



A Value-Based Approach to Common Pediatric Surgical Problems

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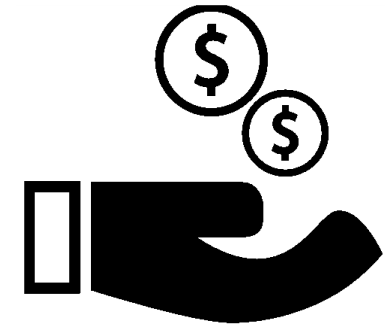
(BACK TO THE) **FUTURE OF PEDIATRICS**

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- No unapproved or investigational use of any drugs, commercial products or devices.





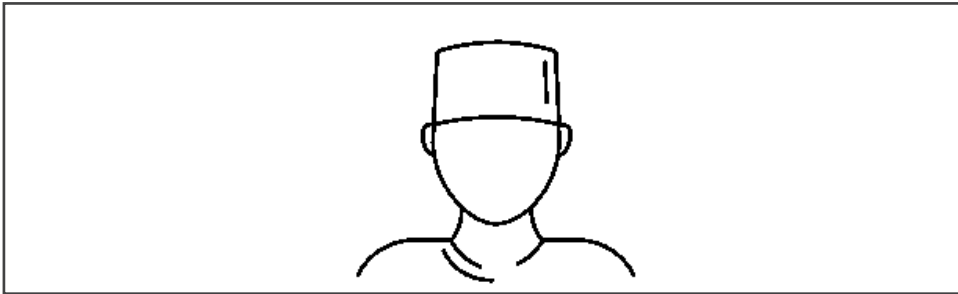
Diagnosis	Action	Outcomes	Patient experience	Direct costs	Indirect costs
Diastasis rectus	No referral	Faster resolution	Fewer visits	Reduced encounter costs	Less time off work
Umbilical granuloma	Treatment before referral	Faster resolution	Fewer visits	Reduced encounter costs	Less time off work
Epigastric hernia	Early referral	Faster resolution	Fewer visits	Less imaging	Less time off work

“Appropriate”

#1



#2



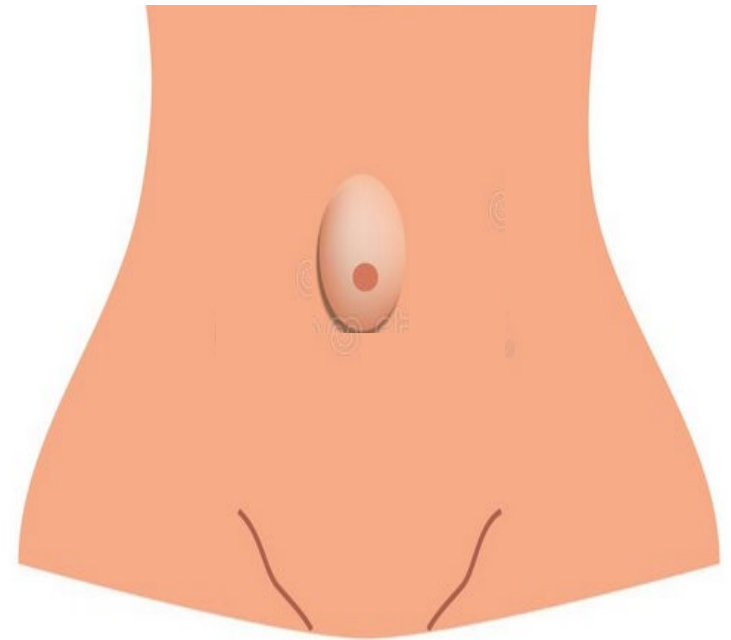
Non-pediatrician

Mid-level provider

Female patient

Younger patient

Shinkunas et al., J Pediatr Surg. 2020 Dec;55(12):2596-2601



American Academy of Pediatrics – Section on Surgery

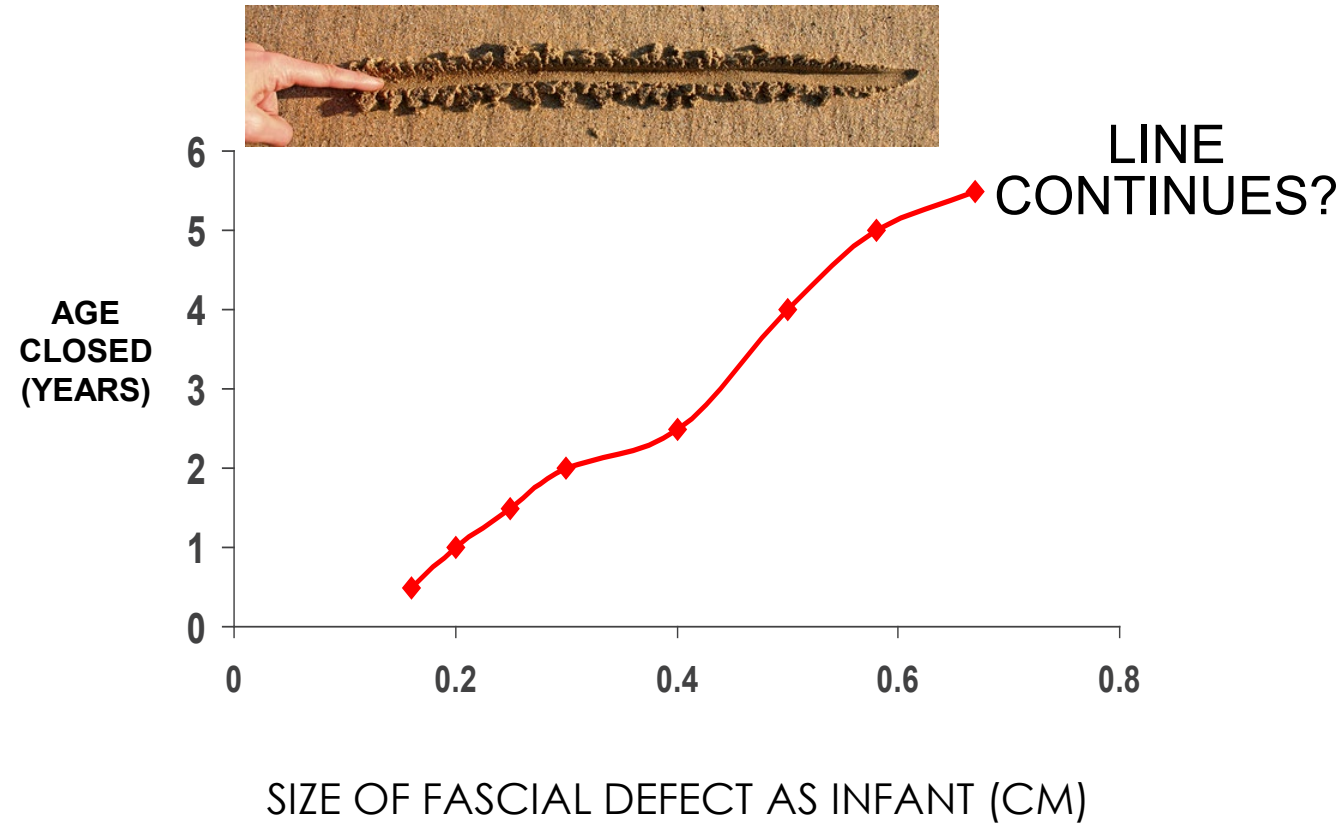
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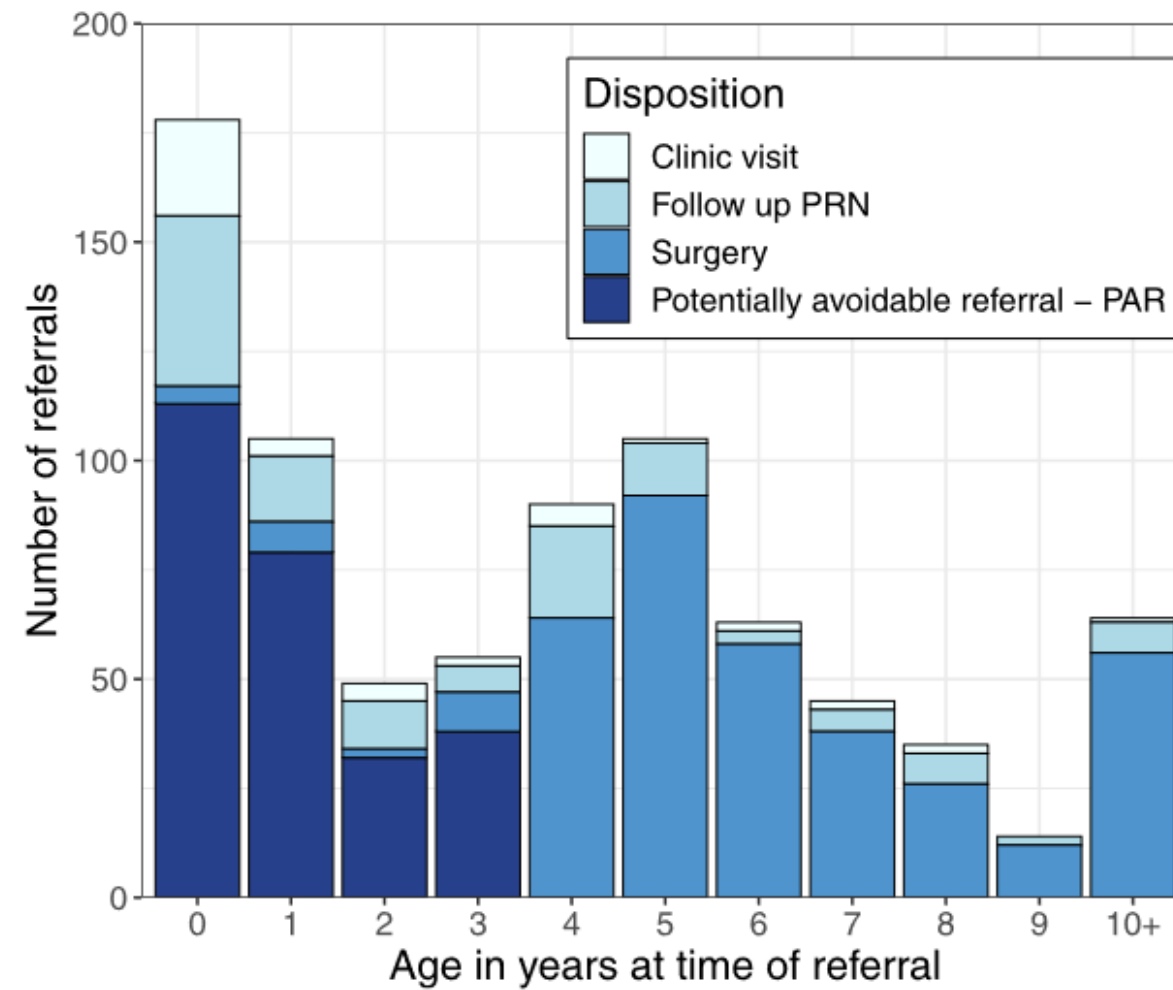
November 4, 2019

Avoid referring most children with umbilical hernias to a pediatric surgeon until around age 4-5 years.

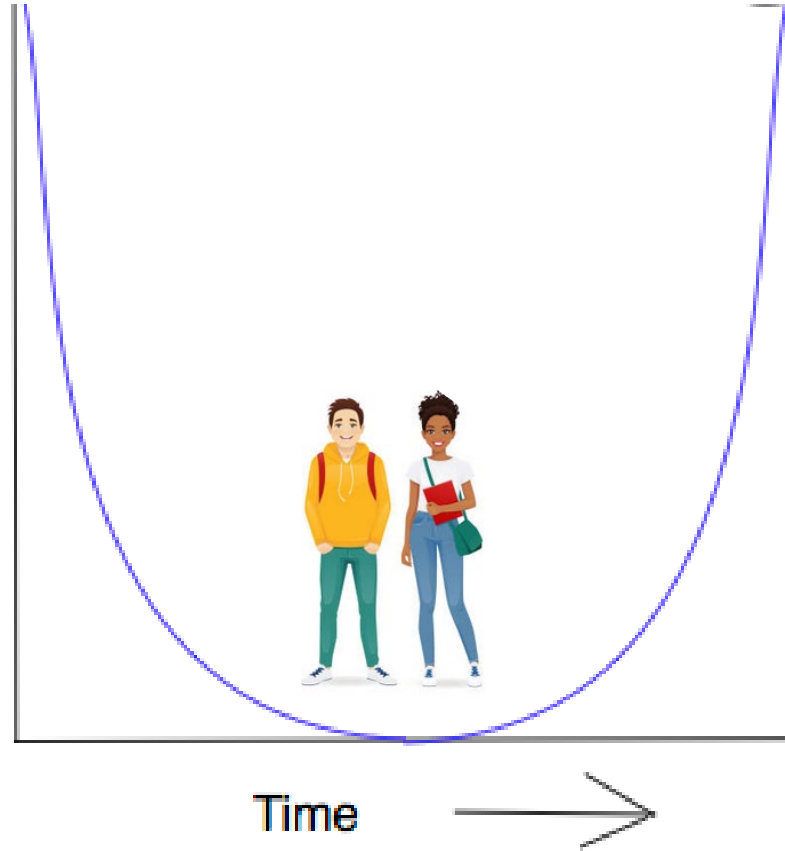
Size of Fascial Defect in Infancy and Age of Closure

When?





Umbilical Fascial Size





Enlarging
Blue
“Causing colic”



Ugly



“Causing pain”

SIZE

Infants with “elephant trunk”

Age >4 years

OTHER

Multiple reductions

Stressed parents



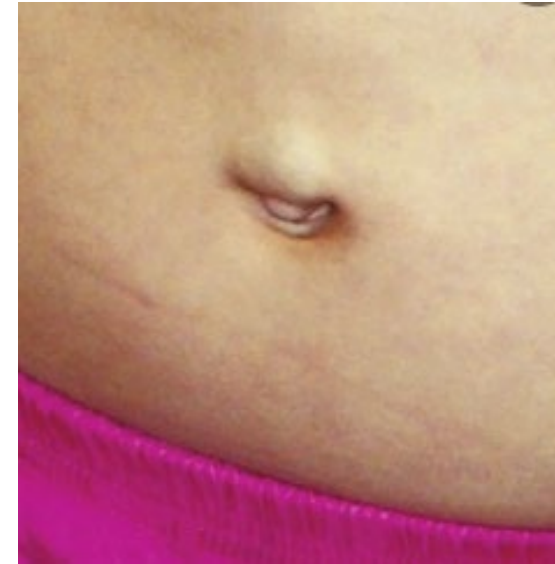
Epigastric hernia

No imaging
Refer



Diastasis rectus

No imaging
Don't refer



Paraumbilical hernia

Refer



Silver nitrate
Topical steroids
Salt

XXX



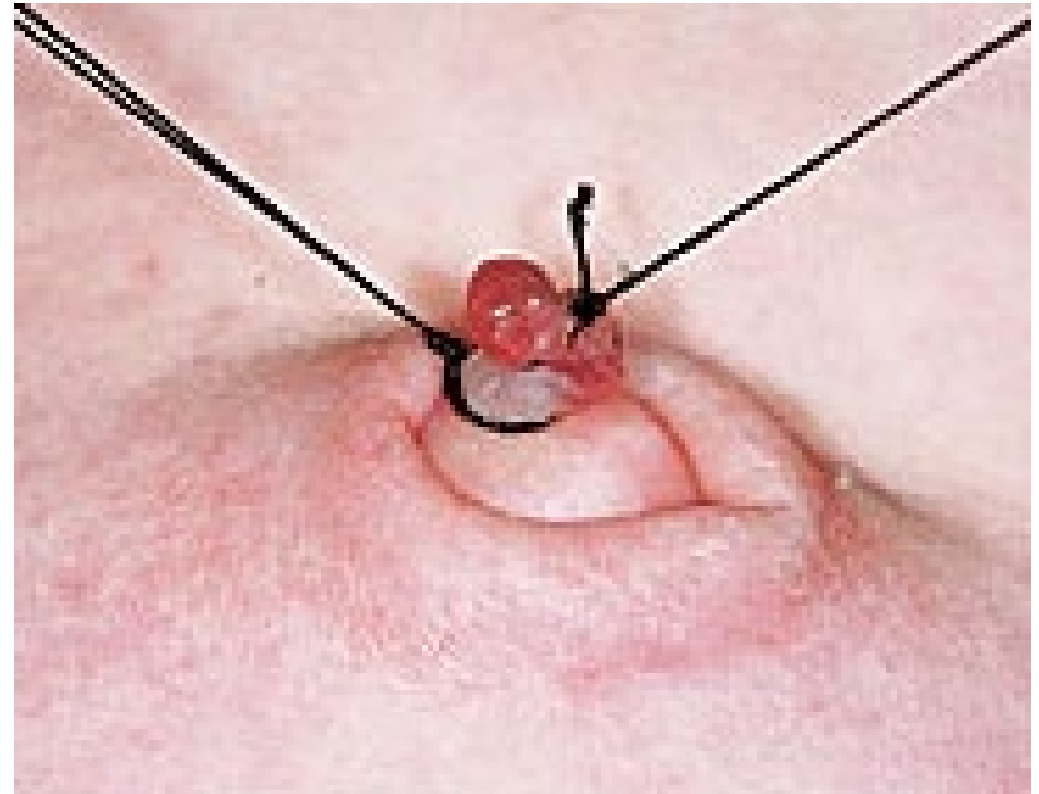
Urachal remnant 1:150,000



Omphalomesenteric duct remnant

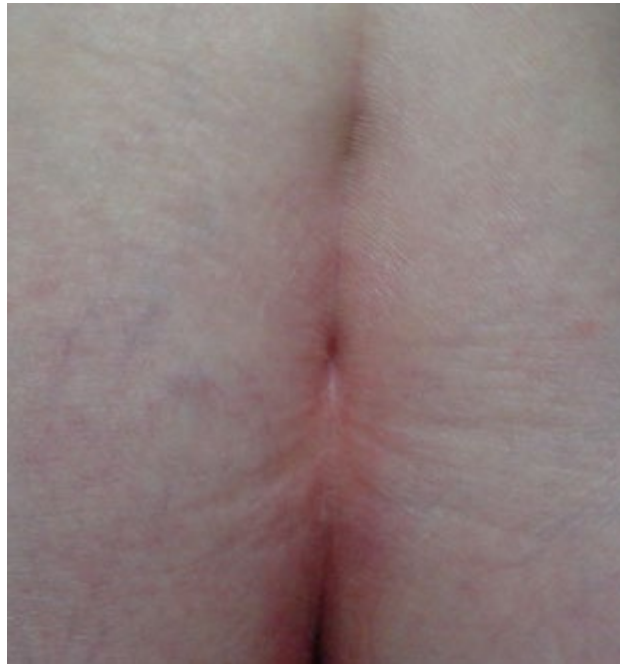
Rare

Confused with granuloma: 5%



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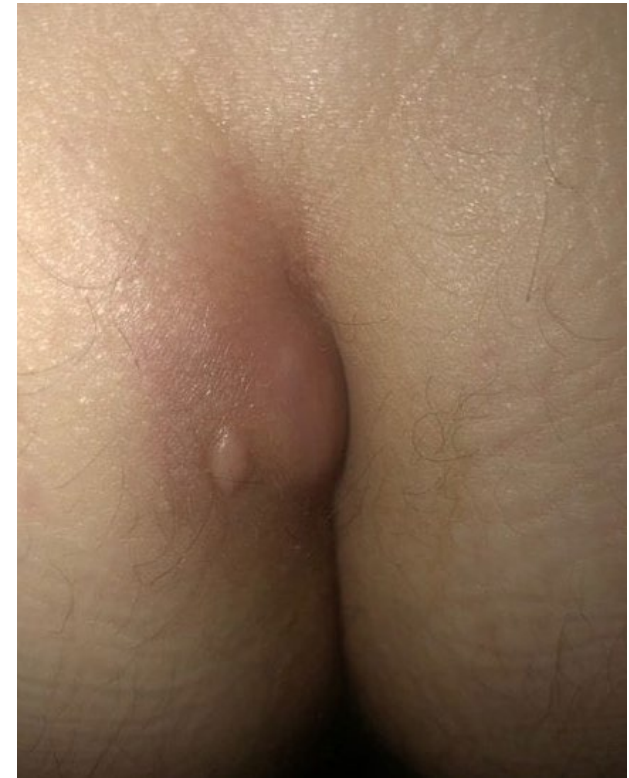
Pilonidal cyst





DON'TS

Oral antibiotics
Topical antibiotics
Imaging
Cultures
Shaving



ED visit

Pilonidal cyst

Refer when:

Acute symptoms/signs

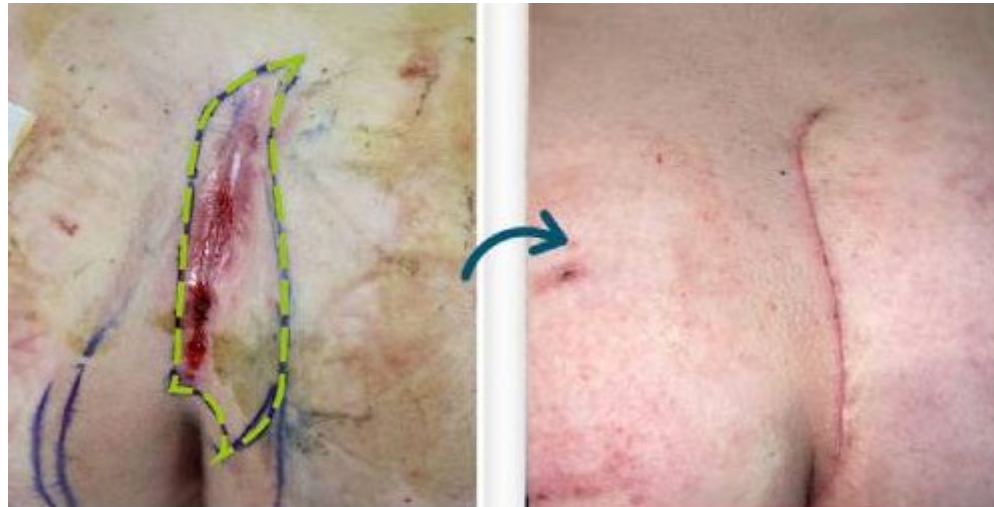
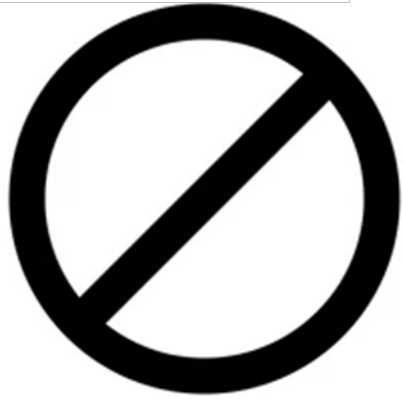
Severe pain

Abscess/cellulitis

Chronic symptoms/signs

Pain

Drainage (pus/blood)



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Perianal fistula/abscess-infant



PERIANAL FISTULA/ABSCESS

0.5-4% of infants

Mostly males

Theory: abnormal crypts

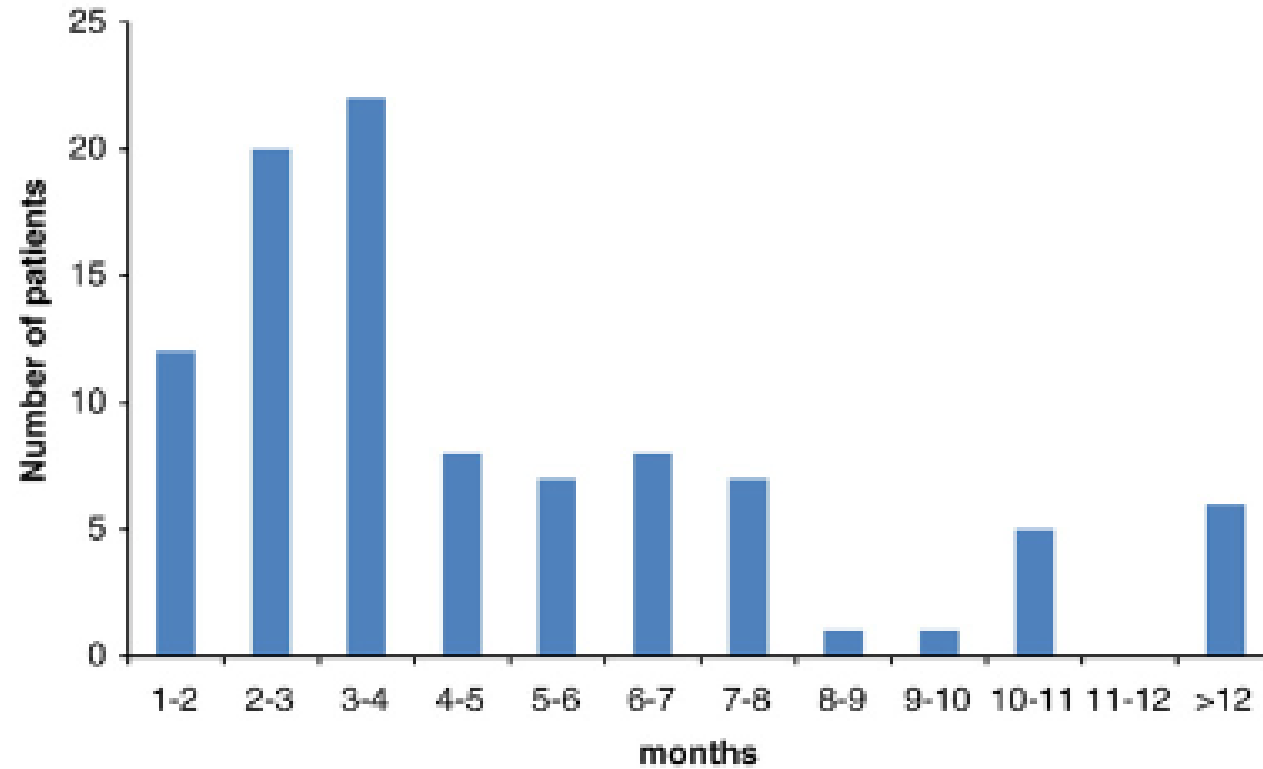


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Drain (needle then I&D) if:
Significant discomfort
High fever

Antibiotics if:
Cellulitis
High fever

Time to Spontaneous Resolution



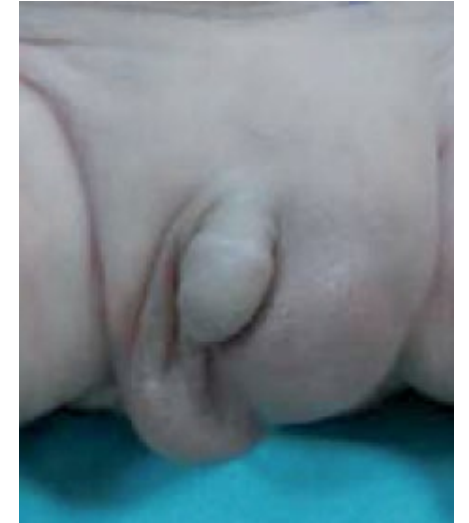
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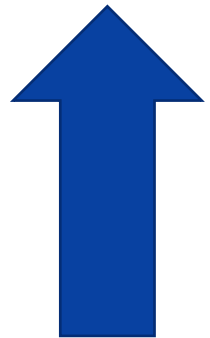
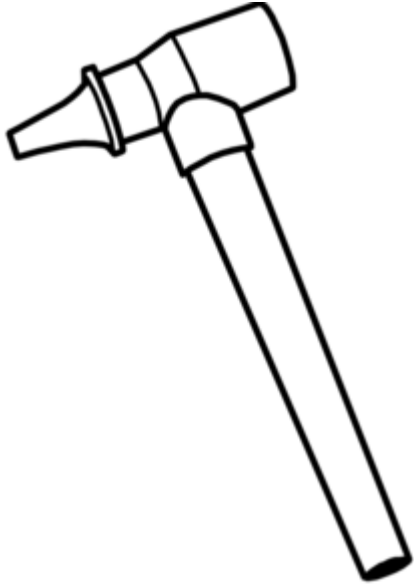
Chang et al. J Pediatr Surg. 2010 Sep;45(9):1832-6.

Hernia/hydrocele

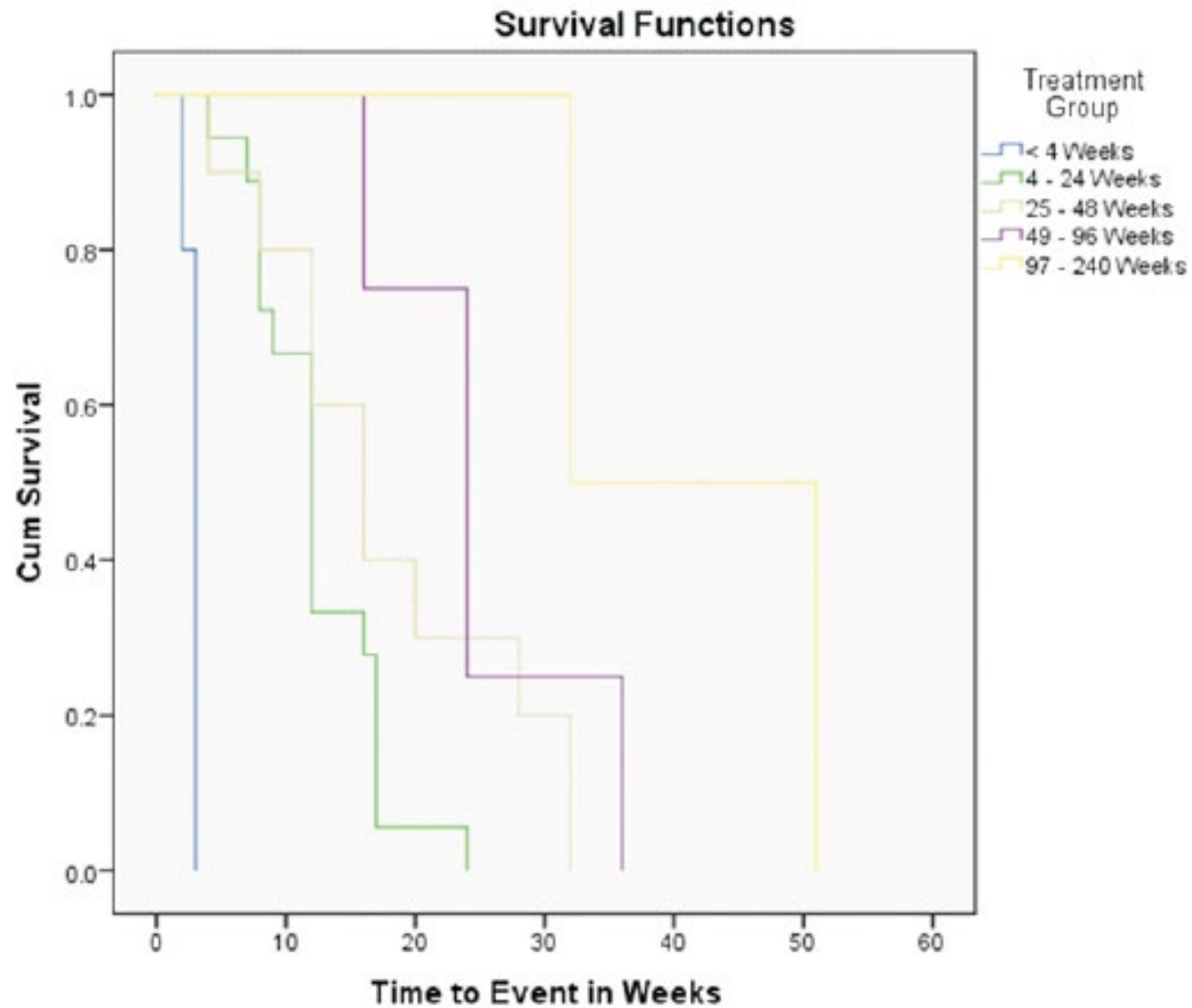


VS.





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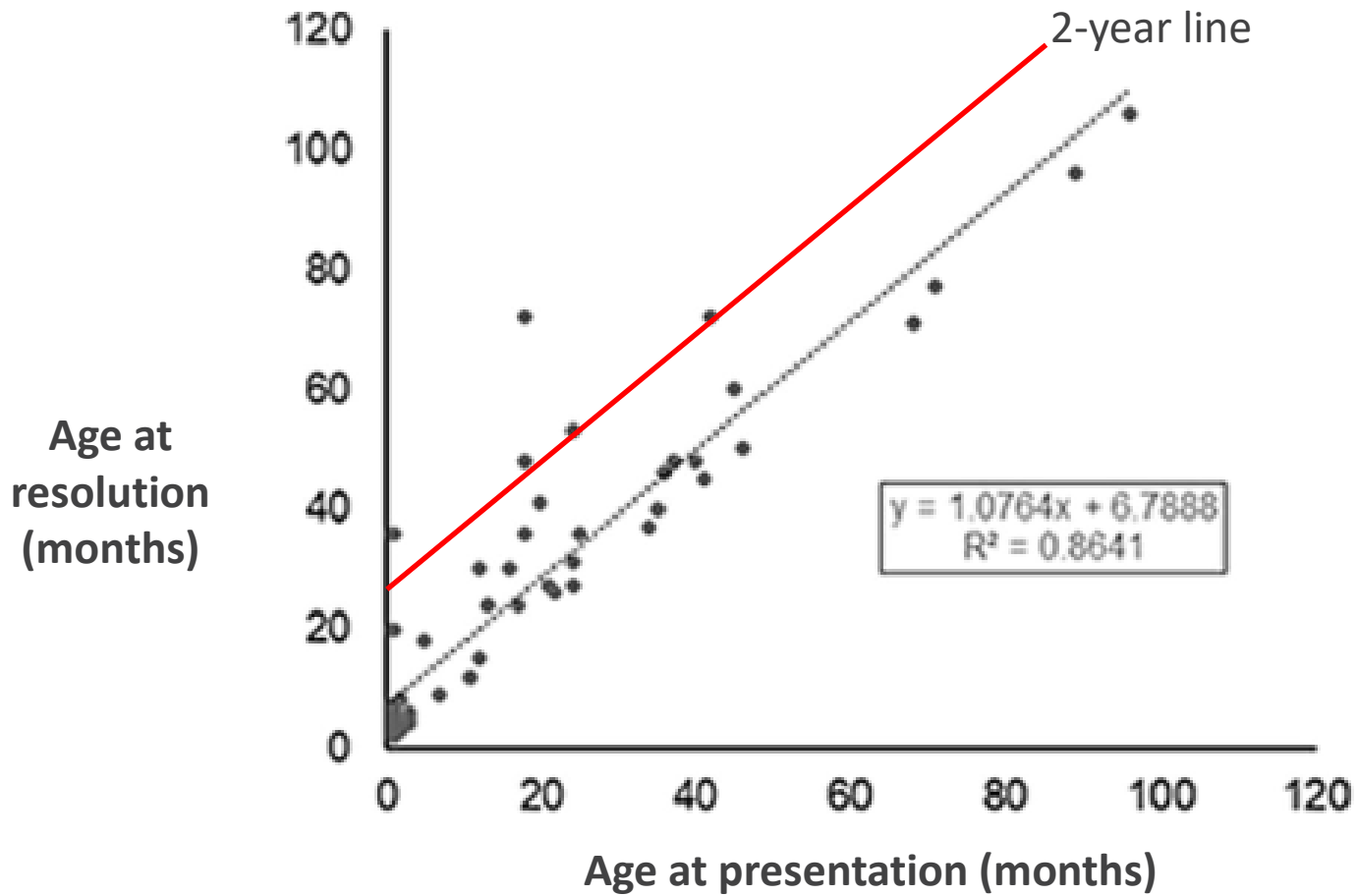
Hernia

<6 months

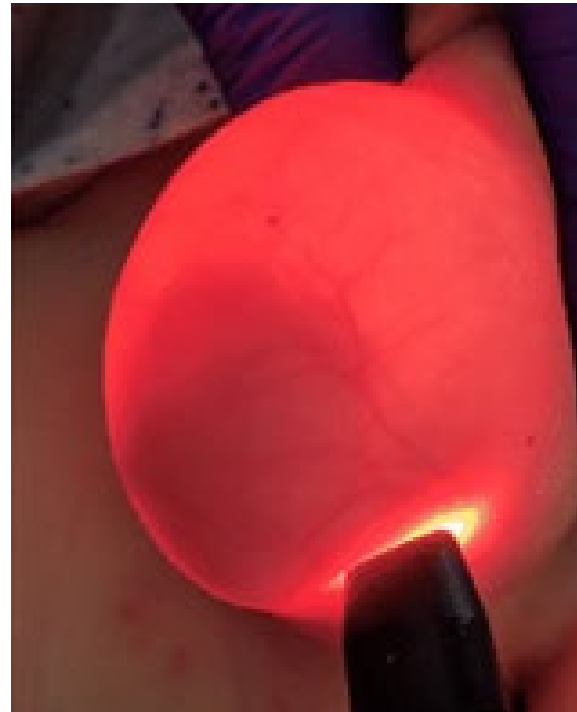
‘Urgent’ referral

≥6 months

‘Elective’ referral

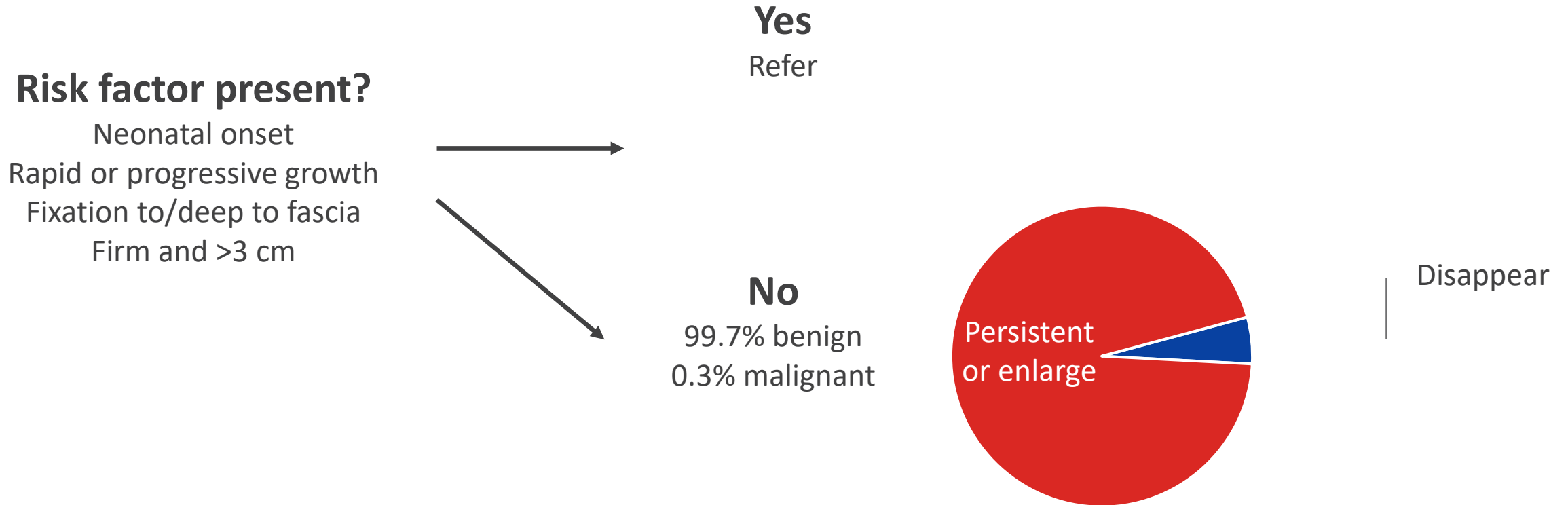


Refer if:
Communicating
Symptomatic
Persists



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Superficial Lumps and Bumps (not Lymph Nodes)





Older child
Black
Lower income
Public insurance
Longer distance to office
Longer interval until appointment

Thank You!

