

Chez nous

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Less pain, faster recovery

Innovative tonsil surgery helps speed healing

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Hôpital de Montréal
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Montreal Children's
Hospital
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Sweet relief

Innovative tonsil surgery promises less post-operative pain, complications

By Paul Logothesis

Jell-O and ice cream typically accompany news a child has had their tonsils removed — not a visit to the hospital emergency room due to post-operative bleeding and pain. Tonsillectomies are the second most frequent operation done by otolaryngologists in children, with over 5,000 such surgeries performed every

year in Quebec. And, yet, four-to-10 percent of children are at risk of suffering post-surgery complications that necessitate a trip back to the hospital.

With these numbers in mind, Dr. Sam Daniel, head of Otolaryngology (ENT) at the Children's, has

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► Top: Cynthia, 9, is the first of a planned 400 patients to undergo an intracapsular tonsillectomy.

spearheaded a pan-provincial project — unique in Canada — to demonstrate how a technique known as ‘radio-frequency intracapsular coblation tonsillectomy’ diminishes the risk of major complications such as bleeding or death from this common surgery.

Intracapsular tonsillectomy differs significantly from the extracapsular method, which has been the traditional procedure for removing tonsils up until intracapsular’s introduction about 15 years ago. The extracapsular electrocautery method sees the surgeon’s wand instrument reach temperatures of between 400-to-600 degrees Celsius. This, essentially, cuts the tonsils off of the surrounding tissues. Unfortunately, this can also cause significant trauma to the muscle surrounding the tonsil, such as burning. The coblation intracapsular method, meanwhile, uses a chemical process that combines radio-frequency energy and saline to create cooler temperatures of between 40-to-70 degrees Celsius for dissolving and removing the tonsils.

“What is new is that we stay inside the capsule, inside the envelope or the wrapping of the tonsil, and then



► Dr. Daniel is confident this innovative surgery will change tonsillectomy practices globally.

we shave it down to the capsule without breaching the muscles,” explains Dr. Daniel, whose study will examine the post-operative effects of the surgery on 400 patients. The goal of the study is to assess coblation intracapsular tonsillectomy for children with sleep-disordered-breathing caused by large tonsils.

Cynthia Rancy, 9, was the first to undergo an intracapsular tonsillectomy at the Children’s. Cynthia suffered from

tonsillar hypertrophy — or enlarged tonsils, which block the throat and restrict breathing airflow — since the age of two. Any cold or sickness brought on breathing problems, including a few months before the surgery on July 10 when Cynthia was struggling to sleep under the weight of another cold.

“She had never been in the hospital before and the night before she was nervous. We were nervous because she **continued >**

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Editor: Paul Logothetis
 Contributors: Maureen McCarthy, Pamela Toman
 Graphic design: Vincenzo Comm Design inc.
 Photography: Thibault Carron, Paul Logothetis, Pamela Toman
 French translation: Joanne Lavallée

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On the cover: Cynthia, with her dolly Melody in hand, and her family alongside Dr. Daniel.

Cover photo: Thibault Carron

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had to go under for surgery and this is a new procedure. But, we also knew we were in good hands with Dr. Daniel,” says Cynthia’s father Herode, “so that calmed us immensely.”

Cynthia awoke from the surgery without increased pain or the need for morphine — a standard pain relief method following a tonsillectomy. Acetaminophen was all that was needed to soothe her discomfort and, within a few days, Cynthia was eating normally and had resumed her daily routine. Previously, it could take up to two weeks for children to get back to their normal routine, leaving

them out of school and with a dietary menu consisting of soft foods like soup, Jell-O and ice cream.

“Post-surgical pain for children is a terrible thing, and even if we prescribe pain killers many children still have pain,” says Dr. Daniel. “This method means reducing the need to use opioids for pain management and avoiding re-admission to hospital for rehydration.”

Intracapsular surgery had mostly been used to treat sleep-disordered-breathing and sleep apnea caused by large tonsils, before becoming a go-to method

► For Cynthia, the surgery provided relief from tonsillar hypertrophy — or enlarged tonsils — which had restricted her breathing since the age of two.

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”

for tonsillectomies. The cost of the apparatus is more expensive, but the post-operative cost is significantly less because studies revealed only 0.29 percent of children needed a return trip to the hospital because of complications following intracapsular surgery.

“When you look at the implications for patients and parents, it’s a no-brainer,” says Dr. Neil Bateman, a pediatric ENT surgeon at the Royal Manchester Children’s Hospital in the United Kingdom. Dr. Bateman is a global authority on intracapsular tonsillectomies and assisted with Cynthia’s surgery — and four others on that first day — to help demonstrate the technique here for the first time.

“The beauty of this is that, once you have an intracapsular wand, the amount of equipment you need is significantly less

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► From left to right: Cynthia's sister Christina, Dr. Daniel, and parents Frantzie and Herode.

than a standard tonsillectomy, which makes it simpler," explains Dr. Bateman.

While this innovative project is being led by the Children's thanks to the support of the MCH Foundation, other institutions across the province are partnering in the study. Intracapsular surgeries are being performed at Hôpital de Gatineau, Hôpital de Repentigny and the Centre Hospitalier Universitaire de Quebec thanks in part to the leadership of the Association of Otorhinolaryngology and Head and Neck Surgery of Quebec. Surgeons from each institution joined Dr. Daniel and Dr. Bateman for Cynthia's surgery to observe the first such process in Quebec.

"The goal is to improve the safety of the surgery in the face of major complications such as bleeding, and to improve the quality of life of patients by reducing their post-operative pain," Dr. Daniel says. "This has the potential to change the practices and culture surrounding tonsillectomies in not only Quebec but across the country, and the world."

The living proof is watching Cynthia play freely — without any restrictions to her breathing — with her twin sister Christina.

"Everything feels normal," Cynthia says with a smile. ●

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October is National Occupational Therapy Month in Canada.



A day in the life of an... occupational therapist

By Paul Logothetis

Christine Labelle, an occupational therapist who works in the Neonatal Intensive Care Unit (NICU) and the Neonatal Follow-Up Clinic at the Montreal Children's Hospital, easily sums up her work when her children ask what mom does: "I tell them I'm going to take care of babies; to help them learn how to feed and develop," she says.

Christine started working in the NICU in 2005 after graduating from McGill University. She had always wanted to work in pediatrics, and she had a strong interest in working with neonates. She felt extremely privileged when she ultimately became one of the few occupational therapists in Quebec working in a NICU.

Stepping into the role was initially intimidating, yet she was immediately won over by the work.

"The first time I held a baby to give them a bottle and to evaluate their oral feeding skills, I thought to myself, 'I'm so fortunate to be here and to do this'. I continue to feel extremely lucky to be able to work with such a vulnerable population and to work every day with a wonderful team and amazing families. This is not just a 'job'; it is truly a privilege to be working in an area where you can learn every day and to feel like you make a difference."

[continued >](#)

► Top: Christine Labelle

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Christine’s patients include premature infants and babies whose conditions require special care. Her work begins when a child is born; she will assess and address an infant’s risk of developing feeding difficulties, or if they are already experiencing them, plus the infant’s risk for developmental delays. ‘Neuroprotective’ care for the newborn population in the NICU is important because Christine works with fragile babies whose environment can directly affect their development. She helps families understand their baby’s cues and discusses appropriate strategies to limit the stress the newborn will undergo during the NICU stay. The goal is to optimize the baby’s development and educate families about how to stimulate and encourage oral feeding.

► Sarah and Christine discuss one of their patient’s file.

“In the NICU, you work with parents and babies who have gone through a lot in a fragile period of life. There are many difficult cases, and moments when we have to deliver bad news to a family; those are some of the most challenging. But it’s these same families who pick us up and motivate us – they are so resilient and so courageous in the face of a difficult situation,” says Christine. “Plus, every time a baby smiles, it’s the best reward anyone could ask for.”

Sticking to a daily routine is essential for the health of Christine’s patients. Christine needs to constantly adapt her daily schedule to the babies’ to see them at optimal times that benefit them.

“I will always make sure that I do not disturb a baby’s sleep and I will adapt my intervention depending on the level of stress the baby may already have experienced that day,” Christine says. “We can provide early intervention and refer to the services they may need as early as possible.”

Christine shares her workload with fellow occupational therapist, Sarah Milton. This team of two liaises with the larger multidisciplinary team that includes physiotherapists, nutritionists, social workers, physicians, and nurses.

On the day we met, Christine was seeing an infant in the NICU who was born with multiple congenital malformations, including facial and cranial malformations that would affect her ability to feed by mouth as well as her breathing. Despite several craniofacial surgeries, this little girl was developing positively and eating and drinking well. She was set to be discharged after 13 months of admission.

“It’s always interesting to see each patient’s progress,” Christine says. “At first, parents often experience a certain amount of shock and stress as an admission to the NICU is always very traumatic. But to see where the baby started and how far they have come, and to see the child happy and developing well is so rewarding.” ●



News & Notes

Take charge of your professional development More than 700 employees enrolled since 2015!



The 2019-2020 **Corporate Training Program** at the MUHC is already under way but there's still time to register for courses being offered from now through March 2020. The training sessions are linked to the MUHC Appreciation of Contribution Program, which supports professional development for eight key attributes and the competencies linked to them.

Courses are either half- or full-day English or French sessions, and are held at the various MUHC sites.

The current line-up includes:

Professional Etiquette & Communication @ Work
Nov. 13 (MNH), 8:30 a.m. to 4:30 p.m.

Discover and Leverage your Strengths
Nov. 19 (Glen) or **Dec. 11** (8300 Décarie) or
Mar. 17 (Lachine), 9:00 a.m. to 4:00 p.m.

Diversity and Inclusion
Jan. 16 (MGH) or **Mar. 24** (Glen),
9:00 a.m. to 4:00 p.m.

Managing Delicate Situations with Clients
Feb. 13 (MNH), 9:00 a.m. to 12:00 p.m.

Talk to your manager today about the courses you're interested in. For info and registration:

<https://fcp.rtss.qc.ca/course/view.php?id=1786>.

Questions? Contact Jamil Bhatti, ext. 34043,
jamil.bhatti@muhc.mcgill.ca ●

Dr. Geneviève Bernard awarded Prix d'excellence – Specialist of the Year award for Region 4

The Royal College of Physicians and Surgeons of Canada recently named Dr. Geneviève Bernard as the 2019 Specialist of the Year for Region 4. A great honour for this Montreal Children's Hospital pediatric neurologist, who is also a scientist at the Research Institute of the McGill University Health Centre and associate professor at McGill University. Dr. Bernard is world-renowned for her expertise on leukodystrophies, which are rare and fatal neurodegenerative diseases. Congratulations to Dr. Bernard! ●

Book provides window into two decades of pediatric surgery

Congratulations to Dr. Sherif Emil, Director of the Division of Pediatric General and Thoracic Surgery, following the release of his very first book, 'Clinical Pediatric Surgery: A Case-Based Interactive Approach.' Dr. Emil's book is one of the few single-authored books to ever be published in the surgical field. "The book is about the practice of pediatric surgery, the art of good judgment and wise decision-making that we all know is very difficult to capture in any textbook or educational resource," explains Dr. Emil, who spent more than four years penning it. Join us in congratulating Dr. Emil for this amazing accomplishment! ●

Paying it forward

By Paul Logothetis



Dr. Jean-Martin Laberge, a stalwart of the Montreal Children's Hospital since 1983, was recently honored by the Royal College of Physicians and Surgeons in Canada after being named the 2019 Mentor of the Year for the region.

Dr. Laberge has distinguished himself in the fields of research and teaching but also as a clinician at the Children's, with his collaborative nature and promotion of multidisciplinary care

making him a walking resource when it comes to complex patient cases.

"Residents and young staff come to you for advice and it's flattering when someone says you've been a mentor to them. It's an honour to be considered as such," says Dr. Laberge, who is the first pediatric surgeon in Quebec to receive the honour.

A recent peak inside Dr. Laberge's office revealed a typical scene: Dr. Laberge and two junior colleagues discussing a complex operation scheduled for the following morning.

Dr. Laberge had noted how the chemotherapy hadn't impacted the infiltrating tumor, which was stuck along the patient's vessels, kidneys and liver (and better known as neuroblastoma) inside the belly. The case had kept Dr. Laberge up at night, rousing him from bed to his home office at 11pm to consult the medical file. To-

Dr. Laberge has been a pillar of the Montreal Children's Hospital since 1983. ►

day, the discussion inside the office focuses on the best approach for surgery, hatching a plan and adapting it as it forms. They expect to be in the operating room for 12 hours.

"With the fellows and students we discuss our approach and enjoy constant exchanges. There may be generational differences but these young people are as dedicated to patients as any of us. They don't count their hours, are available to their patients and colleagues when necessary. I help however I can," says Dr. Laberge, who has enjoyed a notable year after receiving the Prix de Reconnaissance from the MCH in May.

This complex case that Dr. Laberge was tackling was put forward by his colleague Dr. Sherif Emil, who had delayed the surgery on this patient to await Dr. Laberge's return from holiday for his expert opinion. Dr. Emil, who was a student of Dr. Laberge and so mentored by him, was the one who nominated Dr. Laberge for the award with the Royal College of Physicians and Surgeons.

"You have nurtured, educated and mentored everyone who has come across your path and you have done it selflessly, willingly and joyfully. I know that because I am one of those," Dr. Emil told the audience on the night Dr. Laberge was presented with the award. "Recognition of Dr. Laberge is recognition of the entire MCH!" ●

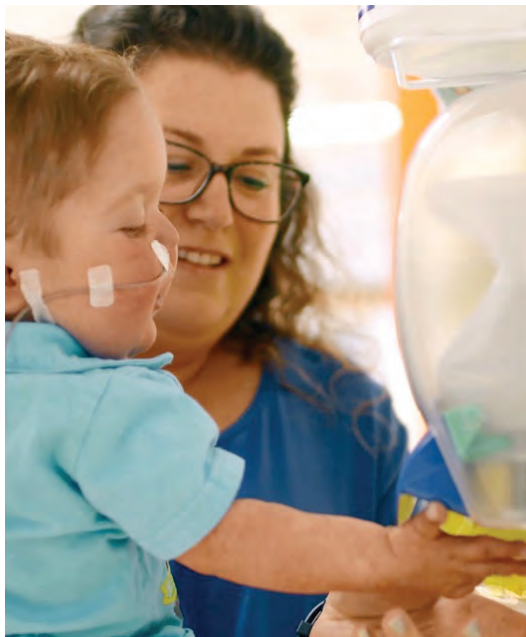




New videos highlight outstanding projects at the Children's

By Pamela Toman

Saving lives is in our hands! When a child is sick and spends days, weeks or even months in hospital, catching a simple virus during a stay can be life-altering, and even fatal. For the 'Clean hands save lives' video, we asked four families to tell us just how important consistent, thorough and repetitive hand washing was to their family when their child was sick. Their stories are moving and underscore just how important it is to ensure hand hygiene is on everyone's minds at all times.



And, a behind-the-scenes look at the Bed Management meeting and Surge Plan is a prime example of the Children's village at work. See just how people you may never cross paths with are working around-the-clock to ensure families get to their rooms faster, patients get home quicker, and life-changing surgeries go ahead without delays or cancellations.

Stream these videos on the Intranet and the Children's social media channels today! ●

► Top: A look behind the scenes at the extraordinary effort that goes into bed management at the Children's.



The Children's is Canada's first pediatric institution to institute Schwartz Rounds for caregivers

Thanks to the support of the Andy Collins Foundation, the Montreal Children's Hospital will be the first pediatric institution in Canada to institute hospital-wide Schwartz Rounds for caregivers. Born out of the Schwartz Center in Boston, this concept was initially introduced to the Post Intensive Care Unit (PICU) by Margaret Ruddy, then head nurse in the PICU, and Dr. Connall Francoeur, a PICU fellow, to respond to the needs of caregivers to ease distress, foster community, and allow colleagues to learn from others' experiences. The aim is to provide a space for staff to come together regularly to discuss the emotional and social aspects of working in healthcare, with a focus on understanding staff experience from a social and emotional point of view.

The first Schwartz Rounds will be held in room B02.9390 from 1:00 to 2:00 p.m. on Monday, November 18, and is open to anyone who works with patients and families at the Children's and in Women's Health. The theme of the forum-based meet-up will be 'My First Code.' It will be led by the following panel: Jennifer Bourque (Spiritual Care), Caroline Foucault (nurse, Emergency Department), Dr. Ronald Gottesman (physician, PICU), and Maia Siedlikowski (nurse, PICU). Watch this space and MyMUHC for more details; in the meantime, contact Maryse Dagenais, Matthew Park or Margaret Ruddy for more information. ●

It's Super Evan!

Call him Super E! Four-year old Evan showed off his muscles alongside his cardiac surgeon, Dr. Christo Tchervenkov, just three weeks after his third cardiac surgery since birth! Evan was born with a life-threatening heart condition with a single working ventricle and a large VSD (or hole in the wall between the right and left ventricles of his heart). As his mother, Kimberly explains, "he also happens to have been born with a condition called situs inversus, in which the major internal organs are reversed or mirrored from their normal positions. In Evan's case, the condition affects the top half of his heart."

Despite finding out about their son's condition while he was still in utero, Kimberly says she and her husband didn't realize how severe Evan's condition was until he was born. At six days old, Evan began experiencing severe arrhythmias (irregular or abnormal heartbeats) and underwent his first major surgery at just 17 days old. Many hospitalizations and two more surgeries later, Evan is beating the odds.

After having spent so much time in and out of the hospital, you'd think Evan would be tired of doctors and coming to the Children's. "Not the case for our Evan," says Kimberly. "He absolutely loves seeing the doctor and can't wait to put his shoes on when we announce it's time to go." ●



Alouettes visit

Because our patients can't make it to the field, our pals from the Montreal Alouettes made sure to pay their young fans a personal visit last month. Thanks for the awesome time!



A message from MCH senior leadership

The Montreal Children's Hospital senior leadership team held meetings in April to identify the challenges that would become priorities in the coming years. On September 25, senior managers followed that by hosting a leadership meeting to present and discuss the strategic planning of yearly objectives and action plans. Here are the key takeaways to emerge from these exercises.

- Improving access to and coordination of care has been set as priority. The focus will be on four separate patient-care trajectories: Maternal, Fetal, and Neonatal; Complex Care; the Brain, Development, Behaviour program; and the transition from pediatric to adult care.
- Innovation will play a key role moving forward with a focus on research and teaching to provide better clinical outcomes. This includes improving information systems and working alongside the Montreal Children's Foundation to identify and promote innovative, transformational projects.

- The MCH will be looking to reduce preventable workplace injuries by strengthening its quality and safety structure through a coordinated approach geared toward overall quality.
- Furthermore, promoting a healthy work environment and helping to reduce fatigue among staff will be addressed via human resources needs, including hiring nurse practitioners.

The leadership meeting also provided an opportunity to present an updated organigram following a year of managerial transition due to a high number of retirements.

Regular quarterly meetings will be organized to provide updates on the progress of objectives as discussed on September 25, as well as to continue to gather feedback from employees. In the meantime, should you have any questions, suggestions or ideas, please contact your Associate Director. ●