

LET'S TALK EAR TUBES

PEDIATRIC
RADIOLOGY:
AN INSIDE LOOK

NEW SLEEP
SAFETY TIPS

FREEZE
SUMMER
FAVORITES



LET'S
TALK
ABOUT

EAR TUBES

Most parents have heard of ear tubes, but unless you or a child in your family has needed them, you might not really know much about them. What exactly are they and why do some children need them? We asked Allen Marshall, MD, otolaryngologist, WakeMed Ear, Nose & Throat – Head & Neck Surgery, to share a bit more about the ins and outs of the ear to help explain the need for ear tubes.

“Normally the middle ear is connected to the outside world by the eustachian tube,” said Dr. Marshall. “Ear tubes provide an alternate pathway when there is a disorder or dysfunction of the eustachian tube, which is commonly caused by infection.”

Because the eustachian tube helps equalize pressure in the ear, Dr. Marshall explains that a feeling of fullness similar to what you feel on an airplane can be an indication of infection or dysfunction. “Problems with the eustachian tubes in young children are more common because they are not as fully developed,” explained Dr. Marshall.

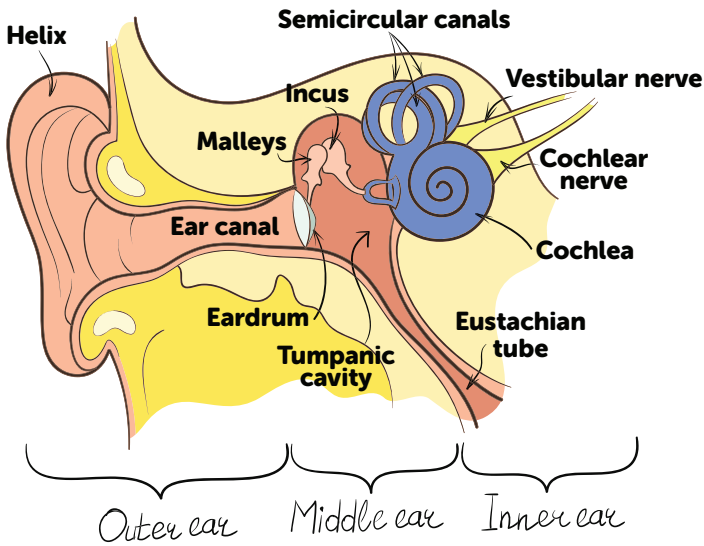
Annoying Ear Infections

Ear infections are one of the most common reasons children need to see a doctor. "By age 3, between 80 and 90% of kids have had an ear infection," said Dr. Marshall. "Either a bacterial or viral infection of the middle ear can cause fluid to build up in the inner areas of the ear."

Multiple ear infections do not necessarily mean a child will need ear tubes. Frequent infections in a short period of time or consistent fluid in the ear is more likely to be an indicator of the possible need for tubes.

Parents should never ignore any symptoms that indicate a problem with a child's ears or hearing. Call their doctor if your child complains about ear pain, tugs at their ear, cries or gets fussier than usual. Other possible symptoms of ear infections or dysfunction include trouble sleeping or lying flat, trouble hearing or reacting to sounds, a loss of balance, fever, headaches, lack of appetite or ear drainage.

"Hearing loss is a real concern, especially when a blockage or infection goes unnoticed for too long," said Dr. Marshall. "If a child says they can't hear you, listen to them and call a doctor."



Your child's pediatrician will likely refer you to an Ear, Nose and Throat (ENT) specialist if they have recurring ear infections, hearing concerns or other indications of eustachian tube dysfunction. The need for ear tubes can depend on a combination of circumstances, including the length of time between infections and the severity of inflammation or fluid buildup.

"By providing a temporary, alternate tube, we can help relieve discomfort or pain and, more importantly, help dry up and reduce inflammation in the eustachian tube," said Dr. Marshall. "Antibiotic drops can also be put in the ear via temporary tubes."

"Approximately 80% of kids who get ear tubes only need them once."

— Allen Marshall, MD

"Parents might be worried about the process of getting the tubes, but they can rest assured knowing that it can be done as a day surgery with brief general anesthesia," said Dr. Marshall. "After getting tubes, children are usually on antibiotic drops for about a week."

It's very common for children ages 1 to 3 to need ear tubes, but Dr. Marshall said they can be needed at both younger and older ages as well as in adulthood. He explained that some babies who fail a hearing screening will need them if it is found that they have fluid in their ears.

The need for ear tubes can run in families. Dr. Marshall commented that the majority of time at least one of the parents has had tubes, but that doesn't necessarily mean that all kids in the family will need them.



Swimmer's Ear Explained

Did you know you do not have to swim to develop swimmer's ear? Although it is more common after water exposure, you can develop swimmer's ear (otitis externa) without being in water.

"Excessive moisture irritates the ear canal skin, which allows for a bacterial or fungal infection," explained Dr. Marshall. "Hot, humid summer environments contribute to this problem."

To help prevent pesky water in the ears, consider earplugs for your child to use when swimming. A doctor's treatment of swimmer's ear might include the removal of excess wax, dead skin cells or debris to allow it to dry out. "Don't ever try to clean the inside of your child's ears and check with your pediatrician before trying homemade drops," said Dr. Marshall. "Topical treatment with antibiotic drops prescribed by your child's doctor can help knock out bacteria, and steroids help reduce swelling." If your child has recurrent swimmer's ear, seek the advice of an ENT specialist.

HEARING & SPEECH CONNECTION

Brain development, literacy and language skills are all affected by hearing. Speech development concerns can indicate a problem with a child's ability to hear. If there's a speech concern, always get the child's ears checked.



Meet the Expert

Dr. Allen Marshall is an otolaryngologist with WakeMed Ear, Nose & Throat – Head & Neck Surgery. He earned his medical degree from The University of North Carolina at Chapel Hill School of Medicine, where he also completed a residency in Otolaryngology – Head & Neck Surgery. Dr. Marshall is an affiliated faculty member at UNC. He is board certified by the American Board of Otolaryngology. His clinical special interests include pediatric and adult ENT problems, including sinus disorders, thyroid surgery and ear disease.

CHILL out



Freeze Your Favorites

Summer and fall are seasons of abundant harvests so we asked Macon Guidry, RD, WakeMed Outpatient Nutrition, for tips on what to do with your extra seasonal favorites. Savor those flavors a little longer with these cool ideas for using and preserving fresh fruits and veggies. After all, those super hot summer days can be perfect for some creative fun in the kitchen.



“When people think about preserving foods, they might automatically think about canning, which can be fun but can also be a bit more complicated,” said Guidry. “Freezing foods is a simple and quick option that can preserve fresh flavors, and when you freeze fresh produce, it preserves the nutrients.”

Guidry suggests getting the kids involved in fun ways. One of her favorite ways to use extra fruits is to make smoothie bags for the freezer.

Let the kids pick their smoothie combinations. Then write their name on the bag and freeze for the future! “Kids are more likely to drink a smoothie if they are involved in the preparation,” said Guidry. “Being engaged in hands-on kitchen activities and having choices gives them pride and ownership.”

- Wash your hands well.
- Rinse and scrub away any dirt with a produce brush.
- Remove any peel and stems.
- Toss your preferred mixtures into a freezer bag.
- Freeze for the future.



BLENDING TIP: If you are going to mix in dark greens, you need a high-powered blender to really chop up the greens.

When you have smoothie bags ready to grab, all you need to do is toss the contents in a blender, add some liquid and mix it up. It’s an easy and nutritious on-the-go breakfast or quick snack after outdoor play.

“The fiber in fresh fruit smoothies is what makes them so good for you,” said Guidry. “So avoid the addition of sugary juice.” Try different combinations of fruits and proteins such as milk, yogurt, dairy alternatives and nut butters. You can also add some good fats such as coconut milk, avocado and chia seeds. Check out some of her favorite smoothie combinations and tips.

- **Tropical Treat** – Mango, bananas, peaches + coconut water + yogurt
- **Berry Butter** – Raspberries, blueberries and strawberries + almond butter + low fat milk or dairy alternative
- **Melon Basil** – Watermelon and strawberry + coconut water + yogurt + basil
- **Go Green** – Get creative and add spinach, cucumbers, celery, cilantro or parsley
- **Splash & Dash** – Experiment with a splash of citrus or a dash of cinnamon or ginger
- **Sweeten Naturally** – Add a date, some pineapple, or a little honey or maple syrup



FREEZER FUN

- Make popsicles from your smoothies.
- Skewer fruit and make frozen kebabs.
- Dip fruit in a little chocolate or peanut butter and freeze it.

Tips for Handling Produce

- Make sure your counters and cutting board have been sanitized.
- Never prep your produce with raw meat nearby.
- Always remember to wash your hands and clean under your nails.

For more tips on food safety, blanching veggies before freezing, and other preparation tips, visit eatright.org

WATER INFUSIONS

Add a splash of flavor to some water by infusing it with cucumbers, citrus, fresh fruits and herbs. Guidry says this is a great way to use up a handful of any extras and to keep the family focused on hydration. Kids enjoy being a part of the infusion process from selecting ingredients to the taste testing. Guidry recommends the refreshing combination of blueberries, lemon and rosemary. Remember to remove the fruit and herbs after 24 hours and keep the water cold and ready to enjoy in the refrigerator.

ICE ICE BABY!

Don't let those fresh herbs go to waste! Freeze them. This is an easy way to make sure you have the herbs you need year-round for tomato sauces, soups, salads and dressings.

- Simply wash, chop and put them in an ice cube tray.
- Fill the tray with just enough water to cover herbs.
- You can also freeze them in olive oil.
- Once frozen, remove from the tray and tightly seal them in freezer bags. They should last for up to 12 months.
- Then just toss it in your pan when cooking.



SAVE THE SAUCE

The next time you make a homemade tomato sauce, freeze the extra! "Just make sure the tomatoes are peeled and well cooked," said Guidry. And always bring it to a boil before cooling and freezing." Properly stored tomato sauce should last for three months in food safe freezer containers.

You Can Can

If you have an abundance of fresh fruits or veggies and want to try canning, follow the safety tips and instructions for different types of food canning. Here are some resources to check out:

FDA.GOV | USDA.GOV | CES.NCSU.EDU



W

akeMed Children’s unites pediatric specialists, and the specialized services they offer, under one roof, so families have access to the care they need and deserve. What sets WakeMed Children’s apart from the rest of our team of specially trained adult health care professionals is our numerous pediatric areas — including pediatric radiology where we work with several skilled Raleigh Radiology pediatric radiologists, including Jonathan Brandon, MD.

Pediatric radiologists are unique in that they work with a wide range of other pediatric specialty physicians to diagnose and determine the best treatment options for children experiencing various illnesses and injuries.

In our quest to learn more about these incredible “specialists behind the specialists,” we sat down with pediatric radiologist Jonathan Brandon, MD, to learn more about the unique role he plays and why this field of specialization is so vital to pediatric patient outcomes.

Tell us about your background and how you became a pediatric radiologist?

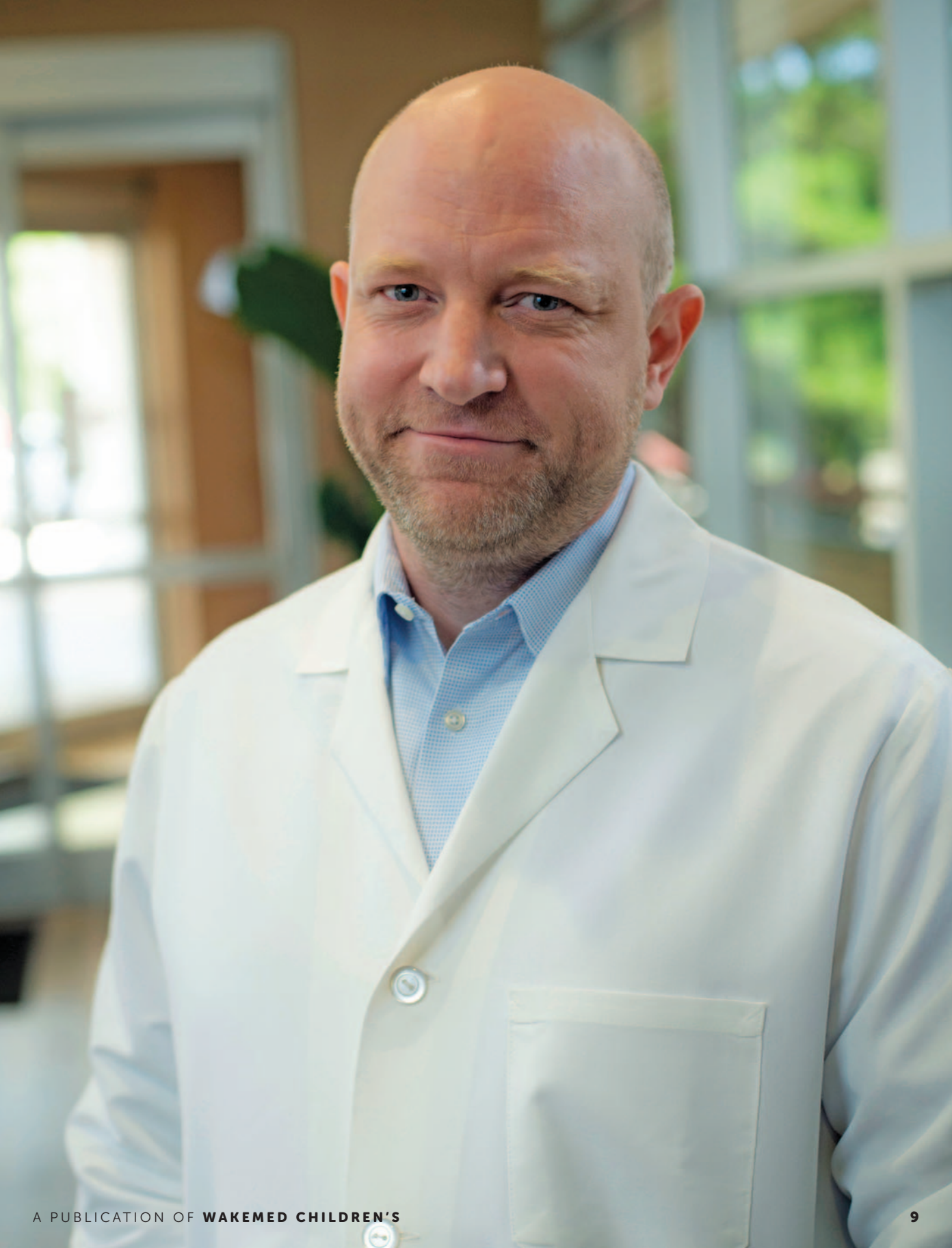
I chose to work in pediatric radiology because it’s important to me to help children. A pediatric radiologist is the person who gets to put together the pieces of a puzzle and is a key part of the process of helping understand what a child needs to get better.



the specialists behind the specialists

**A conversation with Pediatric Radiologist
JONATHAN BRANDON, MD**







WakeMed Children's – Pediatric Surgeon, Duncan Phillips, MD, left, consults with Dr. Brandon on an upcoming surgical case.

Pediatric radiologists have extensive education that requires up to 14 years of study and training. My experience consists of four years of undergraduate work, four years of medical school, one year of clinical internship, and four years of a radiology residency. At that point, I continued into a year-long sub-specialty fellowship for pediatric radiology. I am particularly interested in pediatric cardiac imaging. There are multiple avenues for pediatric radiologists to specialize in, and the team at WakeMed and Raleigh Radiology provides world class expertise to our youngest patients.

Why is dedicated pediatric imaging services so important?

As a dad, I understand being worried about your children and wanting them to be safe and cared for well.

The best doctor to take care of them would be someone with additional knowledge and training within pediatrics. It's what makes the team at WakeMed Children's so special.

I think something people don't always realize is that children aren't just small adults. There are different diseases that affect children, and these diseases present differently over the course of childhood.

One thing that I want parents to know is that at WakeMed Children's and at Raleigh Radiology, we focus on working closely with the other pediatric specialty providers to provide the highest level of care possible to our youngest patients.

We are a team of experts and focus on working to provide the best approach possible.

How do you support the providers at WakeMed Children's?

I think that teamwork piece I mentioned is a key to what we do every day. Our team of pediatric radiologists, along with the other pediatric clinicians, work together to make sure that the care is appropriate for the child right from the start.

We want to make sure that we order the right exam at the right time. And when we get those results, we work with the team of providers to come up with the best path forward.



I think parents might find it interesting to know that each study is customized for that specific child and their individual situation and physical size. Sometimes, the images don't provide a clear-cut answer, but that's when that collaboration with other subspecialists is key to help pinpoint a diagnosis.

Is there a standard radiation protocol based on the age and size of a child?

Our goal is to provide the lowest dose of radiation possible for every child. Radiation dosages are a concern of parents, and we take this very seriously. We work as a team to make sure we perform the right test at the right time with the right dose to accurately conduct the imaging study.

Tell me about sedation for exams and procedures.

While not appropriate for all patients and exams, sedation uses a combination of medicines to help a pediatric patient relax during a procedure, to reduce anxiety, discomfort and pain without the increased risk involved in putting the child to sleep.

What is the most rewarding part of what you do?

I love being part of a team that helps make children better. The rewarding part is understanding what is going on and helping children and their families. I get a lot of personal fulfillment working through the puzzle, solving it logically and helping to guide the process to administer appropriate care for the child.



MEET THE EXPERT

Pediatric Radiologist Dr. Jonathan Brandon is the Pediatric Radiology Chair and Cardiac MRI Vice-Chair of Radiology, serving pediatric patients at the WakeMed Raleigh Campus and WakeMed North Hospital. He is board certified in diagnostic radiology with an added certification in pediatric radiology. His extensive education includes the following:

- BA and MD, University of Virginia
- Radiology Residency, University of Colorado
- Pediatric Fellowship, Children's Hospital Colorado
- Native of Southside Virginia

His expertise is in pediatric imaging, with special interests in imaging of congenital heart disease, pediatric neuroimaging and neonatal imaging.



NEW SLEEP SAFE

TIPS FOR BABIES

The American Academy of Pediatrics (AAP) recently revised its policy statement and technical report on safe sleep to help reduce the risk of sleep-related infant deaths.

They are warning families and care providers that crib bumpers and inclined infant sleeper products can cause babies to suffocate. All infants should sleep on their back, by themselves, and on flat and firm surfaces without bumpers, soft bedding, pillows or stuffed toys.

The AAP also advises against the use of products that are designed for infant bed sharing with parents.

FACT: The AAP reports that inclined sleepers have been tied to at least 94 deaths.

Infants in an inclined sleeper might fall asleep in a chin-to-chest position, which can restrict their airway. The AAP warns that babies can also roll out of these devices and become trapped under them.

“Sleep positioners with soft padding are also dangerous,” said Lynne Wirth, MD, WakeMed Children’s - Pediatric Primary Care. “Because newborns and young infants can’t lift their heads, there is a risk of suffocation if their face presses against the soft padding when they roll to their side or stomach.”

According to the AAP, every year approximately 3,500 babies in the United States die suddenly and unexpectedly while they’re sleeping. Sudden infant death syndrome (SIDS), or accidental suffocation or strangulation are usually the cause of these infant deaths. While the causes of SIDS are not known, a safe sleep environment can help reduce your baby’s risk of SIDS and all sleep-related infant deaths.



Babies should sleep alone in their crib and not in bed with anyone or anything else because it’s not safe. The AAP recommends babies should sleep in the same room as their parents until at least 6 months old, but they should not sleep in the same bed.

Room sharing can decrease the risk of SIDS by as much as 50%, and it makes it easier for parents to feed, comfort and watch infants. Avoid falling asleep with your baby in your bed or on other cushioned surfaces such as a couch or armchair.

Back to sleep

Babies should sleep flat on their back at night and for naps. Placing a baby on their side or stomach to sleep is not safe. They should not sleep in products that incline more than 10 degrees.

Crib safety

Babies should sleep on a firm mattress with no crib bumpers, pillows, loose blankets, stuffed animals or toys.

Make sure your crib mattress is designed for your specific crib, and it fits tightly. Use a fitted sheet only – nothing else should be in the crib with your baby.

All these recommendations are for babies up to 1 year of age. Talk to your pediatrician if you have questions at any time as your baby grows and develops.

Don’t let your baby get overheated. Your baby only needs one more layer than you would wear in the same environment. Signs of overheating include sweating, a hot chest or flushed skin. Babies generally do not need a hat while indoors.

NOTE: When babies fall asleep anywhere that is not a safe, flat and firm sleep space, they should be moved to a safe sleep space right away. Alternative sleep surfaces are only considered safe if they meet the existing federal safety standards for cribs, bassinets, portable cribs or play yards. Many products including swings, reclined seats, bouncers and other sitting or positioning devices are not safe for sleep.

Learn more about the latest sleep safe recommendations from AAP at www.aap.org and healthychildren.org



WakeMed Night with NCFC!

Friday, September 9; 7 pm

NCFC vs Central Valley Feugo

Come cheer on your North Carolina FC at the WakeMed Soccer Park on Friday, September 9 as we celebrate WakeMed Title Night. Don't miss a minute of the action and your chance to take home some WakeMed swag!

Check out the QR Code for tickets and stadium information.



Bike Rodeo

PRESENTED BY WAKEMED CHILDREN'S, WAKEMED TRAUMA SERVICES & SAFE KIDS WAKE COUNTY

Saturday, September 17

10 am to 2 pm

Apex Healthplex, 120 Healthplex Way, Apex

Saddle up the family and join us for a special Bike Rodeo at WakeMed Apex Healthplex! Learn about biking safety as you navigate through our obstacle course. Participants will practice and develop skills that will help you to become better bicyclists and avoid typical crashes. Bring your child's bike or use one of ours. And, don't forget your helmet!

This event is free and no registration is required.

In addition to the obstacle course and bike safety education, enjoy a Teddy Bear Clinic, some fun, interactive games, bounce house and music with our onsite DJ!



How You Can Help

Ongoing support for the growing health care needs of the patients at WakeMed Children's is made possible through the generous donations of readers like you to the WakeMed Foundation.

To learn how you can support the expansion of WakeMed Children's services, please visit the WakeMed Foundation at www.wakemedfoundation.org or call 919-350-7656.



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Safe Sitter®

Have a teenager who is interested and eager to start babysitting. Let Safe Sitter® give you peace of mind. Enroll your teen in this full day program today and they'll learn more than just babysitting basics. They'll learn the life and safety skills any teen should have before babysitting or staying home alone and the sensible decision-making skills you, as a parent, need for them to have. Build confidence with Safe Sitter!

Cost: \$60; Program runs 9 am to 4 pm.

Check out our Birth & Family Education page to learn more about Safe Sitter. And while you're browsing, check out the many classes we offer for parents and grandparents!



Scan this code to view for a complete list of classes, program descriptions and registration details.

Advisory Panel for Families First

Jerry Bernstein, MD, Raleigh Pediatric Associates, PA
Karen Chilton, MD, Chief Medical Officer,
WakeMed Children's

Bridget Donell, MD, Medical Director, WakeMed Physician
Practices – Pediatric Critical Care and Hospital Medicine

Amy Griffin, MD, Wake Emergency Physicians, PA

Andy Jakubowicz, MD, Medical Director,
WakeMed Children's Emergency Department

Jeff Langdon, Executive Director, WakeMed Women's
& Children's

Bill Lagarde, MD, Executive Medical Director,
Subspecialty Medicine, WakeMed Children's

Debra Laughery, Vice President, WakeMed
Marketing & Communications

J. Duncan Phillips, MD, Surgeon-in-Chief/
Director, WakeMed Pediatric Surgery

Chris Schmidt, Editor

Leesa Brinkley, Design



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3000 New Bern Ave.
Raleigh, NC 27610 or email
FamiliesFirst@wakemed.org



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Raleigh NC 27610
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Do you wonder what your kids should eat after a gastrointestinal (GI) illness? The American Academy of Pediatrics no longer recommends strictly following the BRAT (bananas, rice, applesauce and toast) diet after a child experiences diarrhea or vomiting. The low amount of fiber, protein and fats in the BRAT diet lacks the nutrition children need for full recovery of the GI tract.

Learn more and find out what they **should** consume! Scan the code to listen to the recent WakeMed Voices Podcast with Darius Byramji, MD, WakeMed Children's – Pediatric Primary Care.

Rethink the
BRAT Diet for
Tummy Issues

