

Adult surgeons save lives.

Pediatric surgeons save
lifetimes.

— Dr. Robert P. Foglia
Surgeon-in-Chief, Children's
Professor of Surgery, UT Southwestern Medical Center

25,853 surgeries. 59 surgeons. 50 anesthesiologists. 171 surgery nurses. 31 surgical technicians.

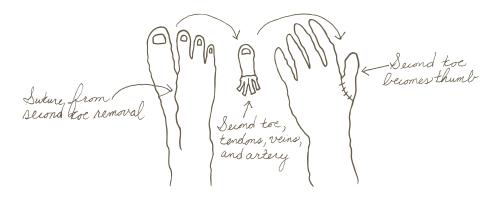
These numbers only begin to tell the story of the thousands of children who had operations at our not-for-profit hospital in 2010. Many of the surgeries were life saving. All of them were life changing. The renowned surgeons and caring staff at Children's are uniquely skilled and prepared with the most up-to-date techniques and tools to treat the issues facing children and their families — from cancer to liver transplants to repairing the tiny hearts of premature newborns. Children's, ranked among the best pediatric hospitals in the country, is affiliated with UT Southwestern Medical Center, one of the nation's best academic medical centers and one of the most prolific research institutions in the world. That means the experience among our surgeons is vast, and leads to success in the most complex cases. In this report, you'll meet several patients who had surgery in 2010. Each has experienced a transformation.

On the cover: At Children's, surgical intervention, when appropriate, is used to eradicate disease and to repair injury. But we never forget that compassion and understanding are essential parts of the healing process. As shown in our cover image of heart surgery patient Logan Wallace, 4, medical play on a stuffed animal is just one way that we ease a child's fears about an upcoming procedure and the changes it may bring — such as a hospital stay or physical changes.

Right: From left, general surgeon Dr. David Schindel, surgery fellow Dr. Eduardo Perez and Otolaryngology surgeon Dr. Romaine Johnson, assisted by surgical technician Amy Fenrick, remove a mass from the neck area of I-day-old Coraline Clark. Children's and UT Southwestern seek the best and brightest surgeons and embrace the latest medical innovations and technologies.







Thumbing the chords

Soulful-eyed Vaughn Washington already has the makings of a jazz musician. The 3-year-old drifts toward his adoptive father's drum set or keyboard every chance he gets. If you watch him play closely enough, you'll notice that Vaughn's right thumb doesn't look exactly like his left thumb. That's because it's a toe. Vaughn's previous foster parent thought that wrapping his thumb in duct tape would help him to stop sucking it. Instead, it cut off his circulation and caused gangrene. Amputation was the only option. But experts on the Plastic Surgery team at Children's took a creative approach so that Vaughn would regain the use of his lost digit. They removed the second toe on Vaughn's right foot and used the toe to replace his lost thumb. Vaughn's brain has accepted his toe as his thumb, which means that it will grow and develop like any normal thumb. And the missing toe hasn't affected his mobility. He runs more than he walks. Losing his thumb won't prevent Vaughn from doing anything he wants to do — hold a drumstick, pluck a bass, tap a piano key and strum a guitar.

Vaughn's Surgeon:



DR. MICHEL SAINT-CYR

Congenital pediatric hand surgeon

Associate professor of plastic surgery,

UT Southwestern

Clinical Excellence

Expertise matters



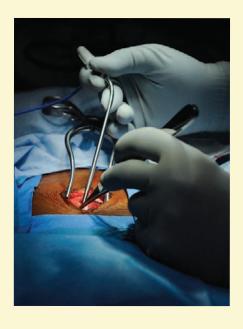
Certified hand therapist Ann Garvin tests the flexibility of Vaughn Washington's new thumb at a clinic visit three months after his surgery (see page 3). He already had a wide range of motion and is expected to continue to gain more flexibility as he grows older.



At age 3, Vaughn Washington already has a sense of style. He likes to wear sunglasses and he also likes to wear a cast over his new thumb. The cast is no longer needed for medical purposes, but Vaughn feels like it protects his thumb. However, each time Vaughn comes in for a clinic visit, the Plastic Surgery staff reduces the size of the cast with the hope that Vaughn will eventually realize he no longer needs protection for his thumb.

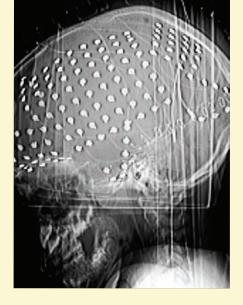
Being able to perform operations and procedures that other hospitals can't perform means that we're able to improve lives that might not otherwise be improved.

— Dr. Michel Saint-Cyr
 Congenital Pediatric Hand Surgeon
 Associate Professor of Plastic Surgery, UT Southwestern



Above: Surgeons operate on an II-year-old patient to remove a spinal tumor. Below: Surgeons review a diagnostic image of the tumor prior to the surgery to remove it. At Children's, highly trained surgeons operate on children from the tiniest of babies to adults who are still being treated after years of pediatric care.





An X-ray image of a child with an epilepsy grid. Epilepsy grids allow neurosurgeons to map out specific areas of the brain that are thought to be causing seizures. Doctors remove a portion of the skull to expose the brain and overlay a sheet of electrodes and subdural strips in the areas believed to be involved in the seizures. By stimulating the electrodes, physicians are able to detect areas involved in functions such as speech and the ability to see or move the arms. They do this first so those vital areas of the brain will not be lost during surgery. If the area causing seizures can be localized, it can be removed or disconnected via surgery such as a lobectomy or hemispherectomy.



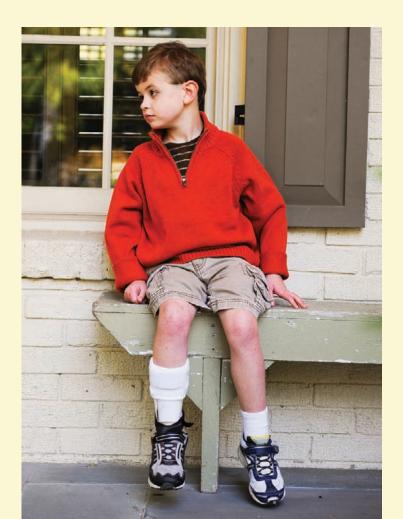
From left, Neurosurgery fellow Dr.
Debbie Song and neurosurgeon Dr.
Frederick Sklar scrub in before a surgery.
Scrubbing in, an important infection
control measure before every surgery, is
one of many preoperative procedures to
create a safe environment for our patients.



The surgical site on this preteen patient is marked in black. Before the start of an operation, the surgical team takes a "time out" in which the entire team stops to verify the correct patient, surgical site and procedure, completed patient consent form, availability of correct implants, if needed, and a list of patient allergies. This "Universal Protocol" helps ensure that our surgical patients receive the highest standard of care.







John Lawson Florer, shown at his Dallas home, had hemispherectomy surgery at 17 months. Neurosurgeon Dr. Frederick Sklar functionally disconnected the left half of his brain, which was causing chronic epileptic seizures and weakness on his right side. The aim of the complicated surgery was to end the seizures without increasing that weakness. It worked. Today, John Lawson is a happy 6-year-old who continues to make progress. The right side of his brain has taken over the functions formerly controlled by his left brain so he can still do most things a little boy likes to do. Dec. 12, 2010, marked the five-year anniversary of his surgery.





A matter of minutes

eather Porter remembers the early days of her pregnancy and envisioned each stage. At week four, Coraline was as big as a poppyseed, then a sweet pea, then a blueberry. But when Coraline grew to about the size of an orange, Heather found out that a tumor also was growing — wrapping around the baby's neck and tongue and going into the chest. Without a specialized procedure at delivery, Coraline would die immediately because the tumor was blocking her airway. The Fetal Evaluation and Treatment Alliance (FETAL) program and the ex utero intrapartum treatment (EXIT) team planned for Coraline's birth for months. The team and program are among only a few of their kind in the nation and are a collaboration of Children's, UT Southwestern and Parkland Health & Hospital System. At 36 weeks gestation, a team of 18 specialists began Heather's C-section. As Coraline continued to receive oxygenated blood from her mother, the team delivered her and started intubation. Within three minutes, an airway was established and Coraline took her first breath. A day later, surgeons removed the grapefruit-sized tumor.

Coraline's Physicians:



Dr. David T. Schindel Pediatric surgeon Associate professor of surgery, UT Southwestern



Dr. Romaine F. Johnson

Pediatric otolaryngologist

Assistant professor of

pediatric otolaryngology,

UT Southwestern



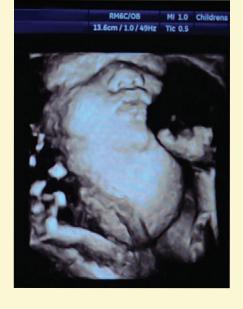
Dr. Michael V. Zaretsky
Maternal-fetal medicine
specialist
Assistant professor of
obstetrics and gynecology,
UT Southwestern



Dr. Myra Wyckoff Associate professor of neonatal-perinatal medicine, UT Southwestern; Director, neonatal resuscitation program

Maternal-Fetal Medicine

Pre-birth diagnoses



A sonogram shows Coraline Clark's tumor one week before her delivery. Sonograms and fetal MRIs helped the ex utero intrapartum treatment (EXIT) team plan for the best way to establish an airway — an endotracheal breathing tube, a tracheostomy or resection of the mass. Because the team only has a matter of seconds to minutes to save the baby's life, the planning stage is crucial — often the difference between life and death. The entire team met several times before Coraline's procedure (see page 9).



Ultrasound technician Jasmin Beck performs a sonogram on Heather Porter. Coraline Clark was diagnosed with a large tumor, and a routine delivery was not an option — Coraline's only access to oxygen was through Heather's umbilical cord. Both mom and baby would face risks during the procedure. Because Heather's uterus would be relaxed longer than usual during the delivery, hemorrhaging was a concern.

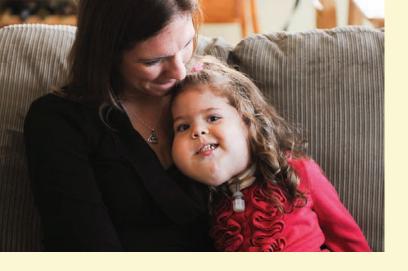


Above: Dr. David Schindel, director of the EXIT team, and Dr. Romaine Johnson, Dr. Michael Zaretsky and Dr. Myra Wyckoff work to save Coraline Clark's life during delivery. Surgeons cut out the portion of the mass that was attached to the larynx — preserving Coraline's ability to speak. Below: Respiratory therapist Nilsa Negron, preps I-day-old Coraline for surgery to remove the mass in her neck and chest area.

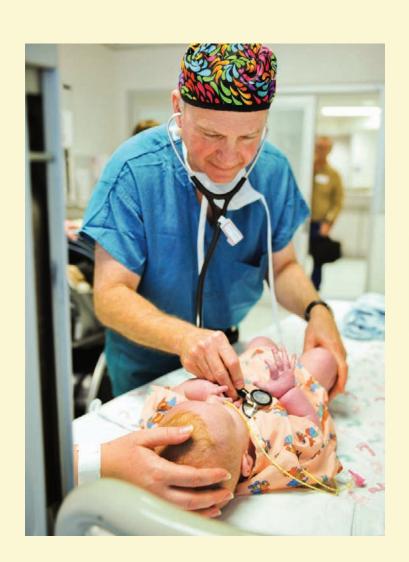




Dr. Kenneth Chen, a fellow in the Center for Cancer and Blood Disorders, examines 4-week-old Coraline Clark. Her mass came back from pathology as a rare soft tissue tumor, so she will be monitored for any changes that could lead to cancer.



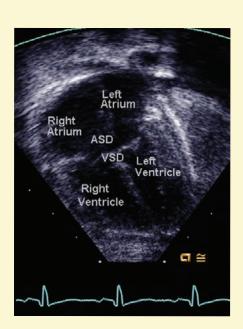
Courtney Ferreira holds 3-year-old Ava, who underwent an EXIT procedure at birth. Ava's mass was filled with soft, lymphatic fluid. After birth, Dr. David Schindel, pediatric surgeon, removed enough of the mass to allow for access to the trachea. Ava has undergone sclerotherapy — a procedure to shrink the vessels, and continues treatment.



When I left the operating room and headed back to my office, I felt an overwhelming sense of joy. After these procedures, I'm proud of the team that comes together to give the baby a chance at a good life. You realize if we weren't there, the baby would die.

Dr. David T. Schindel
 Pediatric Surgeon
 Associate Professor of Surgery, UT Southwestern

Dr. Gary Turner, anesthesiologist, listens to Layne Karnish's heart before surgery. The 4-month-old from Oklahoma was born with hypoplastic left heart syndrome, a rare congenital defect in which the left side of the heart is severely underdeveloped.



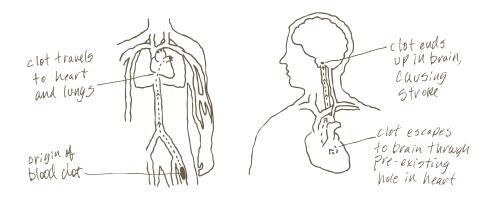
Above: Atrial septal defect, a hole in the wall separating the top two chambers of the heart, and ventricular septal defect (VSD), a hole in the wall separating the two lower chambers of the heart, are two conditions that can be diagnosed before birth. Right: From left, surgical technician Chuck Steele; Dr. Joseph Forbess, cardiothoracic surgeon; Dr. Saad Abdullah, cardiothoracic fellow; and Janet Stafford, surgical technician, work on Layne Karnish's heart.





Sheryl Castleberry, RN, carries Layne Karnish to surgery. This is the second of three surgeries Layne will undergo. Dr. Joseph Forbess will perform the third surgery when Layne is between 2 and 4 years old. Integral to the surgery process, OR nurses manage nursing care to maintain a safe and comfortable environment, assist the surgical team and remain in contact with the patient family to give updates throughout the surgery.





Knowing without remembering

he last clear memory Bubba Layne has is of his knees hitting the ground during football conditioning drills in May 2010. He only knows the rest — the ambulance ride, the emergency room, the 10 days at Children's — by what he's been told. He'll never remember all of the specifics. And he doesn't need to. He understands. "They saved my life," he said. A blood clot in his leg had traveled up his blood stream and plugged arteries in his lungs. Doctors said he was as close to death as you could get when he arrived at Children's. Bubba underwent emergency surgery to have the clot removed, but part of it broke off and moved to his heart. Because of a pre-existing hole in his heart, the clot then escaped to his brain and caused a stroke. Surgeons removed part of his skull to relieve pressure on his brain, but no one knew if he would ever be able to walk, speak or eat on his own again. Little by little he showed signs of progress — first in his hands, then in his legs and, last, he regained the ability to speak. He amazed the staff at Children's by walking on his own before he returned home.

Bubba's Physicians:



Dr. Kristine J. Guleserian Surgical director of pediatric cardiothoracic transplantation Assistant professor of cardiothoracic surgery, UT Southwestern



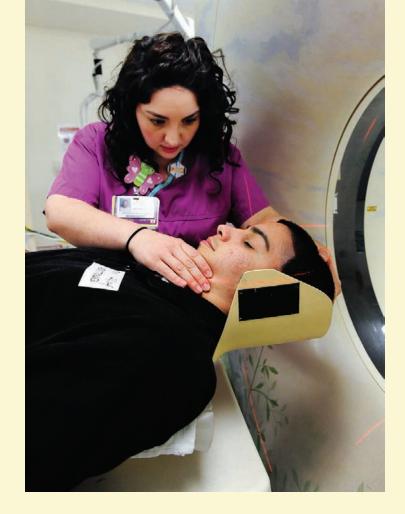
Dr. Bradley E. Weprin
Pediatric neurosurgeon and medical
director of neuro-oncology
Assistant professor of neurological
surgery, UT Southwestern



Dr. Janna M. Journeycake
Director of the Bleeding Disorders and
Thrombosis Program
Associate professor of pediatrics,
UT Southwestern

Multidisciplinary Care

It takes a team



Patient services coordinator Veronica Rodriguez adjusts Bubba Layne's head to the appropriate position for a CT scan during a follow-up appointment (page 15).



Dr. Bradley Weprin, the neurosurgeon who performed the surgery to relieve pressure on Bubba Layne's brain, conducts a neurological assessment by seeing if Bubba's eyes can appropriately track his finger.



Above: Sterile processing technician Carolyn Hayes pulls hemostats from an instrument pre-cleaning solution. The solution removes blood and biodegradable materials in an initial step before the instruments are cleaned in a washer decontaminator, then packed and sterilized in a steam sterilizer. Below: The Children's Pain Management Team holds a stand-up meeting to discuss ways to ease a patient's pain levels. The team assesses and treats children with post-operative pain and chronic muscle, bone and nerve pain.

Our recipe for teamwork is centered around our patient. Add in professional, caring individuals plus a healthy dose of respect and good communication. The end result will always be a child who has had excellent care.

 $-- {\sf Gay\ Smith}$ Licensed Vocational Nurse, Surgical Technologist





Above: A nurse in the operating room prepares to hand over a needle holder with a threaded suture to the surgeon so he can suture a surgical incision. Right: Child life specialist Krista Stringer plays board games with Akaya Duncan while Dr. Hadi Sakhai, anesthesiologist, talks with Akaya's dad. Akaya is getting ready for her tonsillectomy.





Dr. Robert K. Minkes, right, director of Pediatric Surgical Services at Children's at Legacy, and pediatric nurse practitioner Kim McHard, RN, discuss a patient's condition while viewing his X-ray. Children's at Legacy includes all of the same team elements as the main campus, such as laboratory services, radiology, child life, pastoral care and social work.



Neurosurgery resident Dr. Michael Gomez, far right, updates neurosurgeons, from left, Drs. Frederick Sklar, Bradley Weprin and David Sacco, during morning rounds in the pediatric intensive care unit.

Residents from UT Southwestern train in Pediatrics at Children's, and participating in rounds gives them a chance to learn from experienced physicians.

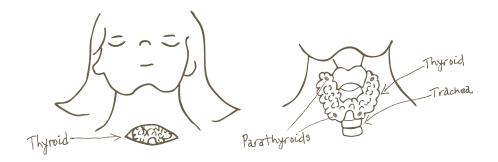


A fresh tissue sample from a liver is prepared for viewing by lead histology technician Michelle Lamphere during surgery on a 3-year-old boy. While pathologists view the sample, the surgeon waits for results in the OR with her patient. Preliminary diagnosis revealed the patient has a malignant tumor.



From left, Tricia Strickland, RN, listens as team leader Whitney Clark, RN, answers a call from a nurse in the operating room who is getting ready to bring a patient to the post-anesthesia care unit. In the PACU, nurses closely monitor children who just came out of surgery.





An early intervention

daughter, would soon have thyroid cancer. Helen was the fifth Fuchs child to have a positive DNA test for Multiple Endocrine Neoplasia Type 2A (MEN 2A). This inherited mutation leads to medullary thyroid cancer. Typically, the gland is removed around age 4 before the cancer has a chance to develop. However, by the time Helen's older sister, Maria, was 4 years old, her thyroid already contained cancerous cells. That meant Helen would go into surgery at age 3. Dr. Michael Skinner treated Helen's older siblings when he was at Duke University Medical Center in North Carolina, and Jennifer didn't think twice about following Dr. Skinner to Dallas for treatment. For this mom of six, the trip from Dayton, Ohio, was well worth it. "My older children received excellent care from Dr. Skinner," Jennifer said. "By bringing Helen to Children's, I know I am doing all I can for her to have the best possible outcome. If something pops up during the surgery that Dr. Skinner doesn't expect, he knows how to deal with it."

Helen's Surgeon:



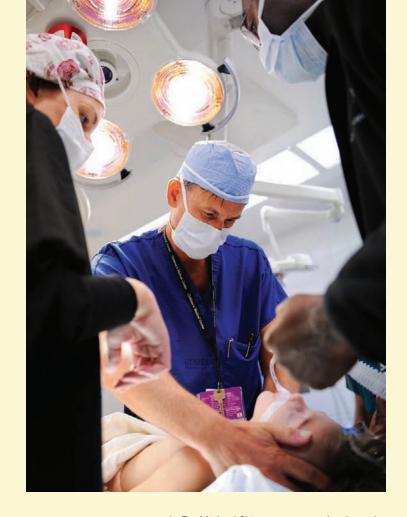
Dr. Michael A. Skinner

Pediatric surgeon

Professor and vice chief of pediatric
surgery, director of Pediatric Surgery
Fellowship Program, UT Southwestern

Research and Innovation

Advancing science



Dr. Michael Skinner removes the thyroid gland from 3-year-old Helen Fuchs (page 21). Dr. Skinner is an expert in thyroid removal to prevent cancer. He places high importance on preserving the parathyroids, four glands the size of grains of rice that maintain the body's calcium level. Finding and saving these glands is extremely difficult, but it ensures the nervous and muscular systems will function properly. Dr. Skinner specializes in uncommon, inherited cancers.



Breanne Randall, RN, uses a Popsicle to help Helen Fuchs rouse from anesthesia in the post-anesthesia care unit, while Jennifer Fuchs, Helen's mom, strokes her hair. Helen headed back home to Dayton, Ohio, only one day after her surgery.



Dr. Warren Snodgrass, division director of Urology at Children's, developed a procedure to correct hypospadias in the 1990s that has become the worldwide surgical standard. The procedure is technically known as Tubularized Incised Plate (TIP) repair, but it is more commonly referred to by surgeons across the globe as the "Snodgrass Repair." Hypospadias, a condition affecting male genitalia, is one of the most common congenital birth defects.



Above: The anesthesiologists at Children's are involved in 15 research projects. One of the projects is to improve noninvasive technology for children. Masimo Rainbow 7 is a device that measures hemoglobin without sticking the patient, which is especially important for children who need repeated tests, such as those with blood disorders. Right: Taylor Bockemehl stands at home amid balloon streamers from her hospital stay. Taylor, 11, had bone cancer in her upper left leg. Dr. Jorge Casas-Ganem performed a rare surgery called rotationplasty, which provides an alternative to full leg amputation. In the surgery, the diseased upper leg was removed, the lower leg was rotated 180 degrees and moved up, which allows the ankle to function as the knee joint. The rotationplasty increases Taylor's stability with a prosthesis, improving her mobility and independence.



Children's is one of six hospitals in the U.S. to be involved in the FDA-sponsored multicountry study to determine if general anesthetics are harmful for the young brain. Its results could change how anesthesia will be given to infants, neonates and premature babies.





Dr. Rosemary Christy administers anesthesia to a child. One of the studies that Children's is involved in regarding the effects of anesthesia on neonates and infants will look at how kids are able to solve simple problems with forms, colors and words years after receiving anesthesia. The results of the test, called the Bailey test, will compare the responses of two groups — children who have received general anesthetics compared with those who received regional anesthesia.



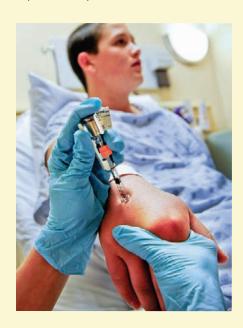
Dr. Peter Szmuk, director of research in Anesthesiology, tests the GlideScope, a device used to intubate preterm babies, neonates and infants. Children's is involved in a study to evaluate the effectiveness of the scope.



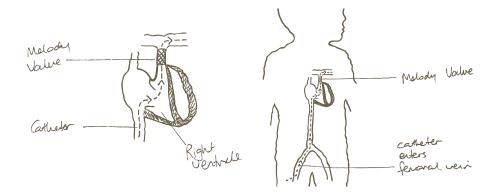


From left, surgeon Dr. David Schindel and gastroenterologist Dr. Ashish Patel discuss a study on the effect of laparoscopic versus open colon surgery procedures on a child's psychosocial development and self-esteem. They hope that children who have had laparoscopic gastroenterology surgeries will feel better about themselves because their scars are smaller.

Above: Dr. Peter Roland performs a cochlear implant on a patient. Children's is one of the first pediatric hospitals in the nation to have a cochlear implant program and regularly ranks among the top pediatric hospitals in annual number of cochlear implant surgeries. Dr. Roland describes cochlear implantation as the most rewarding part of his career because the procedure provides functional hearing to patients who would otherwise be completely deaf. Below: The J-Tip, which is needle-free and works within minutes, uses compressed carbon dioxide to push a numbing agent through the skin to prevent the pain of an IV insertion.







Minimal approach, major repair

hen Anthony Herman, 7, learned of his next cardiac surgery, he asked, "Are the doctors going through my zipper?" Anthony wanted to know if his heart was going to be fixed again by opening up the zipper-like scar on his chest. Only months before, openheart surgery would have been the only option for Anthony. But at Children's, he had access to the latest minimally invasive technique. Anthony was thrilled when his father, Ray, explained that doctors would only need to make a small incision on his leg this time. And instead of spending time in the cardiac intensive care unit and weeks recovering at home, he was home within five days and back at school the next week. Since birth, Anthony has undergone one major open-heart surgery and countless tests and procedures for repair and treatment of his aortic valve stenosis, a condition that causes narrowing of the heart valve. But in 2010, when Anthony needed a new valve, pediatric cardiologist Dr. Alan Nugent replaced his old valve by threading a catheter through a vein in Anthony's leg with no major incision. "A small bruise and a Band-Aid on the leg; that's it," Dr. Nugent said.

Anthony's Interventional Cardiologist:



Dr. Alan Nugent
Director of cardiac catheterization
Associate professor of pediatrics,
UT Southwestern

Minimally Invasive Surgery

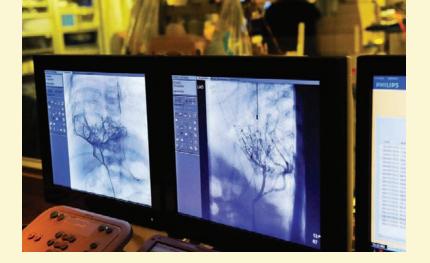
Inventive methods



The Melody Valve, a newly FDA-approved pulmonary valve, is made from the vein of a cow. The replacement heart valve is threaded up a vein in the leg and causes blood to flow from the right ventricle to the lungs, and ultimately to the rest of the body. Children's was the first pediatric hospital in Texas to implant the Melody Valve in a child.



Dr. Alan Nugent points to where the catheter will be inserted into 7-year-old Anthony Herman during a procedure in the Pogue Cardiac Catheterization Laboratory. Anthony's sister, Samantha, and parents, Ray and Kathleen, stand by in support. Anthony was born with aortic valve stenosis. Instead of additional scarring on his chest, this minimally invasive procedure will leave only a minor scar on his leg (page 27).

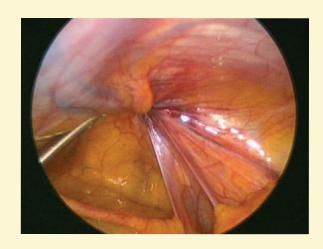


Images during the Melody Valve procedure show the catheter being inserted into Anthony Herman. Children's is the only pediatric hospital in Texas to be involved in a five-year national study to follow the long-term success of patients who receive the new valve.



Above: An X-ray shows a pill camera swallowed by a 5-year-old. The capsule, one of many minimally invasive diagnostic tools, contains a camera and flash to photograph the intestine as it passes through a patient. The images are sequenced into a "movie" and used as an alternative to traditional endoscopy, which carries higher risk and requires sedation or anesthesia. Right: The da Vinci Surgical System has changed the way many surgeons at Children's operate. The robot, given to the hospital by the Elsie and Marvin Dekelboum Family Foundation, allows surgeons to access tighter spots, increase their range of motion to 540 degrees and view a clearer picture of tissue and anatomy. To see a video about the scope of the da Vinci robot, visit: www.youtube.com and enter the search term da Vinci origami robot.





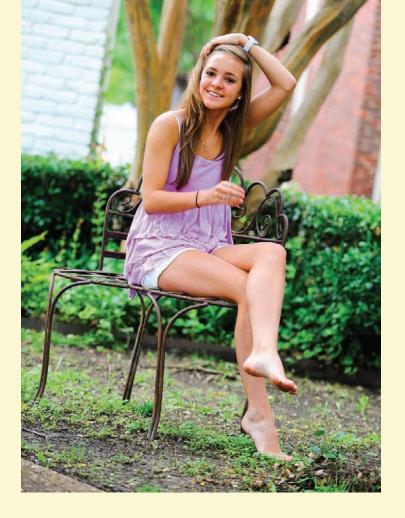
Above: A repaired inguinal hernia performed using tiny incisions is viewed through a laparoscope. Dr. Robert Minkes was one of the first pediatric surgeons in Dallas to perform the minimally invasive procedure in pediatric patients. He now repairs inguinal hernias using the laparoscopic technique 95 percent of the time. Below: The da Vinci surgical robot is covered while medical staff prepares a patient for a robotic surgery. The robot allows surgeons to be even more precise with their movements than they would be with traditional laparoscopic tools. That advanced precision results in smaller scars, less pain and quicker healing times.

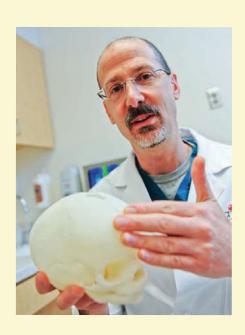
Robotic surgery has really revolutionized minimally invasive surgery. It enables the surgeon to use smaller incisions that result in less pain, smaller scars and a quicker recovery time.

Dr. Patricio Gargollo
 Pediatric Urologist and Robotic Surgeon
 Assistant Professor of Urology, UT Southwestern



Seventeen-year-old Laura Watson can pick any swimwear she wants with no worries since having her kidney repaired by Dr. Patricio Gargollo with the HIdES technique. Dr. Gargollo, a pediatric surgeon in Urology, invented HIdES as an alternative to traditional laparoscopic techniques, which leave small but recognizable scars on the abdomen. HIdES moves incision points below the waist line so that scars are not visible when patients wear bathing suits.



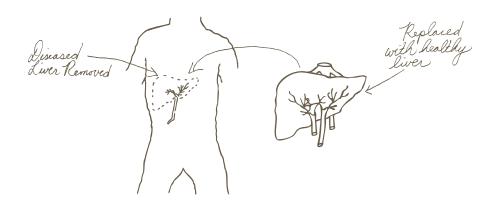


Dr. Alex Kane, who joined Children's as division director of the Plastic and Craniofacial Program in the fall of 2010, describes how the skull of a patient with craniosynostosis — a skull malformation — differs from a typical infant skull. Dr. Kane is an early adopter of a minimally invasive technique to repair craniosynostosis that allows patients to go home the day after surgery instead of a week later, which is standard for traditional craniosynostosis repair.



A surgical instrument only 11 centimeters long and 2.7 millimeters wide is compared to a quarter. Surgical instrumentation continues to become smaller and more specialized. This allows pediatric surgeons to work with instruments that are sized more appropriately for their young patients rather than using instruments designed for adults.





Young beauty emerges

efore her 4-month checkup, Mya Saysanam's parents had thought she just looked "a little yellow." But her pediatrician suspected there was a serious underlying cause for the change in her pigmentation. When doctors at a Fort Worth hospital diagnosed liver failure, they sent Mya to Children's — the only pediatric liver transplant center in North Texas. Mya was immediately placed on a liver transplant waiting list. She only had to wait two months before a liver became available, and Dr. Dev Desai performed her transplant surgery. Because Mya was so young when she received the transplant, there is a high likelihood that her body will accept the liver as its own, which would eliminate the need for future transplants. Before the transplant, Mya's mom, Krista Ketnourath, said the family didn't understand how much Mya's pigmentation would change. But "even a week after the transplant, her whole face looked completely different," she said. "I always thought she was a beautiful child, but after that, I just thought, 'Oh my goodness, she really is beautiful."

Mya's Surgeon:



Dr. Dev M. Desai Director of visceral transplant Associate professor of surgery, UT Southwestern

Transplant Services

1,000 lives saved



Dr. Kristine Guleserian performs a heart transplant. Twelve children received new hearts at Children's in 2010, and 21 are currently on the waiting list.



LaMonica Whittaker-Walker, right, holds 3-year-old Keegan Harrison, while Maddie and Audrey Harrison look on. When Keegan was 7 days old, he received a new heart from Whittaker-Walker's baby boy, Johnston, who died of Sudden Infant Death Syndrome. Keegan was the youngest and smallest in Texas to undergo a heart transplant. The families met for the first time in December 2010.

People never think about organ donation for children, because we assume they're all born healthy. But children need transplants, too.

 Krista Ketnourath whose daughter, Mya, received a liver transplant



Above: This ultrasound of Mya Saysanam's liver (page 33), taken after her transplant surgery, shows the portal vein and hepatic artery, which bring blood into the liver and are critical for the function of the liver. Both are normal in appearance. Below: One day after undergoing a heart transplant, 6-month-old Brynn Lewis rests in the cardiac intensive care unit. After waiting for 110 days for a new heart, Brynn's new lease on life came on Mother's Day 2010.





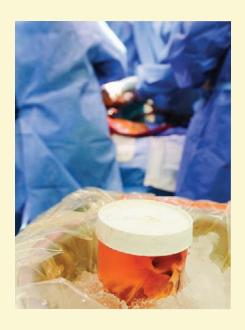
Drs. Dev Desai, left, and Meelie DebRoy perform the 1,000th organ transplant in the history of Children's. The recipient of the landmark transplant was 19-year-old Maurilio Paulin, who received a kidney. Fewer than 5 percent of all transplants are performed on children, which highlights both the rarity of reaching the 1,000th procedure and the expertise of the medical team at Children's.

Four-year-old Erik Torres plays with stickers as Elizabeth Pullen, RN, checks his Berlin Heart, a mechanical device to bridge him to transplantation. Erik has only one functional ventricle in his heart, and being managed on the Berlin Heart is risky. Thin tubes were implanted in his heart and attached to a small pump that rests outside of his body. The FDA only approves the use of the Berlin Heart on a case-by-case basis, when there are no other options for treating the child.





From left, Steven Wong, medical student at UT Southwestern Medical Center, and Roger Cruz, perfusionist, operate the heart-lung machine during a transplant. During surgery, perfusionists use the heart-lung machine to maintain blood flow to the body's tissues and regulate levels of oxygen and carbon dioxide in the blood.

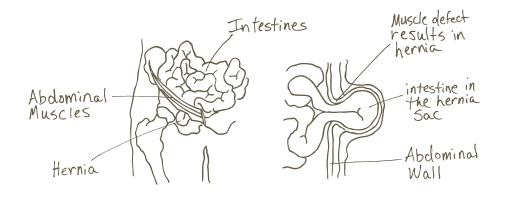


A new heart is placed in a solution to preserve the organ during a heart transplant. Once the heart was implanted, warm blood began to flow through the heart (by aid of the heart-lung machine) and the warmth of the blood stimulated it to start beating.



Nhung Le-Junot, RN, prepares to put surgical stockings on a transplant patient's leg before surgery. The stockings help by increasing blood circulation and preventing blood clots from forming.





No break from play

hree-year-old Toben Sunderland never even knew he had surgery. He was referred to Children's after his pediatrician diagnosed him with an inguinal hernia. The hernia was causing Toben pain when he exerted any physical strain, and it wouldn't go away on its own. So, he had to have it surgically repaired. When he arrived at the Children's admitting area on the morning of Oct. 15, he went to a table and colored. He even made some new friends when other patients came to color beside him. When he was done with that, he played tag with his grandfather in the lobby. Then he watched some cartoons on the TV in the waiting area. After that, a nurse came to escort Toben and his family back to the operating room. Once they made it to the OR, Toben met his nurses and surgeon, Dr. Robert Foglia. Then he received a shot. The next thing he knew, he was waking up in the back of his family's car on his way home. He was back on the playground by the next day. And as for the pain the hernia was causing Toben before the surgery? He doesn't remember that, either. "He's beyond great," his mother, Stalford Sunderland, said.

Toben's Surgeon:



Dr. Robert P. Foglia Surgeon-in-chief and division director, General Pediatric Surgery Professor and division chief of pediatric surgery, UT Southwestern Day Surgery

In, out, home again



Toben Sunderland and his surgeon, Dr. Robert Foglia, share a laugh before Toben's hernia repair operation (page 39). Surgeons at Children's often joke with young patients before procedures to help ease their nerves and calm their fears.



Claire Phelps, RN, uses a mobile Honeywell device to scan the barcode on Toben Sunderland's ID bracelet. The information produced by the scan revealed Toben's medications and other personal medical information. This technology helps prevent medical information mistakes.





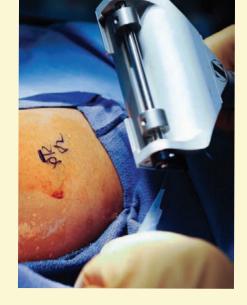
Two surgeons operate on a 10-month-old baby — in sync with every move they make. The tiny spaces surgeons work in require steady, precise movements from the surgeons' hands.

Above: Dr. Kamel Itani, eye plastic surgeon, painstakingly removes an abnormal growth from the surface of 4-year-old Maria Eusebio's right eye. He also reconstructed the damaged outer eyelid. Below: Kathryn Richey, RN, holds a patient's hand while he receives anesthesia. Operating room nurses play a vital role in the care of children through the various stages of the surgery process.





Above: Dr. Romaine Johnson inserts ear tubes — one of the most common pediatric surgeries in the United States. Dr. Johnson has it down to an art and performs the entire procedure within minutes. Below: Sophia Gutierrez, 10 months, receives anesthesia before Dr. Robert Foglia removes a cyst from her collarbone. The pink hat was made by volunteers who regularly crochet hats for patients at Children's.



Dr. Joseph Leach prepares to use a Zimmer dermatome to shave skin from 14-year-old Alejandro Reyes' thigh to be used during an ear reconstruction.

Alejandro was born without an ear on the right side. This surgery, the second of three he will undergo, involves moving synthetic skin that was implanted in his first surgery along with the addition of the thigh skin graft.



I have four children. I will treat your children as though they are my own.

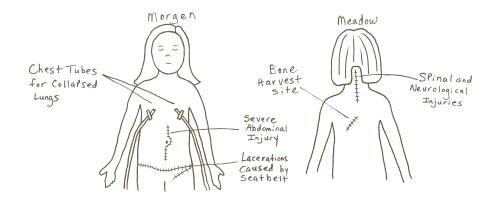


— Dr. Robert E. Morgan
Pediatric dentist
Associate Professor of Pediatric Dentistry, Clinical,
Baylor College of Dentistry



Above: Pediatric dentist Dr. Robert E. Morgan places white caps on the upper teeth of patient Ralph Isaac Valenzuela during dental rehabilitation surgery for the 2-year-old. The surgery is for children who have extensive decay or complicated dental situations such as enamel defects or malformations. The idea behind the surgery is to maintain healthy baby teeth and to help assure normal development of the permanent teeth and the optimal growth of the jaw and facial structure. Left: Danna Lara, RN, gives "silly juice" to Moses Madubuike before he undergoes surgery to insert tubes in both of his ears. The sedative helped Moses relax and calmed his nerves before the procedure.





From nightmare to miracle

orgen and Meadow Rhynes were in a serious car wreck riding home with their family after visiting their grandparents in Oklahoma on Christmas Eve 2009. The force of the collision caused their seat belts to slice into their abdomens and crush their lungs. Their injuries were so severe that the staff at the small Oklahoma hospital said the only place that could take care of the girls was a Level I Trauma Center. So, they came to Children's — the only pediatric hospital with a Level I Trauma Center in North Texas. Surgeons began operating on them immediately when they arrived. Whether they'd walk again or even survive was unknown. "It was the scariest 24 hours of my life," their mother, Myleah Rhynes, said. But what started out as a nightmare turned into a Christmas miracle for the North Texas family. As 2010 arrived and multiple surgeries followed, the sisters gradually improved until they were eventually well enough to come home. By May, they were back in school. Today, you can't tell that anything ever happened to the girls by looking at them. But you can see how important the Level I Trauma status at Children's is in their smiles.

Morgen and Meadow's Surgeons:



Dr. Stephen M. Megison

Medical director of Trauma Services

Professor of pediatric surgery,

UT Southwestern



Dr. Bradley E. Weprin

Pediatric neurosurgeon and medical
director of neuro-oncology

Assistant professor of neurological
surgery, UT Southwestern

Trauma Services

Ready to save lives



Dr. Stephen Megison, medical director of Trauma at Children's, was one of Morgen and Meadow Rhynes' surgeons (page 45). Dr. Megison leads a team of surgeons and clinicians who specialize in assessing and treating traumatic injuries in children.



A young girl treated by the trauma team gets an IV. The patient fell down the stairs and injured her back. The No. I reason for injuries among children is falls.



When a child sustains a head injury, a CT scan is performed along with other tests to make an accurate diagnosis. This scan on Dec. 15 shows 12-year-old Matthias Berhanu's severe head injuries. A tree fell on Matthias while he was on a school field trip at an East Texas camp, and he was airlifted to Children's with multiple injuries. The CT scan helped surgeons determine if surgery was possible. In spite of every effort to treat and sustain him, Matthias died later that day.



Above: Six-year-old James Moore clutches his teddy bear while Dr. Wei Tang, fellow in Neurology, looks in his ear. James slid off the back of a moving four-wheeler. After a thorough evaluation revealed no internal injuries, the skin around his eye was stitched up and James went home. Below: The Children's transport team lands on the helipad with 10-year-old Brandon Berlin. The team picked him up from a local hospital, where he was being treated for a broken pelvis. Brandon's transport was one of 4,700 that the Children's team performed in 2010 using an ambulance, helicopter or jet.





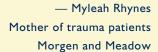


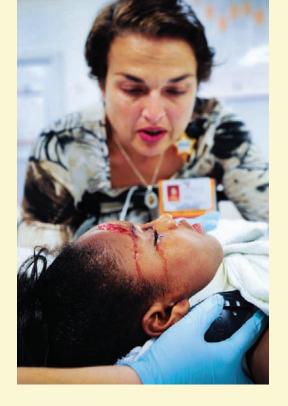
James Knapp, pediatric nurse practitioner in the pediatric intensive care unit, carries a cooler of blood to a trauma patient's room for a blood transfusion. The blood bank has a trauma pager that alerts employees to trauma cases. O Negative blood (a universal blood type) is delivered to the Emergency Department for all Trauma STAT calls. If the patient goes to surgery and needs blood, a cooler is put on a special elevator that transports the blood directly to the operating room.

Above: From left, Lindy Bowles, RN; Celia Dewees, respiratory therapist; and Dr. Evan Walgama, resident, move a teenager onto the bed in the Emergency Department's critical care room. Below: The Children's transport team takes Randee Stevens down the elevator from the helipad. The 12-year-old was riding a four-wheeler without a helmet and ran into a tree. A neighbor found her unconscious and lifted the vehicle off of her with the help of a friend. After she was assessed by a neurosurgeon, Randee was admitted overnight for observation.



I didn't know much about the level of care at hospitals until my kids were seriously injured. The difference between other hospitals and Children's is like night and day.





Vicky Perez-Cereijo, chaplain intern in Pastoral Care, calms 8-year-old Kiyah Harlan, who is being treated for a head injury from a car accident. Chaplains are on call around-the-clock to respond to children brought into Trauma Services. If the injuries require surgery, the chaplain waits with the family in the surgery waiting room to help them better cope with the unexpected hospital visit.



Above: An X-ray of a patient's lungs is reviewed during a trauma assessment in the critical care room. *Right:* From left, Christina Harrington, pediatric nurse practitioner in neurosurgery; Dylan Deutsch, mom of patient; Kathleen Corcoran, pediatric nurse practitioner; and Dr. David Schindel, pediatric surgeon, talk about whether 2-year-old Kade Hopson will need surgery. Kade sustained a head injury in a car accident.



The surgeons

No hospital in North Texas has more pediatric surgical expertise than Children's Medical Center. From transplants and open-heart surgeries to minimally invasive procedures and tonsillectomies, no one in the region performs more surgeries on more kids than we do. The surgeons listed at right practice solely or primarily at Children's. All are members of the Children's Medical/Dental Staff and the majority are faculty members at UT Southwestern.

Cardiovascular and Thoracic Surgery

Joseph M. Forbess, M.D. Division Director Associate professor

Kristine J. Guleserian, M.D. Assistant professor

Mahesh S. Sharma, M.D. Instructor

General Pediatric Surgery

Robert P. Foglia, M.D. Division Director Surgeon-in-Chief Professor

Li Ern Chen, M.D. Assistant professor

Anne C. Fischer, M.D. Assistant professor

Julie Fuchs, M.D. Assistant professor

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David T. Schindel, M.D. Associate professor

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Neurosurgery

Frederick H. Sklar, M.D. Division Director
Associate professor

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David J. Sacco, M.D. Instructor

Dale M. Swift, M.D. Associate professor

Bradley E. Weprin, M.D. Assistant professor

Ophthalmology

David R. Weakley, Jr., M.D. Division Director
Professor

Serena X. Wang, M.D. Assistant professor

Oral Surgery

Douglas P. Sinn, DDS Division Director Professor

G. Paul S. Tiwana, DDS Associate professor

John R. Zuniga, DDS Professor

Orthopedic Surgery

Karl E. Rathjen, M.D. Division Director
Associate professor

Lawson A. Copley, M.D. Assistant professor

Christine A. Ho, M.D. Assistant professor

David A. Podeszwa, M.D. Assistant professor

Anthony I. Riccio, M.D. Assistant professor

Philip L. Wilson, M.D. Assistant professor

Robert L. Wimberly, M.D. Assistant professor

Otolaryngology

Amy C. Brenski, M.D. Interim Division Director Assistant professor

Henry M. Carder, M.D. Professor

Teresa V. Chan, M.D. Assistant professor

Amy R. Coffey, M.D. Assistant professor

Ronald W. Deskin, M.D. Professor

Brandon Isaacson, M.D. Assistant professor

Romaine F. Johnson, M.D.

Assistant professor

Joe W. Kutz, Jr., M.D. Assistant professor

Joseph L. Leach, Jr., M.D. Associate professor

Kenneth H. Lee, M.D. Assistant professor

John E. McClay, M.D. Assistant professor

Peter S. Roland, M.D. Professor

Seckin O. Ulualp, M.D. Associate professor

Debra G. Weinberger, M.D. Assistant professor

Plastic Surgery

Alex A. Kane, M.D. Division Director Professor

Bardia Amirlak, M.D. Assistant professor

Jonathan J. Cheng, M.D. Assistant professor

Ronald E. Hoxworth, M.D. Assistant professor

Joel E. Pessa, M.D. Assistant professor

Michel Saint-Cyr, M.D. Associate professor

Douglas M. Sammer, M.D. Assistant professor

Andrew P. Trussler, M.D. Assistant professor

Transplant Surgery

Dev M. Desai, M.D.

Director of Visceral Organ Transplant

Associate professor

Juan D. Arenas, M.D. Associate professor

Meelie A. DebRoy, M.D. Assistant professor

Urology

Warren T. Snodgrass, M.D. Division Director
Professor

Linda A. Baker, M.D. Assistant professor

Nicol Bush, M.D. Assistant professor

Patricio Gargollo, M.D. Assistant professor

Clanton Harrison, M.D. Associate professor

Other featured physicians

Rosemary Christy, M.D. Clinical assistant professor, Anesthesiology

Jorge Casas-Ganem, M.D. Orthopedic surgery

Kamel M. Itani, M.D. Associate professor, Ophthalmology

Janna M. Journeycake, M.D. Hematology-Oncology Associate professor, Pediatrics

Robert E. Morgan, DDS, MSD Associate professor, Pediatric Dentistry, Clinical, Baylor College of Dentistry; President, Children's Medical/Dental Staff 2011

Alan Nugent, M.D. Cardiology Associate professor, Pediatrics

Ashish S. Patel, M.D. Assistant professor, Pediatric Gastroenterology

Hadi Sakhai, M.D. Assistant professor, Anesthesiology

Peter Szmuk, M.D. Professor, Anesthesiology

Gary Turner, M.D.Clinical assistant professor,
Anesthesiology

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Myra Wyckoff, M.D. Associate professor, Neonatal-Perinatal Medicine

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Children's Medical Center is a not-forprofit pediatric hospital system with two campuses — Dallas and Legacy. Children's is governed by a community volunteer board. Children's is affiliated with The University of Texas Southwestern Medical Center at Dallas and is UT Southwestern's primary pediatric teaching hospital. Children's is accredited by The Joint Commission and approved by the Council of Medical Education of the American Medical Association and the American Dental Association. Children's also is accredited by a variety of educational programs in related healthcare fields. Children's is a member of the American Hospital Association, the Texas Hospital Association, the Children's Hospital Association of Texas, the National Association of Children's Hospitals and Related Institutions and the Council of Teaching Hospitals.

Dear Friends and Supporters:

It is our privilege to share our 2010 annual report with you — Surgery. Saving lifetimes. Last year, surgeons at Children's performed more than 25,000 operations at our Dallas and Legacy hospitals. Many of these surgeries were life-saving. All of them were transforming for the children and families we serve.



Pediatric surgeons at Children's are uniquely qualified to treat patients with the most complex diseases and injuries, including organ transplants and open-heart surgeries. Our highly specialized teams use a broad array of surgical methods, including minimally invasive and



robot-assisted techniques. We also apply the same exceptional expertise to treating more common childhood problems, such as appendicitis and hernias.

Your generosity has helped us invest in new technologies, including the da Vinci robot system, which gives surgeons the ability to operate in a three-dimensional field through tiny incisions, allowing quicker recoveries from certain procedures. Your gifts have also helped us open a new heart catheterization lab, where heart specialists conduct complex procedures such as valve replacement using catheterization instead of open-heart surgery.

On behalf of the entire team at Children's, we would like to express our gratitude to you, our large community of friends and supporters. With your ongoing support, we are able to provide the most advanced surgical care possible, and can continue our research to provide for discoveries that produce even greater results. Thank you for helping us make a difference each day as we care for a most precious resource — our children.

Sincerely,

Christopher J. Durovich

President and Chief Executive Officer

Thurtople Q. Dunick

Tom Baker

Chairman of the Board

2010 Achievements

Recognitions

- Ranked among the nation's top hospitals by *U.S.News & World Report*. Eight of the hospital's service lines were ranked among the country's best, including Cancer; Gastroenterology; Cardiology and Cardiac Surgery; Nephrology; Neurology and Neurosurgery; Orthopedics; Pulmonology; and Urology.
- Attained National Cancer Institute recognition for The Center for Cancer and Blood
 Disorders at Children's, through affiliation
 with the Harold Simmons Comprehensive
 Cancer Center at UT Southwestern. The
 NCI designation is an elite distinction held
 by only top-tier cancer centers nationwide.
- Achieved Healthcare Information Management and Systems Society Stage 7, the highest level of certification for eliminating paper medical records.

Facilitie:

- Opened new main entrance on the Dallas campus facing Medical District Drive. The expanded entrance allows easier access to the hospital, a convenience for patients and visitors.
- Opened a new cardiac catheterization lab.
 The facility, one of only three of its kind in the nation, is equipped with technology that reduces radiation levels and offers a flat-screen monitor that displays a range of images.
- Broke ground for the new Specialty Care Center at Southlake, which will open in its permanent location in June 2011.
- Opened the pediatric intensive care unit at Children's at Legacy in Plano.
- Expanded the network of myChildren's practices, dedicated to primary care, to Cedar Hill and Grapevine.
- Earned the 2010 Healthcare Design Award in the category of new construction projects greater than \$25 million for the Children's at Legacy campus from the American Institute of Architects/Academy of Architecture for Health.

Programs and Resources

- Recruited, along with UT Southwestern, 64 new physicians to the hospital's medical staff in 24 subspecialties, including Cardiology, Critical Care, Emergency Medicine, Hematology-Oncology and Surgery.
- Performed the hospital's 1,000th transplant on a 19-year-old patient who received a new kidney.
- Opened a dedicated, state-of-the-art Food Allergy Center that is among only a few in the nation with staff and resources dedicated to diagnosing and treating children with food allergies.

childrens.com/give 53

Bringing our best to the community

Children's is well known for bringing exceptional medical and surgical care to the children of North Texas. What may not be as obvious is how much we invest outside of our walls. Through community events, child-specific initiatives and organizational affiliations, the hospital reinvests its net income into prevention, research, education, clinical excellence and advocacy to benefit all children.

As the area's only academically affiliated, stand-alone pediatric hospital, we find it imperative to stretch the boundaries of medicine and healthcare access for families. Our challenge is to accomplish this in spite of unprecedented turbulence in the economy, rising healthcare costs, increasing numbers of under- and uninsured children and reduced income from Medicaid, insurance and other sources. Yet, Children's, in 2010, provided \$49.2 million in verified charity care to families who could not afford to pay.

No matter the obstacles, Children's remains committed to balancing fiscal responsibility with meeting the needs of children in the community. Children's outperforms the median ratio for other major children's hospitals and "Aa3" hospitals nationally in the majority of rating categories. Moody's Investor Service has given Children's its top "Aa3" rating, an indication of the hospital's strong financial strength. This rating is based on the strong cash position of Children's combined with factors such as the hospital's governance/management structure, medical staff, services and service area, competition, financial resources and legal structure.

	2005	2006	2007	2008	2009	2010	% increase 2005-2010
Inpatient discharges	16,855	17,187	17,745	18,419	20,331	19,356	14.8%
Observation volume	2,580	3,891	4,658	5,376	4,728	6,212	140.8%
Clinic/Ancillary visits	236,725	235,084	249,082	280,370	287,612	312,863	32.2%
Emergency visits	90,639	94,736	95,735	95,956	125,938	135,614	49.6%
Surgical cases	19,580	19,148	19,962	22,202	24,324	25,853	32.0%
MyChildren's*	30,937	25,233	29,472	41,375	58,431	68,513	121.5%

"MyChildren's (MC) is a not-for-profit organization providing primary healthcare to underprivileged children in low to moderate-income residential areas. MC is a 501(c) (federal corporation operating under the Texas Medical Board 162.001(b) statutes. Children's Medical Center is the sole member of the corporation.

Education and Outreach

In 2010, the hospital committed its resources directly to the community in numerous ways.

The highlights include:

- Publication of Beyond ABC: Assessing Children's Health in the North Texas Corridor and Beyond ABC: Growing Up in Dallas County.
 The biennial quality-of-life reports inform community leaders on areas of health and safety, and reinvigorate efforts to make North Texas a better place for children.
- Involvement as a founding member and sponsor of the Children First! Collin County Coalition, whose members focus on the well-being of children in their communities and work to keep children's issues top of mind for policy makers and the public.
- Involvement as a founding member and cosponsor of the Dallas Area Coalition to Prevent Childhood Obesity and related activities, including community health fairs.
- Education of thousands of coaches, parents and athletes with sports injury prevention workshops and materials through area sports leagues.
- Leadership of the Dallas Area Safe Kids Coalition and the local chapter of Safe Kids Worldwide.
- Participation in state safety legislation, including efforts to enact a new booster seat law, and community safety activities, including the Know Before You Go water safety and drowning prevention campaign and two health fairs at NorthPark Center in Dallas.
- Collaboration with the Dallas Area CHIP
 Coalition to help uninsured families apply for
 Children's Medicaid or the Children's Health
 Insurance Program. In 2010, Children's co ordinated two major CHIP/Medicaid out reach events resulting in 1,283 families
 completing applications for 2,508 children.

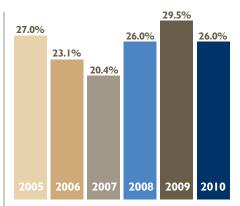
For more information about these and other efforts, you can view our full report, *The Community Benefits of Children's Medical Center*, online at www.childrens.com.

Consolidated Financial Summary

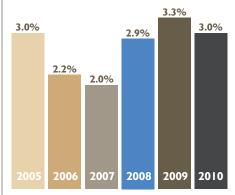
For the periods ending December 31, 2010, and 2009. Dollars in millions.

Summary Income Statement	2010*	2009
Net Operating Revenues	\$ 911.5	\$ 864.1
Operating Expenses	(867.1)	(830.6)
Income from Operations	44.3	33.5
Disproportionate Share, GME Revenue	34.2	34.2
Operating Income	78.5	67.7
Investment Income (Loss)	46.1	49.8
Net Income	\$ 124.6	\$ 117.5
Summary Changes in Net Assets		
Current Assets	338.2	\$ 252.1
Property and Equipment, Net	684.0	697.0
Investments	456.1	410.0
Net Assets of Foundation	266.9	243.9
Other	28.9	25.3
Total Assets	\$ 1,774.1	\$ 1,628.3
Current Liabilities	(149.9)	(143.5)
Long-term Liabilities	(472.9)	(488.3)
Total Liabilities	\$ (622.8)	\$ (631.8)

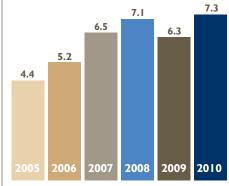




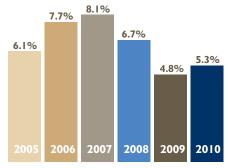
Debt to Capitalization



Debt to Cash Flow



Average Age of Plant



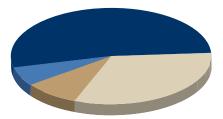
Max Annual Debt Service Coverage

^{*} Figures are unaudited at time of printing.
Visit www.childrens.com for quarterly financial statements.

Making a lifetime of difference

Children's Medical Center has cared for children for nearly a century. Through the generosity of our community, we are able to provide the best possible care for every child who needs us today and aggressively pursue cures for tomorrow. The passionate commitment of our supporters continues to fuel our mission at our hospitals and outpatient centers around North Texas. Every gift we receive — whether it's a few dollars in change collected through a Change for Children's campaign or a multi-million-dollar investment in one of our visionary clinical programs — makes a difference in the lives of our patients. In the past year, individuals, corporations and family gifts have helped us expand facilities, recruit outstanding physicians and fund innovative research. On behalf of the thousands of children who sought care at our hospital in 2010, thank you for your generosity that totaled more than \$22 million. We will continue to honor your investment by being good stewards of the resources you have entrusted to us.

Contributions by designation



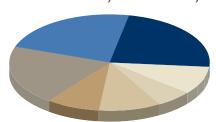
- Construction and Equipment \$ 7,171,526
- Education and Research \$ 1,969,356
- Endowment \$ 1,413,491

56

Program Support \$11,758,011

TOTAL \$22,312,384

Contributions by constituency



- Children's Miracle Network \$1,321,642
- Corporations\$ 2,262,318
- Estates/Bequests \$ 1,877,022
- Family Foundations \$4,506,778
- Individuals \$ 5,070,310
- Organizations \$ 5.209.155
- Other Foundations \$ 2,065,159

TOTAL \$22,312,384

2010 Philanthropy Highlights

\$1.51 million

The Elsie & Marvin Dekelboum Family Foundation, Inc.

Supports high-definition monitors in surgery suites

\$1 million

Hillcrest Foundation

Supports the construction and renovation of the Center for Cancer and Blood Disorders

\$1 million

The Pogue Foundation

Supports the stem cell transplantation program in the Center for Cancer and Blood Disorders

\$997.212

The Crystal Charity Ball

Supports the establishment of a high-risk asthma program

\$700,000

Patrick & Beatrice Haggerty Foundation

Supports the construction and renovation of the Center for Cancer and Blood Disorders

\$650,000

Women's Auxiliary to Children's Medical Center of Dallas

Supports multiple programs at Children's, including the eating disorders program and construction and renovation of the Center for Cancer and Blood Disorders

\$614.040

Alliance Data

Supports various programs at Children's, including injury prevention and radiology at Children's Medical Center at Legacy

\$557,705

North Texas Services for Cystic Fibrosis

Supports the cystic fibrosis program

\$511,587

Passion for Children's, Inc.

Supports various clinical programs at Children's as designated by TX Tough and Red Balloon Run & Relay team participants

\$500,000

Hoblitzelle Foundation

Supports the construction and renovation of the Center for Cancer and Blood Disorders

\$477,666

Walmart/Sam's Club

Includes Children's Miracle Network in-store campaign in support of pediatric research and Walmart Foundation support for transport services

\$414,314

W. W. Caruth, Jr. Foundation

Supports clinical research

continued

Challenge grant benefits Children's

Because Children's is a not-for-profit hospital system, we depend on philanthropy to support our mission of excellence in patient care and our commitment to quality service. In 2010, The J.E. and L.E. Mabee Foundation extended a challenge grant to Children's for our \$18.6 million expansion and renovation project in the Center for Cancer and Blood Disorders. On the basis of nearly \$12 million in gifts committed prior to December 2009, Children's received a \$2 million challenge grant. Provided that we succeeded in securing an additional \$4.7 million in philanthropic funding for the project by January 10, 2011, the Mabee Foundation would provide the remaining \$2 million required to complete the project.

Thanks to the generosity of many individuals and community organizations the challenge was not only met, but exceeded. Your gifts helped us raise more than \$5.3 million for the CCBD. The community's support could not be more appreciated.

The renovation and expansion began in March 2011, and upon completion, the Center for Cancer and Blood Disorders will span three towers across the entire sixth floor of the Dallas campus. In addition to existing rooms, the new center will house a day hospital for infusions of chemotherapy, blood products and other therapies; an outpatient facility for follow-up care, as well as for diagnostic and therapeutic procedures requiring anesthesia; and a full-service compounding pharmacy to provide on-site services throughout the center.

Our generous donors help fund a variety of needs that otherwise might go unmet. The remarkable patient stories shared in this annual report are made possible through the generosity of the individuals, organizations, families and foundations who demonstrated their support for Children's in 2010.

Philanthropy Highlights continued

\$282,369

Kohl's Department Stores

Supports the pediatric sports injury outreach program

\$250,788

Mr. and Mrs. Dennis M. Houlihan

Supports the construction and renovation of the Center for Cancer and Blood Disorders

\$250,000

The Harlan B. and Amy B. Korenvaes Family Foundation

Supports the Funnyatrics clown program within the Child Life Department

\$242,666

Capital One Bank

Presenting sponsor of the Children's Medical Center Holiday Parade and other events

\$175,000

The Rudman Family

Supports the construction and renovation of the Center for Cancer and Blood Disorders and Children's Medical Center at Legacy

\$170,000

RGK Foundation

Supports the construction and renovation of the Center for Cancer and Blood Disorders, the LEAN Families Program and the Sports Medicine Program

\$157,500

Children's Cancer Fund of Dallas, Inc.

Supports a fellowship in the Center for Cancer and Blood Disorders, the construction and renovation of the Center for Cancer and Blood Disorders, and the Social Work Department

\$150.000

The Grottoes of North America

Supports the dentistry program

\$150,000

The Hearst Foundations

Supports the construction and renovation of the Center for Cancer and Blood Disorders

Special Thanks

Special thanks to CBS Radio for partnering with us to raise \$680,621 during the *Christmas is for Children* Radiothon broadcast on 103.7 lite fm and MEGA 107.5 in December.

Children's Medical Center gratefully acknowledges the following individuals, families, foundations, corporations and organizations whose charitable contributions in 2010 helped to further our mission to make life better for children

MAIOR COMMITMENTS

Children's is grateful to the individuals, corporations, foundations and organizations for their major commitments in 2010 to support crucial healthcare system priorities

\$1 Million+

Children's Miracle Network Estate of Ivor P. Wold Hillcrest Foundation The Constantin Foundation, Inc. The Crystal Charity Ball The Elsie & Marvin Dekelboum Family Foundation, Inc The Pogue Foundation United Way of Metropolitan Dallas, Inc

\$500,000 to \$999,999

Alliance Data Hoblitzelle Foundation North Texas Services for Cystic Fibrosis Passion for Children's Inc. Patrick & Beatrice Haggerty Foundation
Women's Auxiliary to Children's Medical Center of Dallas

\$100,000 to \$499,999

Anonymous (2) Mr. and Mrs. Jerome T. Abbott Mr. and Mrs. John L. Adams Balfour Beatty Construction Bezalel Foundation Capital One Bank Capital Offe Bank
Children's Cancer Fund of
Dallas, Inc.
Dean Foods Company Estate of Eddie Alexander Estate of John S. Brown Florence Foundation Goldman Sachs Philanthropy Fund Harry S. Moss Heart Trust

Sally and Houston Holmes Mr. and Mrs. Dennis M. Houlihan Kohl's Department Stores Mr. and Mrs. Mark E. Speese Stemmons Foundation The Eugene McDermott Foundation The Grottoes of North America

The Harlan B. and Amy B. Korenvaes Family Foundation The Hearst Foundations The John and Susie Adams Foundation The Perot Foundation

The Rudman Partnership Tom Thumb Food & Pharmacy Mr. and Mrs. Alan M. Utay Wipe Out Kids' Cancer, Inc.

\$50,000 to \$99,999

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Mr. and Mrs. Randall R. Engstrom
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Star Children's Charity Studio Movie Grill Temple Hoyne Buell Foundation The Dallas Foundation The Empowerment Project, Inc. The Hoglund Foundation The less Merkle Foundation The Marilyn & Sonny Oates Foundation

The Meyer Levy Foundation The Mind Spa, Inc. Walmart Foundation Welwood Family Foundation Westcott Foundation

\$25,000 to \$49,999

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Community First Foundation
Capital for Kids
Central Market – HEB

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The Community Foundation of

Middle Tennessee The Pfeil Foundation Inc The Theodore & Beulah Beasley Foundation, Inc. United Way of Tri-State WWR International Wells Fargo Foundation Mr. and Mrs. Stephen J. White

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THE RED BALLOON SOCIETY

Recognizes donors who give to Children's each year in support of our ongoing needs.

Children's is thankful to the individuals and families who gave gifts of \$25,000 and

more to help further pediatric

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Children's is thankful to the individuals and families who generously gave gifts of \$10,000 to \$24,999 in 2010.

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Children's extends appreciation to the following individuals for of \$5,000 to \$9,999 in 2010.

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Children's extends appreciation to the following individuals for gifts of \$1,000 to \$4,999 in 2010.

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Wendell "Del" Rahn Memorial Endowment – Support for the Endocrinology Department.

George "Robbie" and Lynore Robinson Family Directorship for Child Life – Support for the Child Life Department.

Leon and Leah Rudberg Endowment for Education and Research in Pediatric Emergency and Ambulatory Medicine – Education support for the Emergency Medicine Department.

Ryburn Endowment for Cardiology – Research support for The Heart Center:

Sage Telecom Endowed Fund in Honor of Denny Houlihan – Support for Children's Medical Center at Legacy.

Mary Dupree Scovell
Endowment – Support for the
Child Life Department.

Debbie and Ric Scripps Endowment – Support for the Child Life Department.

Nancy and George Seay Endowment – Support for the Foster Grandparent Program in the ARCH Center.

Seven Bar Endowment – Support for the Emergency Transport Department.

Priscilla and Steve Shellenberger Endowment – Support for the Urology Department. Bob Smith, M.D. Endowment Fund for Pediatric Urology – Research support for the Urology Department.

Kimberly Anne Sowden
Endowment – Support for the
Plastic and Craniofacial
Department.

Elizabeth F. and James E. Sowell Neurosurgery Fellowship Endowment – Support for the Neurosurgery Department.

Star Children's Charity Endowment – Support for Children's Medical Center at Legacy.

Staubach Foundation Endowment – Support for the Endocrinology Department.

The Carter Stephenson, William E. Walker and Bill Walker Jr. Endowment – Support for neuro-oncology in the Center for Cancer and Blood Disorders

The Barbara White Stuart Endowed Fund for Neonatal Care – Support for the Neonatology Department.

John and Barbara Stuart Endowment – Support for the Surgery Department.

Roy and Christine Sturgis Endowment – Scholarship support for the nursing staff.

Timothy J. Sullivan, M.D., Endowed Fund for Children with Asthma – Research support

The Alta A. Sweeney Endowment – Support for the Craniofacial Department.

The James S. Sweeney
Endowment – Support for the
Pastoral Care Department.

Charles M. and Nadine Tanner Endowment – Education support for the nursing staff.

Paul P. Taylor Pediatric Denistry Association Endowment – Education support for the Dentistry Department.

Texas Attorney General Award – Support for underprivileged children.

J.J. Tissing Memorial Education Fund – Scholarship support for the nursing staff in The Heart

Tom Thumb Kindness for Kids (ACE) Endowment – Support for the ACE Program in the Center for Cancer and Blood Disorders

The Dr. Louis R. Turbeville, Jr. Pediatric Research Endowment – Support for general research.

The Utay Family Endowment for Children with Cancer and Blood Disorders – Research support for the Center for Cancer and Blood Disorders.

Sharon and Robert Van Cleave Endowment – Support for the REACH Clinic in the ARCH Center.

Votteler Chief of Surgery Endowment – Education support for the Day Surgery Department.

Kaitlyn Pearce Wade Endowment for Hematology/Oncology – Support for the Center for Cancer and Blood Disorders.

D. Craig Walker Family Endowment – Support for the Pastoral Care Department. Arthur G. Weinberg Endowment – Support for the Arthur G. Weinberg Award.

Jimmy and Carl Westcott Endowment – Support for general hospital needs.

Jimmy Elizabeth Westcott Distinguished Pediatric Chair of Neurology Endowmen – Support for the Neurology

Robert Wiebe Emergency Center Endowment – Support for the Emergency Medicine Department.

J. L. Williams Foundation Endowment for Cardiac Nursing – Support for nursing education in The Heart Center.

Susan and Joel Williams, III Endowment – Support for the Pastoral Care Department.

Kathryn Elizabeth and Benjamin Edward Wilson Memorial Endowment for Pastoral Care – Support for the Pastoral Care Department.

Cayla and William Woodruff Endowment – Support for the Nephrology Department.

Sharon and Terry Worrell
Family Endowment – Support
for the Child Life Department.

William P. Appel Professorship in Pediatric Cancer Research – Research support for the Center for Cancer and Blood Disorders.

Sudie and A. Gordon Worsham Professorship in Pediatric Hematology and Oncology Research – Research support for the Center for Cancer and Blood Disorders.

William and Sylvia Zale Endowment – Scholarship support for nursing staff.

* indicates deceased

AWARDS AND RECOGNITIONS





















PRODUCTION CREDITS

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A SPECIAL THANK YOU

His hands, featured on the front cover of this report, have performed thousands of intricate surgeries in the past four decades, saving or improving the lifetimes of countless children. His assistance to the Public Affairs team at Children's in the production of this annual report has been invaluable. Thank you, Dr. Robert Foglia, for your support throughout this process.

ABOUT CHILDREN'S MEDICAL CENTER

The Children's Medical Center pediatric healthcare system devotes itself solely to caring for the complex medical needs of children. The hospital is ranked among the nation's best pediatric hospitals by *U.S.News* & *World Report*, and its nursing services rank in the top 5 percent of the nation's hospitals for nursing excellence. Children's was the state's first pediatric hospital with Level 1 Trauma status. Through its academic affiliation with UT Southwestern Medical Center, the Children's medical staff conducts research that is instrumental in developing treatments, therapies and greater understanding of pediatric diseases and trains more than 200 pediatric residents and fellows annually. Children's is private, not-for-profit, and is the seventh-largest pediatric healthcare provider in the country with 559 licensed beds, two full-service campuses and 10 outpatient sites. Many of the more than 50 subspecialty programs of the Children's system have received national and international recognition, confirming a stellar reputation for Children's and UT Southwestern as one of the finest pediatric healthcare providers in the U.S. For more information, please visit www.childrens.com.

The physicians who treat patients at Children's Medical Center Dallas are not employees or agents of Children's. They are either (i) independent physicians engaged in the private practice of medicine who have staff privileges at Children's; (ii) independent physicians who are independent contractors and have staff privileges at Children's; (iii) physicians employed by The University of Texas Southwestern Medical Center at Dallas or another institution who have staff privileges at Children's; or (iv) physicians participating in the care of patients as part of a post- graduate medical education program.

