

The Gastroenterology practice at Valley Children's specializes in the diagnosis and management of infants, children, and adolescents with gastrointestinal and nutrition disorders. The practice treats many conditions such as unspecified abdominal pain, esophageal reflux, gastritis, gastrointestinal bleeding, esophagitis and irritable bowel syndrome.

We offer outpatient gastroenterology services across the region to provide children and families access to care close to home. Our physicians practice full-time at Valley Children's pediatric subspecialty centers. We also provide pediatric gastroenterology services in Modesto, Merced, the Central Coast and Bakersfield.

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Gastroenterology Office Numbers

Main: (559) 353-5745
FAX: (559) 353-5760
Physician Line: (559) 353-5751

Physician Liaison

(559) 353-7229

Condition	Pre-referral Work-up	When to Refer
Chronic Abdominal Pain	<ul style="list-style-type: none"> History and physical Labs: CBC, ESR, CRP, UA, complete metabolic panel, lipase, stool guiac Radiographic studies: supine and upright plain abdominal films 	<ul style="list-style-type: none"> Children with periumbilical abdominal pain without vomiting
Chronic Non-Bloody Diarrhea	<ul style="list-style-type: none"> History and physical Labs: stool studies - culture, O&P, clostridium difficile toxin, stool WBCs, stool guiac, stool for fat, CBC, ESR If there is failure to thrive consider sweat test 	<ul style="list-style-type: none"> Persistent diarrhea over two weeks Chronic otitis media Chronic hoarseness
Gastroesophageal Reflux	<ul style="list-style-type: none"> History and physical Growth charts Labs: CBC, stool guiac Radiographic studies: ultrasound if considering pyloric stenosis, upper GI series 	<ul style="list-style-type: none"> Persistent spitting up in infants with poor weight gain, or symptoms consistent with esophagitis (persistent crying or hematemesis) Recurrent pneumonia Possible aspiration pneumonia Intractable asthma unresponsive to usual medications Asthmatic attacks that reoccur predominantly at night time
Failure to Thrive	<ul style="list-style-type: none"> History and physical Growth charts Labs: Complete CBC, sedimentation rate, prealbumin, complete metabolic panel, UA Dietary evaluation performed prior to referral Social evaluation (parental divorce/separation, parental custody, etc.) 	<ul style="list-style-type: none"> Patients with slow weight gain falling under the 5th percentile or dropping off age-appropriate growth curves Parental heights and weights as adults at age 18
Bloody Stool	<ul style="list-style-type: none"> History and physical Labs: CBC, ESR, stool culture, O&P, stool for clostridium difficile toxin, stool WBCs, complete metabolic panel 	<ul style="list-style-type: none"> Persistent blood in stools with or without diarrhea