

A visible disfigurement can negatively impact a child's self-esteem during critical years of development. Our pediatric plastic surgery experts specialize in the surgical correction and management of congenital and acquired conditions involving bones, ligaments, tendons, nerves and vessels.

Our team of board-certified and board-eligible pediatric plastic surgeons perform almost 1,400 procedures and more than 10,000 outpatient visits a year. The depth and breadth of our child and family-centered services help your patients improve their quality of life.

We provide expert diagnosis and management of a wide range of injuries and disorders, specializing in:

- **Trauma:** Fractures and other injuries to the face and hands, including finger and carpal injuries
- **Craniofacial anomalies:** Cleft lip and palate, including nerve injuries, tendon injuries, carpal injuries, Stickler syndrome and Pierre Robin sequence, 22q11.2 Deletion syndrome (previously known as velocardiofacial syndrome or DiGeorge syndrome), microtia and ear abnormalities, facial deformities; orthognathic maxillofacial reconstruction, craniosynostosis, plagiocephaly, hypernasal speech, hemifacial macrosomia, nasal deformities
- **Hand anomalies:** Arthrogyrosis, burn reconstruction, cerebral palsy, complex reconstruction (including microsurgery), extra fingers or thumbs (polydactyly), fractures, fused or crooked fingers (syndactyly, camptodactyly, etc.), ganglions, hand, finger or carpal bone injuries, hypoplastic upper extremities (longitudinal deficiencies), infections, masses, missing/webbed fingers or thumbs, nerve injuries, syndromic conditions, tendon injuries, trigger finger or thumb, tumors, vascular disorders, wrist injuries
- **Vascular anomalies:** Vascular malformations, hemangiomas
- **Congenital breast anomalies:** Gynecomastia, macromastia, breast asymmetries, breast hypoplasia

Valley Children's cleft lip and craniofacial program specializes in the surgical correction and management of maxillofacial reconstruction. Current standards of cleft care include multidisciplinary management by a qualified cleft palate team in accordance with American Cleft Palate-Craniofacial Association criteria.

The hand and upper extremity program provides comprehensive and multidisciplinary care to restore function, manage pain and optimize aesthetic outcomes through the use of intricate and precise techniques. We provide early intervention to decrease the chance of long-term disabilities including stiffness, reduced function, numbness and poor healing.



Pediatric Plastic Surgery

Valley Children's pediatric plastic surgeons collaborate with a variety of clinicians for complex planning and delivery of treatment, including specialists from medical, surgical, dental, speech, hearing, genetics and psychology.

Our pediatric plastic surgery specialists are always available for consultations and urgent patient appointments.

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

Plastic Surgery Office Numbers

Main: 559-353-6277
FAX: 559-353-5424

Condition	Pre-Referral Work-up	When to Refer
Cleft Lip and Palate, Facial and Jaw Deformities	<ul style="list-style-type: none"> • Histories - family, pregnancy, surgical 	<ul style="list-style-type: none"> • At birth
Craniosynostosis	<ul style="list-style-type: none"> • Histories - family, pregnancy, surgical • Physical examination • Head and orbits CT • Pediatric ophthalmologic dilated fundoscopic examination 	<ul style="list-style-type: none"> • As soon as diagnosed with a CD of any obtained images
Craniofacial/Facial Injuries or Paralysis	<ul style="list-style-type: none"> • History and physical, tetanus status • For facial fractures, CT of face and coronal cuts • Dental films/panorex if suspected dental injury (if available) • Ophthalmologic examination if injury involves eyes/orbits 	<ul style="list-style-type: none"> • When overall status stable with a CD of imaging preferably within one week of injury
Upper Extremity Injuries/ Trauma	<ul style="list-style-type: none"> • History, tetanus status • Physical examination, identification of potential vascular injury • Plain film X-ray of injured/deformed parts 	<ul style="list-style-type: none"> • As soon as overall patient status is stable with a CD of imaging • Replantation should be referred to microvascular centers
Skin Lesions	<ul style="list-style-type: none"> • History and physical 	<ul style="list-style-type: none"> • Changing lesion (e.g., color or size) • Symptomatic lesion (e.g., bleeding, pain) • Anatomic sensitive areas (e.g., eyelid, lips, nose, ears, fingers)

Condition	Pre-Referral Work-up	When to Refer
Tumors	<ul style="list-style-type: none"> History and physical Bony tumors image with CT scan Soft tissue tumors image with MRI 	<ul style="list-style-type: none"> When diagnosed with a CD of any obtained images
Breast/Chest Wall Deformities	<ul style="list-style-type: none"> History and physical Endocrine work-up if necessary BMI < 30 After physical therapy treatment for neck and back pain 	<ul style="list-style-type: none"> Persistent gynecomastia (> 1 year) after puberty Unilateral breast enlargement Hypoplasia of breast/ chest wall (e.g. Poland's) Females after 14 years of age for breast enlargement
Pigmented Moles, other Lumps and Bumps	<ul style="list-style-type: none"> History and physical 	<ul style="list-style-type: none"> As soon as diagnosed
Vascular Lesions	<ul style="list-style-type: none"> History and physical 	<ul style="list-style-type: none"> As soon as diagnosed
Burns	<ul style="list-style-type: none"> History and physical 	<ul style="list-style-type: none"> Small isolated burns that do not meet burn center criteria Post-burn contracture/ deformity
Hand Anomalies/ Deformities <ul style="list-style-type: none"> Arthrogryposis Cerebral Palsy Syndactyly Trigger Digits Polydactyly 	<ul style="list-style-type: none"> History and physical X-ray to determine bony involvement 	<ul style="list-style-type: none"> As soon as diagnosed with a CD of imaging
Jaw (Hypoplasia) Malocclusion	<ul style="list-style-type: none"> Orthodontic referral for teenagers 	<ul style="list-style-type: none"> After 15 years of age When there are breathing/snoring issues