

Intestinal Transplant Program



The Intestinal Transplant Program at Cincinnati Children's provides comprehensive, innovative care for patients with surgical short bowel syndrome, congenital enteropathies and pseudo-obstruction. Surgeons at Cincinnati Children's have been performing small intestine and combined small intestine-liver transplants since 2003.

Our outcomes rank favorably among other transplant centers and are enhanced by our experience in performing the most complex transplants. These include segmental and in situ split transplants and transplants for infants weighing as little as 5 kg.

CONTACT US

For patient referrals and non-urgent consultation during business hours, contact the program directly at:

phone: **513-636-4955**

email: ir@cchmc.org

www.cincinnatichildrens.org

INNOVATIVE TREATMENT APPROACH

Our goal is to free children with intestinal failure from parenteral nutrition. Innovation is a hallmark of our program's success.

- We offer sophisticated surgical techniques to help patients with Hirschsprung's disease, pseudo-obstruction and motility issues achieve bowel control following transplant.
- We proactively include the colon in composite grafts.
- Our team employs state-of-the-art techniques for treating graft vs. host disease (GVHD) and has achieved excellent results with graft salvage for patients recovering from severe exfoliative rejection.
- We follow stringent protocols for preventing and treating infectious diseases and are one of only a few intestinal transplant programs with a full-time infectious disease specialist.
- The program was among the first to work closely with home health care providers to ensure a safe environment following hospital discharge.
- Our physicians pioneered the widely used "Cincinnati low-dose chemotherapy regimen" for post-transplant patients with Epstein-Barr virus-associated post-transplant lymphoproliferative disease.
- Our team created a "patient care passport," a novel, invaluable resource for families and physicians that details all significant clinical events related to the patient's intestinal transplant care.
- Our multidisciplinary team includes two dedicated master's-level social workers and two psychologists who specialize in the unique psychosocial and mental health needs of transplant patients. Their expertise assists in achieving the holistic long-term success of patients and their families post-transplant.



Cincinnati Children's is ranked #1 in Gastroenterology & GI Surgery and #3 in the nation among Honor Roll hospitals.

60

Isolated small bowel and small bowel/liver/pancreas transplants since 2003

0

Pediatric pre-transplant mortality rate

Scientific Registry of Transplant Recipients, July 2022 report

100%

Pediatric survival one year post-transplant

Scientific Registry of Transplant Recipients, July 2022 report

TREATMENT TEAM

Samuel Kocoshis, MD
Medical Director

Greg Tiao, MD
Surgical Director

Gastroenterology

Michael Rogers, DO, MPH

Transplant Surgery

Alexander Bondoc, MD

Transplant Coordinators

Tina Carlisle, RN, MSN, CPN

Charlene Morrow, RN, MSN

Jamie Fisher, RN, BSN

Michelle Herre, RN, BSN

Jennifer Staley-Haynes, RN, BSN

Emily Cain, RN, BSN, CPN

Social Workers

Lisa Belle, MSW, LSW

Celia Paige, MSW, LSW

Pediatric Psychologist

Katherine Bedard-Thomas, PhD

Kristin Rich, PhD

Pharmacist

Anna Crooker, PharmD

Dietitian

Elizabeth Tamayo, RD

Program Manager

Elisabeth Ratermann, MHSA

TREATMENT APPROACH

Pediatric gastroenterologists and transplant surgeons lead the multi-disciplinary team, working closely with other Cincinnati Children's specialists to meet each child's unique needs. Our experienced team is committed to open communication and teamwork, qualities that translate into a thoughtful patient selection process, strong surgical outcomes and careful post-transplant management.

We pursue non-transplant treatment options for intestinal failure before consideration of transplantation. Some patients can avoid transplantation by participating in the Cincinnati Children's Intestinal Rehabilitation Program, which offers extensive treatment options and training to help patients manage their long-term medical needs. Other patients can undergo autologous intestinal reconstructive surgery (e.g., bowel lengthening and tapering) to preserve bowel function and avoid transplant.

The program's dedicated coordinators, behavioral health specialists and social workers ensure families receive well-coordinated care, psychosocial support, educational resources and community services to navigate the challenges of an intestinal failure diagnosis successfully.

OPTIMIZING SURGICAL OUTCOMES

Our team utilizes effective strategies to improve outcomes when a transplant is necessary. Examples include:

- Placing the patient on the transplant list as quickly as possible
- Initiating pre-transplant therapies to address issues such as frequent bloodstream infections or previously undiagnosed heart disease and renal insufficiency
- After surgery, using rigorous protocols to identify early signs of rejection and organ failure
- Working with families, referring physicians and home care providers to ensure that long-term follow-up care is in place
- Providing extensive education and training so that parents can care for their child at home
- The use of the tacrolimus capsules rather than tacrolimus suspension for better absorption
- Treatment of GVHD with lymphocyte depletion and the use of anti-cytokine agents
- Careful monitoring of donor-specific antibodies and use of antibiotic reduction when necessary

CLINICAL RESEARCH TO IMPROVE PATIENT CARE

Researchers at Cincinnati Children's engage in various national, multisite research trials and conduct their own clinical studies. Our team's areas of research include:

- Use of stem cell-derived organoids to reconstitute graft epithelium following severe rejection
- Study of GLP2 analogs as a therapy for intestinal failure
- Identification of biomarkers for transplant rejection
- The role of intestinal microbiota in acute cellular rejection
- Nutritional epidemiology of micronutrient malnutrition in preschool children

Our commitment to cutting-edge research is helping advance the understanding of short bowel syndrome and intestinal failure and fostering the development of more effective therapies and care protocols.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.