

Successful Rehabilitation in Pediatric Ultrashort Small Bowel Syndrome

Benjamin J. Infantino, MD, MS1, David F. Mercer, MD, PhD,
FRCS(C)2, Brandy D. Hobson, RD3, Ryan T. Fischer, MD1,
Brandi K. Gerhardt, RN, BAN2, Wendy J. Grant, MD2, Alan N.
Langnas, DO2, and Ruben E. Quiros-Tejeira, MD1



Disclosures

- I am not associated with any other companies/ organizations
- I am here as an exhibitor for TNMC
- I actually drove here from Nebraska...Really...
- I have worked with Intestinal Rehabilitation and Transplant since 1998
- I love what I do and very fortunate to work with a great team who I consider family



“She’ll never eat normally. . .”



“Lost all her intestine. . .”



“Abdominal
catastrophe. . .”

“Incompatible with life. . .”





Research Objective

- To examine treatment outcomes in pediatric patients with ultrashort small bowel (USSB) in an intestinal rehabilitation program (IRP).
- But really...we just wanted to get this information out about USSB to as many as we could. We do not want any more families being told that their newborn or child cannot live without intestine.



Design

- Reviewed records of IRP patients at TNMC from 2001-2011
- Identified 28 children with USSB (\leq 20 cm of small bowel).
- Growth, nutritional status and liver function assessed from time of enrollment to most recent value

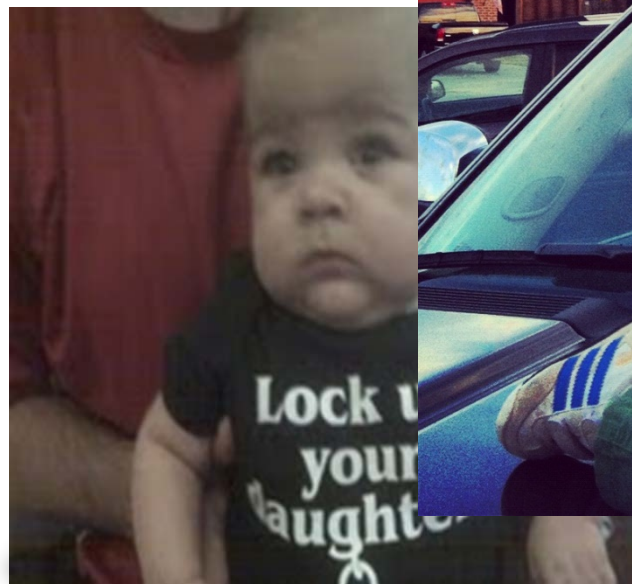


Results

- 28 patients identified
 - 27 survived (96%)
 - 14 of these patients had bowel lengthening procedure
 - 48 % achieved PN independence (intact ICV and colon were important)



Hey Jude!



- USSB is not fatal and is survivable
- Patients can be successful in weaning of IV support with USSB – but an intact ICD and colon does help
- There is always the option of transplantation
- A multidisciplinary team is needed



Questions?

