Central California Pediatrics

Specialty information for physicians who treat children and expectant mothers.

Valley Children's HEALTHCARE

Common Umbilical Disorders

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Umbilical disorders are commonly seen by primary pediatric providers. The defects often cause distress for parents but rarely require emergency surgical intervention.

An umbilical hernia is one of the more common conditions referred to the pediatric surgeon for evaluation. Risk factors for umbilical hernia include children of African descent, premature infants, peritoneal shunts or dialysis.

An umbilical hernia is a defect in the anterior abdominal wall musculature where the umbilical cord previously attached. The umbilical ring, or fascial opening, is where the umbilical vein and arteries transverse to allow the blood supply to travel from the mother to the fetus. After birth, this opening will scar down and close, obliterating the fascial defect. When this process is disrupted, a defect in the abdominal muscular fascia remains, creating the umbilical hernia.

This defect can show as a bulge in the umbilicus secondary to the peritoneal sac becoming progressively distended and bulging out, thereby stretching the skin and allowing the abdominal contents to protrude under the skin at the defect. Sometimes small defects can look very large, as the skin stretches and forms a proboscis-type hernia. In evaluating the umbilical hernia, it is important to reduce the contents of the sac into the abdomen and palpate the fascial ring. This is the umbilical hernia's true size.

These defects often will close spontaneously by age 4, especially if they are small (<1.5cm). If the defect has not closed by then, or is large, referral to a pediatric surgeon for repair is indicated. Surgery involves a small incision around the umbilicus and placing sutures to close the abdominal fascia. Recovery is usually within a week. Surgical complications occur less than 2% of the time and include superficial wound infection, hematoma, seroma and recurrence of the hernia.

An umbilical granuloma is another common umbilical concern. In neonates, an umbilical granuloma is seen after the umbilical cord separates. It is soft pink or red tissue that may be friable and bleed if irritated. It also can be moist and stain clothing. Treatment for an umbilical granuloma is topical silver nitrate, applied using a wooden applicator directly to the area. The lesion can be treated once or twice a week for several weeks. Usually only two to three applications are needed for the granuloma to dry up. If the lesion is pedunculated or large, has copious drainage, or does not respond to silver nitrate, referral to a pediatric surgeon is indicated.

Dr. Jones is one of seven, board-certified pediatric surgeons at Valley Children's providing specialized care for congenital, acquired and trauma-related conditions in children ages 0 to 20.

Valley Children's HEALTHCARE

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Children's Advocacy

Tim Curley
Director of Community
and Government Relations,
Valley Children's Healthcare

Below is an update on key items of interest to physicians as of Feb. 19, 2015.

State Legislation Regarding Medi-Cal Provider Rates

Assembly Bill 366 and Senate Bill 243 were recently introduced in the California state legislature to address Medi-Cal payment issues for hospitals and physicians. Both bills include a provision to continue the Medi-Cal payment increase for primary care physician services beginning Jan. 1, 2016, subject to federal financial participation.

State Children's Health Insurance Program (SCHIP)

The U.S. House of Representatives recently introduced legislation (House Resolution 919) to extend federal funding for SCHIP through 2019. Absent and extension, SCHIP funding will expire Sept. 30, 2015. California receives about $500 million annually in SCHIP funding, which it uses to provide Medi-Cal coverage for kids in families with incomes between 140 percent and 260 percent of the federal poverty level, or about 1.5 million children statewide.

California Children's Services (CCS) Program

The CCS program's current carve-out from Medi-Cal managed care is set to expire Jan. 1, 2016. In anticipation of the sunset, the state Department of Health Care Services (DHCS) formed a CCS Redesign Stakeholder Advisory Board (RSAB) to advise DHCS regarding redesign of the CCS program. The RSAB completed two of its scheduled six meetings, with the third meeting scheduled for Friday, March 20 in Sacramento. Valley Children's Hospital is a member of the RSAB.

According to DHCS staff, the state has not made any predetermined decisions on which model or models to adopt as CCS is reformed. DHCS hopes to have a final model agreed upon by November 2015. DHCS stated that, while the program's carve-out from Medi-Cal managed care ends Jan. 1, 2016, the state is not predisposed to automatically enrolling CCS children into Medi-Cal managed care if the new model is not operational in time.

For the latest information on these and other issues, visit Valley Children's *Children's Advocacy Network* at **www.ValleyChildrens.org/CAN**, or contact Tim Curley at 559.353.8610 or **TCurley@valleychildrens.org.**

Medical Staff News

The following pediatric specialists recently joined Valley Children's since last fall:

Hospitalists
Patrick Burke, MD
Nika Howell, MD
Erica Veeh, MD

Orthopaedic Surgery
David Ebenezer, MD

Neurosurgery
Ashley Tian, MD

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