

OPERATIVE NOTES

American Academy of Pediatrics - Section on Surgery Newsletter

New AAP Section on Surgery Liaisons Named

The AAP is a large and dynamic organization. Liaisons make sure that our Section has a voice and hears from other parts of the AAP. Please congratulate our newest liaisons who begin three year terms (with an option for renewal):

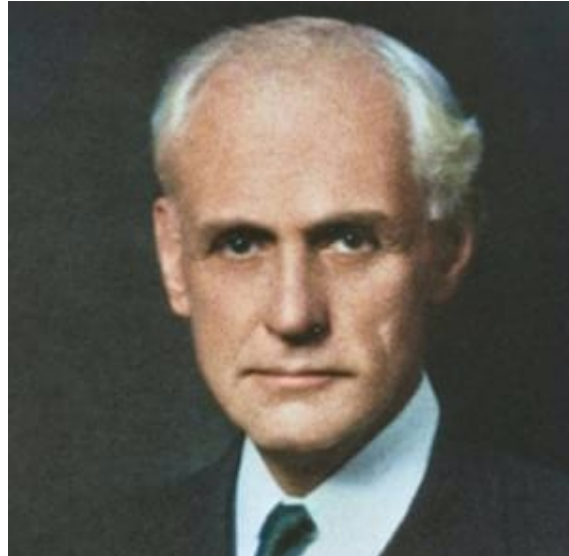
Meghan Arnold, MD, FAAP - Liaison to the Committee on Hospice and Palliative Medicine (COHPM)

Helen Hsieh, MD, FAAP - Liaison to the Female Leadership and Excellence in Pediatric Subspecialties (FLEXPeds)

Matthew Harting, MD, FAAP - Liaison to the Section on Critical Care (SOCC)

Christian Vercler, MD, FAAP - Liaison and Official member on the Committee on Bioethics (COB)

We look forward to their contributions and their updates on their important work!



September 8th is Ladd Day

William Edwards Ladd was born on **September 8, 1880** in Milton, MA, and graduated from Harvard University in 1902, and Harvard Medical School in 1906. He began his tenure with the Children's Hospital of Boston as a Visiting Surgeon in 1910. The Halifax Explosion occurred on Thursday, December 6, 1917 when the city of Halifax, Nova Scotia, Canada was devastated by the detonation of the SS Mont-Blanc, a French cargo ship loaded with wartime explosives, when it collided with the Norwegian SS Imo. This explosion resulted in 2000 dead and 9000 injured. Ladd would arrive with the Red Cross Unit and help treat thousands of individuals injured in the explosion including hundreds of children who had suffered burns and lacerations. Ladd was distressed by the quality of surgical care offered to these small patients and was determined to improve it. He would become the Surgeon-in-Chief at Boston's Children's Hospital in 1927 and established the first pediatric surgical training program. He retired in 1947 and died on April 15, 1967.

American Academy of Pediatrics 2023 Leadership Conference

The AAP 2023 Leadership Conference (LC) was held August 3-6th in Itasca, IL. The AAP LC is attended by State Chapter and District leaders, Chairs of Sections, Councils, and Committees, and other leaders in the Academy.

The Section on Surgery was represented by **Drs. Cynthia Downard, Section Chair, and Katy Flynn-O'Brien, Early Career Physician representative to the Executive Committee.** The agenda was jam-packed and started off with concurrent sessions including: 1) Involving the Family Partnership

Network, 2) Moving Beyond the ACE Score, 3) Leadership Skills: Mentoring and Sponsoring, and 4) AAP Policy Process Improvements. Dr. Flynn-O'Brien attended Moving Beyond the ACE Score: Working Together to Support Trauma Informed Care for All Children. The talks by Dr. Moira Szilagyi and Tammy Hurley were riveting and highlighted the limitations of ACEs (Adverse Childhood Events) as a concept and both clinical and research tool. It touched on toxic stress, attachment science, and more. The talks emphasized the importance of trauma-informed care, or "medical care which includes prevention, identification, and assessment of, response to, and recovery from trauma." Resources are available through the AAP and can be found at www.AAP.org/TIC, including a short video, an online course, didactic presentations, podcasts and blog posts, case vignettes, and the AAP Clinical Report.



Drs Katy Flynn-O'Brien and Cynthia Downard

New AAP Alliances:

- ✦ Career
- ✦ Health Care Delivery
- ✦ Pediatric Medical Subspecialties
- ✦ Pediatric Surgical Specialties
- ✦ Promotion of Child, Youth, and Family Services
- ✦ Organization Competencies

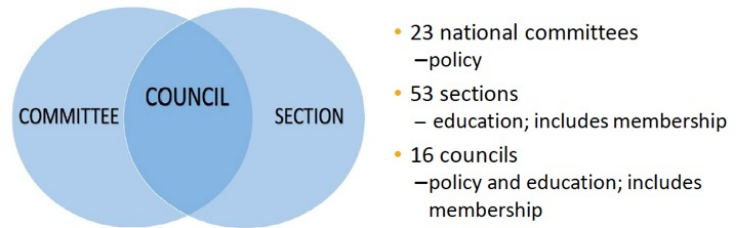
The Presidential Address by AAP President Dr. Sandy Chung Friday morning was engaging, funny, and informative. It highlighted a new internal structure of the AAP to include Alliances to better facilitate cross-talk among the various parts of the AAP membership with a similar focus. Additionally, the presidential address introduced the New Firearm Injury Prevention Special Interest Group (SIG) on the heels of a successful virtual Town Hall on Firearm Violence Prevention held in July. If you are interested in joining this special interest group, please follow this link:

<https://www.surveymonkey.com/r/firearmsigreg>

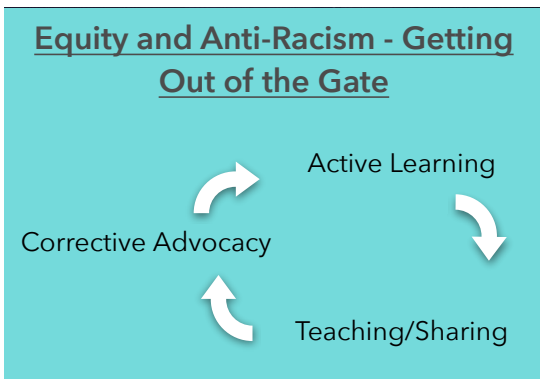
The Section on Surgery was represented at two critical surgery-focused meetings. The first was the Section Forum, which discussed potential changes in future NCE programming and encouraged opportunities for ongoing collaboration. The second event was a meeting of the new Surgical Alliance, which will replace the former Surgical Advisory Panel (SAP). The Alliance will have a

direct advisory line to the Board of the AAP, emphasizing the importance of our role in the care of infants, children, and adolescents in a continuum with our medical colleagues. In addition, we will retain a Member-at-Large position on the AAP Board for a Surgical Specialist. This role has been filled since its inception by Dr. Connie Houck, a Pediatric Anesthesiologist from Boston Children’s Hospital. She has done an outstanding job consistently representing the interests of Surgeons and Perioperative Specialists to the AAP Board over the last four years. During this year’s election for AAP Board members, Drs. Kirk Reichard and Kristina Rosbe will be running for this position, and their statements are highlighted elsewhere in this newsletter.

AAP COMMITTEES, SECTIONS AND COUNCILS



Drs. Downard and Flynn-O’Brien attended District IV and District VI meetings with their State Chapter contingents. Enlightening presentations such as an Update on Vaccines, Media Monitoring of Healthcare Issues and how to address the mis- and dis-information disseminated in times of stress, Threat Assessment for Healthcare Workers given by a former Secret Service Agent, and Communication Strategies in Times of Crisis were very educational.



District meetings also addressed race-conscious medicine including dynamic discussions of DEI (Diversity, Equity, and Inclusion) initiatives at the AAP and in our own communities. AAP Resources include Words Matter (newly out) and Untangling the Thread of Racism - A Primer for Healthcare Professionals (available October 15, 2023. The talk highlighted Inequities in Teen Driver Safety (<https://publications.aap.org/pediatrics/article/142/4/e20182163/37370/The-Teen-Driver>) and Drowning (<https://www.aap.org/en/patient-care/drowning-prevention-and-water-safety/>) in addition to equity and anti-racism, highlighting the cycle of active learning > teaching/sharing > corrective advocacy > and repeat.

The lifeblood of the Annual Leadership Conference is the discussion and adoption of resolutions for the AAP Board of Directors to consider as priorities in the next year. These resolutions are generated by State Chapters and all of the Committees, Councils, and Sections. Several resolutions focused on support for provision of Gender Affirming Care, a continued discussion of prevention of Firearm Violence in pediatric patients, and improving payment and training availability for pediatricians and pediatric subspecialists. After vigorous discussion and voting there were a total of 63 resolutions passed, and the “Top 10” will be chosen by voting attendees of the conference to be areas of focus for the AAP Board for the next year.

Drs. Downard and Flynn-O’Brien thank the Section on Surgery for the opportunity to represent their voice at this very important conference. They were often told by other attendees how much they valued having surgeons’ voices at the table.

AAP Webinars of interest to members

AAP & National Center for Fatality Review and Prevention Webinar – Using Fatality Review Data to Drive Change: September 5, 2023

The AAP and the National Center for Fatality Review and Prevention will host a free webinar, Using Fatality Review Data to Drive Change, on **September 5, 2023 from 12:00 – 1:00pm CT/1:00 – 2:00pm ET**. Attendees can expect to learn how Fetal and Infant Mortality Review, Child Death Review, and pediatricians working together can benefit communities and improve maternal, infant, child, and family outcomes. Attendees will also increase their knowledge about how to leverage data from fatality review to improve systems of care and resources in communities. Dr. Christopher Gaw, Assistant Professor of Pediatrics Division of Emergency Medicine at Nationwide Children's Hospital, will show how CDR data has been used to characterize fatal pediatric poisonings to support poison prevention and advocacy efforts. Dr. Kyran Quinlan, Pediatric Medical Advisor at the Illinois Department of Health, will share how CDR connects with the Sudden Unexpected Infant Death (SUID)-Case Registry and is used to inform prevention work to protect infants from SUID in a large urban area. Register [HERE](#).

AAP Council on Children and Disasters Webinar: Partnering for Protection – Federal Agencies in Pediatric Disaster Preparedness and Response: September 8, 2023

September is National Preparedness Month – a month dedicated to raising awareness about the importance of preparing for disasters and emergencies. The AAP Council on Children and Disasters will host a webinar, “**Partnering for Protection – Federal Agencies in Pediatric Disaster Preparedness and Response**” on **September 8th from 1:00 – 2:00 pm (CT)**. This webinar will highlight the roles that federal agencies play in pediatric disaster preparedness and response – featuring speakers from the Administration for Strategic Preparedness and Response, Centers for Disease Control and Prevention, and Federal Emergency Management Agency. This webinar is open to all – join to learn more and strengthen your pediatric disaster management approaches. Register for the webinar [HERE](#).

Exploring the New AAP Advocacy Guide Webinar: August 30, 2023

Join the AAP Advocacy Team for a webinar on **Wednesday, August 30, from 1-2 pm CT**, to explore the AAP's new digital Advocacy Guide. During this webinar, hosted for the AAP Sections on Pediatric Trainees, Early Career Physicians, and Senior Members, AAP advocacy staff will provide an overview of the Academy's advocacy guide, including the new interactive tools, resources and information available to AAP members at all levels of advocacy experience. Learn more about how the new guide can support your own advocacy journey! Attached is the Academic and Subspecialty Advocacy Report that just came out and is specifically geared towards subspecialists. Register for the webinar [HERE](#).

Your Vote Counts! At Large Board Member Seat B

Between **September 13 and 27, 2023**, you will be asked to consider two excellent candidates to fill the role of Member at Large on the AAP Board beginning January 1, 2024. Below are the two candidates for your consideration. Please review their statements and exercise your rights as a member to vote for the candidate that may best speak for you and your patients.



Kirk Reichard, MD, FAAP

I am a pediatric surgeon at Nemours Children's Hospital Delaware and serve as Surgical Director of Perioperative Services and of the Healthy Weight and Wellness Clinic. Like most pediatric surgeons I belong to several surgical societies in addition to the American Academy of Pediatrics. And, like many of you, my interaction with the AAP had historically been primarily through the section on surgery. The truth is, we often have more in common with our pediatric medical colleagues than with our adult surgical counterparts.

I joined the section on obesity as one of its few surgeons shortly after its inauguration. I also have served as both Chair and Co-chair of the Pediatric Committee for the Association for Metabolic and Bariatric Surgery. While we were successful in establishing ourselves amongst other bariatric surgeons, it was the AAP Policy Statement that I had the privilege of Co-authoring, that has helped redefine how children with obesity are managed. I also had the opportunity to participate in an AAP sponsored symposium on sleep apnea in children with obesity

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Kristina W Rosbe, MD, FAAP

I am the Chief of Pediatric Otolaryngology at UCSF Benioff Children's Hospitals, Professor of Otolaryngology-Head & Neck Surgery and Pediatrics, and Surgical Director of Perioperative Care where I have been a practicing surgeon for the past 21 years.

I joined the AAP in 2004 and the Section on Otolaryngology Executive Committee in 2008 and consider the AAP my professional development leadership home allowing me opportunities that were not available within my sister societies including two terms as Section Chair and currently serving as Chair of the former Surgical Advisory Panel now Surgical Alliance for the past 3 years. Examples of accomplishments under my leadership include strengthening collaboration and partnerships between the AAP and sister societies including co-sponsored panels and speakers and formation of the Surgical Advocacy Task Force with advocacy champion representation from all AAP Surgical Sections. For Surgical Sections who sometimes struggle with being able to demonstrate member value, I hope to continue to advocate that opportunities for

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Kirk Reichard, MD, FAAP

this past spring at the American Society for Pediatric Otolaryngology. I now serve on the Executive Committee of the Section on Obesity as liaison from the Section on Surgery and am the Co-chair of our Section's Committee on Liaisons. We currently manage relationships with 14 separate sections, committees, and counsels. I believe that, through increased liaison opportunities, we can enhance our collaboration with like-minded pediatricians and encourage other surgeons to become active.

In 2019, I was urged to become President of the Delaware Chapter of the AAP due to illness of the President Elect. Up until that time, I had very little interaction with that chapter. I took over late in the spring of 2020, and quickly became embroiled in responses to the COVID pandemic. I was compelled to engage with unfamiliar constituents and deal with unfamiliar problems. The learning curve was steep, but it gave me a new appreciation for the power of the AAP Chapters and Districts, particularly in community engagement, advocacy and in building relationships with local, regional and national government agencies.

As chapter president, I had the honor of leading a small delegation of Delaware pediatricians and residents to the annual AAP advocacy conference in Washington DC. This past spring was my first in person conference. There were 5 Pediatric surgeons amongst more than 300 attendees. Several pediatricians commented that they were happy we were there, but it wasn't clear why we had taken time out of our busy schedule to develop skills in advocacy. After all, we were surgeons. The reality is that pediatric surgeons are at the front lines of so many of the things that threaten our children. We take care of children injured by abuse, firearms and many other preventable mechanisms. Our patients face disparities in many of the social determinants of health including food security, intact families and neighborhoods, and access to adequate mental health care, among others.

The topic for our Capitol Hill visit was Internet and social media protection for children. I offered to tell a story for my

Continued...

Kristina W Rosbe, MD, FAAP

leadership development in the AAP ARE a critical member value.

Care of children has become incredibly complex with access as a significant barrier. I see myself as a champion and advocate for equitable care at the local and national level to advance the highest quality, safe, compassionate, and multidisciplinary team-based care for children. As your Board representative, I would like to collaborate on innovative solutions to increase access to care especially for our most vulnerable patients.

Caring for kids is a Team Sport - in the operating room, in multidisciplinary care clinics, and as part of multi-specialty teams caring for complex hospitalized patients. As a Board representative, I hope to strengthen current partnerships and identify opportunities for new partnerships and teams to have the greatest impact on care of children.

An example of a great Team developed here at the AAP is the Button Battery Task Force that was formed during my time as Chair of the Section on Otolaryngology Head & Neck Surgery. This was a collaboration of all those who see these patients after a BB injury and is an example of the incredible impact we can have when we work together. This task force worked together to create educational content for pediatricians and emergency room physicians who see these patients on the front lines including new guidelines for neutralizing the acid leaking from the batteries until a child can get to the operating room for removal and education for parents on prevention. The Task Force also partnered with a parent advocate whose child had unfortunately sustained a critical injury from a BB for discussions with both politicians in Washington and the companies who make button batteries to help enact meaningful change including a mark on the batteries that can help distinguish them from coins on x-ray. Our Section won an Advocacy

Continued...

Kirk Reichard, MD, FAAP

delegation. I had been on trauma call the previous weekend when a beautiful 14-year-old girl was brought in by EMS. She had hung herself to death. I tried to comfort her sobbing mother who kept telling me that she had tried to keep her daughter off Facebook because she knew she was being bullied, and she blamed herself. Four days later, the chief of staff for Senator Casey emailed me and thanked me for my story and for our visit. He told me that the Senator was inspired to sign on to the bi-partisan Kids Online Safety Act as Co-sponsor.

We as surgeons have much to offer the AAP beyond the work we do in our section. It is my vision that, through the newly formed Alliance of Surgical Specialists, we will harness the talent, dedication and hard work of all pediatric surgical subspecialists in the service of those for whom we have the privilege of caring.

END**Kristina W Rosbe, MD, FAAP**

award for this work.

Another example of the power of teamwork is formation of the AAP Aerodigestive Working Group where we brought all the relevant specialists who care for patients with complex airway and swallowing problems together to help educate pediatricians on what diagnoses and types of patients benefit from this care model and to strategize about how Aerodigestive Teams around the country could improve collaboration in clinical care and research efforts.

These two examples of AAP collaborations have been successful because of partnerships in education, policy, and advocacy taking advantage of the incredible expertise our AAP members have and the strength and power - superpowers really - of advocacy at the AAP.

Teams are only as strong as their weakest members, however. The pandemic exacerbated and accelerated Care Team burnout. As your Board representative, I would like to partner with other AAP leaders to strategize on innovative ways to decrease the frictions in the system that makes it so difficult to deliver the complex care that our patients need. If we are successful, then we can all spend more time doing the meaningful work of caring for kids and their families and positively impact health for all children and the well-being of those who care for them.

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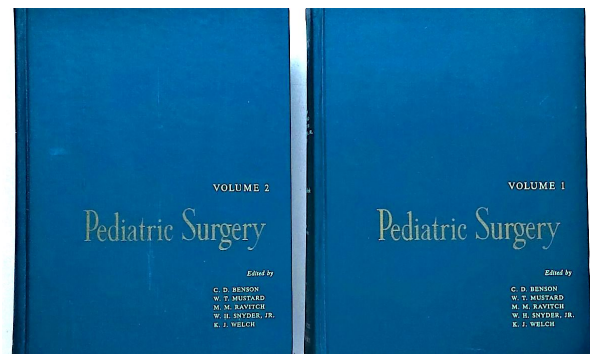
AAP Section on Surgery Famous Figures: Kenneth J. Welch, MD, our First Secretary (1918-1996)



Kenneth J. Welch, MD

Born in Portland, Maine on Nov 1, 1918, Welch graduated from Bowdoin College in 1940 and obtained his Medical Degree at Harvard Medical School in 1943. During World War II, he served in the Navy Medical Corps as surgeon on a destroyer and received the Bronze Star at Okinawa. After the war, he was an intern in surgery at Children's Hospital Medical Center and a pathology intern at Peter Bent Brigham Hospital. He performed residency at Children's Hospital Medical Center (1947-1949) and the Hospital of the University of Pennsylvania (1949-1951). His career began as an Assistant Instructor in Surgery at the University of Pennsylvania (1949-1951). He then returned to Boston as an Instructor in Surgery at Tufts University (1951-1954) and then as a Visiting Surgeon at Boston City Hospital (1954-57).

It was in 1957 that he began his career at Children's Hospital Medical Center in Boston. It was during his tenure here that he would bring together leaders of the field to produce the textbook, *Pediatric Surgery*. Aside from Welch, William T. Mustard, Mark M. Ravitch, Clifford D. Benson, and William H. Synder Jr., would also serve as the initial Editorial Board. The project was conceived to meet the need for a comprehensive work on pediatric surgery, with the heaviest concentration focused on the traditional fields of general, thoracic, and urologic surgery. Numerous contributors participated in the development of this comprehensive resource in the field of children's surgery. In total there were four editions of the textbook published since that time (1962, 1979, 1982, and 1985). In its time, the textbook was considered the definitive source of information and followed on Gross' own textbook whom Welch trained under. He passed Jan 18, 1996.



Kenneth Welch served as the first **AAP Section on Surgery Executive Committee Secretary** from 1953 through 1957. This was an important role since the Secretary would often do a large share of the work running the section as it was finding its first legs. This voluntary task was done with a limited budget. And aside from Coe, the first chairs would stay in the role for 2 years and preside at meetings while the Secretary would maintain the momentum of the group and serve as the group's "institutional" memory. Welch was also the individual who conceived of the **William E Ladd Medal** for excellence in Pediatric Surgery which has been awarded since 1954.

Two Chance Encounters and Three Surgeons: J Robert Bowman, Thomas Holder, and Keith Ashcraft



J Robert Bowman, MD, FAAP

J Robert Bowman was one of the first three surgeons in the United States to complete a pediatric surgery fellowship. He completed his training under Robert Gross in 1947. Afterwards, he would practice near his hometown in Johnson City, TN. He practiced both pediatrics and pediatric surgery at the same time, a rather unique skillset at the time.

At the same time, **Thomas Holder** was attending Medical School in Wake Forest University (Winston-Salem, NC) and the class was divided into 4 groups. Three groups rotated on different services at the medical school hospital and the other group was encouraged to work in some hospital in the area to see what medicine in the real world was like. In the fall of his senior year, Holder would go to Johnson City, TN to work in a hospital there. It was there that he met J Robert Bowman, the senior member of the pediatric surgery group of 4 or 5 people. Holder noted that Bowman's patients *"did a lot better than the kids at the medical school"*, and that *"his healed up like they were supposed to. He knew something that I and most other people didn't know and I wanted to know it. It was just as simple as that."* This chance encounter got Holder interested in pediatric surgery. After his time with Bowman, Holder called him and said he wanted to go into pediatric surgery and asked how he should go about it. Bowman advised him to speak with Gross and Swenson. Bowman wrote a letter on Holder's behalf and that was *"instrumental"* for his acceptance.



Thomas Holder, MD, FAAP

During Holder's career, he met a young medical student named **Keith Ashcraft** and immediately saw a future star. When Ashcraft completed his general surgery residency at Kansas, it had been approved for a pediatric surgery residency program and so he continued on there. Holder would hire Ashcraft in 1972 and together, Ashcraft and Holder built a thriving clinical service and highly sought after training program. Holder's mentorship of a young Ashcraft would in turn lead to a collaboration that many surgeons benefitted from as the mentor and mentee would also co-edit the textbook, *Pediatric Surgery* that became the go to text for several years.



Keith Ashcraft MD, FAAP

This remarkable story illustrates mentorship in action. Bowman met Holder and helped him succeed. In turn, Holder would help Ashcraft succeed. Each mentor would gracefully assist their mentee to attain ever higher levels of success, all for the benefit of the children they cared for and the future generations that they in turn would help learn and thrive.

Joseph Robert Bowman (1907-1999)

Bowman was born in Boones Creek, TN, graduated from Milligan College and obtained his medical degree from Vanderbilt. He completed a residency in pediatrics at Cincinnati General Hospital and practiced as a pediatrician in Johnson City, TN for 8 years before completing a residency in pediatric surgery at Children's Hospital Medical Center in Boston in 1947. He would spend most of his career in Johnson City until 1974 when he relocated to Palm Beach County, FL. There, he practiced Emergency Room Medicine and family practice. While in Florida, he developed the first paramedic EMS program for Palm Beach County. He retired from medicine in 1990 and returned to East Tennessee.

Bowman was one of the **20 charter members** of the AAP Section on Surgery and served on the **Executive Committee** from 1951 through 1954.

Thomas M Holder (1926 to current)

Holder was born in Corinth, Mississippi and after graduating from high school he enlisted in the Navy and was stationed stateside during World War II. After his military service, he attended Bowman Gray School of Medicine. He went on to complete three years of surgical residency at Jefferson Medical Center followed by four years in Boston (1954-59) training with Dr. Gross. He was recruited to the Children's Mercy Hospital in Kansas City in 1960 by Herbert Miller, Chair of Pediatrics at the University of Kansas, the academic affiliate of the facility at the time. Holder practiced cardiac surgery, urological surgery, and general surgery. Holder is one of the few pediatric surgical leaders who have been served both as **AAP Section on Surgery Chair** (1973) and **American Pediatric Surgical Association President** (1975). For his contributions to the field he was bestowed the **William E. Ladd Medal** in 1997.

Reference

Thomas M Holder, MD. Pediatric History Center, American Academy of Pediatrics. Interviewed by George W. Holcomb, III, MD, MBA. June 5, 2006.

Keith Ashcraft (1935-2019)

Ashcraft was born in Hillsboro, Kansas to a family of newspaper publishers and editors. After serving two years in the Army, he graduated from the University of Kansas, attended the University of Kansas School of Medicine, and then stayed for his general surgery residency and pediatric surgery fellowship. He spent some time at the Hospital for Sick Children in London, England and then the University of Texas (Galveston) before he returned to Kansas City to work alongside Holder at Children's Mercy Hospital as a triple boarded pediatric surgeon (in Thoracic, General, and Urologic Surgery). Ashcraft eventually became Surgeon-in-Chief and then President of the Medical Staff at Mercy. When the publisher W.B. Saunders wanted to update Gross's iconic "The Surgery of Infancy and Childhood", they turned to Holder and Ashcraft when Gross and C. Everett Koop refused. Carrying on the legacy of his family, Ashcraft was an exceptional editor for a textbook that has since been used and beloved by many. Ashcraft served on the Executive Committee from 1983 through his 1989. Like his mentor, he also served both as **AAP Section on Surgery Chair** (1989) and **American Pediatric Surgical Association President** (1997).

Liaison Report: Section on Critical Care - Intermediate Care Subcommittee



Tiffany Wright, MD, FAAP

Intermediate care units (IMCUs) are a growing part of pediatric hospitals. As our pediatric ICUs struggle with capacity issues, IMCUs can serve as an intermediate level of care between the ICU and the floor. With better nursing staffing ratios, these units can provide higher levels of care than a regular floor bed while freeing up the ICU for the highest acuity patients. Depending on hospital models, these units can be staffed by either critical care trained or non-critical care trained providers. In 2022 the AAP published a policy statement with some guidelines for ideal ways to structure these units. As IMCUs are a relatively new but growing part of pediatric hospitals, our first order of business was to create a network of IMCU providers to share discussions, challenges and support each other. Over the last few months we have formed an executive committee

by adding several AAP members who currently work in IMCUs across the country, including one who is in a community hospital to allow for diverse contributions. There is an existing invitation only website created by several physicians at Boston Children's Hospital (www.PIMCU.org) that allows for robust discussion surrounding intermediate care issues, and we have opened that up to any AAP member who wishes to join. We recently held an in person meeting at Pediatric Hospital Medicine introducing the subcommittee and discussing staffing ratios, transfer criteria and how to optimize bed flow within IMCUs. Our next agenda item is an in person meeting at AAP where we hope to identify key quality metrics for IMCUs with an eventual plan to establish national bench marks. We also hope to identify ongoing challenges that IMCU providers may face and will work to find solutions to these as we identify them.

Tiffany Wright is an Associate Professor of Surgery and Associate Fellowship Program Director at the University of Louisville.

Her term began in 2022 and runs for 3 years with an option for renewal for another three year term.

Operative Notes Staff

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A product of the AAP Section on Surgery Communications Committee; Publication date: August 2023

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