Choose Alvesco® for growing kids.

A first-line asthma maintenance therapy with no demonstrated effect on growth.¹ ² (as measured by growth velocity and stadiometry in clinical trials)

Rx ___________

ALVESCO®
100-200 mcg
Once daily¹⁻⁻¹

Ages 6-11

Rx ___________

ALVESCO®
200 mcg
2 puffs
Once daily¹⁻⁻¹

Ages 12 & up

dyspnea (0.4% vs. 0.1% placebo), dysphonia/hoarseness (0.9% vs. 0.4% placebo), dry throat (0.2% vs. 0.0% placebo), pharyngitis (0.1% vs. 0.0% placebo), and throat irritation (0.1% vs. 0.0% placebo). The incidence of possibly treatment-related adverse events in children was similar in frequency and nature to that seen in adults and adolescents.

During long-term therapy, HPA axis function and effects on the eye should be assessed periodically by a specialist. Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. It is important that the dose of ICS is titrated to the lowest dose at which effective asthma control is maintained. Co-administration with a potent inhibitor of cytochrome P450 3A4 (e.g., itraconazole) should be considered with caution due to a possible increase in serum levels of Alvesco®/active metabolite, as was observed when Alvesco® was co-administered with ketoconazole.

Product monograph available upon request.

ALVESCO®. A GOOD CHOICE FOR STARTERS.¹ ²†

† Recommended starting dose for most patients 6 to 11, whether previously maintained on either bronchodilator alone or ICS, is 100-200 mcg once daily. The recommended starting dose for most patients 12 and up, whether previously maintained on either bronchodilator alone or ICS, is 400 mcg once daily. Doses exceeding 400 mcg should be administered BID. Alvesco® is not currently indicated for children under age 6.


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<td>Shevell Michael</td>
<td>514-412-4466</td>
<td>Sigman Terry</td>
<td>514-412-4474</td>
</tr>
<tr>
<td>Sissons Wendy</td>
<td>514-412-4310</td>
<td>Srou Myriam</td>
<td>514-412-4466</td>
</tr>
<tr>
<td>Stankova Jitka</td>
<td>514-412-4445</td>
<td>Stern Lara</td>
<td>514-412-4449</td>
</tr>
<tr>
<td>Suess Ann-Marie</td>
<td>514-412-4445</td>
<td>Tchervenkov Christo I.</td>
<td>22394</td>
</tr>
<tr>
<td>Tevfik Ted</td>
<td>514-412-4304</td>
<td>Treherne Steve</td>
<td>23099</td>
</tr>
<tr>
<td>Valois Teresa</td>
<td>22463</td>
<td>Vobecky Suzanne</td>
<td>22394</td>
</tr>
<tr>
<td>Vu Duy-Dat</td>
<td>514-412-4479</td>
<td>Westwood Michael</td>
<td>514-412-4481</td>
</tr>
<tr>
<td>Whittmore Blair</td>
<td>514-412-4445</td>
<td>Wintermark Pia</td>
<td>514-412-4452</td>
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<tr>
<td>Wise Melvin</td>
<td>514-412-4444</td>
<td>Wise</td>
<td>514-412-4443</td>
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<td>Withington Davinia</td>
<td>22463</td>
<td>Wintermark Pia</td>
<td>514-412-4452</td>
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<tr>
<td>Zadeh Teanoosh</td>
<td>514-412-4309</td>
<td>Zappitelli Michael</td>
<td>514-412-4461</td>
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<tr>
<td>Zargarpour Sepi</td>
<td>514-412-4474</td>
<td>Zavalkoff Samara</td>
<td>22696</td>
</tr>
<tr>
<td>Zielinski David</td>
<td>514-412-4444</td>
<td>Zygmunowicz Catherine</td>
<td>22334</td>
</tr>
</tbody>
</table>

Please note that this is not a complete list of healthcare professionals at the Montreal Children’s Hospital. If you are looking for someone who is not listed here, call 514-412-4400.
How to get to the MCH

**Public transit**
Using public transit, take the metro to the Atwater station, or take the bus to the Atwater terminus. For more information on public transport, call 514-288-6287 or visit the website at www.stm.info.

**Parking**
Parking is available at hourly rates in the hospital parking lot near the main entrance on Tupper Street. Parents of children with chronic conditions qualify for parking at reduced rates (information available through the Parking Office at 514-412-4404). There are other private parking lots located close to the hospital offering lower rates and meter parking is available on the street.

The publication of this guide was made possible thanks to:

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FOR ADDITIONAL COPIES OF THIS GUIDE, SEND AN EMAIL TO: info@thechildren.com
How to refer patients

The Montreal Children’s Hospital is here to help you obtain the best, most rapid and comprehensive care possible for your pediatric patients. The hospital accepts transfers of patients up to 18 years of age requiring tertiary and quaternary pediatric medical, surgical or psychiatric care, neonatal or pediatric intensive care, expert evaluation and investigation, and/or complex pediatric health care services.

CONSULTATION OR TRANSFER, 24 HOURS/DAY, 7 DAYS/WEEK:

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL PEDIATRICS</td>
<td>514-412-4242</td>
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<tr>
<td>PEDIATRIC SURGERY</td>
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<tr>
<td>PSYCHIATRY</td>
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<td>PEDIATRIC SUBSPECIALTY</td>
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<tr>
<td>PEDIATRIC EMERGENCY DEPARTMENT</td>
<td>514-412-4499 Fax: 514-412-4399</td>
</tr>
<tr>
<td>NEONATAL INTENSIVE CARE</td>
<td>514-934-4425 Toll-free: 1-888-590-1617</td>
</tr>
<tr>
<td>PEDIATRIC INTENSIVE CARE</td>
<td>514-412-4238</td>
</tr>
</tbody>
</table>

INFORMATION TO SEND WITH YOUR PATIENTS

- Referring physician’s name, address, telephone and fax number
- Pertinent medical information about the patient

Children must have an MCH hospital card, a Medicare card or details of a health insurance plan, immunization record and any letter or information from the referring physician.

NORTHERN AND NATIVE CHILD HEALTH PROGRAM 514-412-4349

To speak with the northern pediatrician for your community (Monday to Friday from 8:00 a.m. to 5:00 p.m.). For urgent assessment or consultations, see information above.

DIAGNOSTIC TESTING 514-412-4431

Patients requiring diagnostic tests (blood or urine test rather than a medical consultation) should make an appointment by calling the Pediatric Test Centre (PTC), Monday to Friday from 1:30 to 4:30 p.m. The PTC is located in Room D-257 (page 40). For information on X-ray, Ultrasound, etc., see section on Medical Imaging (page 25).

ACCESS TO MEDICAL RECORDS 514-412-4408 Fax: 514-412-4240

Medical Records Department
The Montreal Children’s Hospital
2300 Tupper Street, Room B-120, Montreal, Quebec H3H 1P3

Office hours: Monday to Friday from 8:00 a.m. to 3:00 p.m.

The department requires a parent or guardian (if the patient is under 14 years) or the patient (if over 14 years) to send a written request by mail or by fax.

- Request must include the patient’s full name, date of birth, parents’ names, medical file number (if available) and Medicare card number.
The Montreal Children’s Hospital (MCH) is the pediatric teaching hospital of the McGill University Health Centre (MUHC). The MCH opened its doors on January 30, 1904, making it the first pediatric hospital in Quebec. Our vision is to be a world-renowned children’s hospital devoted to putting the needs of Quebec children and their families first and respecting the language and cultural sensitivities of those we serve.

The MCH today
The MCH is a tertiary and quaternary care, teaching and research facility treating infants, children and teens up to age 18 in need of highly specialized care. In addition, the MCH is a fully accredited tertiary care Pediatric and Adolescent Trauma Centre and Neurotrauma Centre of Expertise.

The Montreal Children’s Hospital provides a high level and broad scope of health care services. Its expertise includes programs in brain development and behaviour, cardiovascular sciences, critical care, medical genetics and oncology, tertiary medical and surgical services, and trauma care. Approximately 300 physicians and surgeons, 500 nurses, and 1,500 allied health professionals play a major role in the delivery of highly specialized pediatric health care in Quebec – providing services in French and English, as well as over 40 other languages.

Our doctors, nurses and staff consider themselves part of a patient’s family. We welcome, support and respect each infant, child, teenager and family member who comes through our doors. Parents are “partners” in care because, by working together, we can provide every child with the medical attention they deserve.

Facts about the MCH
Through its numerous departments and services, clinics, operating rooms and emergency department, the hospital has over 200,000 patient visits per year.

- 6,000 patients are admitted to the hospital annually.
- The Emergency Room has more than 70,000 patient visits per year making it the busiest pediatric ER in North America.
- More than 70 outpatient clinics and programs respond to approximately 115,000 visits annually.
- Intensive Ambulatory Care handles close to 5,000 visits annually.
- Approximately 5,900 operations, including day surgeries, are performed annually.

Our Research Institute
Today, the Research Institute at The Montreal Children’s Hospital of the McGill University Health Centre has major research strengths in the fields of genetics, public health and preventive medicine, growth and development, oncology, psychosocial problems and cardio-respiratory health. Other important research domains include endocrine and renal disease, infection and immunity, musculoskeletal disorders and neuroscience.

The MCH has over 100 clinical and basic scientists; over 40 hold grants from peer-reviewed agencies such as the Canadian Institutes of Health Research, the Fond de la recherche en santé du Quebec, the Canada Foundation for Innovation, the U.S. National Institutes of Health, the National Cancer Institute of Canada, and the International Juvenile Diabetes Foundation. There are over 80 research assistants and over 100 graduate students and research fellows.

To contact the Research Institute: 514-412-4300
Fax: 514-412-4396
thechildren.com (select > Research >)

Building the new MUHC
The Montreal Children’s Hospital, along with the Royal Victoria Hospital, the Montreal General Hospital, the Montreal Neurological Hospital and the Montreal Chest Institute, is one of the founding hospitals of the McGill University Health Centre (MUHC). The Lachine Hospital and Camille Lefebvre Pavilion joined the MUHC family in 2008.

The MUHC is building three modern campuses to further the excellence of these hospitals and support its patient care, research and teaching mission in the future. The Mountain Campus, which will be located on the current site of the Montreal General Hospital, will comprise a modernized adult facility. The Lachine Campus will continue to fulfill its mission as a community hospital thanks to 30 per cent more space and leading-edge technologies and equipment. The Glen Campus, located next to the Vendôme Metro, will be the new home of the Royal Victoria Hospital, the Chest Institute, the Research Institute of the MUHC, the Cancer Centre and the new Montreal Children’s Hospital, which will be directly linked with the Shriners Hospital for improved collaboration.
The new MCH and an adult care hospital will be located side by side on the Glen Campus which will facilitate the transition of patients from pediatric to adult care allowing these patients to be treated throughout their entire lifespan in an environment that is comforting and familiar.

State-of-the-art technology and innovative medical practices will help the MCH attract and retain outstanding medical professionals, researchers and staff.

To learn more visit thechildren.com (select < News and Events > then < Our new hospital >)

Support and resources for families
In addition to the healthcare services available to patients, the MCH offers services to help families manage their child’s treatment:

- The **Family Advisory Forum** is a parent group which represents parents on various hospital committees. Contact ext. 28737 or fet_faf@muhc.mcgill.ca.
- The **Family Resource Library** provides health information and is open to everyone free of charge (mchfamilylibrary.ca).
- **Spiritual Support** staff help families deal with their child’s illness (ext. 23109).
- **Child Life specialists** improve the quality of life for hospitalized children; teachers help them continue their school work (page 17).
- **Social Services** provides social work interventions to address the social and emotional factors related to the patient’s condition and the effect it may have on the family.
- Language and cultural **interpreters** are available in 40 languages to facilitate communication with hospital staff.

**The Montreal Children’s Hospital Foundation**
The Foundation’s mission is to support the hospital in its pursuit of excellence in patient care, teaching and research. Support from the public is critical to the Foundation’s and the hospital’s success.

There are various ways to help ensure the MCH will be able to continue to provide the quality of care and expertise that have made its reputation. Whether it’s organizing a fundraising event, making a gift in support of the MCH’s most urgent needs, or participating in The Best Care for Children campaign to build the brand new Hospital on the Glen campus, please contact The Montreal Children’s Hospital Foundation by phone, email, or through the website.

**THE MONTREAL CHILDREN’S HOSPITAL FOUNDATION**
1 Place Alexis Nihon
3400 de Maisonneuve Blvd. West, Suite 1420
Montreal, Quebec H3Z 3B8
514-934-4846
childrenfoundation.com
info@mchf.com

**Continuing Education and Professional Development**
For a complete list of upcoming Continuing Health Education events please visit the hospital’s website at thechildren.com.

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Get the latest information on MCH clinical programs and research, and news from the McGill RUIS.

**Pediatric Medical News**

MCH Pediatric Medical News is published twice a year and sent to all GP/FMs and pediatricians in Quebec. It’s also available online at thechildren.com (select < News and Events > then < Publications >)
Acute Pain Service
514-412-4400, ext. 22630, 22021/ 514-412-4341 (fax)

The Acute Pain Service (APS) follows hospitalized children for acute pain episodes related to an injury, an operation and/or pain from an illness. The service provides different types of pain management techniques including patient-controlled analgesia pumps, epidural infusions or regional blocks, and many other modalities. The APS provides support to surgical and medical services for pain management difficulties and works in conjunction with the Chronic Pain Clinic. Services also include teaching for staff, patients and families, guideline development, and on-site and/or off-site workshops for healthcare professionals.

Dr. Chantal Frigon, Director
Julie Brouillard, CNS
Annik Otis, CNS

Allergy and Immunology
514-412-4324 (appointment centre)
514-412-4288 (appointments fax)
514-412-4470 (medical secretary and patient correspondence)
514-412-4400, ext. 22370 (department administration and Residency Training Program)
514-412-4390 (department fax)

Specializes in the assessment and management of asthma, food allergies, chronic sinusitis and hay fever, stinging insect allergy (bees, wasps and hornets), drug allergies, and eczema (atopic dermatitis).

Immune Deficiency and Autoimmune Disease.
Frequent bacterial infections: pneumonia, severe sinusitis or otitis, septicaemia; frequent fungal or unusual viral infections; candida, aspergillus and severe thrush. Antibody deficiencies: common variable immunodeficiency, IgA deficiency, agammaglobulinemia. Severe combined immune deficiency and other T cell immune deficiencies.

Evaluation of antibody levels and function, T lymphocyte levels and function, complement proteins, phagocytes and their function. There is also a day treatment program for intravenous immunoglobulin infusion to patients with antibody deficiencies requiring this treatment.

Dr. Bruce Mazer, Division Head
Dr. Reza Alizadehfar
Dr. Moshe Ben-Shoshan
Deborah Fertuck, N.C.
Claire Guay, N.C.
Maria Harvey, N.C.
Dr. Allison Kukhta
Dr. Christine Lejtenyi, Training Program Director
Dr. Christine McCusker
Dr. Elaine Medoff
Dr. Francisco Noya
Dr. Marie-Noël Primeau
Dr. Karen Sigman

Adolescent Medicine
514-412-4481 / 514-412-4319 (fax)

Offers services to adolescents for complex health care, gynecology, and eating disorders as well as providing services for adolescent parents and their babies (if followed during pregnancy in the Gynecology Program).

Dr. Franziska Baltzer, Division Head
Dr. Giuseppina Di Meglio
Dr. Marion Dove
Julie Drolet, N.C.
Dr. Julius Erdstein
Dr. Susan Finkelberg

Dr. Suzanne MacDonald
Anne Marie Martinez, CNS
Dr. Diane Munz
Sue Mylonopoulos, SW
Monica O’Donohue, N.C.
Dr. Michael Westwood

Adolescent Medicine
514-412-4481 / 514-412-4319 (fax)

Offers services to adolescents for complex health care, gynecology, and eating disorders as well as providing services for adolescent parents and their babies (if followed during pregnancy in the Gynecology Program).

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Dr. Susan Finkelberg

Dr. Suzanne MacDonald
Anne Marie Martinez, CNS
Dr. Diane Munz
Sue Mylonopoulos, SW
Monica O’Donohue, N.C.
Dr. Michael Westwood

Administration
The MCH Executive Management team includes the following people:

Dr. Harvey Guyda, Associate Executive Director, MCH: 514-412-4459
Barbara Izzard, Associate Director of Nursing, MCH: 514-412-4400, ext. 22669
Randy Robins, Associate Director Hospital Services and Program Support, MCH: 514-412-4400, ext. 22225
Dr. Micheline Ste-Marie, Associate Director Professional Services, MCH: 514-412-4306

Dr. Champion Frigon, Director
Julie Brouillard, CNS
Annik Otis, CNS

The Montreal Children’s Hospital
Alternative Care Module
514-412-4400, ext. 23535 / 514-412-4266 (fax)
alternative_care_module@muhc.mcgill.ca

This interprofessional surgical day treatment centre allows infants, children and adolescents with major surgical issues to be admitted on the day of operation, discharged earlier and treated as close to home as possible. The team members also provide post-discharge advice by phone. The Alternative Care Module provides comprehensive service for surgical patients and their families who have been treated at the MCH including patients with complicated burns who require weekly burn dressing changes, patients with neurosurgical, urological, plastics, orthopedic, and general surgery problems or those who need cardiac surgery care.

Linda Blanchard, N.C.
Farah Jean-Charles, N.C.
Julie Ann Doucet, N.C.
Hélène Rainville, N.C.

Anesthesia
514-412-4400, ext. 22463 / 514-412-4341 (fax)

Provides anesthesia services to patients in the OR, diagnostic imaging, interventional radiology, gastroenterology, cardiac catheterization, hematology-oncology and respirology, and provides anesthesia service to the Shriners Hospital for Children, Quebec.

An Anesthesia Consultation Service is available for patients with certain conditions (e.g. asthma) who should be seen prior to their surgery date.

Dr. Pierre Fiset, Chief
Dr. Karen Brown
Dr. Natalie Buu
Dr. Ruben Carranza
Dr. Joëlle Desparmet
Dr. Annie Côté
Dr. Vincent Collard

Therapeutic hypothermia for newborns with hypoxic-ischemic encephalopathy (HIE): Experience and future directions

May 27th, 2011
8:00 a.m. to 5:00 p.m.
Free registration
Club Atwater
3505 Atwater Avenue, Montreal H3H 1Y2

Keynote speaker: Dr. Abbot R. Laptok, Medical Director of the Neonatal Intensive Care Unit at Women & Infants Hospital, Rhode Island, USA

Presented by the Neonatal Intensive Care Unit at The Montreal Children’s Hospital of the MUHC

www.thechildren.com
Asthma Centre

514-412-4324 (clinic appointments)
514-412-4400, ext. 23172 (asthma education / nursing support)
514-412-4400, ext. 22338 (office) / 514-412-4255 (fax)

Provides a multidisciplinary approach to the management of asthma in both outpatient and inpatient services, including medical diagnosis and treatment, patient education, and allergy and respiratory functional evaluation. Diagnostic allergy skin testing and pulmonary function testing are available on site. Telehealth services available on demand.

Medical consultations are available through the asthma clinic. Teaching to patients and their families is provided through the Asthma Education Centre (AEC) which is part of the Quebec Asthma Education Network. The educational activity at the AEC is different from a clinic visit because it does not include a physician assessment. Referrals to the clinic and the AEC are accepted from community physicians, and through emergency rooms and inpatient services.
Attention Deficit Hyperactivity Disorder (ADHD) Program
514-412-4244 (to make an appointment or reach the office, call Donna Ricci)

The ADHD Program brings together the Division of General Pediatrics, the Child Development Program, Neurology, Psychiatry, Psychology, and Nursing for the assessment of ADHD patients. The program aims to provide a central intake for ADHD patients and direct them toward the most appropriate care while combining expertise across disciplines.

The Pediatric Clinic of the ADHD Program
514-412-4244

A multidisciplinary team comprised of pediatricians, psychologists and a specialized nurse assesses school-aged children for complex, treatment-resistant ADHD. A treatment protocol is established and the patient returns to their regular physician for follow-up care.

Dr. T. Emmett Francoeur, Director
Sandra Berubé, N.C.
Sonja Castiglione, CNS
Dr. Karine Gauthier, Psychologist
Dr. Shuvo Ghosh
Dr. Lily Hechtman
Dr. Dominique Panet-Raymond
Jodi Paterson, Program Coordinator
Dr. Bernard Rosenblatt

Audiology
514-412-4454 / 514-412-4367 (fax)

Provides diagnostic assessment of the auditory function of children, and management and initial rehabilitation procedures for the hearing impaired. Testing procedures use state-of-the-art equipment and results are obtained immediately after tests are completed. Audiological services are available for children aged 0 to 18 years of age. All tests administered are selected according to the child’s age, development and cooperation. Telehealth services available on demand.

Anne-Marie Hurteau, Professional Coordinator
Ann-Marie Forget
Audrey Hardy
Suzel Julien
Ellen Rishikof
Julie Tran
Barbara Zavalkoff

Autism Spectrum Disorders Program
514-412-4400, ext. 23099

A multidisciplinary program offering diagnostic services for children of all ages with suspected autism spectrum disorders. There is a pre-school clinic and a school-age and adolescent clinic. Psychopharmacological consultation and follow-up are available for children with a confirmed diagnosis of autism. The program offers group intervention for adolescents with Asperger’s disorder.

Dr. Lara Stern, Psychiatrist, Interim Director
Laura Fernandez, Clinical Coordinator
Nora Alexanian, Social Worker
Annick Beaudry, Secretary
Natasha Cruijff, Secretary
Dr. Eric Fombonne
Dr. T. Emmett Francoeur, Pediatrician
(Psychopharmacology Clinic)
Elaine Koch, Secretary
Dr. Michèle Larose, Psychiatrist
(Psychopharmacology Clinic)
Stephanie Matthews, Speech-Language Pathologist
Dr. Diane Munz, Pediatrician (ASD Medical Clinic)
Lisa Piperno, Nutritionist (ASD Medical Clinic)
Caroline Richer, Speech-Language Pathologist
André Rendeau, Nurse
(Psychopharmacology Clinic)
Ellen Rishikof, Audiologist
Dr. Julie Scourah, Psychologist
Dr. Rebecca Simon, Psychologist
Megan Smith-Morin, Occupational Therapist
Dr. Mandy Steiman, Psychologist
Jack Strulovitch, Social Worker
(Social Skills Group)
Vicky Tagalakis, Psychoeducator
(Social Skills Group)

Biochemistry
514-412-4400, ext. 22347 / 514-412-4348 (fax)

The department is responsible for biochemical diagnostic tests of the central laboratory, critical care (satellite) laboratory, point of care testing, and the Test Centre.

Anna Pizzi, Manager, Central Laboratory
Johanne Lapierre, Supervisor
Jacqueline Bazinet, Assistant Chief Technologist
Nouella Grimes, Administrative Technician
Kristen McKenzie, Assistant Chief Technologist
Fabienne Parente, MD, Medical Biochemist

www.thechildren.com
The pediatric cardiology team evaluates and treats newborns, infants and children with congenital or acquired heart disease including arrhythmias. The team also provides a consultation service for fetal cardiac problems. The latest diagnostic methods and technological modalities are available at the MCH including fetal echocardiography, trans-thoracic and trans-esophageal echocardiography, cardiac MRI, diagnostic and interventional heart catheterization and electrophysiology. Nine half-day patient ambulatory clinics are offered weekly, including a newborn baby clinic for prompt assessment of newborn murmurs. The Montreal Children’s Hospital is linked to the provincial telehealth network, and offers cardiac consultation services including echocardiography via telemedicine to the other 35 members of the network.

Dr. Adrian Dancea, Division Head
Dr. Marie J. Béland
Kevin Brady, MSW
Dr. Tiscar Cavalle-Garrido
Nancy Jones, N
Dr. Luc Jutras
Joyce Laduke, N
Devon Leguilliette, N.C. Cardiology/CVT
Dr. Charles Rohlicek
Michèle Zegray, N.C. Cardiology/CVT

Cardiovascular Surgery
514-412-4400, ext. 22394 / 514-412-4330 (fax)

Provides the full range of surgical services for neonates, infants, children and adolescents presenting with either congenital or acquired heart disease. The emphasis is on primary repair for almost all congenital heart defects in early life, either in the neonatal period or in infancy. The division plays a leadership role in a large multidisciplinary team which includes Pediatric Cardiology, Pediatric ICU, Neonatal ICU, Pediatric Cardiovascular Anaesthesia, Pediatric Cardiovascular Perfusion, and Nursing among others. In addition, the division provides pediatric heart and heart-lung transplantation, pediatric extracorporeal life support and pediatric mechanical ventricular assist devices in association with the MUHC thoracic transplant and mechanical VAD program.

Dr. T. Emmett Francoeur, Director
Dr. Shuvo Ghosh, Head of D-BACC
Kimberly Reynolds, Developmental Specialist/Coordinator
Professionals from Developmental-Behavioural Services

The Montreal Children’s Hospital
Consultation for children with the following specific issues: questions about gender identity/role or gender variance, elimination disorders (enuresis/encopresis, toileting issues) and parasomnias or dyssomnias.

**Learning Progress Clinic**  
514-412-4314  
Evaluation and consultation for children aged seven to 11 years who are having difficulty in school, and remain undiagnosed after assessment in the school setting.

**Child Life Services**  
514-412-4400, ext. 22570

Child Life specialists use play, education and self-expression to promote the psychological well-being and development of infants, children, and adolescents. The specialists provide emotional support for children and their families, therapeutic play including medical play, preparation and support for medical procedures, activities for bedridden patients, developmental stimulation for children, group activity programs, and activities on the hospital terrace during the summer. Other services include School Services (schooling for both elementary and secondary pupils who are hospitalized at the MCH), the Family Resource Library (mchfamilylibrary.ca), a pet therapy program, and Dr. Clown.

Marie-France Haineault,  
Professional Coordinator – Certified  
Child Life Specialist  
Julie Bergeron, Certified Child Life Specialist  
Chantal Champoux, Certified Child Life Specialist  
Sabrina Drudi, Certified Child Life Specialist  
Bertrand Dupuis, Certified Child Life Specialist  
Judy Edes, Certified Child Life Specialist  
Doreen Evans-Yorke, Child Life Specialist  
Lise Gagnon, Certified Child Life Specialist  
Lynn Kiraly-Batist, Librarian  
Helen Magdalinos, Certified Child Life Specialist  
Nathalie Major, Certified Child Life Specialist  
Casey Montgomery, Certified Child Life Specialist  
Kimberley Nixon, Certified Child Life Specialist  
Anna Paliotti, Certified Child Life Specialist  
Danielle Prentice, Assistant Child Life Specialist  
Wendy Reis, Certified Child Life Specialist  
Laurie Richard, Administrative Secretary  
Susan Swamy, Certified Child Life Specialist  

**Child Protection Program**  
514-412-4400, ext. 22508  
514-939-4043 (fax)

Provides case management advice and inpatient clinical consultation for children where child abuse or neglect is suspected. Assists with health record documentation, liaison to outside agencies and organization of outpatient evaluation for these children. Consultative multidisciplinary case review by the Child Protection Committee is available on request. These services are for registered patients of the hospital; a concomitant referral to Social Services is required.
Chronic Pain Service
514-412-4448

Evaluates and treats chronic pain in children in a multi-disciplinary way. The core team comprises a physician, psychologist, physiotherapist and clinical nurse specialist. Medical and surgical specialists and members of Social Services are consulted when needed.

The following interventions are used in the treatment of chronic pain: medication and/or regional anesthesia techniques; micro-currents, ultrasound, laser and conditioning techniques in physiotherapy; relaxation, distraction, psychotherapy and “bio-feedback” in psychology; and family counseling to help families deal with their child’s pain.

Dr. Joëlle Desparmet, Director
Dr. Yves Beaulieu, Psychologist
Rita Joyal, Physiotherapist
Christina Rosmus, Clinical Nurse Specialist

Cleft Palate
514-412-4400, ext. 22517 / 514-412-4341 (fax)

A multidisciplinary team of pediatrician, plastic surgeon, dentists, speech pathologists, otolaryngologist and audiologists provides assessment and treatment of children with cleft lip and palate.

The service also provides pre-natal consultations following ultrasound where cleft lip and palate may have been seen.

Dr. Mirko Gilardino, Director
Dr. Broula Jamal
Dr. Jon Kapala
Lisa Massaro, Speech Language Pathologist
Dr. Diane Munz
Dr. Madelaine Shildkraut
Dr. Bruce Williams

Clinical Ethics
514-412-4400, ext. 23200 / 514-398-8349 (fax)

Provides ethics consultation services to physicians and other healthcare professionals, families and, when appropriate, patients. The service participates in the development and teaching of ethics to pediatric residents and nurses and in departmental/service/unit rounds. It provides ethics expertise to the Pediatric Ethics Committee, which is responsible for reviewing ethical issues, developing policies and planning educational programs on pediatric ethics, to the Research Ethics Board, and provides assistance for hospital ethics policy development.

Me Jean Frédérick Ménard
Franco Carnevale, N, PhD

Clinical Nutrition
514-412-4400, ext. 22529 / 514-412-4250 (fax)

The clinical nutritionist provides complete nutritional assessments and develops individualized nutritional intervention plans for children whose diagnoses affect their nutritional status.
Nutritionists are active members of a number of multidisciplinary specialty teams throughout the hospital, and offer their services to admitted patients and their families as well as in several outpatient clinics.

**Nutritionists**

Marie-Eve Besner, Clinical Coordinator
Peggy Alcindor
Emilie Cadorette
Jennifer Cantin
Karen Casey
Chantal David
Donna Drury
Claudine Larivièere
Marie Lefrançois
Shani Lugasi
Lynn McCauley
Cynthia Olivier
Lisa Piperno
Caroline Porraccio
Evelyn Pytka
Claudia Sévigny
Marie-Josée Trempe
Sarah Zlotnick

**Dietary technicians**

Stéphanie Comtois
Marie-Hélène Lavoie
Marlène Parent
Julie William

**Critical Care Medicine**

514-412-4238 (PICU)
514-412-4400, ext. 22696 (office) / 514-412-4205 (fax)

The Pediatric Intensive Care Unit (PICU) offers state-of-the-art care using a multidisciplinary team approach for critically ill or injured neonates, children and adolescents. The unit is a major provincial, national and international referral centre.

Services include complex congenital cardiovascular surgery, seizure and tumour neurosurgery, craniofacial reconstruction, complex orthopedic surgery, tracheal reconstruction surgery, level I trauma, extracorporeal life support, high frequency ventilation, nitric oxide program, and solid organ transplantation.

**Cytogenetics**

514-412-4332 / 514-412-4385 (fax)

The Cytogenetics Laboratory offers diagnostic chromosome assessment of pre- and postnatal samples. Conventional cytogenetic procedures as well as the more recently developed techniques of fluorescence in situ hybridization are applied to specimens to establish the constitutional or acquired karyotype. Services are available to healthcare providers and institutions outside the McGill hospital system.

**Dentistry**

514-412-4479 / 514-412-4369 (fax)
514-406-2009 (pager for after-hours emergencies)

Provides a full range of dental services to children and adolescents who have complicated dental problems and/or medical problems requiring hospital-based dental treatments. All specialties are represented which allows for complete oral rehabilitations, at chair side or under general anesthesia. The department provides comprehensive treatment for traumatic injuries, early childhood caries, cleft lips and palate, maxillo/craniofacial deformities and other genetic malformations that demand a multidisciplinary approach unique to the department. The team responds to emergencies 24 hours a day, all year round.

www.thechildren.com
Departments, services

Dr. Duy-Dat Vu, Director, Pediatric Dentist
Dr. Stephane Schwartz, Associate Director, Pediatric Dentist
Dr. Emanuel Alvaro, Endodontist
Dr. Normand Aubre, Endodontist
Dr. Michel Bonin, Pediatric Dentist
Dr. Genevieve Chiasson, Oral and Maxillo-facial Surgeon
Dr. Tuan Dihn, Prosthodontist
Dr. Julie Dracoulakou
Dr. Richard Emery, Oral and Maxillo-facial Surgeon
Dr. Geraldine Gerges
Dr. Rosalinda Go, Orthodontist
Dr. Deborah Iera, Oral and Maxillo-facial Surgeon
Dr. Broula Jamal, Orthodontist
Dr. Jon Kapala, Orthodontist
Dr. Aubri Marchand
Dr. Oliver Mark
Dr. Annie Marleau
Dr. Stephanie Ment
Dr. Josiane Milette
Dr. Fredrick Muroff, Periodontist
Dr. Ariane Namiranian
Dr. Maha Nimeh
Dr. Harry Rajchgot
Dr. Jean-Marc Retrouvey, Orthodontist
Dr. Maria Sgro
Dr. Madelaine Shildkraut, Orthodontist
Dr. Myron Stein
Dr. Cynthia Laurel Wong
Dr. Norman Yoffe

Developmental and Behavioral Pediatric Services (DBPS)
Central Intake Office
514-412-4496 (phone) / 514-412-4398 (fax)

Developmental and Behavioral Pediatric Services includes Physiotherapy, Occupational Therapy, Speech and Language Pathology, Audiology, Psychology and the Child Development Program under one administrative umbrella. DBPS provides integrated diagnostic and short-term treatment services for children and adolescents from birth to 18 years of age with developmental, behavioral, and adaptive/readaptive problems.

Referrals from community pediatricians/physicians for children with developmental delays are coordinated through the central intake office. A form is available and can be faxed or mailed.

See listings for Audiology, Child Development Program, Pediatric Feeding Program, Occupational Therapy, Physiotherapy, Psychology, and Speech and Language Pathology for services available in each clinic.

Eileen Kennedy, Interim Administrative Head
Emmett Francoeur, Medical Director
Cristina Zoghbi, Central Intake and Discharge Coordinator

Eating Disorders Clinic
514-412-4481 / 514-412-4319 (fax)

Provides assessment and treatment for pre-adolescents and adolescents with anorexia or bulimia by offering a multidisciplinary approach including individual and family therapy as well as clinical nutrition. Telehealth services available on demand.

Dr. Franziska Baltzer, Division Head (Adolescent Medicine)
Peggy Alcindor, Nutritionist
Sally Cooke, Art Therapist
Dr. Giuseppina Di Meglio
Dr. Julius Erdstein
Dr. Susan Finkelberg
Dr. Suzanne MacDonald
Anne Marie Martinez, CNS
Sue Mylonopoulos, SW
Dr. Michael Westwood

Dermatology
514-412-4439 (appointments)
514-412-4310 (office)
514-412-4202 (fax)

Provides diagnosis and management of skin disorders. The division has specialty clinics for birthmarks, hemangiomas, surgery, and genodermatoses, as well as after-school adolescent clinics. Telehealth services available.

Dr. Brenda Moroz, Division Head
Dr. Fatemeh Jafarian
Dr. Audrey Lovett
Dr. Wendy Sissons
Emergency
514-412-4499 / 514-412-4399 (fax)

A multidisciplinary team provides highly specialized acute health care to triage, stabilize, diagnose, treat and transfer patients onward for further care. The department is a designated Pediatric and Adolescent Trauma Centre and is open 24 hours a day providing diagnosis and treatment of surgical emergencies such as dental, ophthalmological, otolaryngological, orthopedic, plastic surgery, general surgical, neurosurgical and urological. The department specializes in minor and major trauma management.

Dr. Harley Eisman, Medical Director
Nadia Eldaoud, Head Nurse

Endocrinology
514-412-4400, ext. 22482 (general Endocrinology)
514-412-4216 (fax)
514-412-4436 (Diabetes) / 514-412-4264 (fax)
514-412-4242 (outside regular working hours, ask for the endocrinologist on call)
514-412-4400, ext. 23084 (Pediatric Insulin Pump Centre)
514-412-4315 (administration)

Provides care through a multidisciplinary team approach for children with disorders such as juvenile diabetes, slowed or abnormal growth, precocious or delayed puberty, thyroid gland dysfunction, diabetes insipidus, hypoglycemia, lipid and metabolic bone disturbances, and tumours of endocrine glands.

The division offers endocrine clinics, diabetes clinics, an insulin pump centre, a lipid clinic, a weight management clinic for cases of pathologic obesity, and a clinical investigation unit for urgent consultation, hormone testing and follow-up. Services include consultation for all pediatric endocrine disorders, and a comprehensive diabetes team to assist in patient management. The department is a member of the Quebec Thyroid Screening Program.

If the referral involves a case that should be seen without delay, please ask the operator to page the endocrinologist on call.

Dr. Constantin Polychronakos, Director
Dr. Celia Rodd, Program Director
Dr. Robert Barnes
Marco Bianchi, N.C.
Anne Bossy, N.C., Insulin Pump Centre
Dr. Helen Bui
Dawn Davis, BSW
Nancy Dumouchel, N.C.
Dr. Preetha Krishnamoorthy
Claudine Larivière, Nutritionist
Dr. Laurent Legault
Dr. John Mitchell
Dr. Meranda Nakhla
Lisa Piperno, Nutritionist
Evelyne Pytka, Nutritionist

Esophageal Atresia / Tracheoesophageal Fistula (EA/TEF) Clinic
514-412-4400, ext. 23435

Provides EA/TEF patients and their families a multidisciplinary and interdisciplinary expertise to optimize the care and prevent the morbidity associated with complications that may develop during follow-up. All newborns with this
malformation will automatically be referred to the clinic and be followed according to a well-defined protocol. Older children and adolescents already known to have the malformation will gradually be identified and evaluated in the clinic. This will allow standardization of the follow-up, and ensure preparation for a smooth transition to a specialized adult site in the future.

Dr. Robert Baird, Pediatric General Surgery
Rena Birnbaum, Occupational Therapy
Dr. Sam Daniel, Otolaryngology
Dr. Sherif Emil, Pediatric General Surgery
Sandra Kambites, Motility Nurse Clinician and clinic coordinator
Dr. Jean-Martin Laberge, Pediatric General Surgery
Dr. Dominique Lévesque, Pediatric Gastroenterology
Dr. Pramod Puligandla, Pediatric General Surgery
Dr. Ken Shaw, Pediatric General Surgery
Marie-Josée Trempe, Nutritionist
Dr. David Zielinski, Respiratory Medicine

Foetal Diagnosis and Treatment Group
514-412-4432 / 514-412-4385 (fax)
www.montreal-foetal.com

A referral centre for pregnant women at risk of having babies with congenital malformations due to a family history, a history of exposure to teratogen, or an abnormality detected by ultrasound. The centre functions as a multidisciplinary team involving perinatologists, ultrasonographers, neonatologists, pediatric surgeons, pathologists, genetic counsellors, and other specialists.

Dr. Jean-Martin Laberge
Dr. Richard Brown
Dr. Pramod Puligandla
Andrea Secord, GC

Gastroenterology and Nutrition
514-412-4474 / 514-412-4392 (fax)

Provides diagnosis, treatment, and long-term follow-up of children with diseases of the gastrointestinal tract, the pancreas, the liver, and biliary tree.
Provides outpatient consultation in general GI, hepatology, Inflammatory Bowel Disease (IBD), and motility, as well as inpatient GI consultations. Procedures available include upper and lower endoscopies, wireless capsule endoscopies, pH-probe monitoring, and liver biopsies. There is also a pediatric motility centre.

Dr. Terry Sigman, Interim Director
Dr. Najma Ahmed
Hélène Bacha, N.C.
Karen Casey, Dietician
Louise Colacci, N.C.
Sandra DiLullo, N.C.
Dr. Sylviane Forget
Sandra Kambites, N.C.
Marie-Andrée Latrémouille, N.C.
Dr. Dominique Lévesque
Dr. Véronique Morinville
Dr. Ernest Seidman
Dr. Ana Sant’Anna
Marie-Josée Trempe, Dietician
Dr. Sepi Zargarpour, Psychologist

General Pediatrics, Division of
514-412-4400, ext. 23096 / 514-412-4271 (fax)

The Division of General Pediatrics includes 40 full and part-time consultant pediatricians who provide services through the Asthma Centre, the ADHD Program, the Child Development Program, the Child Protection Program, the Pediatric Consultation Centre, the Intensive Ambulatory Care Service, the Medical Day Hospital, the Medical Inpatient Units, the Short Stay Unit, the Multicultural Health and Adoption Clinic and the Palliative Care Program.

Clinical referrals in any of the above mentioned areas should be referred to the relevant program (see index).

For advice concerning an undifferentiated clinical problem and potential referral or possible admission, please call the Pediatric Medical Consultation Service at 514-412-4242.

Requests for urgent assessments should be directed to Emergency at 514-412-4499.

Dr. Geoffrey Dougherty, Division Head
Lisa Hartley, Administrative Officer

Gynecology Program
514-412-4481 / 514-412-4319 (fax)

Provides treatment for pediatric and adolescent gynecological problems. Services include obstetrics and other pregnancy-related gynecological issues as well as operative gynecology.

Dr. Elsa Quiros, Director
Dr. Franziska Baltzer
Dr. Giuseppina Di Meglio
Dr. Marion Dove
Julie Drolet, N
Dr. Julius Erdstein
Dr. Susan Finkelberg
Carol Kaminski, SW
Dr. Suzanne MacDonald
Monica O’Donohue, N
Dr. Vincent Ponette

Hematology-Oncology
514-412-4434 (appointments – Day Treatment Centre, 8:30 a.m. to 4:30 p.m.)
514-412-4301 (fax)
514-412-4445 (referral/consultation)

Diagnostic, treatment, long-term follow-up, and family-centered care is provided to children and adolescents with cancer through an interdisciplinary team approach. As such, the department provides the most advanced clinical care through clinical research. It is a founding member and active participant of the Children’s Oncology Group, the world’s largest childhood cancer research organization.

The service offers diagnostic and comprehensive treatment for children with sickle cell disease and other blood disorders including hemophilia and thalassemia, leukemias, solid tumours, brain tumours, and retinoblastomas. Hematopoietic stem cell transplantations are performed for specific cancers, leukemias, inborn errors such as immunodeficiencies and rare metabolic disorders. Clinical hematology laboratory and molecular services are an integral component of the service.

Dr. Blair Whittemore, Interim Director
Ann-Marie Suess, Head Nurse
Dr. Sharon Abish
Lynda Blanchette, MSW
Anne Choquette, CNS

www.thechildren.com
Departments, services

Infectious Diseases
514-412-4485 / 514-412-4494 (fax)
Provides consultation service in all aspects of infectious diseases including significant viral, bacterial and fungal infections. The division specializes in the areas of infection control, immunological aspects of infectious diseases and microbial pathogenesis of disease. The division is actively involved in vaccine trials and other aspects of clinical research.

There is a weekly Infectious Disease Clinic as well as a twice-monthly Immunodeficiency Clinic. The division is also involved with the Home IV Program and the Multiculturalism Clinic.

Dr. Jane McDonald, Director
Dr. Chris Karatzios
Dr. Dorothy Moore
Dr. Francisco Noya
Dr. Caroline Quach-Tranh
Dr. Earl Rubin
Chantal-Marie Perpète, N, Infection Control

Medical Day Hospital (MDH)
514-412-4400, ext. 22302
Provides day treatment to patients with medical problems allowing them to complete treatment safely and effectively in a medical alternative care unit while avoiding the inconvenience, complications and expense of hospitalization. The MDH provides an alternative to hospitalization for patients who do not require 24-hour medical and/or nursing monitoring and whose needs are not met by existing programs within the hospital or community setting. The MDH is under the direction of Medical Inpatient Services.

The MDH provides the perfect setting for efficient evaluation of new patients with multiple problems and/or re-evaluation of patients from the extended RUIS.

Dr. Claudette Bardin, Medical Director
Dr. Harold Rich, Associate Medical Director
Josie Revuelta, Head Nurse
Nadine Allard, Nurse Clinician

Intensive Ambulatory Care Service (IACS) / Clinical Investigation Unit (CIU)
IACS 514-412-4420 / 514-412-4424 (fax)
CIU 514-412-4430

IACS provides alternatives to hospitalization for children with acute infectious, chronic and/or complex illnesses requiring specialized care. The IACS medical and nursing staff provide the necessary support to treat patients/families as outpatients or in their home, allowing them to remain in a familiar environment.

IACS programs include: hemophilia, broncho-pulmonary dysplasia, home ventilation, immuno-compromised patients, thalassemia, total parenteral nutrition, home and outpatient IV antibiotics, UTI, neuromuscular disease, palliative care, tracheostomy, liver/heart transplants, and a home subcutaneous gammaglobulin program.

The Clinical Investigation Unit works to provide services such as investigations, day treatments, protocolized follow-up, teaching, clinical research and nursing coordination.

Dr. Hema Patel, Director
Dr. Manon Allard
Nathalie Aubin, Assistant Head Nurse
Dr. Geoffrey Dougherty
Dr. Catherine Henin
Isabelle St-Sauveur, Clinical Nurse Specialist
Dr. Margaret Warner
Dr. Blair Whitemore
Medical Genetics
General number: 514-412-4427 / 514-412-4296 (fax)
Prenatal Genetics: 514-412-4432 / 514-412-4385 (fax)

Medical Genetics services are provided by a multidisciplinary team comprised of geneticists, endocrinologists, pediatricians, molecular geneticists, cytogeneticists, genetic counsellors, dieticians, and nurses. The goal is to diagnose, treat and prevent congenital and hereditary disorders. Telehealth services available.

Staff members listed here are affiliated with the Montreal Children’s Hospital. These services are part of a larger clinical genetic service, which also provides consultation services to adults (at the MUHC adult sites) including the prenatal population, and those at risk for hereditary cancers.

Clinical Staff Physicians
Dr. Teresa Costa, Head, Department of Medical Genetics, MUHC
Dr. Robert Barnes
Dr. Nancy Braverman
Dr. Isabelle De Ble
Dr. Fahd Halal
Dr. Sébastien Lévesque
Dr. Serge Melançon
Dr. John Mitchell
Dr. June Ortenberg, Neurofibromatosis Clinic
Dr. Laura Russell

Diagnostic Laboratories
Dr. Ron Agatep, Associate Director, Molecular Genetics
Dr. Serge Melançon, Director, Biochemical Genetics
Dr. Andrea Ruchon, Interim Director, Molecular Genetics

Affiliated Diagnostic Laboratory
Dr. Alessandra Duncan, Director, Cytogenetics
Dr. Miriam Blumenkrantz, Associate Director, Cytogenetics
Dr. Josée Lavoie, Associate Director, Cytogenetics

Genetic Counsellors
Lola Cartier, MSc, Clinical Manager
Sui Mei Chiu, MS
Stella Drury, MSc
Stephanie Fox, MS
Andrea Secord, MSc
Rachel Vanneste Webster, MSc

Dietician
Marie Lefrançois, P.Dt.

Nurse
Rosalie Matys, N.C.

Quebec Alimentary Program for the Treatment of Hereditary Metabolic Disorders
514-412-4400, ext. 23526 / 514-412-4283 (fax)
Siphala Yak, Coordinator

Medical Imaging
514-412-4450 / 514-412-4400, ext. 22273 (nights, weekends, and statutory holidays) / 514-412-4347 (fax)

Provides regular x-ray, fluoroscopy, CT scanning, magnetic resonance, angiography, interventional procedures, ultrasound and nuclear medicine examinations by appointment and for emergency cases. The emergency x-ray room is open 24 hours a day to serve the Emergency Department and Intensive Care Unit.
Departments, services

Dr. Ricardo Faingold, Program Director
Dr. Pedro Albuquerque
Dr. Michel E. Azouz
Michele Bibey, N
Patricia Brown, N
Lucy Caron, Nurse Manager
Dr. Lucia Carpineta
Heather Dewar, Manager
Linda Huntoon, N
Johanne L’Ecuyer, Chief Technologist
Charlene Matys, N
Dr. Augustin M. Ó Gorman
Dr. Christine Saint-Martin
Joan Shewchuk, N

Medical Inpatient Units
Unit 6C1: 514-412-4400, ext. 22105
Unit 6C2: 514-412-4400, ext. 22414
Fax: 514-412-4476

Provide treatment and investigations for a wide variety of medical conditions, both acute and chronic, with the contribution of the subspecialists. For information about admitted patients, contact the units directly. For elective admission of a medical patient, contact the Pediatric Medical Consultation Service at 514-412-4242.

Dr. Geoffrey Dougherty, Acting Medical Director
Dr. Harold Rich, Associate Medical Director
Josie Revuelta, Head Nurse
Dr. Louise Auger
Vincent Ballenas, NPDE
Dr. Claudette Bardin
Dr. Laurel Chauvin-Kimoff
Dr. Evelyn Constantin
Dr. Alexander (Sasha) Dubrovsky
Dr. Chris Karatzios
Marie Laberge, BSW
Dr. Stephen Liben
Dr. Catherine Millar
Dr. Gary Pekeles
Dr. Earl Rubin
Dr. David Waxman

Microbiology
514-412-4313 / 514-412-4354 (fax)

Provides diagnostic services in the areas of bacteriology, serology, parasitology, mycology, mycobacteriology, and virology (including rapid viral diagnosis, complex viral isolation, and molecular diagnostic techniques). The department has close links with the Division of Infectious Diseases.

Dr. Jane McDonald, Department Head
Mirlla Fuks-Lambert, Assistant Chief Technologist, Bacteriology
Diane Newby, Assistant Chief Technologist, Virology
Dr. Caroline Quach-Tranh
Dr. Earl Rubin

Multicultural Clinic
514-412-4433 / 514-412-4255 (fax)

Serves children who have recently arrived from other countries. Special attention is given to the need for an interpreter and to understanding the families’ various
religious and cultural differences. The clinic offers a screening program for anemia and infectious diseases such as tuberculosis, hepatitis and intestinal parasites.

The staff is attentive to the possible presence of post-traumatic stress disorder. The clinic provides consultations for children adopted from other countries. The clinic also receives support from the Social Services Department to help identify families with the greatest needs in order to help guide them to appropriate community resources.

Dr. Louise Auger, Director
Dr. Alice Chan-Yip
Dr. Linda Samotis

Neonatology

514-412-4452 / 514-412-4356 (fax)
For consultation or transfer, call 514-934-4425 or 1-888-590-1617 to reach the neonatologist on call.

The Neonatal Intensive Care Unit (NICU) is composed of a multidisciplinary team including neonatologists, pediatricians, neonatal nurse practitioners, respiratory therapists, pharmacists, social workers and consultants who treat acutely ill newborn infants (premature infants and term infants with serious medical and surgical disorders). Patients are transferred from other nurseries across Quebec.

Dr. Thérèse Perreault, Divison Head
Andrée Pharand, Head Nurse
Dr. Nabeel Ali
Dr. Alexandre Barbier
Dr. Louis Beaumier
Mireille Béchard, Lactation Consultant
Dr. Brahim Bensouda
Mario Bonenfant, Assistant Head Nurse
Rose Boyle, NNP
Dr. Robert Brouillette
Martine Claveau, NNP
Dr. Élise Couture
Dr. Daniel Faucher
Jessica Girard-Landry, Interim NPDE
Dr. Richard Gosselin
Dr. May Khairy
Dr. Louise Koclas
Diane Martin, N.C.
Dr. Michelle Pepin

Neonatal Follow-up Program, Neonatal Clinic
514-412-4302
The Neonatal Clinic provides developmental assessment and long-term follow-up until school age of infants who require comprehensive, multidisciplinary coordination of care. These patients have potential developmental and medical sequelae due to illness in the newborn period. Most patients are referred directly from the Neonatal Intensive Care Unit but the follow-up team also accepts referrals for neonatal developmental assessment from primary care practitioners. The team of pediatricians and nurses interfaces on an ongoing basis with pediatric respiratory, neurological and readaptation specialists within the hospital and with the community’s medical, social and rehabilitation services.

Dr. Patricia Riley, Director
Lyne Boisvert, N.C.
Dr. Élise Couture
Patricia Grier, N.C.
Dr. May Khairy
Dr. Louise Koclas
Lyne Boisvert, N.C.
Dr. Patricia Riley
Lyne Boisvert, N.C.
Dr. Élise Couture
Patricia Grier, N.C.
Dr. May Khairy
Dr. Louise Koclas
Diane Martin, N.C.
Dr. Michelle Pepin

Neonatal Transport Team and Neonatal Outreach Program
For consultation or transfer, call 514-934-4425 or 1-888-590-1617 to reach the neonatologist on call.

The Neonatal Transport Team is composed of specially trained nurses and respiratory therapists working under the direction of the neonatologists. During the first call, an initial evaluation is done and recommendations are given to the referring physician. The dedicated transport team is then mobilized; they carry state-of-the-art equipment and all required medications to support the care of unstable neonates. For neonates who have
suffered perinatal asphyxia, the team also offers Total Body Cooling to lessen brain injury.

In response to a growing number of requests for advice from referring centres, the Outreach Teaching Program was created to support medical, nursing and respiratory therapy staff. Activities include consultation for the care of unstable neonates, on-site teaching, case discussions and conferences on congenital heart disease, respiratory distress, etc.

For additional information on the Neonatal Outreach Program, please call Dr. Louis Beaumier or Diane Lalonde, NPDE, at 514-412-4452.

Nephrology
514-412-4461 (appointments)
514-412-4242 (for an urgent consultation, ask the operator to page the nephrologist on call)
514-412-4359 (fax)

Provides consultation and care for pediatric kidney disease: nephrotic syndrome, hematuria, glomerulonephritis, hemolytic uremic syndrome (HUS), urinary tract infection, vesico-ureteral reflux and structural renal diseases, hereditary renal disease, hypertension, chronic renal insufficiency and nephrolithiasis. The End-Stage Renal Disease (ESRD) and extracorporeal therapy programs offer living- and deceased-donor renal transplantation, peritoneal dialysis, hemodialysis, plasma exchange and continuous renal replacement therapy (CRRT).

Specialized renal tests include renal biopsy, 24-hour ambulatory blood pressure monitoring, WBC cystine, glomerular filtration rate, and genetic testing. Our inter-disciplinary team of nephrologists, nurses, surgeons, hemodialysis technician, nutritionist, social worker, psychiatrist, psychologist, child development specialists and secretaries provide comprehensive in- and out-patient care.

Neurology
514-412-4446 (appointments)
514-412-4466 (administration)
514-412-4373 (fax)

Provides tertiary level care or above for children with challenging and complex neurological conditions. Inpatient consultation services are provided on a 24/7 basis to all areas of the MCH including the Emergency Room, intensive care units and wards, both medical and surgical. Ambulatory services are provided through initial consultation, and where absolutely necessary, on an ongoing basis to the following categories of neurological illness: epilepsy or convulsive disorders that are not related to fever; neurodevelopmental disabilities (i.e. global developmental delay, mental retardation/intellectual disability, cerebral palsy, developmental language impairment); neuromuscular disorders; headaches refractory to initial standard prophylaxis management; complex movement disorders (i.e. dystonia, chorea, athetosis, ataxia, spasticity) requiring medical intervention; neurogenetic, neurometabolic and neurocutaneous disorders; demyelinating disorders; and high risk survivors of the NICU and PICU.

Departments, services
Neurophysiology
514-412-4471 / 514-412-4225 (fax)

Provides a full range of investigative services in EEG, Evoked Potentials and EMG. The EEG lab investigates children with paroxysmal disorders such as epilepsy or syncope. Services offered range from routine outpatient EEG to outpatient EEG video monitoring, home monitoring and inpatient EEG video monitoring (surface recordings or invasive).

Evoked Potentials are available to assess auditory, somatosensory and visual function. The lab has particular expertise in neonatal auditory and somatosensory evoked potentials. The EMG lab provides investigation of children with a variety of neuromuscular diseases. The department also offers monitoring services for Neurosurgery and Orthopedics.

Dr. Bernard Rosenblatt, Director
Dr. Frederick Andermann
Dr. Marie-Emmanuelle Dilenge
Dr. Chantal Poulin
Dr. Benjamin Zifkin

Neurosurgery
514-412-4492 (appointments)
514-412-4400, ext. 25224 (office)
514-412-4368 (fax)

Provides a full range of surgical services for prenates, neonates, infants, children and adolescents born with congenital or acquired neurosurgical illnesses. The division has well-established, strong multidisciplinary teams in Neuro-Oncology dealing with tumours of the brain and the spinal cord as well as Neurotraumatology for the management of traumatic cerebral and spinal pathologies.

The epilepsy surgery program deals with the surgical management of patients with intractable epilepsy and the spasticity program deals with spasticity (or stiffness), usually in children who were born very premature. There is a well-established Cranio-Facial Program and the service has a Surgical Program for the management of movement disorders such as tremor, dystonia, etc. in children. The treatment of congenital malformations including hydrocephalus and spina bifida is of great interest to the members of the division.

Dr. José Luis Montes, Director
Dr. Jeffrey Atkinson
Dr. Jean-Pierre Farmer
Tina Primiani, CNS

Northern and Native Child Health Program
514-412-4349 (office) / 514-412-4249 (fax)

Provides consultations and liaison services for First Nations children in their communities and in Montreal. Staff are available in person in the 22 communities, and by telephone, email and telemedicine. For children who require tertiary and quaternary services in Montreal, the program’s pediatricians enhance liaison and organize follow-up in the children’s communities.

For elective consultations or non-emergency referrals during daytime hours, call the above number. For emergency care, call the consultant pediatrician on call, PICU, NICU, or the Emergency Department.

Photo: Claudio Calligaris

www.thechildren.com
Dr. Gary Pekeles, Director
(gary.pekeles@muhc.mcgill.ca)
Dr. Margaret Berry, Hudson Bay (ext. 23169)
(margaret.berry@muhc.mcgill.ca)
Johanne Desrochers, MUHC Telehealth
Associate Director
Stephanie Hurburt, BSW (514-412-4400, ext. 22077)
Hélène Caron, Nurse (ext. 22580)
(helene.caron@muhc.mcgill.ca)
Dr. Michèle Larose, Psychiatrist, Nunavik
(ext. 23951)
Dr. Johanne Morel, Ungava Bay, Kuujjuaq
(johanne.morel@muhc.mcgill.ca) (ext. 22582)
Dr. Chi-Minh Phi, Cree (ext. 23193)
(chiminh.phi@muhc.mcgill.ca)
Dr. Kent Saylor, Cree and Mohawk (ext. 23548)
(kent.saylor@muhc.mcgill.ca)

Nursing
514-412-4400, ext. 22669 (Administration)
514-412-4400, ext. 23097 (SpectraLink)
514-412-4400, ext. 22556 or 22909 (Research)
514-412-4355 (fax)
514-412-4451 Direct Line

Provides pediatric nursing expertise for children and families in day treatment, ambulatory and inpatient settings. Services available include nursing care, family support, triage, coordination of care and follow-up, and teaching. Inpatient services include critical care (pediatric, neonatal, emergency), surgical care, general pediatrics, psychiatry and palliative care. Ambulatory services cover acute crises, chronic illness, and specialty services. Day treatment centres offer alternatives to hospitalization whenever possible.

Nursing also has a centralized PCA (patient care attendant) team and nursing float teams (critical care and general).

The MCH nursing staff development team provides workshops such as Pediatric Medical/Surgical, Pediatric Vascular Access, Pediatric Infection Control, Acute Pain Assessment and Management, and Optimizing Relationships between Nurses and Parents. Basic cardiac life support (BCLS) certification/recertification, Emergency Nursing Pediatric Course (ENPC) and Pediatric Advanced Life Support (PALS) are also offered throughout the year. Additionally, the nursing staff development team provides expert consultation on pediatric nursing care issues.

Barbara Izzard, Associate Director of Nursing
Eren Alexander, Nursing Practice Consultant for Staff Development
Sandy Bradford-Macalanda, Nursing Coordinator for Healthy Workplace, Recruitment & Retention
Lucy Caron, Nursing Administrative Manager
Peggy Lamb, Nursing Coordinator, Administrative Affairs
Jenny Milne-Smith, Nursing Coordinator for Ambulatory Services
Christina Rosmus, Clinical Nurse Specialist and Consultant for Advanced Nursing Practice
Dr. Janet Rennick, Nurse Scientist

Occupational Therapy
514-412-4426 / 514-412-4398 (fax)

Provides assessment, short-term intervention and consultation for children with a variety of diagnoses who have difficulties in normal development. Occupational therapists promote and facilitate the development of skills and behaviours essential to daily living. Therapists collaborate with families and team members to minimize the impact of impairment and/or disability on functional independence.

The department follows both inpatients and outpatients and also participates in the Northern Health Care Program.

Joanne Stamegna, Professional Coordinator
Ophthalmology
514-412-4480 (appointments)
514-412-4400, ext. 22891 (office) / 514-412-4443 (fax)

Provides all medical, surgical, and optical care for children’s eyes and visual system including screening for ocular diseases of childhood from birth to adolescence. Every child should have a full eye exam at age three. Children with white pupil from cataract, retinoblastoma or retinal detachment must be seen the same day. Children with a family history of amblyopia, lazy eye or strabismus should be seen regularly. Two unique clinics are available: a diagnostic centre for congenital blindness and an integrated diagnostic and treatment centre for retinoblastoma.

Dr. Robert Koenekoop, Chief
Dr. Michael Flanders
Dr. Conrad Kavalec
Dr. Ayesha Khan
Dr. Pierre Lachapelle
Dr. John Little
Dr. Robert Polomeno
Dr. Julie Racine

Orthopedic Surgery
514-412-4265 (appointments)
514-412-4464 (office) / 514-412-4353 (fax)

Provides services in pediatric trauma including all forms of fractures, dislocations, and skeletal injuries including spinal injuries, as well as a sports medicine clinic for young athletes. The department also provides care for acquired conditions such as congenital dislocation of the hip, complex congenital abnormalities, neuromuscular diseases including spina bifida and cerebral palsy, acute and chronic bone and joint infections, spinal deformities such as scoliosis, round back, spondylolisthesis and tumours. Staff are available for emergencies, and consultation regarding clinical problems and patient management. Telehealth services available on demand.

Dr. François Fassier, Director
Dr. Thierry Benaroch, Site Director (MCH)
Dr. Reggie Hamdy
Dr. Chantal Janelle
Dr. Jean Ouellet
Dr. Neil Saran

Otolaryngology – Head and Neck Surgery
514-412-4487 (appointments)
514-412-4304 (administration)
514-412-4303 (surgical booking)
514-412-4246 (Director’s office)
514-412-4342 (fax)

Provides diagnosis and treatment of disorders of the upper aerodigestive tract, regional disorders of the head and neck, facial reconstructive surgery, otology, neuro-otology, disorders of the thyroid and parathyroid glands, speech and voice disorders and maxillofacial trauma.

Dr. Sam Daniel, Director
Dr. Isaac Fried
Dr Vlad Iordenescu
Dr. Yolène Lacroix
Dr. John J. Manoukian
Dr. H.P. (Lily) Nguyen
Dr. Jack Rothstein
Dr. Melvin Schloss
Dr. Robert Shapiro
Dr. Ted Tewfik

Airway and Voice Clinic
514-412-4487

A regional referral centre for the management of children with difficult problems related to the airway. The clinic is equipped with state-of-the-art endoscopic equipment. The group includes pediatric otolaryngologists, a respirologist, a pediatric anesthesiologist, a pediatrician, a speech pathologist, a researcher and a nurse. The goal is to provide coordinated and well-integrated care, parental education, and ongoing evaluation of patient progress.

Conditions assessed include laryngomalacia, vocal cord paralysis, subglottic stenosis, various voice disorders, respiratory papillomatosis, choanal atresia, and severe obstructive sleep apnea.

Otology and Bone Anchored Hearing Aid (BAHA) Clinic
514-412-4487

A regional referral centre for the management of children with difficult problems related to hearing or other disorders of the ears. Conditions treated include atresia, cholesteatoma, and hearing loss.

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The group includes otolaryngologists with a special expertise in hearing, and audiologists.

**Velopharyngeal Deficiency (VPD) Clinic**  
514-412-4487  
A multidisciplinary clinic specializing in velopharyngeal deficiency, palate and voice disorders.

**Reflux Clinic**  
514-412-4487  
A general referral clinic for the management of children with severe GI reflux. This clinic is held in collaboration with the division of Gastroenterology.

**Saliva Clinic**  
514-412-4487  
A highly specialized referral centre for the medical and surgical management of children with salivary gland problems including drooling, sialendoscopy, and salivary tumours. This clinic has pioneered the use of Botulinum toxin in the treatment of drooling.

**Dysphagia Clinic**  
514-412-4487  
A multidisciplinary referral clinic for patients with dysphagia and feeding difficulties. The clinic includes an otolaryngologist, a pediatrician, a gastroenterologist, an occupational therapist, and a feeding psychologist.

**Outreach Program**  
514-412-4442 / 514-412-4362 (fax)  
The MCH Outreach program works at promoting the creation of a seamless, comprehensive network of integrated care by supporting current and new partnerships between care providers, as well as facilitating access and continuity to specialized care, education, and research.

**Palliative Care Program**  
514-412-4370 / 514-412-4355 (fax)  
Provides resources for issues related to life-threatening illness in childhood, including symptom control, terminal care and bereavement. The team includes pediatricians, nurses, pastoral services, a psychiatrist, a psychologist, a music therapist and a social worker.

**Pathology**  
514-412-4495 / 514-412-4258 (fax)  
Provides diagnostic services for patients up to 18 years of age. Consultation services cover the complete spectrum of pediatric pathology, including fetal and perinatal pathology, pediatric neuropathology, oncology, as well as medical specialties such as gastroenterology, pathology of the placenta, nephropathology, transplant pathology and dermatopathology. The autopsy service focuses on fetal and perinatal pathology, as well as cases of sudden and unexpected infant deaths. Cytogenetics services provide pre- and postnatal chromosomal analysis (see page 19). Telehealth services available on demand.

**Pediatric Consultation Centre (PCC)**  
514-412-4433 (appointments) / 514-412-4400, ext. 22338 (office) / 514-412-4255 (fax)  
The Pediatric Consultation Centre (PCC) is staffed by experienced, general consultant pediatricians. The mission of the PCC is to provide a service for family
medicine doctors and pediatricians who want consultative opinions regarding a wide gamut of pediatric problems. These may include chronic headaches, developmental issues, language delays, recurrent abdominal pain, failure to thrive, gastroesophageal reflux, and school and behavioural problems, or any pediatric problem for which a physician wants a second opinion or more intensive investigation. Consultation is by referral only.

The Pediatric Consultation Centre, in addition to its general consulting clinics, includes specialized clinics such as a School Problems clinic and a Multicultural clinic (see page 26). There is also a Residents Continuity Clinic (RCC) where pediatric residents provide ongoing care for a selected group of patients. Patients may also be seen at our outreach clinic at the Lakeshore General Hospital which includes an allergy clinic, an asthma clinic, a medical clinic for children already diagnosed with autism and a general consultation clinic.

Dr. Richard Haber, Director
Dr. Louise Auger, Director, Multicultural Clinic
Dr. Claudette Bardin
Dr. Alice Chan-Yip
Dr. Carl Cummings
Dr. Jae-Marie Ferdinand
Dr. Patricia Forbes
Dr. Hy Goldman
Dr. Catherine Henin, Coordinator, RCC
Dr. Pierre Marin
Dr. June Ortenberg
Dr. Chi-Minh Phi
Dr. David Rabin
Dr. Robert Rosenfeld
Dr. Paul Rossy
Dr. Linda Samotis
Dr. Olivia Tse

Pediatric Feeding Program
514-412-4400, ext. 22334 / 514 412-4280 (fax)

An interdisciplinary program for the evaluation and treatment of feeding and swallowing difficulties and poor growth. The interdisciplinary team consists of psychologists, occupational therapists, nutritionists, and a pediatric medical consultant. Clinical evaluation includes a comprehensive feeding history and related medical and developmental issues, assessment of mealtime interactions, and videofluoroscopic studies as needed. Educational and nutritional guidance, as well as behavioural, sensorimotor and supportive therapy are part of the treatment approach.

Dr. Maria Ramsay, Director, Psychologist
Rena Birnbaum, M.Sc., Occupational Therapist
Emilie Calderon, P.D.T., Nutritionist
Nathalie Carr, M.Sc., Occupational Therapist
Dr. Chantal Martel, Psychologist
Line Parent, B. Sc., Occupational Therapist
Dr. Mafalda Porporino, Psychologist
Dr. Ana Sant’Anna, Gastroenerologist
Dr. Catherine Zygmuntowicz, Psychologist

Pharmacy
514-412-4400, ext. 22215 / 514-412-4361 (fax)

Prepares and distributes medication used in the hospital and the clinics, promotes safe utilization and initiatives concerning optimal use of medication, and provides pharmaceutical care to the neonatal, pediatric, critical care, and ambulatory population of the hospital.

André Bonnici, MUHC Pharmacist-in-Chief
Bibiane Gilbert Dogbé, MCH Site Coordinator

www.thechildren.com
Physiotherapy
514-412-4407 / 514-412-4398 (fax)

Offers assessment and short-term intervention to children and adolescents from birth to 18 years of age. Staff members work closely with the family and other medical professionals to achieve maximum functional potential for each client.

There is an active outpatient department with physiotherapists participating in many clinics including: Orthopedics, Rheumatology, Sports Medicine, Pain Management, Neurology, Neurosurgery, Neonatal Follow-up, Spina Bifida, and the Rhizotomy Clinic. A physiotherapist is on staff in the Intensive Ambulatory Care Service (IACS) and the Neuromuscular Clinic. The department follows both inpatients and outpatients and also participates in the Northern Health Care Program (therapists travel to villages around Hudson and Ungava).

Rita Joyal, Professional Coordinator

Plastic Surgery
514-412-4439 (appointments) / 514-412-4309 (office)
514-412-4341 (fax)

Provides surgical correction of congenital anomalies such as cleft lip and palate, congenital hand deformities, microtia and prauninauris. The department has a craniofacial treatment team (plastic surgeon, orthodontists, dentists, imaging specialists, otolaryngologists, otologists and pediatricians).

Services include repair of fractures, nerve and tendon injuries in the hand, and facial injuries including soft tissue and fractures. There is also microsurgical reconstruction following amputations or with complex free flap surgery for treatment of children following injury. There is a brachial plexus treatment team for management of children following birth trauma or after traumatic injuries. Services also include removal of nevi, etc., and laser treatment for hemangiomas and portwine stains, and care of children with severe burns or frostbite.

Dr. Lucie Lessard, Division Head
Dr. Harvey C. Brown
Dr. Mirko Gilardino
Dr. Mario Luc
Sandra Safulk, N.C.
Dr. Karl Schwarz
Dr. H. Bruce Williams
Dr. Teanoosh Zadeh

Craniofacial Surgery Program
514-412-4400, ext. 22517 / 514-412-4340 (fax)

Provides treatment of cleft lip and/or palate (including NAM), craniosynostosis, congenital mandibular deformities (Pierre-Robin Sequence), midfacial deformities (Apert, Crouzon, Pfeiffer, Treacher Collin syndromes), hypertelorism and
orbital anomalies, facial clefts, frontonasal dysplasia, fibrous dysplasia, deformational plagiocephaly, hemifacial microsomia, and vascular malformations and hemangiomas.

Dr. Mirko Gilardino, Director
Dr. Broula Jamal, Orthodontist

Psychology
514-412-4449, ext. 23295 (intake coordinator)
514-412-4337 (fax)

Provides treatment for children from birth to 18 years including children hospitalized for medical problems, as well as those followed in clinics for chronic medical conditions (e.g., diabetes, chronic pain, etc.) In addition, children below five years of age with suspected neurological, metabolic, feeding or other problems likely to have an impact on their development are also candidates for services in the department.

The services provided by the department are of a diagnostic (e.g., neuropsychological, intellectual, personality assessments) or short-term treatment nature (e.g., individual therapy, parental counselling). Screening and family assessments are also provided.

Parents must contact the intake coordinator to initiate the consultation process.

Dr. Yves Beaulieu, Professional Practice Leader

Psychiatry
514-412-4449 / 514-412-4337 (fax)

Provides a variety of services, from inpatient to outpatient clinics, for children and adolescents up to the age of 18 who suffer from a broad range of emotional or behavioral problems, including problems that are family and/or school-related.

The hospital-based services consist of the Pediatric Psychiatry Care Program that provides full and partial hospitalization for crisis stabilization and assessment in the inpatient unit for children and adolescents. The Consultation Liaison Service offers brief interventions to patients admitted to the medical and surgical units, and ongoing consultation to services providing care to children with serious, chronic disease. On weekdays, the Mental Health Emergency Room Team provides urgent psychiatric assessment, crisis intervention, and liaison with services offered in the community for ongoing follow-up. In addition, a psychiatrist on call covers the Emergency Room on evenings and weekends.

The Out-patient Psychiatry Service includes general psychiatry clinics and specialized clinics in areas such as attention deficit/hyperactivity disorder, autism and pervasive developmental disorders, behavioral pediatrics, and cognitive behaviour therapy. Clinics are staffed by multidisciplinary teams of professionals that include psychiatrists, psychologists, nurses, social workers, and occupational therapists. Telehealth services are available on demand.

Dr. Martin Gauthier, Interim Director
Jocelyne Albert, Clinical Nurse Specialist
Dr. Lila Amirali
Dr. Constantin Benierakis
Dr. Joyce Canfield
Sonia Castiglione, Clinical Nurse Specialist
Dr. Eric Fombonne
Françoise Goulouk, Clinical Nurse Specialist
Dr. Brian Greenfield
Dr. Arlene Hagen
Dr. Lily Hechtman
Dr. Maria Kapuscinska
Dr. Fiona Key
Gratienne Lamarche
Dr. Michèle Larose
Dr. Chandra Magill
Michèle Paquette, Clinical Nurse Specialist
André Ribeau, Nurse Clinician
Dr. Ruth Russell
Dr. Mounir Samy
Dr. Lara Stern

Respiratory Medicine
514-412-4444 / 514-412-4364 (fax)

The division has an active ambulatory component, including the Cystic Fibrosis (CF) Clinic, Chest Clinic, Tuberculosis Prophylaxis Program, Neuromuscular Clinic, Apnea Clinic, Bronchopulmonary Dysplasia Clinic, Infantile Respiratory Clinic and Home Ventilation Clinic. It provides services to the Pediatric Intensive

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Care Unit and the Neonatal Intensive Care Unit, and has an active inpatient service. There are fully equipped respiratory, exercise, sleep and infant lung mechanics laboratories within the division as well as a bronchoscopy service. Telehealth services available on demand. Respiratory Therapy, the Jeremy Rill Centre for Sudden Infant Death Syndrome and the Sleep Laboratory are part of Respiratory Medicine. Patients can be referred to any of the following clinics:

**Cystic Fibrosis Clinic**
514-412-4444

**Chest Clinic**
514-412-4444

**Tuberculosis Prophylaxis Program**
514-412-4444

**Home Ventilation Clinic**
514-412-4444

**Apnea Evaluation Clinic**
514-412-4444

**Bronchopulmonary Dysplasia Clinic**
514-412-4420 (IACS / Home Care)

**Asthma Centre**
514-412-4324

**Synagis**
514-412-4444

**Pulmonary Function Laboratory**
514-412-4444

Dr. Larry Lands, Director
Dr. Anne-Marie Canakis
Dr. Aurore Côté
Claire Crépeau, N.C. (Chest, Tuberculosis)
Pina Diana, RRT, Manager
Rosalie Matys, N.C. (Synagis)
Sylvie Pilon, AHN (Apnea)
Sophie Vallée-Smejda, N.C. (Cystic Fibrosis)
Dr. Melvin Wise
Dr. David Zielinski

**The Jeremy Rill Centre for Sudden Infant Death Syndrome**
514-412-4400, ext. 23143
Provides bereavement counselling and support for parents and families as well as outreach education.

Anne-Marie Martinez, N.C.
Pina Diana, RRT, Manager, Pediatric Respiratory and Anesthesia Services, 514-412-4422

**Sleep Laboratory**
514-412-4321 / 514-412-4233 (fax)
Conducts evaluations of sleep-related breathing disorders. Studies are done both in laboratory and at home. Patients with potential obstructive sleep apnea may be referred directly. Otherwise, patients may be referred to the Chest Clinic for primary evaluation.

Dr. Robert Brouillette, Director
Dr. Evelyn Constantin
Christine McGregor, Assistant Chief Respiratory Therapist
Pina Diana, RRT, Manager, Pediatric Respiratory and Anesthesia Services, 514-412-4422

**Respiratory Therapy**
514-412-4400, ext. 22988 / 514-406-1686 (pager)
Provides state-of-the-art treatment, management, control, diagnostic evaluation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. Respiratory therapists provide patient care and services 24 hours a day, seven days a week. Areas of service include Pediatric Intensive Care Unit, Neonatal Intensive Care Unit, Medical Inpatient Units, and External Neonatal Transport. Activities are conducted under the supervision of a medical director.

Pina Diana, Manager, Pediatric Respiratory and Anesthesia Services, 514-412-4422
Johanne Boyer, RRT, Technical Coordinator, 514-412-4400, ext. 22207
Marisa Leone, RRT, Assistant Chief Respiratory Therapist, 514-412-4400, ext. 22207
Rheumatology
514-412-4400, ext. 22621 / 514-412-4365 (fax)

Provides a consultation service for the evaluation of children with musculoskeletal pain, joint swelling, limp, fever of unknown origin and ill-defined chronic inflammatory symptoms. Ongoing care, using a multi-disciplinary approach, for children with juvenile idiopathic (or chronic or rheumatoid) arthritis, connective tissue diseases, systemic vasculitides (including Kawasaki Disease), periodic fever syndromes and chronic musculoskeletal pain syndromes.

There are six half-day clinics weekly for a total of 13 physician half-days. These include two general rheumatology clinics, a juvenile idiopathic arthritis clinic, and one other specialized clinic weekly. Specialist clinics include systemic lupus erythematosus clinic, juvenile dermatomyositis and a connective tissue diseases clinic, inflammatory MSK pain clinic and a combined rheumatology/orthopedics clinic, each held on a monthly basis.

Contact Sultana Mirza (sultana.mirza@muhc.mcgill.ca) who will forward a clinic-screening sheet, which should be returned promptly. Should an urgent consultation be required, ask the operator to page the rheumatology physician on call.

Dr. Bruce Mazer, Interim Director
Dr. Sarah Campillo
Dr. Gaëlle Chedeville
Dr. Karen Duffy
Dr. Rosie Scuccimarri
Charlene Hopper, N.C.
Gillian Taylor, CNS
Laura Johnston, SW

Short Stay Unit (SSU)
514-412-4400, ext. 23515

Treats acute medical illnesses requiring short-term admissions (less than 72 hours) such as acute respiratory illnesses (e.g., bronchospasm, bronchiolitis, pneumonia requiring IV antibiotics) soft tissue infections for initial IV management, UTIs in patients who are not candidates for initial outpatient treatment, rehydration and management of gastroenteritis, and other illnesses.

Dr. Jae-Marie Ferdinand, Medical Director
Dr. Harold Rich, Associate Director
Josie Revuelta, Head Nurse
Dr. Claudette Bardin

Sexual Abuse Clinic
514-412-4481 / 514-412-4319 (fax)

Provides physical and psychosocial assessment of children and adolescents where there is a question of sexual abuse.

Dr. Franziska Baltzer, Division Head
(Adolescent Medicine)
Sally Cooke, Art Therapist

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Dr. Laurel Chauvin-Kimoff  
Dr. Geoffrey Dougherty  
Dr. Richard Haber  
Dr. Catherine Henin  
Dr. Catherine Millar  
Dr. June Ortenberg  
Dr. Hema Patel  
Dr. Chi-Minh Phi  
Dr. Kent Saylor  
Dr. Anne Marie Sbrocchi

**Social Services**  
514-412-4455 / 514-939-4043 (fax)

This service is for registered patients; those who attend outpatient clinics as well as those who are hospitalized. The services can be obtained by speaking with the child’s physician or nurse or other professional health care provider related to the treatment plan of the child, or by contacting Social Services directly. Social work interventions address the social and emotional factors related to the patient’s condition and the effect it may have on the family.

The department is open daily from 9:00 a.m. to 4:30 p.m. and on-call services are provided during evenings and on weekends (for emergencies). Access to the on-call social worker is facilitated through the treating healthcare professional or through the hospital operator.

Rosanna D’Orazio, BSW, Professional Coordinator

**Sociocultural Consultation and Interpretation Services (SCIS)**  
514-412-4400, ext. 22351 / 514-412-4477 (fax)

SCIS (formerly Multiculturalism) ensures that the MCH meets patients’ social and cultural needs by assisting staff to negotiate culture, disability, gender, sexual orientation, ethnicity, religion and socioeconomic factors in order to assure health equity for all patients and families. Language and cultural interpreters are available in 40 languages to facilitate communication with hospital staff.

An extensive library with materials on cross-cultural health, lifestyles and global cultures is available to the hospital community. SCIS offers consultation and in-house training to clinicians on working with diversity; sessions are adapted for community groups. Ongoing collaboration with clinics, community and diversity networks assists SCIS in addressing the health concerns of the families it serves.
Those interested in learning more about Sociocultural Consultation and Interpretation Services or discussing the social and/or cultural needs of their community can contact the service directly.

Marie Serdynska, Professional Coordinator

Speech and Language Pathology
514-412-4491 / 514-939-4043 (fax)

Provides assessment and short-term intervention (depending on the diagnosis) to children presenting with the following problems: receptive and expressive language delay/disorder, dysphasia, articulation disorder, fluency disorder (stuttering), voice disorder, and resonance disorder (hypernasality/hyponasality). The services are offered to hospitalized patients as well as to outpatients.

The department also has a voice lab with computerized equipment which allows for detailed and precise assessments of all voice problems.

Caroline Erdos, Interim Professional Coordinator

Spina Bifida Service
514-412-4400, ext. 22543 (office)
514-412-4477 (fax: attention Dr. P. Forbes)

Care of children with Spina Bifida is coordinated by a pediatrician and nurse. A multidisciplinary clinic is held twice monthly. Problems that might arise between clinic visits can be channeled through the secretary.

Dr. Patricia Forbes, Director, Pediatrician
Lina Di Re, N.C. (ext. 22674)
Eileen Kennedy, Physiotherapist

Neurosurgeons:
Dr. Jeffrey Atkinson
Dr. Jean-Pierre Farmer
Dr. José Luis Montes

Urologists:
Dr. Roman Jednak
Dr. Mohamed El-Sherbiny

Surgery (Pediatric General Surgery)
514-412-4489 (clinic) / 514-412-4289 (fax)
514-412-4242 (Physicians who need to discuss or transfer a patient should ask to speak to the staff surgeon on call)

The Division’s mission is threefold: to provide state-of-the-art, evidence-based surgical care to children in a friendly, compassionate, and family-centered care environment, to train the pediatric surgeons of tomorrow, and to conduct cutting-edge clinical and laboratory research. Comprehensive surgical services are provided for patients from the fetal period to 18 years of age, including fetal consultation and management, correction of congenital anomalies, treatment of solid tumours, management of lung lesions and chest wall defects, treatment of head and neck lesions, minimally invasive surgery, and acute care surgery and trauma.

The division staffs a daily Pediatric Surgery Clinic.

Dr. Sherif Emil, Division Head, 514-412-4497
Dr. Robert Baird, 514-412-4438
Dr. Jean-Martin Laberge, 514-412-4498
Hélène Pelletier, N.C., 514-412-4400, ext. 23242
Dr. Pramod Puligandla, 514-412-4438
Dr. Kenneth Shaw, 514-412-4388

Surgical Inpatient Units
Unit 7C1: 514-412-4400, ext. 22433 / 514-412-4267 (fax)
Unit 7C2: 514-412-4400, ext. 22391 / 514-412-4266 (fax)

This interprofessional surgical department provides comprehensive service for surgical patients and their families who have a variety of surgical conditions such as neurosurgical, cardiovascular, urological, otolaryngological, ophthalmological, plastics, orthopedic, general surgery, complicated burns, and trauma patients. The department also provides treatment and investigations for neurological and cardiac conditions. There are two dedicated full-time beds for neurotelemetry. As well, within this unit there is a six-bed technology dependent area managed by the medical team with the respirologists acting as consultants. This technology dependent area provides a hospital setting for these children to receive safe, high-quality care and stimulation for growth and development.
Telehealth
514-412-4294 / 514-412-4362 / Toll-free: 1-877-536-3202
E-mail: visio-cusm@muhc.mcgill.ca

The MUHC Centre of Expertise and Coordination of Telehealth (CeCoT) provides a single entry point for the MUHC and its partners with respect to the processing of all types of telehealth service requests (clinical, educational, administrative or research). The CeCoT also provides all telehealth equipment standards and necessary technical support, as well as maintenance and service contracts. Furthermore, the CeCoT dispenses teaching and training to telehealth users, provides administrative support, sets operational standards, and collaborates on establishing best practice guidelines, research, and development. Through its telehealth project management office (PMO), it leads and assists clinicians and teams on the implementation and integration of all new telehealth services.

The MUHC CeCoT team includes staff in technical support, event planning, training, quality management and the Project Management Office.

Johanne Desrochers, MUHC Telehealth Associate Director, Pediatric Outreach & Northern and Native Health - McGill RUIS Telehealth

Test Centre
514-412-4431

Diagnostic tests (blood test or urine test rather than a medical consultation) and sweat testing are done by appointment only. Results are communicated to the physician requesting the test. Referring physicians are asked to include phone and fax numbers on test requests to receive results.

The Test Centre does not perform vaginal swabs. Patients should be referred to the Gynecology Program (Adolescent Medicine) for a consultation with a physician (page 23). The Test Centre closes early on days when the number of patients waiting for tests exceeds the number that staff can process before closing time.

Please call 514-412-4431 for information regarding possible changes to the Centre’s hours.

Anna Pizzi, Manager, Central Laboratory
Johanne Lapierre, Supervisor, Central Laboratory

Toxicology
514-412-4433 (appointments by referral)
514-412-4399 (fax)

Provides diagnosis, treatment and follow-up of acute or chronic poisonings whether accidental, suicidal, or environmental.

Dr. Dominic Chalut, Director

Trauma
514-412-4400, ext. 23310 / 514-412-4254 (fax)
514-412-4499, Emergency Department (for patient transfer) / 514-412-4399 (fax)
www.thechildren.com/trauma

Over 30 departments and services provide comprehensive, coordinated medical, surgical, nursing, psychosocial and rehabilitation trauma expertise to children and adolescents. The mission includes ensuring excellence in trauma care, clinical and academic teaching, research, injury prevention, public awareness, quality assurance and playing a leadership role in the local, regional and provincial trauma network. The MCH is a provincially designated pediatric and adolescent Trauma Centre and a Neurotrauma Centre of Expertise. Physicians are encouraged to transfer or refer their patients who have sustained injuries requiring trauma expertise. Services are available in both French and English, and translators are available for other languages.

Debbie Friedman, BSc.pht. M.Mgmt, Director, Trauma

Trauma at the MCH consists of the following:

Trauma Program
Emergency, acute care, early rehabilitation and out-patient follow-up for all types of trauma: musculoskeletal, spinal, thoracic, abdominal, pelvic, ocular, dental, poisoning, and near drowning.
Neurotrauma Program
Emergency, acute care, early rehabilitation and out-patient management for all types and severities of traumatic brain, neck and spinal cord injuries.

Mild Traumatic Brain Injury Program/Concussion Clinic
Management of MTBI (also known as concussion) including assessment, intervention plan, recommendations for return to school, and individualized plan for return to sports and recreational activities. An inter-professional Concussion Clinic is also included in this program.

Burn Trauma Program
Emergency, acute care, early rehabilitation, and ambulatory management for all types and severities of burns.

Injury Prevention Program
Injury prevention recommendations, education, public awareness, community outreach, partnership development, networking and research.

Trauma Research Section
This section is closely linked to the five programs described here and is a key component in ensuring the delivery of expertise and verifying the effectiveness and impact of different programs. A newly expanded research section is also part of MCH Trauma.

Trauma Web Site
Information is accessible to our patients and their families, the community we care for, the partnerships we develop, the regional centres in need of our expertise, and our colleagues involved in clinical care and research activities elsewhere.

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Dr. Jeffrey Atkinson, Neurosurgeon
Dr. Thierry Benaroch, Site Director, Orthopedic Surgery
Dr. Jean-Pierre Farmer, Surgeon in Chief, Neurosurgeon
Dr. Isabelle Gagnon, Clinical Scientist, Trauma Research

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Dr. Mirko Gilardino, Plastic Surgeon, Craniofacial Surgeon
Lisa Grilli, Trauma Coordinator, Injury Prevention Program
Helen Kocilowicz, Trauma Coordinator, Neurotrauma Program, MTBI and Concussion Clinic
Dr. José Luis Montes, Director, Neurosurgery
Dr. Jean Ouellet, Orthopedic Surgeon, Spinal Specialist
Diane Richard, Trauma Coordinator, Trauma Program and Burn Trauma Program
Dr. Neil Saran, Orthopedic Surgeon, Spinal Specialist
Dr. Kenneth Shaw, Medical Director, Trauma Program

Urology
514-412-4439 (appointments)
514-412-4316 (office) / 514-412-4384 (fax)

Provides treatment for kidney and genitourinary problems including congenital obstruction, renal duplication, vesicoureteral reflux, hydronephrosis and tumours of the genitourinary system. The department also deals with congenital anomalies of the genitalia such as intersex, hypospadias, undescended testicles and hernia/hydroceles. Patients with medical problems such as urinary tract infections, enuresis, incontinence, voiding dysfunction and neurogenic bladder are also managed in the clinics.

Urology Clinic
514-412-4439

Spina Bifida Clinic
514-412-4400, ext. 22543
Lina Di Re, N.C.

Voiding Dysfunction Clinic
514-412-4439

Urodynamic studies
514-412-4439

Dr. Roman Jednak, Director
Dr. Alex Brzezinski
Dr. John-Paul Capolicchio
Lily Chin-Peuckert, N.C.
Louise Colacci, N.C.
Marika Edvi, N.C.
Dr. Mohamed El-Sherbiny
Deborah Fertuck, N.C

Vascular Access
514-412-4400, ext. 22653

The Vascular Access Coordinator plays an active role in the evaluation and coordination of care for children requiring both peripheral and central vascular access.

The Coordinator is responsible for the ongoing education of staff members regarding vascular access in the pediatric population.

Chantal-Mignonne Mailoux, BScN,
Vascular Access Coordinator
The birth of a baby is supposed to be joyous, but unfortunately the joy is cut short for some parents when their baby is born in distress or diagnosed with a life-threatening condition. To compound the worry and fear of parents, the baby is immediately transferred to a neonatal intensive care unit (NICU) like the one at The Montreal Children’s Hospital. It can be a harrowing experience when a new parent walks in to an NICU for the first time. The sights and sounds are far from comforting and the first glimpse of their newborn hooked up to various machines, tubes and monitors is often terrifying. Their anxiety is moderately eased when they learn about the highly-skilled health care team fighting to save their child’s life.

The NICU at The Montreal Children's Hospital serves the entire province of Quebec. It provides state-of-the-art, comprehensive specialty care to newborn infants with a wide range of congenital and acquired conditions. The team cares for extremely premature infants as early as 23 weeks gestation and also cares for term infants who require intervention from various specialties such as general surgery, cardiac or neurosurgery, genetics, gastroenterology or respirology. The team provides care for over 380 seriously-ill newborns per year in its 28-bed Neonatal Intensive Care Unit. The Neonatal Follow-up Clinic monitors the development of these children up to school age. There is also a highly-trained Neonatal Transport Team that provides neonatal outreach teaching to health professionals.

The NICU team
The MCH NICU's interdisciplinary team comprises a team of 12 neonatologists, 70 nurses, including six nurse practitioners, several respiratory therapists and other health professionals to diagnose and treat newborns in need of highly-specialized critical care.

The MCH does not impose mandatory overtime on its nurses: team members do overtime on a voluntary basis.
Neonatal Transport Team
The “green” phone in the NICU is never ignored, and calls to that line never go to voice mail. This is a dedicated phone line for health care professionals working in any of Quebec’s 20 birthing centres. A specialist from the MCH is on the other end of the phone 24/7 to answer questions and provide advice when a baby is born in distress. As well, specially trained members of a neonatal transport team can be dispatched to help stabilize the sick newborn, provide preliminary care and transfer the child to the MCH. Over 500 transports are done yearly.

Neonatal Outreach Teaching Program
Some eight years ago, in response to requests from referring nurseries, the MCH started offering on-site training to better enable local health professionals to stabilize acutely ill newborns and learn how to care for these infants once they return from the MCH’s NICU. The Neonatal Outreach Teaching Program offers professionals from referring hospitals a curriculum that includes basic science, clinical science and technical skills. The training is inter-disciplinary with doctors, nurses and inhalation therapists learning together. The MCH can also create a program designed to meet the specific needs of the requesting team. The training is provided at no charge thanks to a grant from The Montreal Children’s Hospital Foundation.

Neonatal Follow-up Program and Neonatal Clinic
Unlike some centres, the health professionals who work in the MCH Neonatal Follow-up Program and Neonatal Clinic also work in the NICU. There are many benefits to working in unison rather than silos; the key advantage is continuity of care. The health professionals in the Neonatal Follow-up Clinic know exactly what type of care the baby received while in the NICU. In addition, after the baby is discharged, the team in the NICU gets feedback on the child’s progress allowing them to adjust their protocols and improve care. There is also a tremendous benefit to parents who enjoy a long-term relationship with their child’s doctor from birth right up until their child reaches school age.
The MCH integrated Neonatal Follow-up Clinic provides developmental assessment and long-term follow-up of infants who require comprehensive coordination of care. These patients have potential developmental and medical sequelae due to illness in the newborn period. It holds six clinics per week and follows 1,000 patients per year.

**Neonatal research**

Several members of the Division of Newborn Medicine are actively involved in research. Dr. Robert Brouillette is the Director of Clinical Research at the Montreal Children’s Hospital, Director of the Sleep Laboratory and has a major interest in control of breathing. Dr. Guilherme Sant’Anna is working on developing predictors of successful weaning from ventilator in extremely low birth weight infants. He is also interested in thermogenic response and changes of cerebral blood flow during therapeutic hypothermia in neonates with moderate-to-severe hypoxic-ischemic encephalopathy (HIE). The MCH recently recruited Dr. Pia Wintermark from Boston Children’s Hospital. She is focusing her neonatal research on brain injury in asphyxiated newborns. Dr. Wintermark is using the MCH’s new 3-Teslor MRI to monitor the brain perfusion of infants with HIE who receive therapeutic hypothermia. Her goal is to improve current therapy to decrease brain injury and improve neurodevelopmental outcome.

**Medical firsts**

The MCH NICU is proud of its history of innovative care. The MCH is often the first hospital in Quebec to pioneer new treatments, services and programs.

For example:
- Neonatal transport team founded in 1990
- ECMO founded in 1991
- Nitric Oxide Program for pulmonary hypertension founded in 1994
- High-frequency ventilation for severe respiratory distress started in 1995
- Neonatal Educational Outreach Program started in 2004
• Nurse Practitioners Training Program, training site in Quebec for NPs (pilot project started in 1990, training program started in 2008)
• Hypothermia Program started in 2008

The Future – Quebec’s only full-service Mother-Child Care Centre

Currently all the newborns treated at the MCH are out-born, that is, they are delivered at birthing centres across much of Quebec (from Gatineau, to northern Quebec, the greater Montreal Area and as far east as Quebec City). However, the MCH NICU and the The Royal Victoria Hospital NICU are merging. The neonatologists at both units currently provide cross-site care, and the merger will happen when the two facilities are eventually located side-by-side on the MUHC Glen Campus. The new NICU at the Glen Campus will feature a 52-bed (private rooms) level 2-3 NICU. In addition, it will be the only health centre in Quebec equipped and trained to provide full-service Mother-Child Care, which means that when a pregnant woman requires care in an ICU, a fully-trained, highly specialized medical team will be at her side to provide care. The same scenario is true for a sick newborn. Both mother and child will receive the care they need under the same roof. The MUHC will be the only hospital in Quebec able to provide this level of care for both mother and child.

To contact the Neonatology Service, call 514-412-4452.

For consultation or transport contact the Neonatal Transport Team at 514-934-4425 or 1-888-590-1617 to reach the neonatologist on call.

For additional information on the Neonatal Outreach Program please call Dr. Louis Beaumier or Diane Lalonde, NPDE, at 514-412-4452.

To reach the Neonatal Follow-up Program call 514-412-4302.
A great resource for your patients
For up-to-date pediatric health news and child health information
www.thechildren.com
Do you have questions?
We’ve got answers

<table>
<thead>
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<th>Allergies</th>
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Tracking down the cause of an allergy isn't always easy. Like a clever criminal, the allergy trigger may lurk behind nonspecific symptoms, hiding the evidence and making a final verdict difficult. Consider Sean as an example. He has been a patient at the Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC) since he was five. After coming into the Emergency Department with asthma-like symptoms he left with a diagnosis of severe hay fever and a ragweed allergy. Throughout the years, this condition was successfully treated. However, recently Sean returned to the clinic with a food allergy, which his mom attributed to watermelon.

"Sean’s mother was concerned that he was developing new allergies," says Dr. Bruce Mazer, Head of the MCH Allergy and Immunology Department. "However, unbeknownst to Sean and his mom, watermelon is a close cousin of ragweed, the trigger of his hay fever. What he was suffering from was not severe; it was a common allergy problem that hay fever sufferers experience called oral allergy syndrome."

**From airborne allergy to food allergy: the perpetrator is caught**

Approximately 30 per cent of hay fever victims develop oral allergy syndrome. These symptoms develop because there is a cross-reactivity between the hay fever trigger and the one stimulating the food allergy response, in this case, a similar protein in the watermelon. Unlike more severe food allergies, the symptoms are usually localized to just the mouth, tongue and throat.

"We re-evaluated Sean’s hay fever and showed that he is still very allergic to ragweed but not really that allergic to watermelon. This was a relief to his mother, knowing that she doesn’t have a legion of new food allergies to contend with," says Dr. Mazer.

**Holistic approach**

Providing this holistic approach and a continuum of care is what the MCH Allergy and Immunology Department does best. The twelve-member staff includes physicians, nurses, respiratory therapists and receptionists. The team...
treats more than 6,000 patients a year, from neonates to young adults. It is one of the largest pediatric allergy and immunology practices in Canada. The team holds more than nine clinics per week and diagnose everything from common food allergies to more complex immune deficiencies.

“We have six full-time pediatric allergists in the office and four individuals in community practice who join us for at least one clinic a week. This gives us a very broad base of experience, which is very good for our patients, and also provides an excellent academic environment,” says Dr. Mazer.

Allergies, the common culprits

Food allergy is currently the most common diagnosis in the department; according to Dr. Mazer this trend has been evolving over the last 20 years. “Previously we would see more patients with respiratory allergy and asthma and now food allergies have become the biggest concern for parents and physicians— and it’s reflected in our practice. This seems to be a phenomenon throughout the developed world.”

Although this rise can be partially explained by increased awareness and vigilance on the part of parents, there is clear evidence that some food allergies are increasing in the general population. “Studies conducted by our MUHC research colleagues show that peanut allergies are on the rise in school-age children. The next steps are to determine why this is happening and to accommodate this expanding patient population,” says Dr. Mazer.

The department also specializes in diagnosis and testing for less common allergies, such as those from stinging insects, medications and vaccines.

“We receive many referrals from community-based allergists who don’t offer this specialized assessment,” says MCH nurse-coordinator Maria Harvey, an allergy specialist. “We are among the largest centres in Quebec to offer this pediatric care.”

“Between 15 and 20 percent of North Americans suffer from an allergic disease,” adds Dr. Mazer, “which explains why we are extremely busy.”

Immune deficiency, the infrequent delinquents

Treating children with immune deficiencies, including children who produce no antibodies or those who have specific difficulties generating an immune response, is also a focus of the department. "Immune deficiencies are much less common, but are very debilitating,” says Dr. Mazer.

Happily, once diagnosed, many of these children can have good quality of life, either with at-home or in-patient care. Mark is one of these patients. “Mark was referred to our department when he was 11 years old,” says Dr. Mazer. “He had recurrent pneumonia for about six years and although his mother had been to see many doctors, she felt there was something wrong with her son’s overall health and persevered in following up.” Because Mark was an unusually large boy and looked healthy, some of his symptoms were overlooked. Finally a colleague at CHU Ste-Justine performed a serum immunoglobulin test and determined that Mark made no antibodies, explaining why he was continually sick. “He referred Mark to us, due to our expertise in this area,” says Dr. Mazer. "When he first arrived, Mark had damage to his lungs, which we were able to reverse with physiotherapy and treatment. Most important, he continues to benefit from our supplemental antibody infusion program, which is life-saving for him.”

Super-specialized immunology care

From bone-marrow transplants to intravenous antibody infusion, the MCH Department of Allergy and Immunology offers many super-specialized diagnosis and care programs for immune deficiencies. The department was the first in Quebec to provide supplemental antibody infusion for patients in their homes. Patients who are missing the immune cells neutrophils, or are missing vital neutrophil enzymes, are also treated by the department. “These patients have problems with skin infections, lung infections—mostly with bacteria or with fungus. They are treated with medications throughout their life, and they can actually be very ill if we aren’t vigilant,” says Dr. Mazer.

The department also sees patients who are missing T-lymphocytes. These children are subject to severe viral, parasitic and bacterial infections. “Unfortunately, these children don’t always do well. They need to have a bone
Catherine Vézina, a resident in Allergy and Immunology, examines Anthony.

The Montreal Children’s Hospital

marrow transplant early in life, and if this doesn’t occur, major complications and severe disease may follow. These are the challenging group of patients in our clinic,” says Dr. Mazer.

Research, the magic bullet

“Wouldn’t it be great if we could vaccinate children against peanut allergies?” asks Dr. Mazer. “Think about the huge relief to thousands of parents and children.”

This approach may not be that far-fetched. Mazer and fellow MCH allergist Dr. Christine McCusker are studying how allergies occur at a cellular level and this may bring them one step closer to solving the peanut allergy issue.

“Dr. McCusker is using animal models to study the best way to vaccinate neonates to prevent allergies. She is coming up with some interesting strategies, which may translate into the development of therapeutics,” says Dr. Mazer.

Other research programs conducted in the department include the development of an oral desensitization program, the evaluation of the safety of the flu vaccine (both the H1N1 flu vaccine and the flu vaccine in egg-allergic patients), and a peanut allergy assessment registry, which involves evaluating the demographics and the treatment, as well as school strategies and coping strategies.

Training, the key to an early verdict

“Our training program is very strong,” says Dr. Mazer. “We decided that the best thing we could do is train allergists and send them into whichever Quebec community they are most needed. We continue to interact with our outside colleagues and we have an annual retreat, where we all learn about the latest disease trends and treatments.”

This ongoing training is not only beneficial to physicians, it is an important factor in helping patients like Mark since it can translate into earlier diagnosis and reduced long-term consequences.

For more information about the retreat, visit www.childrensallergy.com

To contact Allergy and Immunology, call 514-412-4470
Prescribing Summary

Therapeutic Classification
Active Immunizing Agent
Infections and Clinical Use
Prevnar® 13, Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM® Protein), is indicated for the active immunization against Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F, causing invasive pneumococcal disease (including sepsis, meningitis, bacteremic pneumonia, pleural empyema and bacteremia), in infants and children from 6 weeks through 5 years of age.

Contraindications
Hypersensitivity to any component of the vaccine, including diphtheria toxoid
Use in Special Populations
Pregnant Women: Safety during pregnancy has not been established.
Nursing Women: Safety during lactation has not been established. It is not known whether vaccine antigens or antibodies are excreted in human milk.
Pediatricians: The safety and immunogenicity of Prevnar® 13 in children below the age of 6 weeks or on or after the 6th birthday have not been established.
Geriatrics: The safety and immunogenicity of Prevnar® 13 in geriatric populations have not been established.

Safety Information
Serious Warnings and Precautions
Safety and immunogenicity data on Prevnar® 13 are not available for children in specific groups at higher risk for invasive pneumococcal disease (e.g., children with congenital or acquired splenic dysfunction, HIV infection, malignancy, nephrotic syndrome). Children in these groups may have reduced antibody response to active immunization due to impaired immune responsiveness. Vaccination in high-risk groups should be considered on an individual basis.

General
As with all injectable vaccines, appropriate medical treatment and supervision must always be readily available in case of a rare anaphylactic event following the administration of the vaccine. Allergic illnesses, such as mild respiratory infection, with or without fever, are not generally contraindications to vaccination. It is the decision to administer or delay vaccination because of a current or recent history of illness depends largely on the severity of the symptoms and their etiology. The administration of Prevnar® 13 should be postponed in subjects suffering from acute severe febrile illness.

As with any intramuscular injection, Prevnar® 13 should be given with caution to infants or children with thrombocytopenia or any coagulation disorder, or to those receiving anticoagulant therapy.

Prevnar® 13 will not protect against Streptococcus pneumoniae serotypes not included in the vaccine. Prevnar® 13 will not protect against other microorganisms that cause invasive disease, pneumonia, or otitis media. This vaccine is not intended to be used for treatment of active infection.

As with any vaccine, Prevnar® 13 may not protect all individuals receiving the vaccine from pneumococcal disease.

The use of pneumococcal conjugate vaccine does not replace the use of 23-valent pneumococcal polysaccharide vaccine (PPV23) in children ≥24 months of age with sickle cell disease, epinephrine, HIV infection, chronic illness, or who are otherwise immunocompromised. Data on sequential vaccination with Prevnar® 13 followed by 23-valent pneumococcal polysaccharide vaccine are not available; data on sequential vaccination with Prevnar® (Pertussis) vaccine followed by PPV23 are limited.

As with all injectable pediatric vaccines, the potential risk of adverse effects should be considered when administering the primary immunization series to premature infants. The need for monitoring for at least 48 hours after vaccination should be considered for very premature infants (born ≥20 weeks of gestation) who remain hospitalized at the time of the recommended administration. As the benefit of vaccination is high in this group of infants, vaccination should not be withheld or delayed.

Immunization with Prevnar® 13 does not substitute for routine diphtheria immunization.

Adverse Reaction Seriousness and Incidence
Very common (≥10%) and common (≥4%) and <10% adverse events associated with Prevnar® 13 include fever, any injection-site erythema, induration/swelling or pain/hardness, decreased appetite, irritability, insomnia, increased sleep, restless sleep/irregular sleep, diarrhea, vomiting, rash. During the 13 controlled clinical trials, Serious Adverse Events (SAEs) that the investigator considered related to study vaccine were reported for 6 out of 4,729 subjects (0.1%) in the Prevnar® 13 group.

To report a suspected adverse reaction, please contact the Public Health Agency of Canada:
- Toll-free telephone: 866-844-0018
- Toll-free fax: 866-844-5931

Administration
Primary Immunization
For infants, the recommended immunization series of Prevnar® 13 consists of three doses of 0.5 mL each, at approximately 2-month intervals, followed by a fourth dose (booster) of 0.5 mL at 12–15 months of age (3+1 schedule). The customary age for the first dose is 2 months of age, but it can be given as young as 6 weeks of age. The recommended dosing interval is 4 to 8 weeks. The fourth dose should be administered at approximately 12–15 months of age, and at least 2 months after the third dose.

Table 1: Prevnar® 13 Vaccine Schedule for Infants and Toddlers

<table>
<thead>
<tr>
<th>Age at Dose</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>2 months</td>
<td>4 months</td>
<td>6 months</td>
<td>12–15 months</td>
</tr>
</tbody>
</table>

a. Dose 1 may be given as early as 6 weeks of age.
b. The recommended dosing interval is 4 to 8 weeks.
c. The fourth dose should be administered at approximately 12–15 months of age, and at least 2 months after the third dose.

Previously unvaccinated older infants and children:
For children who are beyond the age of routine infant schedule, the following Prevnar® 13 schedule applies:

Table 2: Prevnar® 13 Schedule for Previously Unvaccinated Children ≥7 Months Through 5 Years of Age

<table>
<thead>
<tr>
<th>Age at First Dose</th>
<th>Total Number of 0.5 mL Doses</th>
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<tbody>
<tr>
<td>7–11 months of age</td>
<td>2†</td>
</tr>
<tr>
<td>12–23 months of age</td>
<td>2‡</td>
</tr>
<tr>
<td>≥24 months through 5 years of age (prior to the 6th birthday)</td>
<td>1†</td>
</tr>
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</table>

† 2 doses at least 4 weeks apart; third dose after the one-year birthday, separated from the second dose by at least 2 months.
‡ 2 doses at least 8 weeks apart.

If Prevnar® 13 is given as part of a routine infant immunization program, a three-dose (2+1) schedule may be considered. The first dose may be given from the age of 2 months, with a second dose 2 months later, and a third (booster) dose is recommended between 11–12 months of age. Lower immunogenic responses for serotypes 6B and 23F were observed when Prevnar® 13 is given as a two-dose (e.g., at 2 and 4 months of age, or at 3 and 5 months of age) schedule in infants up to 6 months of age. After the booster dose, all vaccine serotypes lead immune responses consistent with adequate priming with a two-dose primary series.

SUPPLEMENTAL PRODUCT INFORMATION
Adverse Reactions
Expected frequency of chosen reactions is presented in CDIM (6) frequency categories:
- Very common: ≥10%
- Common: 0.1–10%
- Uncommon: 0.01–0.1%
- Rare: <0.01–0.001%
- Very rare: <0.0001%

Allergic and non-allergic abscesses
Decreased appetite — Very common
Psoriasis
Irritability — Very common
Crying — Uncommon
Nausea
Nausea, vomiting — Very common
Vomiting — Very common
Tremor — Uncommon
Dizziness — Uncommon
Anxiety
Anxiety, irritability — Uncommon
Confusion
Crying — Uncommon
Skin and subcutaneous tissue disorders
Rash — Common
Urticaria or urticaria-like rash — Uncommon
Gastroenteritis
Diarrhea, vomiting — Common
Gastroenteritis
Diarrhea — Uncommon
Skin and subcutaneous tissue disorders
Hypersensitivity reaction including bronchospasm, diphenhydramine, bronchospasm — Rare
Skin and subcutaneous tissue disorders
Rash — Common
Urticaria or urticaria-like rash — Uncommon
Gastroenteritis
Diarrhea — Uncommon
Injection-site erythema/swelling or pain/hardness, injection-site erythema or induration/swelling 2.5 cm–2.0 cm (after infant series); injection-site pain/hardness, injection-site erythema/swelling interfering with movement — Common
Injection-site induration/swelling or erythema greater than 7.0 cm — Uncommon

Symptoms and Treatment of Overdose
Overdoses with Prevnar® 13 are unlikely due to its presentation as a pre-filled syringe. However, these have been reports of overdoses with Prevnar® 13 defined as subsequent doses administered dose more than recommended to the previous dose. In general, adverse events reported with overdoses are consistent with those that have been reported with doses given in the recommended schedules of Prevnar® 13.

Product Monograph is available on request. M. 1-800-662-6001
Prevnar® 13 Myths LLC, owner/Pfizer Canada Inc., Licensee Synnex™ is a trademark of GlaxoSmithKline
Pfizer Working together for a healthier world™
data is available in patients with severe hepatic impairment. Increased exposure in patients with severe hepatic impairment is expected and should therefore be monitored for potential systemic effects.

**Immune:** Patients who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. How the case evolves depends on the corticosteroid administration and the route of exposure. It is not known whether corticosteroids administered by inhalation can protect the respiratory tract from the development of pharyngitis and laryngitis candidiasis should be assessed. Patients may find it helpful to rinse their mouth and gargle with water after using Alvesco. If Candida candidiasis occurs, it should be treated immediately with a fast-acting inhaled bronchodilator to relieve acute symptomatic symptoms. Alvesco® should be discontinued immediately, the patient assessed, and if necessary, alternative therapy instituted. Systemic effects: Systemic effects of inhaled corticosteroids are more likely to occur at high doses over prolonged periods than with oral corticosteroids. Possible systemic effects include adrenal suppression, growth retardation in children and adolescents, decrease in bone mineral density, cataract and increased intraocular pressure, with or without glaucoma. Therefore, it is important that the dose of inhaled corticosteroids is titrated to the lowest dose at which effective control of asthma is maintained. Long-term effects: The long-term effects of corticosteroids in human subjects are still unknown. Pregnancy: Nursing Women: Alvesco® should only be used during pregnancy when the potential benefit to the mother justifies the potential risk to the fetus, baby or infant. Monitoring and Laboratory Tests: As with all inhaled corticosteroids, during long-term therapy, HPA axis function (a.g. blood cortisol levels) and effect on the eye (examination for cataracts, increased intraocular pressure and glaucoma) should be assessed periodically by a specialist. Systemic Effects: Adverse reactions: Inhaled corticosteroid therapy may be associated with dose-dependent increases in incidence of ocular complications, reduced bone density, suppression of HPA axis function, and inhibition of growth velocity in children. No significant difference was detected between inhaled Alvesco® and beclomethasone on HPA function and serum cortisol levels. Glaucoma may be exacerbated by inhaled corticosteroid treatment for asthma or rhinitis. In elderly patients treated with inhaled corticosteroids, the prevalence of posterior subcapsular and nuclear cataracts is probably low but increases in relation to the daily and cumulative lifetime dose. Co-factors such as smoking, alzcotheral B exposure, or diabetes may increase the risk. A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of all children taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if any child’s or adolescent’s growth appears slowed. In a one-year study, Alvesco® was shown to have no effect on growth rates compared to placebo when administered to pediatric patients at doses of up to 200 micrograms per day. Osteoporosis and bone fractures are complications of long-term asthma treatment with oral and parenteral corticosteroids. Inhaled corticosteroid therapy has also been associated with dose-dependent bone loss, although the risk is much less with inhaled therapy than with oral and parenteral therapy.
**SUPPLEMENTAL PRODUCT INFORMATION**

<table>
<thead>
<tr>
<th>Table 1 — Drug-Drug Interactions</th>
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<tr>
<td><strong>Ciclosporine</strong></td>
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<tr>
<td>Ketoconazole</td>
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<tr>
<td>Erythromycin</td>
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**Monitoring Apheresis Patients:** Patients with severe asthma are at risk of acute attacks and should have regular measurements of their asthma control including peak flow testing. Increasing use of short-acting bronchodilators to reduce asthma symptoms indicate deterioration of asthma control.

**WARNINGS AND PRECAUTIONS:**

Instruct children or adults who have not had ciclosporin or mesilates, particular care should be taken to avoid exposure. If exposure to ciclosporin, progesterone with varicella zoster immune globulin (VZIG) may be indicated. If exposed to mesilates, progesterone with varicella zoster immune globulin (VZIG) may be indicated. If exposed to mesilates, progesterone with varicella zoster immune globulin (VZIG) may be indicated.

Administration

**DOSEAGE:**

**Ciclosporin** is for oral intake use only. The recommended dose and dosage adjustment is as follows:

**ADULTS AND ADOLESCENTS 12 YEARS OF AGE AND OLDER**

- The recommended starting dose of **Aerosol** therapy for most patients, whether previously maintained on either bronchodilators alone or inhaled corticosteroids, is 400 micrograms once daily.
- The recommended dose range is 100 to 800 micrograms per day.
- **Aerosol** can be administered as 1 or 2 puffs once daily either in the morning or evening.
- Some patients with more severe asthma may be more adequately controlled on 800 micrograms daily (administered as 400 micrograms twice daily).
- As with all inhaled corticosteroids, the dose of **Aerosol** should be adjusted according to individual response.

**CHILDREN 6-11 YEARS OF AGE**

- The recommended starting dose of **Aerosol** therapy for most patients, whether previously maintained on either bronchodilators alone or inhaled corticosteroids, is 100 to 200 micrograms once daily.
- The recommended dose range is 100 to 200 micrograms per day, administered as 1 or 2 puffs once daily either in the morning or evening.
- As with all inhaled corticosteroids, the dose of **Aerosol** should be adjusted according to individual response.

**Adverse Events:**

If there has been no improvement within one to two weeks, the patient should consult with their physician. Due to its prophylactic nature, **Aerosol** should be taken regularly even when patients are asymptomatic. When patient symptoms remain under satisfactory control, the dose of **Aerosol** should be titrated to the lowest dose at which effective control of asthma is maintained. Patients should be instructed to seek medical attention if their asthma symptoms worsen, or if their need for rescue medications increases. Missed Dose: If a dose is missed, the next dose should be taken when it is due.
PRESCRIBING SUMMARY

PREScribing SUMMARY

THERAPEUTIC CLASSIFICATION: Antibacterial (ophthalmic)

INDICATIONS AND USAGE: VIGAMOX® (moxifloxacin hydrochloride) ophthalmic solution is indicated for the treatment of patients 1 year of age and older with bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic, Gram-Negative
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus haemolyticus
Staphylococcus hemolyticus
Streptococcus pneumoniae
Streptobacillus viridans group
Aerobic, Gram-Positive
Haemophilus influenzae

CONTRAINDICATIONS: VIGAMOX® ophthalmic solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

Special Populations

Pregnancy: Since there are no adequate and well-controlled studies in pregnant women VIGAMOX® solution should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus.

VIGAMOX® solution has not been studied in pregnant animals. Oral and IV studies in pregnant rabbits indicated that moxifloxacin is not teratogenic. Decreased fetal birth weights and slightly delayed fetal skeletal development were observed in rats and rabbits following oral and intravenous administration of moxifloxacin, respectively. An increased incidence of smaller fetuses was observed in monkeys following oral dosing. When 10 mg/kg moxifloxacin was administered orally to pregnant rats, radioactivity persisted in the placenta and was absorbed to a moderate extent by the fetus. The ratio for AUC (0-24 hr) for fetal plasma to maternal plasma was 0.656.

Nursing Mothers: Moxifloxacin is secreted in the breast milk of rats following oral and intravenous administration. Because of the potential for unknown effects from moxifloxacin in infants being nursed by mothers taking VIGAMOX® solution, a decision should be made to either discontinue nursing or discontinue the administration of VIGAMOX® solution, taking into account the importance of the drug to the mother and the possible risk to the infant.

Pediatric Use: The safety and efficacy of VIGAMOX® solution in patients less than one year of age has not been established. The effect of VIGAMOX® solution on weight bearing joints has not been assessed.

Oral administration of some quinolones, including moxifloxacin, has been shown to cause arthropathy in immature animals.

Geriatric Use: No overall differences in safety and effectiveness have been observed between elderly and other adult patients.

SAFETY INFORMATION

WARNINGS

VIGAMOX® ophthalmic solution is not for injection into the eye. VIGAMOX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye. In patients receiving systemically administered quinolones, serious and occasionally fatal (sometimes) (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an anaphylactic reaction to moxifloxacin occurs, discontinue use of the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

Serious and sometimes fatal events, some due to hypersensitivity and some due to unknown etiology, have been reported in patients receiving therapy with all oral antibiotics. These events may be severe and generally occur following the administration of multiple doses. Clinical manifestations may include one or more of the following: fever, rash or severe dermatologic reactions (e.g., toxic epidermal necrolysis, Stevens-Johnson Syndrome), vasculitis, arthralgia, myalgia, serum sickness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an anaphylactic reaction to moxifloxacin occurs, discontinue use of the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

General: As with other anti-infective, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining. In general, patients with signs and symptoms of bacterial conjunctivitis should be advised not to wear contact lenses.

The potential of VIGAMOX® ophthalmic solution to produce arthropathy in animals has not been studied. Moxifloxacin and other members of the quinolone class have been shown to cause arthropathy in immature Beagle dogs following oral administration.

Information for Patients: Avoid contaminating the applicator tip with material from the eye, finger or other source. Systemically, rash or severe dermatologic reactions (e.g., toxic epidermal necrolysis, Stevens-Johnson Syndrome) have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

DRUG INTERACTIONS

Drug-drug interaction studies have not been conducted with VIGAMOX® solution. Moxifloxacin can be chelated by polyvalent ions such as Mg2+ and Fe3+. There is limited information available on the concurrent use of VIGAMOX® solution and other ophthalmic products.

Following oral administration, no significant drug-drug interactions between theophylline, warfarin, digoxin, oral contraceptives or glyburide have been observed with moxifloxacin. Theophylline, digoxin, propranolol, and carbimazole have not shown to alter the pharmacokinetics of moxifloxacin. In vitro studies indicate that moxifloxacin does not inhibit CYP3A4, CYP2D6, CYP2C9, CYP2C19 or CYP3A4 indicating that moxifloxacin is unlikely to alter the pharmacokinetics of drugs metabolized by these cytochrome P450 isozymes.

ADVERSE REACTIONS

In clinical trials involving 1686 subjects/patients, VIGAMOX® ophthalmic solution was administered twice-daily for three days, three-times-daily for four to fourteen days and eight-times-daily for fourteen days. During treatment with VIGAMOX® solution, 6.6% (71 out of 1089) subjects/patients experienced treatment-related adverse drug reactions and of these only two (0.2%) discontinued study participation. No serious ophthalmic or systemic adverse reactions related to VIGAMOX® solution were reported.

Clinical Trial Adverse Drug Reactions

The most frequently reported treatment-related adverse drug reactions were transient eye irritation (3.9%) (burning and/or stinging) and eye pruritus (1.1%). To report an adverse event, contact your Regional Adverse Reaction Monitoring Office at 1-866-234-2345 or Alcon Canada Inc. at 1-800-613-2245.

ADMISSION

DOSEAGE AND ADMINISTRATION

The recommended dosage regimen for patients one year of age and older is one drop in the affected eye(s) 3 times a day for 7 days.

SUPPLEMENTAL PRODUCT INFORMATION

Clinical Trial Adverse Drug Reactions

Treatment-related adverse drug reactions that occurred at an incidence of 0.1% to less than 1.0% included the following:

Eye disorders: ocular hyperemia, keratoconjunctivitis sicca, abnormal sensation in eye, ocular discomfort, corneal epithelial defect, conjunctivitis, conjunctival haemorrhage, visual acuity reduced, eyelid oedema, eye pain.

General disorders and administration site conditions: sensation of foreign body.

Investigations: corneal staining, alineal amnionerve reflex increased.

Nervous system disorders: dysgeusia, headache.

Respiratory, thoracic, and mediastinal disorders: pharyngolaryngeal pain.

Post-Market Adverse Drug Reactions

All adverse drug reactions with VIGAMOX® solution based on post-marketing reports (from more than 1 million units sold) have been reported at an incidence of less than 0.01%. The most frequently reported adverse reactions with VIGAMOX® solution based on post-marketing reports include:

Eye disorders: endophthalmitis, eye irritation, corneal infiltrates, anterior chamber uviscs, corneal deposits.

Immune system disorders: hypersensitivity NOS.

Skin and subcutaneous disorders: erythema.

SYMPTOMS AND TREATMENT OF OVERDOSAGE

No information is available on overdosage of VIGAMOX® ophthalmic solution in humans. A topical overdose of VIGAMOX® solution may be flushed from the eye(s) with warm tap water.

In an oral (gastric) monkey study, doses of moxifloxacin hydrochloride up to 15 mg/kg per day did not produce any toxicity. This dose is at least 10 times higher than the accidental ingestion of the contents of a 3 ml bottle of VIGAMOX® solution by a 10 kg child.

Product Monograph available on request: Alcon Canada Inc.

2005 Mississauga Blvd.
Mississauga, Ontario L5N 8C7
1-800-613-2245
or visit www.alcon.ca

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See prescribing information on page 51
Think Fast!

For bacterial pink eye, 66% of patients dosed TID for 4 days demonstrated early clinical cures on day 5.*

BACTERIAL PINK EYE

Microbiological success rates for the eradication of the baseline pathogens ranged from 84% to 94% at the test-of-cure visit (day 9). Microbiological eradication does not always correlate with clinical outcome in anti-infective trials.1,*

VIGAMOX® Ophthalmic Solution is indicated for the treatment of patients 1 year of age and older with bacterial conjunctivitis caused by susceptible strains of the following organisms: Aerobic, Gram-Positive – S. aureus, S. epidermidis, S. haemolyticus, S. hominis, S. pneumoniae, S. viridans group, Aerobic, Gram-Negative – Acinetobacter species, H. influenzae.

VIGAMOX® Ophthalmic Solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

VIGAMOX® Ophthalmic Solution should be used in pregnancy only if the potential benefit justifies potential risk to the fetus.

The most frequently reported treatment-related adverse drug reactions were transient eye irritation (3.9%) (burning and/or stinging) and eye pruritus (1.1%).

*IMS Health CompuScript Data - 12 months ending November 2010.

Two randomized, double-masked, multicenter, controlled trials in patients treated for bacterial conjunctivitis, n=547.

Reference:

1 drop
3 times/day
7 days

Convenient dosing

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