Chez nous
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MCH EMPLOYEE NEWSLETTER
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News

Children Breaking Ground for Children

The construction of our future MCH was set in motion on Tuesday, September 7 during a ceremony held in the presence of Minister of Health and Social Services Dr. Yves Bolduc, and Ms. Michèle Dionne, patron of the event. Surrounded by 106 children (*right*)whose presence symbolized the 106 years of the current Hospital's existence, they raised a symbolic shovelful of earth to underline the start of the construction of what will be, by 2014, one of the most modern pediatric institutions in North America. Many of the "Founders" (donors to the MCH Foundation's Best Care for Children Campaign) were also in attendance to mark this milestone.

Photo: Robert Derval

CSCA Chairman John Coleman addressed the invited guests.

"Good morning everyone.
This is a historic day for The Montreal Children's Hospital of the McGill University Health Centre. We are doing much more than simply turning a divot of sod. Today, September 7, 2010, is a defining moment in the history of The Montreal Children's Hospital. The Children's, Quebec's oldest pediatric hospital, is laying down new, deep roots; fresh, strong roots. The hospital is proudly and boldly seizing its rightful place as one of Quebec's most important, innovative, forward-thinking and compassionate hospitals. We are marking the hospital's coming of age, if you will, as we build on our past achievements and look forward to a very promising future.

While building this hospital we are not simply putting one brick on top of another; we are building a healing environment. We aren't simply moving from one location to another, we are building a facility that will be the envy of the world. Today's simple sod turning marks the creation of a pediatric hospital that will provide the best and most compassionate care for your children, grandchildren and great-great grandchildren, no matter their mother tongue, no matter their culture, no matter their spiritual beliefs.

The new Montreal Children's Hospital is being designed with our patients and their families in mind. Our new hospital, your new hospital, features single patient rooms for more privacy; an ergonomic design to improve efficiency. The new hospital will be cleaner, brighter, easier to navigate and able to meet both our current and future needs."

(Continued on page 2)

(Continued from page 1, Children Breaking Ground for Children)

MCH Associate Executive Director Dr. Harvey Guyda also spoke at the event.

"As the amazing team of health care professionals who work at The Montreal Children's Hospital can attest, we are working in a facility whose "best before date" has long expired. Our new hospital will be a far sight better than our current cramped and inefficient building. Our new modern facility will enable us to retain our current staff and attract new health care professionals.

The new Montreal Children's Hospital will allow us to provide timely, accessible, high-quality care. It will enable The Children's to expand and enhance its areas of medical, surgical and research expertise in brain development, neurology, neurosurgery, cardiology and cardiac surgery, cancer care, orthopedics and trauma care. We may not be the biggest pediatric hospital, but we can proudly boast that Quebec's best, brightest, most companionate health professionals and researchers call The Montreal Children's Hospital home.

I would be remiss if, at this point, I didn't thank the Montreal Children's Hospital Foundation for its unfaltering support of this project. This is why our foundation's ambitious goal of raising $100 million dollars—let me repeat that $100 million—to help us build our new hospital is that much more laudable. Every member of the foundation, every member of the foundation's staff is to be commended for their drive and their enthusiasm.

Thank you very much."

Photo: Robert Derval

Did you know?

A thousand truckloads of dirt per day are being carted away from the Glen Campus.

Fresh look for Cabot Square

The Ville-Marie borough is carrying out repairs to Cabot Square and its surrounding area. Missing streetlamp bases have been covered and secured at the Square and replacements has been requested. The pavilion is being cleaned and broken tiles replaced. The paths are also being cleaned and reorganized, and the lawn repaired.

Special attention is being given to the cleanliness of public property (streets and alleys) in the Séville quadrangle. City inspectors will also ensure that the job site is up to standard and that the adjacent area is safe (cleanliness, fencing, etc.)

Technical studies are underway to confirm the possibility of setting up a safe playground in Toe Blake Park, although space is somewhat limited. Pruning and horticultural work will be carried out to clear the area around existing monuments and bike racks will be installed.

Actions are also being taken to better secure major intersections. In some cases this will mean additional street marking, in others it will require removing existing vegetation to improve user visibility.

***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.

Logo FSC

Imma Franco
Associate Director, Programs and Services Planning-
MUHC Redevelopment Project

By Debra Bernacki

Imma Franco's medical career took a major detour 11 years ago - one that broke ground on a brand new professional landscape. The now Associate Director, Programs and Services Planning for the MUHC Redevelopment Project began working at the Montreal Children's Hospital in 1983 as a respiratory therapist. She became manager of Respiratory Services in 1990 and stayed until 1999 when she joined the MUHC planning office. "The timing was right," Franco says. "It was an occasion for me to learn new things, a once-in-a-generation opportunity. I also felt it would be a challenge and a chance for me to contribute to the organization."

The transition from manager of MCH Respiratory Services to playing a key role in the construction of the new MUHC was an intriguing one. "It was quite fascinating," Franco says. "I had never worked in an office environment. At the very beginning I had a lot of learning and catching up to do. I went from an environment where my phone rang constantly to an environment where nobody called me for the first month," she laughs. "That was a little distressing, but I quickly ramped up and adapted."

Franco is part of a larger team that includes a balance of professional expertise made up of architects, engineers and clinical staff from different hospital sectors and groups within the MUHC. Hospital representatives communicate the needs of staff, patients and families to architects and engineers. "I'm responsible for the overall coordination and organization of programs and services, including clinical care, teaching and research, planned for the redevelopment of the MUHC project."

One of her biggest challenges in her transitioning process was learning how to manage and manoeuvre through the bureaucratic layers of the health ministry and other health agency groups. "It took time to understand the rules and approval procedures for getting hospital projects advanced and developed," she says.

The skill set Franco used as manager of Respiratory Services at the Children's is the same one she applies in her associate director post on the planning committee: "As a middle manger at the Children's, I did quite a bit of negotiating on a daily basis with clinicians, families,

patients and staff." It's much the same today. "This is a highly stressful, highly conflictual position with a variety of personalities and different points of view. My job is to manage and negotiate all of those things." Communication and people skills ranked high on Franco's necessities list then, just as they do now. "Those skills help me a great deal," she says.

The optimistic, tenacious Franco admits there have been some down times in the past 11 years. All the false starts did prove discouraging and frustrating. Her conviction that our community and our province are in dire need of new healthcare infrastructure is what kept her motivated. Despite opposition and pessimism, Franco just kept ploughing ahead, breathing life into every new relaunch and reviving every redesign. Perhaps not such a far-fetched task for this one-time practitioner entrusted with the treatment and management of respiratory distress. "I'm really driven to see this project come to fruition," she adds. "The construction is going fast and furious, this is really it."

Patient and Family-Centered Rounds

Health care teams increasingly involve families in development of care plan

By Dr. Claudette Bardin

When I returned to the MCH in 2000 to become a ward attending (while continuing in neonatology), I was struck by the "new" way that morning rounds were conducted--in a conference room, with the assumption that the information collected by the on-call trainee was correct, far from the nursing staff and far from the child and their family. We were discussing an abstract case and making decisions and writing orders on a computer without seeing the child or talking to those caring for that child, i.e. the parents and the nursing staff. Years before, walking down the corridors of the different medical wards, you'd find the various medical teams. In 2000 the corridors were silent in the morning. For sure we certainly were seeing the child after rounds and doing all the proper things, but for me it was working backwards and inefficiently. Eventually in 2007 I met a senior resident who had a similar vision of patient care, and the medical team started the morning by going from room to room to see the new patients. Since the patient rooms are small and the medical team large it felt somewhat awkward at the beginning to do bedside rounds. But this awkwardness didn't last and the gains were great. Families were always given the choice and rarely did they refuse to let us see their child and discuss the care plan at the bedside. They really appreciated being involved and being part of the discussions we had.

I was further encouraged when I attended a presentation on family-centered rounds at the Canadian Paediatric Society meeting in Montreal given by Dr. Muething, a pioneer in the field from Cincinnati. Dr. Muething then came to give Pediatric Grand Rounds at the MCH in 2008 and attended ward rounds with my team.

What are Family-Centered Bedside Rounds?

Family-Centered Bedside Rounds (FCBR) are part of the larger concept of Patient/Family Centered Care. Rounds are conducted at the bedside if the patient/family approves. Ideally, rounds should be multidisciplinary, not only involving the child and family and the medical team (attending staff/ teaching staff, senior pediatric resident, junior residents, medical students), but also the child's nurse, the pharmacist, the social worker, if applicable, and the discharge planner/care coordinator. The trainee who did the admission presents the child and the child is examined. Discussion follows on the most likely diagnosis, the test results, the management and the objectives for discharge. The child and family are expected to be active participants. Coming to agreement on the care plan is a must.

What are the advantages of FCBR?

The patient and families know who the treating team is (we also provide a form with our names), and the medical team has met all the children on the team. This gives team members an advantage when on call, and compensates for the low patient/ trainee ratio we have on the medical wards. Families, the primary care givers, are directly involved in the care plan--the reason for admission, the treatment plan, the discharge goals--and all the team members are aware of the plan. Better efficiency and earlier discharges have been observed. It also gives the attending staff the ability to observe the trainees' skills and to model appropriate behaviours and communication skills.

There are multiple challenges for us at the MCH mostly due to the physical constraints of the medical wards

Eleven-year-old Nicolas Lavigne shows off his winning entry in the Patient and Family Centred Care logo contest held in the spring.

Photo: N. Zeitouni

raising the problem of confidentiality. At the MCH we have a very diverse patient population and we have to adapt to the differences in culture, expectations, and language. With the large medical team we have we run the risk of not including the child/ family in the bedside round, and to get lost in lengthy discussions. Parents are not always present when we must do rounds and with our nursing shortage it is so frustrating if the child's nurses are not present with us. The literature has shown that bedside rounds are lengthier than conference room rounds, but the advantages counterbalance the few extra minutes spent at the bedside.

Where are we in 2010 at the MCH?

More and more ward attendings are adopting this 'new old' way of conducting rounds and the pediatric residents are being more and more sensitized to Family-Centered Bedside Rounds. More discipline must be applied when we go to the bedside.
We are impatiently waiting to move to the new Children's Hospital with its single rooms and hope that the child's nurse and maybe a discharge planner will be available to do rounds with us, to finally be able to deliver Family-Centered Care.

Making Headlines

Dr. Preetha Krishnamoorthy, endocrinologist at the MCH, was interviewed on "Une pilule, une petite granule" (Télé-Québec) on the subject of "growth issues". The episode aired on September 16, and was rebroadcast on September 19, 20, and 22.

MCH pediatrician **Dr. Richard Haber** is a regular guest on CJAD 800 AM's weekly "Kim Fraser Show" at 1:00 p.m. on Fridays. Different subjects are discussed each week and Dr. Haber answers questions from the general public.

@ Work

Source: canadianliving.com

Eating for energy

Tips for avoiding that afternoon slump

By Emily Kimber

It's 3:00 p.m. and you can barely keep your eyes open. Your limbs feel heavy and, in mid-sentence, a large yawn has stopped you cold – for the third time. It's not as though you didn't get the requisite eight hours last night, so what's going on? It could just be one of those days, but if you're out of energy on a regular basis, you might want to take a look at your diet.

Pam Lynch, nutrition consultant and sports therapist, says there are a lot of ways in which what you eat – or don't eat – could affect your energy level. "The food you eat may not be the only thing affecting your lagging spirits, but it makes sense that what goes in affects what you are able to put out."

Refined carbohydrates, like cookies and cake, might give you a "sugar high" but they won't have the lasting power of whole grains and other complex carbs. As for energy drinks, Lynch says, "Look at the ingredient list. What is in that drink to give you energy?" Often, the answer is sugar and caffeine, neither of which will provide more than a temporary boost.

Waiting too long between meals can result in a decrease in energy. We're all so busy it's hard to schedule regular meals. Even if you eat a good breakfast, you'll have burned the energy long before dinner time. Be sure to have snacks on hand, preferably ones with staying power, such as multigrain crackers and cheese – not a bag of Cheetos.

It doesn't take much. Try revamping your meals just slightly. Replace white bread with whole grain, fruit drinks with 100% fruit juice and add a little protein – grilled chicken, cheese, sunflower seeds – to your salad at lunchtime. Add the foods your body loves to burn, and your 3:00 p.m. slump may become a distant memory.

Blast from the MCH's past... did you know?
Mystery Symptoms

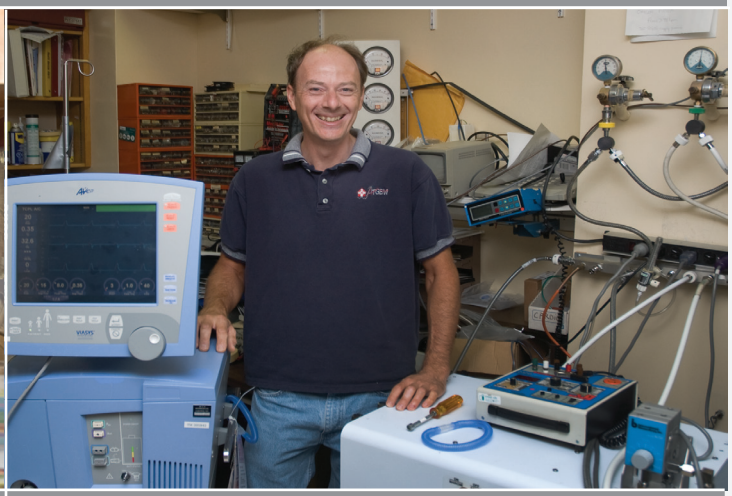
In the early 1930s, improved X-ray equipment allowed MCH doctors to solve a mystery that appeared with alarming frequency in Montreal and elsewhere: children were developing lead poisoning, but the symptoms were often subtle, and similar to those of a brain tumour. Physicians discovered the most reliable indicators were X-ray pictures of the ends of the bones, where lead deposits cast dense lines. Eventually, the cause of the outbreak was also discovered: lead paint on toys, and in one case, paint from a chewed pencil.

Excerpted from Building on a Century of Caring: the Montreal Children's Hospital.

MCH Staff @ work

Dr. Alice Mannor Chan-Yip
General Pediatrics
38 years at the MCH

I love working with kids and their families. I enjoy my activities at the "Children's H." because of the intellectual challenges from younger (and some older) colleagues. Music is my favourite pastime (I play piano). Regular exercise at the gym keeps me going in my daily routine!



Daniel Beaulieu
Biomedical Technology
25 years at the MCH

My workplace is generally always in a state of clutter. My daily challenge is to remember what we've done previously in order to make sense of the various parts we have on hand. The challenge in this job is that things are in constant motion. In short, disorder is the order of the day!

Jessica Nolet
Physiotherapist (Orthopedics and Trauma)
5 years at the MCH

I really enjoy keeping active, especially if it involves outdoor sports.

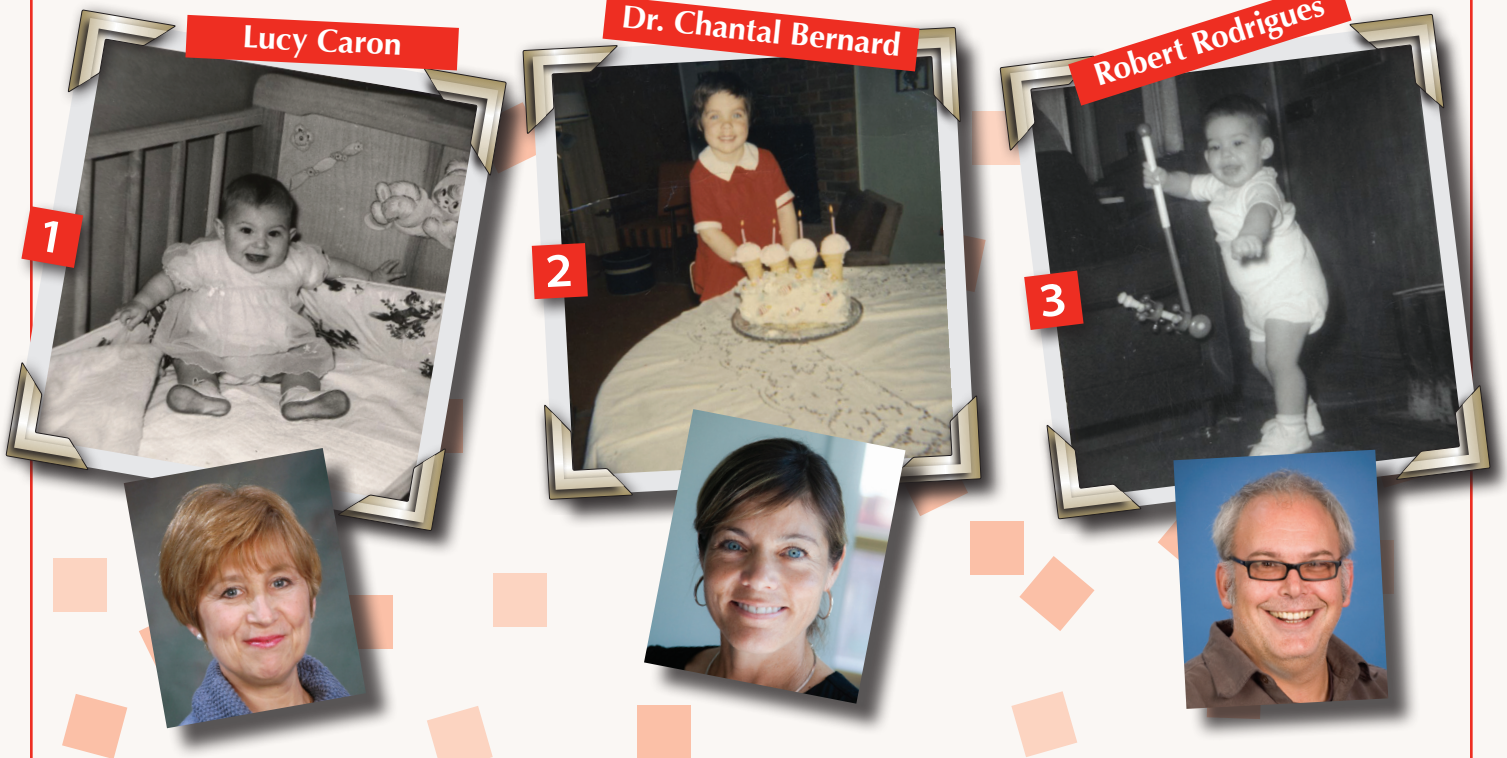
Kathy Clark
Residents Clinic
25 years at the MCH

Aside from working in the best place in the hospital, I am an avid soccer mom.

Photo: Daniel Héon

CONTEST

Nobody at the MCH guessed the names of all ***three*** mystery babies… in the photos were:



Congratulations to **Bernard Groleau** – our "closest winner" with 2 out of 3 names correct! Bernard won a $25 Chapters gift certificate.

Watch out for our next contest which will appear in the October 14 issue of *Chez nous*.

Events

You're invited!

MUHC's Qmentum Debriefing Session

Join us October 1 from 12:00 noon to 1 p.m.
MGH **Osler Amphitheatre – E6 140.3**

The session will also be videoconferenced to:

MCH	**Forbes-Cushing Amphitheatre, D182:**
RVH	JSL Browne Amphitheatre, M3.01
MCI	Margaret Becklake Conference, Room K1.06
Lachine	Pavillion Camille Lefebvre, Salles 1H2A and 1H2B
Guy Street	2nd floor, Salon 4

Qmentum
Agrément CUSM – MUHC Accreditation

As a token of appreciation refreshments will be served on each site after the debriefing.

Halloween 2010
Is your costume ready?

Date: Friday, October 29
Time: 12:00 to 1:30 p.m.
Location: MCH Cafeteria
Costume Contest: You may participate as an individual or as a group
For information: Ginette Manseau, Ext. 24459

The office decoration contest is also back.
Deadline for registration: October 21, 2010
For information: Angela Formica, Ext. 24466

Lunch and Learn

A first: from south to north
A patient moves home

Julie Bergeron, Child Life Specialist, will give a special presentation in the MCH Amphitheatre, on September 30. Through photos and music, Julie will share the anecdotes and the emotions of a special patient's story, who after two and a half years at the MCH, has just returned home. Everyone is welcome!

Thursday, September 30
MCH Amphitheatre
12:00 to 12:45 p.m.

The Lunch and Learn series is presented by the Quality of Life at Work committee

Memorial service at the MCH

A memorial service is being organized to remember the children who have died recently at the MCH. We shall also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service.

Tuesday October 19
2 p.m.
Amphitheatre (D-182)

Pilates for employees - Fall session

Sign up for one or both of the following classes:
Mondays or Wednesdays
5:00-5:55 p.m.
D-292
10 weeks

Note: classes started the week of September 13, but spaces are still available

- Men and women are welcome
- $100 for 1x per week (10 classes total);
  $180 for 2x per week (20 classes total)
- Registration: Contact Karen @ 514 489-7717
  or email karenkunigis@hotmail.com

Awards and Nominations

Dr. John Mitchell has received a $25,000 research grant from the Fondation GO for a project entitled "Bone health in mucopolysaccharidoses Type IVA (Morquio Syndrome)". Fondation GO, started by the Grand défi Pierre Lavoie, supports research into hereditary orphan diseases, as well as develops, supports and promotes activities that contribute to the adoption of a more active lifestyle, especially among young people.

Town Hall on the web

The MCH held a Town Hall meeting on September 22 to discuss CAPS updates, the upcoming Qmentum accreditation, ID cards, and the new Glen site. All employees were invited to attend. For those who were not able to make it, a video of the entire hour-long event is available on the Intranet at www.intranet.muhc.mcgill/headline_news/news_video.html.

Fall Webinar series starts October 13

MCH Trauma Program member **Carlo Galli** will give the first webinar in our Fall series starting October 13 at 8:00 p.m. Carlo will talk for 15 minutes on "Sports injuries in children: most common injuries and how to prevent them", followed by a Q&A with webinar participants.

Check the MCH website (thechildren.com) in the coming weeks for information on registering for the webinar.

In Focus

Backward kidney surgery: The new gold standard?

By Christine Zeindler

Going behind the patient's back may be best way to remove their kidneys, according to pediatric surgeon Dr. J.P. Capolicchio of the Montreal Children's Hospital of the McGill University Health Centre. He and his Urology Department colleagues have perfected a new minimally invasive technique to reach the kidney by entering through the patient's back, rather than wading through the abdominal cavity.

"Removing kidneys from the back by a procedure called retroperitoneoscopic nephrectomy is the solution for children who are already receiving a specific type of dialysis," says Dr. Capolicchio. "This surgery is minimally invasive, has less complications than open surgery and the recovery time is faster."

Young and old patients with chronic kidney failure require dialysis to compensate for the loss of kidney function. They can either undergo hemodialysis, where the blood is filtered using an external machine, or peritoneal dialysis, which involves using the abdominal lining as a filter. Peritoneal dialysis is the preferred choice because this procedure can be done at home while children are sleeping, rather than in the hospital. "Children and their families are not hostages of the hospital with peritoneal dialysis," says Dr. Capolicchio.

The downside of abdominal entry for removing kidneys is that peritoneal dialysis then becomes impossible. However, peritoneal dialysis can continue if a retroperitoneoscopic nephrectomy is performed.

Dr. Capolicchio and his team have successfully removed kidneys from 17 patients on peritoneal dialysis so far. "This may not seem like a large number, but we are second only to London, England."

In a few rare cases removal of a tiny organ, the adrenal gland, which sits on top of the kidney, is necessary. Until now, this too has been accomplished by going through the abdominal cavity. Dr. Capolicchio and his team have recently removed these glands going through the back in a procedure called anterior retroperitoneoscopic adrenalectomy. So far, they have completed this surgery three times.

Dr. Capolicchio and his team are the second group worldwide to publish their experience with both these procedures.

What is chronic kidney disease?

- It is a failure of kidney function
- May be the result of a birth defect or a hereditary disease
- Less than 1 percent of children are born with this problem
- Transplantation is the only cure

Symptoms of kidney disease

- Failure to thrive
- Not feeding well
- Losing weight
- Lethargy

A standard blood test is used to assess kidney function.

Eyes on the future

By Pamela Toman

Alcira Vieira helps children with their vision exams on the first floor of the D building, and has her sights on a long and fulfilling career in the Ophthalmology Clinic

If you're not sure what to do with the antique painting that's been sitting in your basement, chances are Alcira Vieira will want to snatch it up for a bargain. The Registered Nursing Assistant and self-professed flea market fanatic is known for collecting old prints, vintage paintings and other interesting finds and showcasing them around her home.

"The newest trends say that less is more," laughs Vieira during my visit to the Ophthalmology department of the MCH, where she has worked for four years. "Well not in my case!" she quips, "People tend to think that if something is old, it's not pretty, but they are always impressed when they come over and I tell them where I got a particular painting and how little I paid."

When she isn't driving around her neighbourhood hunting for treasures, Vieira can be found singing silly songs and rummaging through her box of toys in the D wing of the hospital, where she conducts regular vision checks on patients four days a week.

"I start my day at ten to eight every morning," explains Vieira, "and on a typical schedule, I will see patients all day from 8:30 a m. until 4:00 p.m. or later". On Monday afternoons, Vieira takes a break from her regular appointments to assist Dr. Robert Koenekoop in his clinical research on retinal pigmentosa by drawing blood samples and compiling data on a patient's vision history.

Vieira says she enjoys a change of pace as she compliments her four days of work in Ophthalmology with a fifth day of work elsewhere in the hospital. "Sometimes I help out in Urology, other days I can be found in the Gastroenterology Clinic, or ENT," she explains, adding that the stability of knowing where she will be working four days out of five is something she values a great deal.

Reflecting on her career of seven years at the Montreal Children's Hospital, Vieira says she is very happy with her current position. "I was looking for stability when I chose to come to this clinic, where I could build relationships with patients and be a part of a team."

And a team player she is. During our chat, Vieira insists she is but one part of a very supportive and helpful team, and attributes much of her success to the kindness and guidance of her past and present colleagues. "I have been very fortunate," she says, "people guided me here and that's how I ended up taking the path I took."

What motivates Vieira the most about her work is seeing her patients come back with a noticeable improvement in their vision. "It's great when you see a child come in and he or she is shy and scared and then a year later, seeing them with their glasses or after a surgery and smiling – it makes me feel like I've made them more comfortable," she says.

When asked about the future, Vieira says she is more than happy to continue taking on new challenges and meeting new doctors and patients in the Ophthalmology clinic. "I hope to still be here in five to 10 years, hopefully wiser and more experienced," she smiles. With a positive outlook like hers, the forecast looks promising.

Our Heroes

Three surgeries in the first one-and-a-half years of life

While still in his mother's womb, baby Alexandros' intestines had moved into his left chest cavity, constraining his left lung and pushing his heart out of place. Doctors feared he wouldn't survive the trauma of delivery, but a surgery performed when he was just three days old changed his life

By Pamela Toman

In February of 2008, Aliki Economides was as anxious as any first-time mom to meet her newborn. But during an ultrasound conducted at 41 weeks, she was shocked to learn that her baby's heart was slightly displaced and that his left lung was not visible. While still in his mother's womb, baby Alexandros Coulombe was diagnosed with a Congenital Diaphragmatic Hernia which had caused his intestines to move into his chest cavity through his diaphragm, which had not yet fully formed.

"It was so terrifying," recalls Aliki, "we had so many questions about the baby's condition that the doctors couldn't answer." A medical team informed her and her husband that it was not possible to know how severe their son's condition was just yet: the baby's first challenge was to survive the delivery and then to be stabilized successfully. With so much uncertainty, Aliki feared the very worst.

Soon after receiving news of the diagnosis, baby Alexandros was delivered through a caesarean section, at the Jewish General Hospital on February 20, 2008. Within three days, he was transferred to The Montreal Children's Hospital for a vital highly-specialized surgery that would move his intestines down and close up the hole in his chest wall allowing his almost fully-formed left lung to unfurl and his heart to shift slowly to its normal position.

Three weeks after this major operation, Alexandros was recovering quite well and went home in mid-March. Then three weeks later, when Alexandros was just six weeks old, the family got another scare: their son began vomiting profusely. The alarm bells started to ring. Doctors suspected their son was experiencing some form of intestinal blockage. Dr. Jean-Martin Laberge, Pediatric General Surgeon at the Montreal Children's Hospital, had cautioned the family after the first surgery that their son's body could respond to such an intervention by producing excess scar tissue, which could thicken the intestinal walls causing an obstruction.

On April 6, Alexandros was readmitted to the Children's with an obstruction of his intestines and underwent his second surgery later that day. "It's a vicious cycle," says Aliki who notes that Alexandros underwent yet another surgery for a second intestinal blockage at 18 months of age. "We knew that having the initial surgery put him at risk for blockages, and that the only way to fix these blockages would be through more surgical interventions, which in turn would stimulate more scar tissue production …and I remember thinking, when is this going to end?"

Aliki is especially thankful that she was always met with kindness and empathy from the doctors and nurses that her family dealt with each day, and says that despite her limitless questions, she was always given thorough explanations about what was happening to her son.

In a letter of appreciation written to the Montreal Children's Hospital, Aliki wrote, "We greatly appreciated everyone's friendliness and compassion and we felt better able to cope with our fears and anguish as a result of the attention paid to explaining diagnoses, procedures and options to us."

After a total of four surgeries and several hospitalizations to treat various infections and reactive airways, Alexandros' health has thankfully stabilized. While he remains vulnerable to future intestinal blockages and other complications, the trilingual two-year-old is as curious, active and robust as any other toddler his age. Happily out of the hospital, Alexandros is able to focus his attention on playing with his toy cars, and reading his favourite books with his parents.