

Rambam

ISSUE No. 15 | March 2015

on call

Celebrating the
**New Ruth
Rappaport
Children's
Hospital**
The Doctors, the
Departments,
the Services and
the Smiles
all in this

SPECIAL ISSUE



RAMBAM
Health Care Campus
Creating the future of medicine.



Ruth
Ruth Rappaport Children's Hospital
Rambam Health Care Campus



Rambam *on call*



Dear Friends,

The mother of a tiny premature infant takes a moment to rest in the family waiting room of the Neonatal Intensive Care Department. A young girl carrying a backpack heavy with books and toys makes her familiar way to the Oncology Department for a treatment. A small boy injured in a bicycle accident is sent home, sutured and bandaged, relief spread across his tear-stained face.

A children's hospital is a human mosaic, encompassing anguish and hope, children's smiles and parent's stress-drawn faces, doctors whose split-second decisions save young lives and nurses who provide the comfort young patients

so badly need. With the opening of the Ruth Rappaport Children's Hospital, this heart-rending and complex picture has become immeasurably brighter.

The Ruth Rappaport Children's Hospital represents the compassionate vision of Bruce (z"l) and Ruth Rappaport, who saw Rambam's old, outmoded and overcrowded children's hospital and decided to give new hope to the children of Northern Israel. Consistent with that vision, every detail in the new hospital is attuned to the healing process, as you will see in the pages of this special issue of *Rambam on Call*.

It is my passionate wish that no child will ever need the services of our hospital. But if they do, I am proud to say that one of the most outstanding children's hospitals in Israel and the world is at their service.

Sincerely,

PROF. RAFI BEYAR

Director and CEO

Rambam Health Care Campus

*With the arrival of spring and Passover,
we wish you and your loved ones
a year of innovation, health, and freedom.*

Happy Passover!

RAMBAM
Health Care Campus

R. Beyar
Professor Rafi Beyar
Director & CEO

Yarkoni

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Eran Yardeni

Departmental Rounds ▶ Pediatric Intensive Care Unit

Dr. Yosef Ben-Ari, Director of the Pediatric Intensive Care Unit, 61, Married + 3 children and 1 grandchild.

What does your work entail?

As Director, I am responsible for everything that happens from the moment a child in critical condition is admitted, after an accident, operation or severe illness, through his or her release. Our job is to ensure that the child's condition does not deteriorate and that they receive treatment to the point that they are able to recover. In general, I coordinate the work of the unit's staff, which includes four senior emergency physicians (of which I am one), a pediatrician, interns in pediatric intensive care and pediatrics, and intensive care nurses who are responsible for caring and monitoring the children. Additionally, we have physical therapists, social workers, a dietician, and other professionals working in the unit.

When are your greatest moments of satisfaction?

When a child leaves the unit in good condition. At that moment I know that their chances of recovery are good. This happens often, since most of the children who come to us eventually recover.

And the most difficult moments?

When it is clear that we won't be able to help a child, or even if we can, they will not fully recover. In particular, it is difficult to face parents and tell them that we aren't able to help their child.

Are there intensely stressful times?

Many. After all, we are dealing with extreme situations. The greatest stress comes when we admit a new child. As far as we are concerned, they are basically an unknown quantity. We don't know how their illness will progress, if we can control it, and how things will unfold. Later on, we are able to recognize when the scales have tipped and the child is on the road to recovery. Until then, the stress is great.

What do you like about this unit?

In our unit, we can observe the most extreme transitions from illness to recovery. We admit children in critical condition and in most cases bring them to a state of recovery. Children, naturally, live in the moment and thus you can actually see how they make the transition from suffering and pain to smiles and relief. The parents are also, naturally, very grateful.

What do you see in the future of the unit?

The Pediatric Intensive Care Unit at Rambam was the first of its kind in Northern Israel, and is the largest in the region. Children are sent to us from Hadera northward – some of them flown in by helicopter. We have just moved to our spacious new home in the Ruth Rappaport Children's Hospital, which is outfitted with the most advanced equipment and where each child has their own room. With 15 stations now at our service, I am sure we will continue to grow and expand.



24/7 In the Neonatology Department



08:00 A premature infant weighing 28 ounces is treated at an intensive care station. Department Head **Dr. Shraga Blazer**, Head Nurse **Iris Stein**, **Dr. Irena Olanovsky** and **Dr. Huda Jubran**, discuss the treatment options to stabilize the patient.



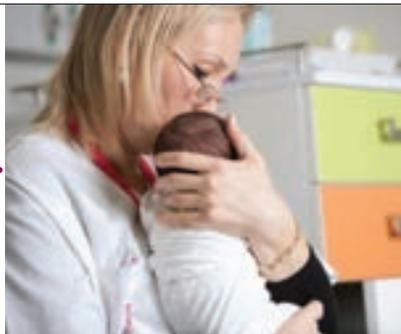
09:20 Nurse **Batya Garber** cares for an infant born weighing 1 pound during week 27. He is receiving high frequency ventilation and due to a decrease in hemoglobin, **Nurse Tanya Kaplan** administers a blood transfusion.



11:00 After the doctor's rounds, **Dr. Tatyana Smolkin** meets with a mother to update her on the infant's condition and the plan for treatment.



12:00 Physical therapist **Dalia Natan** performs hydrotherapy to calm an isolated infant needing extra attention and warm physical contact.



13:20 An infant who arrived at the department weighing 1 pound 13 ounces is now a healthy 2/14 pounds and able to go home. The parents have been briefed and are ready for the long-awaited moment when their child is disconnected from the monitors. The entire team takes their leave of the family, and **Olga** finds it hard to say goodbye.



16:00 **Dr. Smolkin** and **Nurse Garber** insert a PICC Line into a 1 pound 9 ounce infant who will need long-term intravenous feeding and antibiotics.

Where is Pediatric Medicine Headed?

For Prof. Amos Etzioni, Director of the Ruth Rappaport Children's Hospital, the future never looked brighter.

More Vaccinations, Less Infections.

Not so long ago, many more children were hospitalized with severe infections including meningitis, pneumonia, and bone infections, among others. Today, with the greater availability of vaccinations and improved sanitation practices, these diseases have become rare.

Diagnostics and Follow-Up. New diagnostic and treatment approaches improve survival rates of children compared to the past. For example, immune deficiency conditions which were once fatal in young children can now be detected at birth and immediately treated with a bone marrow transplant. Additionally, with the availability of new treatments, children with cancer are now recovering from the disease.

Premature Births. In the past, infants born before the 29th week of gestation had little chance of survival. Today, infants born in the 25th week, weighing only one pound, can be cared for to the point where they can be sent home, healthy and sound.

Genetics. A decade ago, the human genome was decoded, opening up new frontiers for diagnosis and treatment of diseases which in the past could only be said to pass from generation to generation, and not more than that. Just about every week a new genetic mutation is discovered, shedding new light on the mechanisms causing diseases and opening up the path to new treatments that are saving children's lives.



Prof. Amos Etzioni is Director of the Ruth Rappaport Children's Hospital and Deputy Director of Rambam Health Care Campus.

Physician-Patient Relations. If, in the past, the word of a physician went virtually unquestioned, today parents are much more involved in what is happening with their children. With the open access to up-to-date medical information, physicians must be prepared to engage with parents who are well informed about their children's conditions.

New Medical Technologies.

We are witnessing a new wave of medical technologies which enable us to operate on and save even day-old infants. Operations that once took many hours and entailed great risk are now performed quickly and practically without complications.

Myth or Truth

6 Myths About Children and Vaccinations

1 Giving several vaccinations together can overload and weaken the immune system.

False. The immune system can contend with a large number of antigens simultaneously. Naturally, children are exposed to a large number of bacteria and viruses. Even the slightest cold exposes them to many more antigens than a vaccine.

2 The MMR (Measles/Mumps/Rubella) Vaccine can cause autism or other diseases.

False. The rumor that the MMR vaccine causes autism originated in an article published in the medical journal Lancet in 1998. Ultimately, the findings were proven to be fraudulent and the article and its author were discredited.

3 The vaccination itself can actually cause the disease it is supposed to prevent.

False. Vaccinations contain a modified bacteria or virus which cannot cause the disease. The side effects some people experience result from a response to the vaccination and not the disease itself. Only a few inoculations that contain a live, but weakened (attenuated) pathogen, such as the MMRV vaccination, and administering them does not bring on the disease.

4 If all the other children are vaccinated, then mine doesn't need to be.

False. The causes of diseases that are generally considered to be rare can still be

found in the natural environment of children, and can easily reach a child who is not vaccinated. Furthermore, children who travel to countries where vaccinations are less common are at a higher risk of infection.

5 Vaccines contain mercury which increases the risk of autism and neurological disorders.

False. In the past, some children's vaccines in the world contained very small quantities of the preservative Thimerosal (ethyl mercury). In 1999 it was decided to reduce or eliminate its use in vaccines. Furthermore, any connection between mercury and autism has been scientifically disproven.

6 The timing that vaccinations are given is not ideal, and they should be spread out.

False. The timing for vaccinations is not random but is based on many studies, and is intended to ensure that babies are already protected before they would potentially develop the illnesses. Vaccinating each child according to a personal schedule could lead to their postponement and increase the risk of unprotected exposure.

Get involved

The Pediatric Infectious Diseases Unit is available for naming: \$250,000

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Medical Consultant:



Prof. Imad Kassis is Director of the Pediatric Infectious Diseases Unit at Ruth Rappaport Children's Hospital, Rambam Health Care Campus.

Sherry Shein



What Does a Healing Environment Look Like?

We all know that the environment around us influences our behavior, but how much does it affect the healing process? Just ask **Anat Tobias-Dubovi**, Director of Nursing at the Ruth Rappaport Children's Hospital and Deputy Director of Nursing at Rambam Health Care Campus, and **Miriam Goldwasser**, Administrative Director at the Ruth Rappaport Children's Hospital. They will tell you that, for hospitalized children, a warm, friendly and cheerful environment that projects calm,

privacy and consideration of their needs can reduce fear and stress and enable a faster recovery.

In the new Ruth Rappaport Hospital, the overall design and range of facilities are entirely dedicated to the physical and emotional needs of children. This healing-supportive environment enables young patients to relax, cooperate with the medical team, and focus on the important task of recovery. Even the needs of parents, who often stay with their children round



2



4



5



1



3

the clock, have been taken into consideration. In terms of treatment, explain Tobias-Dubovi and Goldwasser, the staff approaches the child and their family as a single unit, and the healing environment is extended to them all.

So, what exactly does a healing environment look like? Come join us for a tour!

1. The Entrance

Approaching the main entrance, the hospital's lighthearted spirit is already evident in the three colorful pick-up-sticks that project cheerful strokes of red, green and blue across the hospital's clean white and glass façade.

An airy, expansive lobby welcomes

visitors with soft relaxing music. To the right is the entrance to the Greidinger Hall, which houses a movie theater and auditorium. To the left is the entrance to the Forman Family Children's Science Museum, and straight ahead is the Pediatric Emergency Department, decorated with murals of playful dolphins.

2. The Greidinger Hall and Movie Theater

Children and their families are invited to watch movies screened here, sometimes even before they are released to the theaters. Plays are also performed on the theater's stage, and the auditorium serves as a venue for lectures on topics related to children's health.



3. The Forman Family Children's Science Museum

This branch of the Technion's Israel National Museum of Science, Technology and Space was opened in the hospital, where children can enjoy a series of specially selected, experiential exhibits.

4. Medical Clowns

A team of professional medical clowns is enlisted to distract children from the fear and stress of being in the hospital. These specially trained professionals, sponsored by the Dream Doctors Foundation, are part of the treatment team, and are entirely attuned to the emotional state of the young patients.

5. The Leno and Paul Sislin Library

Situated at the lobby of the 6th floor, the library invites children to browse its selection of children's books in Hebrew and Arabic, which can also be borrowed for reading in the hospitalization rooms.

6. The Pierre Mandel Patio

For a refreshing breath of fresh air, the 7th floor patio offers patients and their family and visitors a welcoming space with comfortable seating areas.

7. Classrooms

Hospitalized children are able to keep up with their schoolwork in specially



designed classrooms that accommodate their individual needs, built through the support of our Canadian friends.

8. Hospitalization Rooms

The rooms are large, spacious, colorful, quiet and private with plenty of space for the child. The overall environment is specially designed to prevent infection and accidents. Special emphasis is placed on the wellbeing of the parents, with a comfortable bed for one parent, a table and a computer area. WiFi connection is available throughout the departments.

9. The Meri and Sol J. Barer Play Atrium

Situated in the 3rd floor Atrium, this cheerful and inviting play area is adjacent to the waiting area for the Outpatient Clinics. Waiting for their turn to see a doctor, children can amuse themselves with an array of games and toys while their parents sit comfortably nearby.

Medical Consultants:



Anat Tobias-Dubovi is Director of Nursing at Ruth Rappaport Children's Hospital, Rambam Health Care Campus



Miriam Goldwasser is Administrative Director at Ruth Rappaport Children's Hospital, Rambam Health Care Campus



600,000 CHILDREN THANK

Ruth & Bruce Rappaport and Family

Ariela & Eitan Wertheimer • Joan & Sanford Weill
and the Weill Family Foundation

Meri & Sol J. Barer • Herta & Paul Amir • Relly &
Brent Dibner • Irma & Aaron Spencer • The David
& Jacqueline Simon Family • The Israel Cancer
Association (R.A) • Effi & Eli Goldhar • The D. Dan
& Betty Kahn Foundation

Goldie Feldman, Barry & Laurie Green and Family,
David Green, Daphne Wagner, Lita & Mickey
Green • Harry & Sara Gorman, Hy & Bertha
Shore • David A. Cohen Family • Alice & Maurice
Benard • Women's League for Israel • The Leir
Charitable Foundations • Anonymous, Switzerland
Tatyana & Alan J. Forman • Dream Doctors

The Greidinger Family • Michelle Kahn • Zahava
& Yoram Cedar • Fondation Adelis • Pierre
Mandel • Erna Feist-Elzas

and 981 donors worldwide

for helping bring Ruth Rappaport
Children's Hospital to reality



Ruth
Ruth Rappaport Children's Hospital
Rambam Health Care Campus

www.rambam.org.il | 





Pediatric ER

Sherri Shein

No Pain All Gain



When a child arrives at the Pediatric Emergency Department, taking care of the pain is the first thing Dr. Itai Shavit and his staff make sure to do.





“Our motto is to have a Pediatric Emergency Department that is pain-free,” explains Dr. Shavit, “and the team does everything to live up to that standard.”

Get involved

A gift of \$10,000 purchases a monitor for the Pediatric ER

ROC@rambam.health.gov.il

Pediatric ER



his routine may be familiar: you arrive at the emergency department, usually in pain, and then wait for your turn to see a physician. This usually takes time.

A long time. But in the Pediatric Emergency Department at the Ruth Rappaport Children's Hospital, there is no time to wait, especially with a suffering child.

"Babies are more sensitive to pain than adults. Probably because their nervous systems aren't yet able to initiate pain depressing responses at the area of injury," explains Dr. Itai Shavit, Director of the Pediatric Emergency Department. "Every baby feels pain and every baby experiences pain in a different way. Unlike adults, in babies and children pain is accompanied by tremendous stress, which reduces their pain threshold and increases their level of suffering. For that reason we need to find ways to relieve both pain and stress."

All children from three days to eighteen years old who arrive at Rambam are sent to the Pediatric Emergency Department. "We believe that only a staff trained to work with children can and should treat them," says Carmit Steinberg, the head nurse in the department. "We approach the child at his or her pace, with a smile, and with the cooperation of the child and their parents. This often requires a lot of patience and distraction in order to gain their trust and cooperation."

Hero's Bracelet

Refocusing a child's attention is one of the ways to reduce pain and stress. "Accessories such as balloons, toys, DVDs



Head Nurse Carmit Steinberg caring for a small patient

and other games create an atmosphere that takes the child's mind off their situation and calms them down," explains Steinberg. "Television screens in the treatment rooms enable children to watch films or play with their parents at the same time that they undergo invasive procedures, without pain or stress. The goal is to make the encounter between the doctor, the nurse and the child a positive experience. We have a specially made 'hero's bracelet' to give to children, explaining that it will give them the power and strength to get better. We also ascertain from the beginning if a child is going to experience a painful procedure and administer medication beforehand so it won't be painful or traumatic.

"Additionally, there are children who are especially frightened because they experienced painful exams in the past. For these children, with the parent's cooperation, we can offer syrup that reduces stress, for example before

How much does it hurt?



No hurt



Hurts a little



Hurts a lot



Hurts a whole lot



Hurts Worst

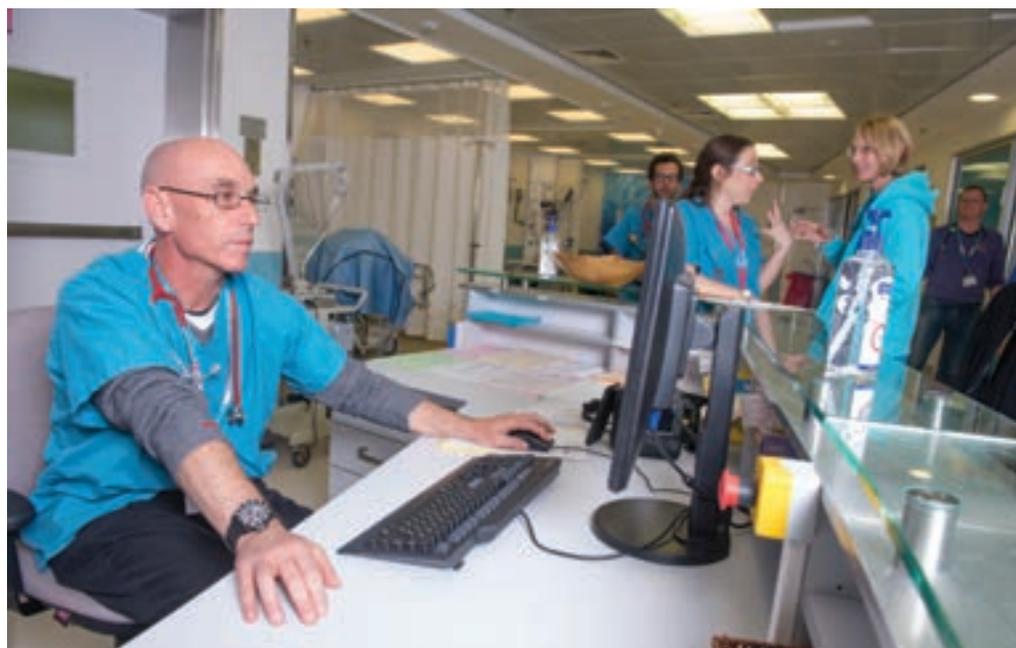
suturing a wound or inserting an intravenous line. Another option is to use nitrous oxide when needed. Of course we explain the treatments to the children using language they can understand, with the goal of making the encounter with the medical system a positive experience.

Child-Friendly Pain Scale Ruler

“Great progress has been made in recent years in our understanding of the processes causing pain and how to treat it,” explains Dr. Shavit. “In order to prevent pain caused when performing a specific treatment, we administer medications which reduce not just the pain but also the stress, such as nitrous oxide inhalation. By decision reached together with the parents, we administer sedative drops, anesthetic creams or local

anesthetics before penetrating the skin, as well as sugar water to reduce pain in small babies, among others. We always make sure (when the situation allows) that treatments start only after the child has had the chance to calm down in a quiet, intimate room with his or her parents.”

“Children are able to articulate the pain they are experiencing using a specially-designed pain ruler, and the dosage of medications they receive is adjusted accordingly,” explains Steinberg. Once pain medication is administered, we check to see if the effect is sufficient, or if they require an additional dosage. It is important to mention that some of the drugs can also erase the memory of the pain. This is particularly important since, if a child should experience that pain again, they won’t remember it as a traumatic experience.”



Dr. Shavit in the department

Medical Consultants:



Dr. Itai Shavit is Director of the Pediatric Emergency Department, Ruth Rappaport Children’s Hospital, at Rambam Health Care Campus.



Carmit Steinberg is Head Nurse of the Pediatric Emergency Department, Ruth Rappaport Children’s Hospital, at Rambam Health Care Campus.

Pediatric Surgery

Erella Tarlev Ben-Shahar

Drs. Arcady Vachyan,
Nadav Slijper and Ran
Steinberg in the OR





Small Technology Big Difference

When minimally invasive laparoscopic and robotic surgery became available for children, it's no surprise that Rambam's Pediatric Surgery Department was the first in the country to adopt them.





These days, parents and surgeons of children with appendicitis, gall stones, reflux or other conditions requiring surgery face a new set of decisions: not just whether to operate or not, and where, but whether to opt for open or micro-invasive surgery.

Two decades ago, this wasn't an issue. "Laparoscopic surgery in adults became common in the 1980s and 90s," explains Dr. Ran Steinberg, Director of the Pediatric Surgery Department at Rambam. "With this technique, instead of opening the stomach, a small incision is made through which thin, specially equipped tubes are inserted into the body. Guided by cameras on the tubes, the surgeon is able to perform the surgery watching images projected on a screen." First used mainly for gall bladder operations, the technique's minimal scarring and rapid recovery time made it extremely popular and it was adapted for pancreatic resection, oncologic surgery, intestinal surgery and many other applications.

One-third the width of a pencil

In spite of its popularity, it took several years for laparoscopic surgery to reach the pediatric sphere. "One of the reasons laparoscopy generated such

excitement was the fast recovery time, which meant less lost work days for the economy. Children, in the worst case, miss another three days of school," explains Dr. Steinberg. "Another reason is that, even though laparoscopy works on a very small scale, it was still not small enough for use with very young children. Also, the system of introducing a pocket of air at the point of surgery is much riskier for children than adults."

It was just a matter of time until advances in miniaturization would enable laparoscopic technologies to be adapted for children. "Today, the tubes used for laparoscopy in children have a diameter of 3 millimeters - smaller than a third of a pencil," says Dr. Steinberg, "and devices for creating air pressure were developed that are modified for use with children."

The laparoscopic station - a cart equipped with a camera, viewing screen, air pump and other tools - is now standard equipment in the Pediatric Surgery Department, and it is used for a wide variety of surgical procedures including appendectomies, pancreatic resections, esophageal and intestinal surgery, and more. "Even newborns with esophageal atresia, a condition discovered at birth which requires immediate surgery, are now operated on using this minimally invasive technique," explains Dr. Steinberg. "I am proud to say that we are the only center in the country that performs this operation using this technique, and we have 26 infants on our resume who were operated with it. Our team is invited by other hospitals to come operate and teach the procedure to their staff."

Get involved

Double-occupancy patient rooms are available for naming: \$100,000

ROC@rambam.health.gov.il



Dr. Steinberg and his "toys"

"Even newborns with esophageal atresia, a condition discovered at birth which requires immediate surgery, are now operated on using this minimally invasive technique"

Dr. Ran Steinberg

Pediatric robotics pioneers

Robotic surgery also took time to be adapted for use with children. Like minimally invasive laparoscopy, during robotic surgery the surgeon

monitors the proceedings via an image on a screen but performs the actual procedure through commands made on a console. While robotic surgery is still just at the beginning of the road for children's applications, because of its great advantages and Rambam's experience with the technology, it was quickly adopted by the Pediatric Surgery Department. "We are the only department in Israel that performs robotic surgery on children, and we choose it often for intestinal surgery, splenectomies and reflux. Beyond that, with the experience we have already gained, once robotic technology for surgery on infants will become available, we can be the first who are able to adopt it."

Medical Consultant:



Dr. Ran Steinberg is Director of the Pediatric Surgery Department, Ruth Rappaport Children's Hospital, Rambam Health Care Campus

Bone Marrow Transplants

>> Erella Tarlev Ben-Shahar

Straight to the Bone

Today, almost half of children's bone marrow transplants are performed to treat genetic and metabolic diseases - with an impressive rate of recovery.

Medical Consultants:



Prof. Myriam Ben-Arush is Director of the Pediatric Hematology-Oncology Division at Ruth Rappaport Children's Hospital, Rambam Health Care Campus



Dr. Irina Zaidman is Director of the Bone Marrow Transplant Unit at Ruth Rappaport Children's Hospital, Rambam Health Care Campus



Iris Porat is the Coordinating Nurse of the Bone Marrow Transplant Unit at Ruth Rappaport Children's Hospital, Rambam Health Care Campus

For most of us, bone marrow transplants are immediately associated with cancer treatments. But in fact, as Dr. Irina Zaidman, Director of the Bone Marrow Transplant Unit, and Iris Porat, the Unit's Coordinating Nurse, can tell us, 50% of the children who undergo transplants in the unit are being treated for diseases that are not malignant or even life-threatening, and more than 80% recover from them.

Thanks to the development of new drugs and technologies, bone marrow transplants have become safer and more effective for treating a variety of metabolic and genetic diseases. In fact, in the medical world today, for many conditions the advantages of bone marrow transplants are now considered to outweigh the risks.

One family - three transplants

"Metabolic diseases are genetic diseases," explains Dr. Zaidman, "so it often occurs that more than one

sibling in a family will be affected and come to us for treatment. Ten years ago, two sisters, ages 6 and 8, came to us after being diagnosed with thalassemia, a genetic hematologic disease that interferes with hemoglobin production and causes anemia and other symptoms. We found a donor for the younger sister first, and after the transplant was made successfully, the parents asked us to find a donor for her older sister." This family story has another chapter. "Another baby girl was born to the family and was also diagnosed with this disease," relates Dr. Zaidman. "This time, the family came to us at a very early stage and a few months ago the third sister also successfully underwent a transplant."

Less complications - more diagnoses

Bone marrow transplants of the past are not what they are today. The reasons, naturally, are multiple,



Dr. Irina Zaidman and Iris Porat with a young patient

The Bone Marrow Transplant Unit is an integral part of the Pediatric Hematology-Oncology Division, headed by Prof. Myriam Ben-Arush. The Unit plays a major part in the treatment of children with cancer, and recovery rates have increased significantly, particularly among children with leukemia, as well as tumors or other non-malignant diseases.

including improvements in drugs used to prepare transplant recipients, diagnostic techniques that identify early stages of infection, and new drugs for viral and bacterial diseases that once placed transplant recipients at risk. And of course, the international bone marrow banks established in recent years offer a data base of donors that we could once only dream of.

Get involved

The Bone Marrow Transplant Unit is available for naming: \$1.5 Million

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Trillions of Bacteria Can't Be Wrong

6 Things You Should Know About Probiotics for Children



The Wonders of Balkan Yogurt. The first to identify useful bacteria was Dr. Elie Metchnikoff who won the Nobel Prize at the beginning of the 20th century. He connected the robust health of Balkan villagers with their diet of yogurt rich in bacteria.

2

Population Census: The population of weak or impaired bacteria increases the risk of a string of disease, including irritable bowel syndrome, celiac and intestinal inflammatory diseases, as well as other health disorders such as obesity, allergies (mainly skin), diabetes and even depression.



3

Breastfeeding to Create Flora. Breastfeeding is the best way to create rich bacterial flora; at one month, breastfed infants already develop specific flora that strengthen their immune systems. Formula feeding and administering antibiotics during the first months of an infant's life make it difficult to acquire the optimal flora.



4

Probiotics for Protecting Premies. Studies show that probiotics are effective in preventing necrotizing enterocolitis, a common and dangerous disease in premature infants, and can prevent diarrhea after antibiotics or hospitalization. They may also relieve infants suffering from colic.

5

Trillions in One Organ. 100 trillion individual bacteria of more than 500 different types populate the large intestines - over ten times more than the number of cells in our bodies.

6

So Many Types: Probiotics are classified as a dietary supplement and sold off the shelf, but to find a product containing the type of bacteria that will yield the maximum benefits, consult with an expert in the field.

Medical Consultant:



Prof. Ron Shaul is Director of the Pediatric Gastroenterology Unit at Ruth Rappaport Children's Hospital, Rambam Health Care Campus

Doctor, Is this Normal?

Concerned that your child is too short, developing too quickly, or gaining too much weight? Questions and answers for parents regarding growth and development

1 My child is shorter than his friends. Is this a medical problem that needs to be treated?

Often a child of smaller stature simply has parents with the same body type. That said, under-average height can sometimes indicate a medical problem, and for this reason, if a child's height is outside of the normal range, a pediatrician should be consulted.

2 My child is very small for her age. Should she be given growth hormones?

Not every child of lower than average height needs to receive growth hormones; a deficiency in these hormones is the main reason for administering them. Since this is discovered through endocrine testing, the decision over whether to administer growth hormones should only be made after consulting an endocrinologist.

3 My child doesn't eat anything but he still gains weight. Is this a medical problem?

More than 90% of overweight children do not have a problem with their endocrine system. If your child

is overweight, chances are that you need to consult with a professional regarding how to adopt a healthier lifestyle, including a healthy diet and physical activity.

4 My daughter isn't ten years old yet and her breasts are already developing. Isn't this too early?

Girls now start adolescence around eight years old. In this average scenario, it is important to pay attention to how a girl's development progresses. If she develops slowly, then menstruation will probably begin at a normal age. If at seven years old she already started to develop and the progress is rapid, hormonal treatment may be advised. If adolescent changes are already evident at age six, the child should be taken for immediate examination and treatment.

5 My daughter has started her period. Does this mean she will not grow any taller?

No. Most girls after the onset of menstruation still grow an average of about 3 inches in height.



Medical Consultant:



Prof. Dov Tiosano is Director of Pediatric Endocrinology unit at Ruth Rappaport Children's Hospital, Rambam Health Care Campus

Biological Breakthrough

How have biological drugs changed the life of children with diseases affecting their joints

When Prof. Riva Brik, Director of the Pediatric Rheumatology Clinic, sees patients coming to receive their biological drug treatments, her satisfaction is twofold. Not only does she remember them as small children who grew up in front of her eyes, but she also compares them to the young people who came to the department a decade or two ago, and how immeasurably the treatment for inflammatory diseases of the joints has advanced since then.

The Tipping Point

The point where the diagnosis for children with rheumatological diseases in general, and joint diseases in particular, changed dramatically was the development of biological treatments. "Juvenile rheumatoid arthritis is one of the most common chronic diseases in children," Prof. Brik explains. "When I started my specialization in rheumatology, patients were given anti-immune drugs such as steroids. They weren't specialized for the disease and they weren't particularly effective. In many of the children, the infection wasn't treated and although the disease eventually dissipated after several years, some were left permanently disabled and others required joint transplants."



According to Prof. Brik, while the biological response modifiers that focus on the infectious processes are not new, only now is it possible to observe the children who received them, as they reach adolescence. Happily, they are able to stand on their own two feet and step out into the world as healthy children. 

Medical Consultant:



Prof. Riva Brik, is Director of the Department of Pediatrics "B" and the Pediatric Rheumatology Clinic at Ruth Rappaport Children's Hospital, Rambam Health Care Campus

Summit at Rambam

From Vision to Reality

June 7–9, 2015

Rambam is a microcosm of health and peace. In both vision and mission, Rambam has placed the well-being of people above all else. By promoting excellence in medical practice and innovation in education, science, and medicine, Rambam is impacting the region, Israel, and the world for the better.

You are cordially invited to join us at the 2015 Rambam Summit to see how Rambam's vision is becoming a reality and laying the groundwork for meeting the global strategic challenges facing modern medicine.

We have planned for you:

Explore Rambam, Haifa & Northern Israel

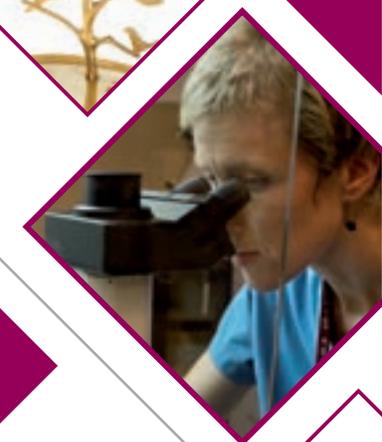
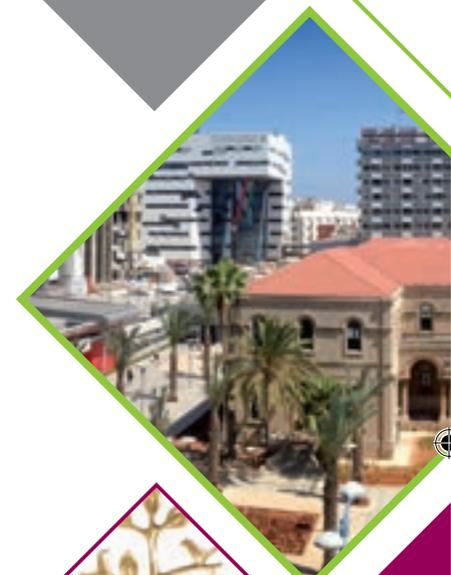
Friends of Rambam Meeting

The Rambam–Haifa Health of Tomorrow Conference

Joseph Fishman Oncology Center Inauguration Ceremony

The 2015 Rambam Award Ceremony Honoring:

- Mr. Shimon Peres, Israel
- Rabbi Lord Jonathan Sacks, UK
- Mr. Eyal Ofer, Israel
- Ms. Mariita and Mr. George Feldenkreis, USA
- Professor Mary-Claire King, USA



RSVP

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RAMBAM Summit
Medicine. Technology. Humanity.



Starting Off on the Right Weight

Children who are overweight are at higher risk of developing complications such as diabetes, high blood pressure, heart disease and more. This can all be prevented, and here's where to start:



1 Eat More Fruit, Vegetables, Whole Grains and Healthy Oils.

Choose fresh, seasonal produce, whole grains such as brown rice and whole wheat, protein, pulses and eggs. Opt for olive, walnut or avocado oil and tahini while avoiding fried foods, sweets and fast foods.

2 Involve the Entire Family.

Healthy eating applies to everyone in the family. Soft drinks and sweets are off limits no matter what your age or weight. Aim to eat meals together. Studies show that children who regularly eat family meals are at a lower risk of becoming overweight.



3 Switch to Healthy Treats.

Children shouldn't feel deprived, and there are plenty of healthy alternatives that enable a child to enjoy a sweet treat. Health bars and whole grain cookies are just a few of the options.

4 Remember That Tastes are Acquired.

If children are exposed to healthy foods from an early age, chances are they will be familiar, welcomed, and not resented.

5 Less Screen Time, More Exercise.

There is a direct correlation between screen time and weight problems. Sitting in front of a computer or television should be balanced with outdoor activities, walking or other sports.

6 Appeal to Reason.

Don't wait for your child to learn about healthy eating at school. You can also explain to them the importance of healthy eating and the risks of being overweight.

Medical Consultant:



Prof. Naim Shehadeh is Director of the Pediatric Medicine "A" Department and the Pediatric and Adolescent Diabetes and Obesity Clinic, at Ruth Rappaport Children's Hospital, Rambam Health Care Campus

The Movement for Healthier Children

It's a fact. Children today are more sedentary and less active. And this inactivity not only hurts them now, but will continue to do so in the future. Here are a few ways to get your children up off their seats.

1 Start at a Young Age

Good habits are already developed at age 3-4. The younger age your child starts, the easier it will be to become an active person throughout life. Take advantage of playgrounds, afternoon sports classes and encourage physical activity throughout the day.

2 Encourage Exercise

Don't drive your children to school, to afternoon classes or to their friends, but encourage them to walk or ride their bikes. Take the stairs instead of an elevator. Get a dog and let your child be responsible for taking it for a walk or run three times a day.

3 Plan Active Weekends

Physical activity that engages the whole family is fun and does the job. A family bike trip or hike for 45-50

minutes twice a week is quality time that keeps everyone fit. Make hiking a weekly practice, and engage the family in finding new routes and challenges.

4 Sign up for Afternoon Action

Regularly scheduled after-school activities require commitment and are a good anchor for physical exercise during the week.

5 But Let your Child Choose...

Some children like to swim, while others prefer basketball, soccer or dance. As they get older, some may want to work out in a gym. All of these are excellent, provided there is proper supervision. Keep in mind that, for a child to commit to a physical activity, they need to enjoy it.



Medical Consultant:
Dr. Ronen Bar Yoseph is an expert in pediatric pulmonary diseases and a sports physician at Ruth Rappaport Children's Hospital, Rambam Health Care Campus





Strategically Speaking

A Tour of the West Campus

For our staff, patients and visitors, watching a noisy, tumultuous construction site transform into a sleek, modern West Campus is nothing short of thrilling. The West Campus is still very much a work in progress, but one by one, as lights fill the windows of each of its tall, breathtaking buildings, we are filled with gratitude for the opportunity to work, heal and be healed in these world-class facilities.

This June, our Rambam Summit guests will be treated to a VIP Tour of the West Campus, highlighting the milestones reached and those yet to come. Here is a preview of what they will be seeing.

Get involved

The West Campus offers a wide range of Giving Opportunities.

ROC@rambam.health.gov.il

Ruth Rappaport Children's Hospital

Opened December 2014

Sammy Ofer Parking Lot and Fortified Underground Emergency Hospital

Opened March 2014

Joseph Fishman Oncology Center

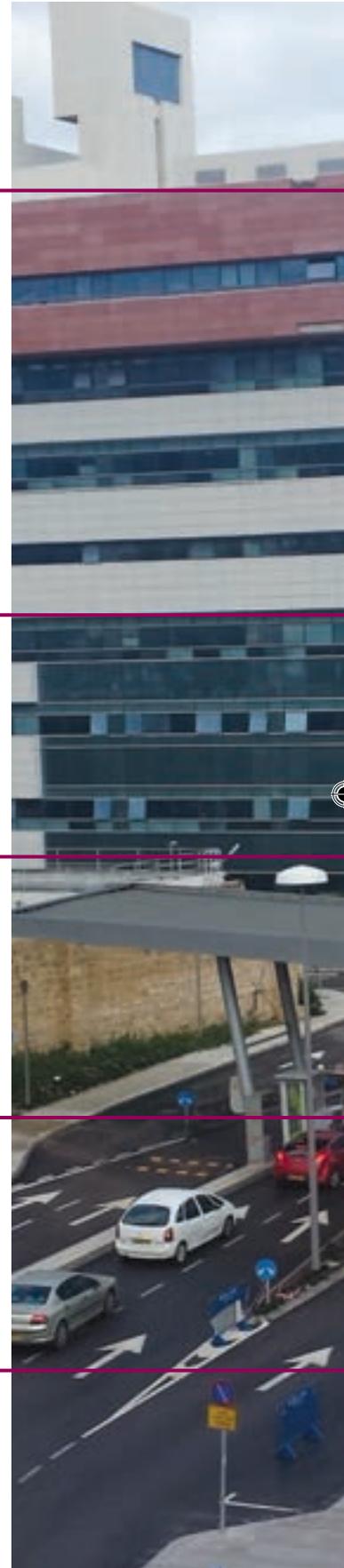
Opening scheduled for Summer 2015

Cardiovascular Hospital

Opening to be determined

This Space Reserved for: Biomedical Discovery Tower

Now in planning and development stages







GLOBAL MEDICINE



Rambam surgeons **Dr. Omri Amodi** and **Dr. Zach Sharoni** recently returned from Vietnam where they joined an international delegation sponsored by “Operation Smile.” Over ten days, the team performed more than 500 cleft palate and lip operations, giving children the chance for a smile-filled life. In the picture: Dr. Amodi and colleagues with a young patient.

December 2014



This summer, a delegation of nurses from Rambam visited the Homerton University Hospital outside of London as part of a professional exchange program between the two institutions. This fruitful and convivial exchange has been ongoing since 1995 thanks to the initiative and support of **Anita Alexander-Passe**, Director of the **British Friends of Rambam Medical Centre**. The Rambam team learned about their British colleagues’ pre- and post-surgery preparation and monitoring approaches, and in their spare time were hosted by British Friends of Rambam Medical Centre, the Mayor of Hackney and the hospital staff.

September 2014



The 11th annual Rambam Research Day highlighted the most exciting contributions to global medical science coming from within Rambam and the Israeli scientific community. Lectures, panel discussions and posters covered topics ranging from the contribution of physicians to scientific efforts to the interface between nanotechnology and medicine. In the picture: Prof. Beyar (far right) and Prof. Ehud Klein (far left) bestow awards of appreciation to Dr. Anat Aharon and Prof. Naim Shehadeh.

December 2014



GUEST BOOK



American actor, comedian and talk show host **George Lopez** visited Rambam especially to meet Prof. Karl Skorecki, and to hear about his research findings on the source of kidney disease in African-American and Latino populations. Lopez, who himself underwent a kidney transplant, established the Lopez Foundation which supports education and health programs related to kidney disease. After a tour of the Sammy Ofer Fortified Underground Emergency Hospital, Lopez expressed his admiration for Rambam's innovation and healthcare.

November 2014



Miami Beach Mayor **Philip Levine** and a delegation of visiting business, philanthropy, academic and community leaders received a warm welcome from Prof. Rafi Beyar and senior hospital staff. The group toured the Model Surgical Suite in the Sammy Ofer Fortified Underground Emergency Hospital and Mayor Levine explained that he had come to Rambam to see the best of Israel's medical technologies, and was "very impressed by what we've seen." During the visit, possibilities for future cooperation and strengthening relations between Miami Beach and Rambam were discussed. In the picture: Prof. Rafi Beyar and Mayor Levine

November 2014



Thirty-six **Young Executive Leaders** from 24 countries came to hear how Rambam extends its sphere of care across Israel's border, to children from Gaza, the Palestinian Authority and abroad. In the picture: Dr. Ran Steinberg, Director of the Pediatric Surgery Department, leading the group on a tour of the Ruth Rappaport Children's Hospital.

August 2014

Renowned author and spiritual leader **Pastor Irvin Baxter** led an enthusiastic delegation from his Endtime Ministries for an emotional visit to Rambam's new West Campus. In a separate visit led by **Pastor Matt Moore** of Bless Israel USA, the group found a focus of prayer and support in the Sammy Ofer Fortified Underground Emergency Hospital.



The delegations of Pastor Baxter (left) and Pastor Moore (right) receive a warm welcome at Rambam.

Summer 2014



Friends Help Build a Hospital

Effi and Eli Goldhar, longtime friends of Rambam, were presented with a unique work of art at a Dedication Ceremony for the new Premature Infant Intermediate Care Unit in the Department of Neonatology and NICU established in their family's name.

To the surprise and delight of all the assembled guests, Eli Goldhar announced that the family will bestow an additional gift to Ruth Rappaport Children's Hospital, which will enable completion of the Pediatric Medicine Department headed by Prof. Naim Shehadeh.

In the picture: Prof. Rafi Beyar and Dr. Esty Golan presenting the artwork to Effi (second from right) and Eli (far left) Goldhar.



February 2015



Rabbi Yechiel Eckstein, President of the International Fellowship of Christians and Jews (IFCJ), cut the ribbon at an emotional ceremony inaugurating the new surgery suites in the Sammy Ofer Fortified Underground Emergency Hospital, donated by the IFCJ. At the Ceremony of Gratitude, Rabbi Eckstein, Prof. Rafi Beyar, Director and CEO of Rambam and other distinguished guests, observed a demonstration of how surgery can be performed safely during a missile attack in the newly completed operating suites.

November 2014

A festive Opening Ceremony was held for the new Pediatric Pulmonary Institute in honor of **The D. Dan and Betty Kahn Foundation**. **Andrea Wolfe**, daughter of the late Mr. and Mrs. Kahn, and her husband **Larry Wolfe** were guests of honor, representing the family foundation, which has generously supported Israeli healthcare and education. In the picture: (L to R) Dr. Esty Golan and Prof. Rafi Beyar present the Maimonides Friendship Circle Award to Andrea and Larry Wolfe

January 2015



This year marked the 40th anniversary of the annual **Cheryl Spencer Scholarships for Academic Nursing Awards** at Rambam. The scholarships are the gift of **Irma and Aaron D. Spencer**, longtime friends and supporters of Rambam, in honor of the memory of their daughter Cheryl. To date, almost 500 nurses have been granted scholarships to facilitate their academic studies thanks to the generosity of the Spencer family. Dr. Hana Admi, Director of Nursing at Rambam and the first Spencer Scholarship recipient in 1975, emphasized the importance of an academic education for quality nursing. In the picture: (L to R) Prof. Rafi Beyar, Dr. Hanna Admi, Michele Segelnick, Executive Director, AFORAM, and Lea Bernstein, Assistant Director, AFORAM

December 2014



Proceeds from an auction organized in Paris by the **Amis Français de l'Hôpital Rambam (AFHORA)** were used to purchase three pediatric monitors for the Bone Marrow Transplant Department in Ruth Rappaport Children's Hospital. AFHORA also hosted an unforgettable Parisian musical evening for friends of Rambam on a riverboat on the Seine. These were the first of several fundraising events organized by the new Friends of Rambam organization in France, representing an auspicious and welcome beginning. In the picture: (L to R) AFHORA's Executive Director, Joelle Abitbol, with Yael Gamon, and Annie Wax



Friends Help Build a Hospital



The Melamed Family of Los Angeles received a Certificate of Appreciation at an event they hosted in their home highlighting Rambam's Cardiac Intensive Care Unit, where Prof. Karl Skorecki, Rambam's Director of Medical & Research Development, spoke about the latest developments and challenges in cardiac healthcare. In the picture: (L to R) Michele Melamed, Josh Melamed, Daniel Melamed, Dalia Melamed, Michele Segelnick, Robert Melamed, Prof. Karl Skorecki, Sari Katz, Guity Borookhim Simantob

August 2014



Miami Attorney Robert Zarco hosted a special evening in honor of "Rambam - Creating the Future of Medicine" at his lovely waterside home. Prof. Rafi Beyar explained how Rambam has become a leader not only in global medical innovation, but also in the development of the State of Israel.

George Feldenkreis, close friend and longtime AFORAM Board Member, also spoke passionately about his support and dedication to Rambam. In the picture: (L to R) Robert Zarco and Prof. Rafi Beyar

February 2015



A festive "Evening of Miracles" was held in New York City to pay tribute to **Meri and Sol J. Barer**, esteemed friends of Rambam and recipients of the Rambam Award in 2013. Alan Dershowitz, a steadfast friend of AFORAM, spoke movingly about Dr. and Mrs. Barer and

their outstanding support of the hospital. Some 150 guests attended the event, which was organized by AFORAM. In the picture: (L to R) Adam O. Emmerich, AFORAM President, Meri & Sol J. Barer, Guests of Honor, Prof. Rafi Beyar, Director/CEO Rambam, Alan Dershowitz, Esq, Michele Segelnick, Executive Director, AFORAM

November 2014



In the picture: (L-R) Prof. Myriam Ben-Arush, MK Meir Sheetrit, Prof. Moshe Revach, Eitan Wertheimer, Dr. Zvi Ben-Ishai, Prof. Rafi Beyar, Dr. Esty Golan, Dr. Levy Gerzberg

The joyful and heartwarming Dedication Ceremony of the **Joan and Sanford Weill Pediatric Hematology-Oncology Division** at Ruth Rappaport Children's Hospital was attended by a host of honored guests, including **Mr. Eitan Wertheimer**, representing the Weills, **Dr. Vered Drenger**, representing the Rappaport family, **the French Consul, Messr. Gilles Courrègelongue, MK Meir Sheetrit, Prof. Eliezer Robinson**, Chairman of the Israel Cancer Association, and representatives of the **Administrator General, the Hayim Association**, among many others. Each of the donors received a flower from one of the young patients, and **Prof. Myriam Ben-Arush**, Director of the Hemato-

Oncology Division, was presented with a bouquet by a former patient who came to express her gratitude 26 years after her successful treatment.



An acrobatic troupe performs for the ceremony guests

February 2015



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Adopt a Medical Clown And Put a Happy Face on a Sick Child

Laughter, we all know, can be the best medicine. But for young patients at Ruth Rappaport Children's Hospital, the company of a professional medical clown can actually save lives. In the emergency room, preparing for surgery or during treatments, medical clowns take children's minds off fear and pain, which studies have proven helps them get better faster. That's why we call them the "Dream Doctors."

We are asking our friends to bring smiles to the faces of sick children via our Adopt-a-Clown Campaign. This campaign will support medical clowns as they bring smiles to children undergoing treatment at Rambam Health Care Campus

Make a child smile now—it only takes a moment!

For online donation



You can also donate at:

www.rambam.org.il



Ruth

Ruth Rappaport Children's Hospital

Rambam Health Care Campus