 servings

- 1/4 cup (30 g) raisins
- 1 1/2 tbsp (23 ml) olive oil
- 600 g lamb shoulder, boneless, cut into 3-4 cm pieces
- salt and pepper to taste
- 1 1/2 tbsp (22 g) butter, unsalted
- 1 onion (200 g), finely chopped
- 2 cloves garlic, finely chopped
- 1 fennel bulb (360 g), thinly sliced
- 1 carrot (100 g), diced
- 1 cup (250 g) canned tomatoes (diced or chopped)
- 12 black olives
- 2 tbsp (16 g) almonds [optional]
- 1 1/4 cup (310 ml) beef broth
- 1/2 tsp (2 g) ground cumin
- 1/2 tsp (2 g) curry powder
- 1/2 tsp (2 g) couscous spice (ras-el-hanout)
- 2 bay leaves
- 3 tbsp (6 g) fresh cilantro
- 3 tbsp (45 ml) lemon juice, freshly squeezed
- 1 1/4 cup (200 g) couscous

- ✓ Preheat the oven to 175°C/350°F. In a small bowl, macerate the raisins in water.
- ✓ Heat the oil in a pan over high heat. Sauté the lamb pieces, turning frequently. Cook until golden, about 10 minutes. Add salt and pepper, then transfer the lamb and cooking juice into the tagine or casserole. Set aside.
- ✓ In the same pan, add the butter and sauté the onion, garlic, and fennel 2 to 3 minutes over medium heat. Add the carrot and tomatoes. Cook 5 minutes. Place the vegetables into the casserole with the lamb pieces. Add the raisins, olives, whole almonds (optional), cilantro, bay leaves, and spices. Pour in the warm broth, then put the casserole in the middle of the oven.
- ✓ Cook 40 minutes with the lid on and then 15 minutes without, in order to reduce the juice. Sprinkle with lemon juice. Adjust the seasoning.
- ✓ When ready to serve, cook the couscous. Serve directly out of the casserole with the couscous on the side.



How to introduce yourself to patients: FAF offers advice

Dr. Claudette Bardin recently asked members of the Family Advisory Forum (FAF) to weigh in on how parents would like health professionals to communicate with them in the hospital setting.

The FAF established a working group to discuss the issue and came up with several helpful suggestions:

- Introduce yourself by your **full name**: “Hello, I am Dr. Lindsay Smith.” Be personable and down to earth.
- Mention your **specialty** using layman’s terms: “I’m a pediatrician” or “I’m a nurse.” Explain your specialization: “I’m an endocrinologist – endocrinology is the study of hormones.”
- Say **how long you’ll be working** that day: “I’ll be here until 6:00 p.m.”

- Make sure the **patient or family member understands** what you’re talking about by asking “Do you have any questions?” or similar.



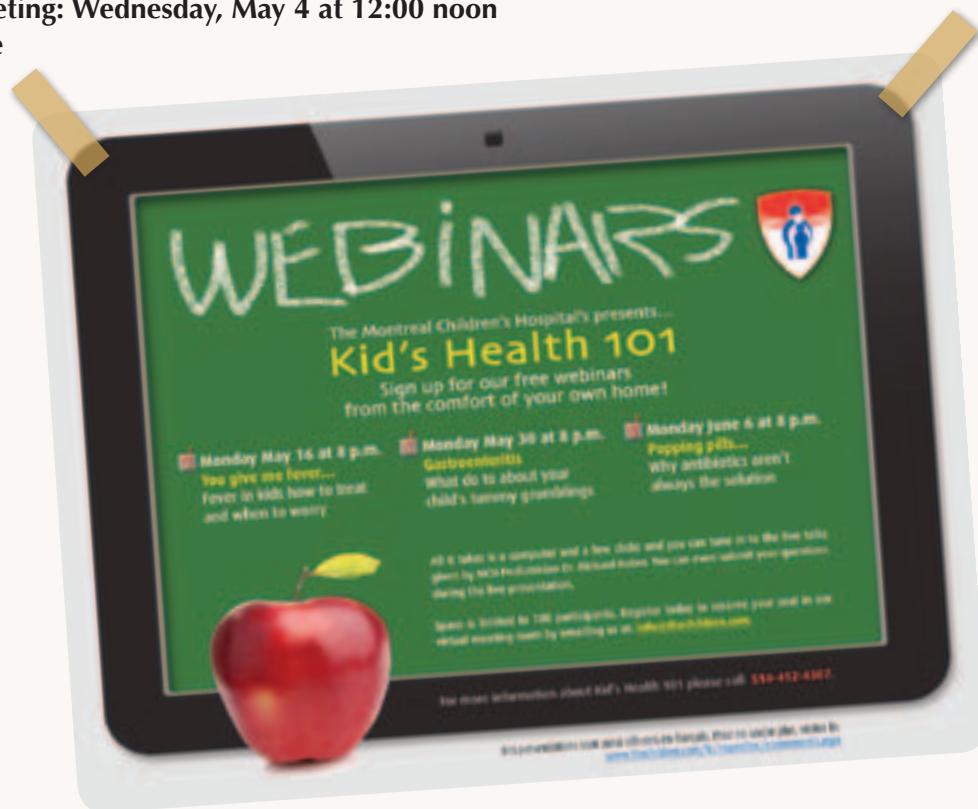
Other suggestions from the working group are:

- Always make sure you’re speaking to the **parent or guardian** of the patient, and not an aunt, uncle, or cousin, etc.
- Use **open body language** – e.g. don’t fold your arms in front of you.
- Explain or clarify **what you are going to do**.
- **Don’t rush** through what you’re saying and doing; this will help reassure patients and families.

MCH Town Hall video available on MUHC Intranet

The MCH held a Town Hall meeting on March 29 to discuss Child Life Services and School Services 75th anniversary, Telehealth and the new Glen site. For those who were not able to make it, a video of the entire hour-long event is available on intranet.muhc.mcgill.ca/headline_news/news_video.html.

**Next Town Hall meeting: Wednesday, May 4 at 12:00 noon
in the Amphitheatre**

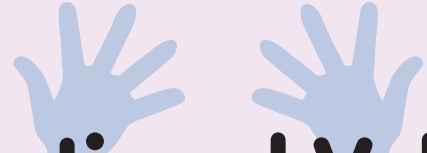


Volunteers make a real difference in the lives of the children, families and staff at The Montreal Children's Hospital.

Every year, more than 470 volunteers actively contribute approximately 25,000 hours of their time to various programs throughout the hospital. Whether it's helping to keep waiting rooms cheerful, spending one-on-one time with patients or helping out with clerical duties, our volunteers play an important role in supporting the staff and making The Children's a place where children and families feel looked after.

In honour of National Volunteer Week, which runs from April 10 to 16, 2011, we spoke to a small sampling of volunteers to find out more about their work and why they decided to give their time to The Children's. To read more about where these dedicated volunteers can be found and how they keep busy around the hospital, visit our website at thechildren.com or our Facebook page: facebook.com/MCH.HME

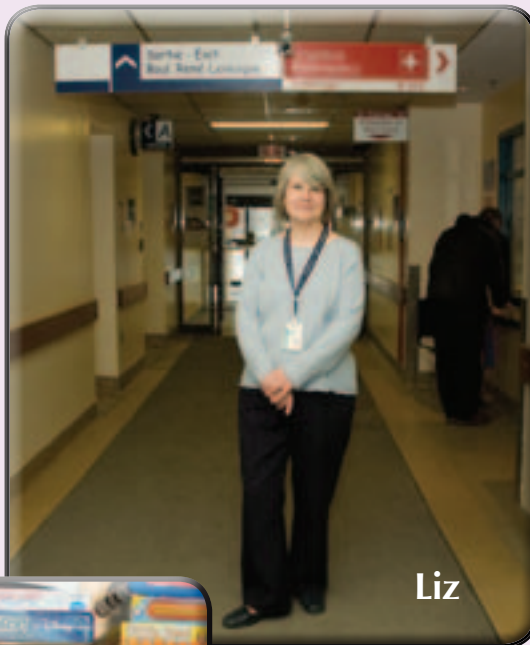
Celebrate



National Volunteer Week

APRIL 10-16

MCH Volunteers



Liz



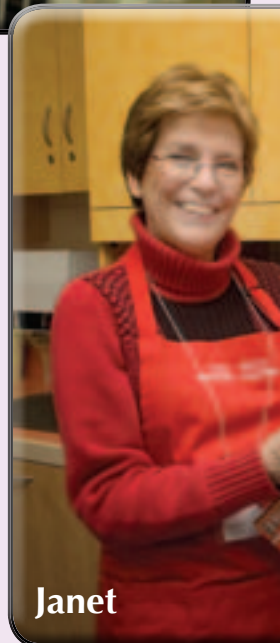
Grace



Jodi



Mireille



Janet

ating



unteer Week

-16, 2011

Pay it Forward



Martine



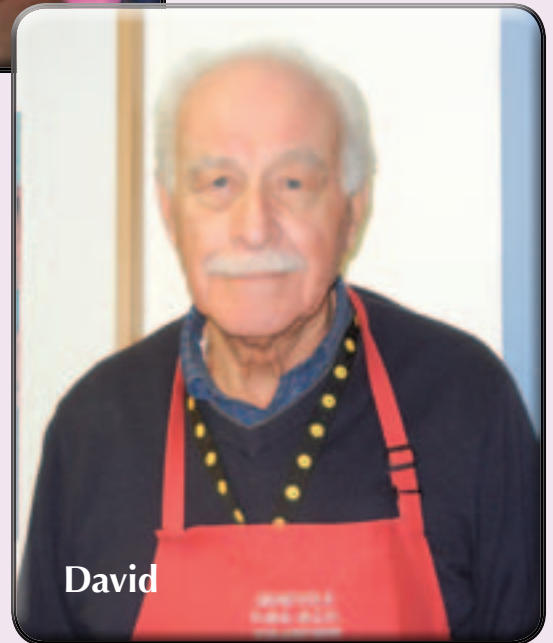
Hagop



Gaia, the dog



Marylen



David

COME ONE, COME ALL!

Coffee, Cookies and Communications Chat for all MCH employees and physicians

The Quality of Life at Work Committee and the Public Relations and Communications Service are serving up **free coffee and cookies** in the cafeteria on **June 1, 2011** from 8:30 a.m. to 10:00 a.m., and from 4:00 to 5:00 p.m. Anyone wearing their hospital I.D. badge will receive a free coffee and oatmeal raisin cookie. Spread the word—all are welcome!

Our People

Meet George Midgley

War veteran, engineer, amateur zoologist, MCH Volunteer

By Lisa Dutton

Henry David Thoreau wrote, "Most men lead lives of quiet desperation and go to the grave with the song still in them." George Midgley is not one of these men.

Born in England, Mr. Midgley is one of the few surviving 'homeboys', more than several thousand or so children from Great Britain who were taken from impoverished families, orphanages or street life and sent to Canada to settle the land. At age 14, he found himself working a farm in Sherbrooke.

At the start of World War II, Mr. Midgley was captivated by the rousing speeches delivered by Winston Churchill. He also heard King George IV (not Colin Firth) deliver the king's speech on September 3, 1939. Anxious to do his part for the war effort and craving adventure, Mr. Midgley hitchhiked and worked his way to Halifax. He was 16, too young to enlist, but not too young to work as a helmsman on a Norwegian tanker that crisscrossed the Atlantic delivering aviation fuel to Britain. "The tanker carried 7-million gallons of fuel. It was a floating bomb," says Mr. Midgley. "We saw a lot of action during our voyages. During battle, the crew would stay on deck towards the back of the ship so if bombed we'd be blown into the ocean rather than blown up."

Mr. Midgley says all seamen were given lifejackets equipped with a



light; this allowed them to be spotted bobbing in the water. One night the tanker was surrounded by lights; he could hear the men screaming for help. But the ship stayed its course. Mr. Midgley turned to the captain, "Aren't we going to stop?" The terse answer "No". Getting fuel to England trumped the value of the men in the water.

After the war, Mr. Midgley enlisted in the Canadian Army. He pursued an education at the armed forces school in Kingston and studied at Sir George Williams University. He graduated as a mechanical engineer. "To this day, I can take apart an engine and put it back together with my eyes closed," he boasts.

Once discharged, he worked for the Shawinigan Engineering Company

building sub-stations, cement plants, and irrigation systems around the world. He also pursued his lifelong passion for animals becoming one of the founders of the Montreal Zoological Society. To this day, he continues as society president.

At retirement, Mr. Midgley started volunteering at The Montreal Children's Hospital, working two days a week. He has helped Child Life Services bake cookies with the children, play board games with the children and on several occasions he gave a slide presentation of his safari trip to Africa for the kids and their families.

He moved on to do office work for Volunteer Services tracking the number of hours worked by MCH volunteers. Ever the engineer, he streamlined the compilation system and thus now works only once a week.

Today, at age 83, he says, "I've never been one to sit on my buttocks (Mr. Midgley used a shorter word) and do nothing. You've got to keep busy," he says. "I've led one good life, but I haven't thrown in the towel yet," he jokes, noting there are many projects on his bucket list.

He also adds that his reason for volunteering is because so much good was given to him by others he now wants to give back.



Our Heroes

Bringing Stefano Home

By Pamela Toman

Stefano Ruvo is only 16 months old, but until this past December, he had never spent time outside of a hospital. Born December 1, 2009, at 38 weeks, he was first transferred to The Children's at just three days old when doctors detected a breathing problem.

Upon his arrival, doctors at the MCH ran a battery of tests. Ultimately, his diagnosis would rest on the results of a single blood test that had to be sent to the U.S. for analysis.

The Saturday before Christmas 2009, the Ruvos were asked to come in to speak with a medical team. Doctors explained their son had been diagnosed with a moderate-to-severe case of Congenital Central Hypoventilation Syndrome or CCHS, a rare genetic disease and disorder of the central nervous system where the automatic control of breathing is missing. This meant Stefano's brain did not stimulate breathing. He would need to be ventilated 24 hours a day and would require a tracheotomy.

Overwhelmed, Rosa and Vito had many questions for Stefano's medical team. Luckily, they were surrounded by a team of doctors who were able

to help them better understand their son's condition, and reassure them about the tracheotomy and other CCHS cases.

Stefano's first operation was to confirm if he also had Hirschsprung's disease, an associated condition in people who have CCHS wherein the nerve cells of the large intestine do not function properly. On December 28th, Dr. Sherif Emil performed the surgery, in which all of his large intestine and part of his small intestine was removed, and replaced with an ileostomy: a surgical intervention to connect his remaining small intestine to an opening on the surface of his skin.

Just two weeks later, Dr. Sam Daniel performed a second surgery on Stefano to allow him to breathe without the use of his nose or mouth. An opening was made in his windpipe to insert a tracheotomy that would be attached to his ventilator. "It was the first time we were able to see his whole face, with no tube in his nose," says Vito. "With these two operations out of the way, we were ready to start his rehabilitation."

Once the little fighter began to recover, he started to grow both physically and mentally. As his

parents saw his progress, they began their quest to finally be able to bring him home.

Rosa and Vito had to go through weeks of training to ensure that they were properly trained to care for Stefano outside of the hospital. Members of the MCH staff taught them how to reinsert their son's tracheotomy, and care for the gastrostomy tube.

With a great deal of support from the hospital, the Ruvos were finally able to bring their bundle of joy home for good on January 7, 2011. "Our son is a miracle and we are so happy to have him home now," says Rosa. Stefano's older twin sisters are also delighted to have Mom and Dad and little brother all under the same roof.