

A new pediatric cardiology clinic serves the high-desert communities



UCLA's comprehensive pediatric cardiology services now include a practice in the high-desert region of Southern California. The clinic serves the Hesperia, Apple Valley and Victorville communities, reducing the need for patients to travel to distant centers for specialized care.

Each year, about 40,000 U.S. infants are diagnosed with a cardiovascular defect, with about 25 percent of those patients requiring invasive treatment in the first year of life. Congenital cardiovascular defects are the most common cause of infant death resulting from birth defects. Other cardiovascular problems arise or become symptomatic later in childhood or adolescence.

Offering a full range of non-invasive testing

UCLA pediatric cardiologists offer a complete range of non-invasive cardiovascular diagnostic procedures in a region previously underserved by pediatric cardiology specialists. These procedures include echocardiograms, treadmill tests, Holter monitoring, electrocardiograms, chest X-rays, computed tomography, laboratory tests and basic autonomic testing. Advanced non-invasive diagnostic techniques are used to minimize the need for cardiac catheterization.

Close contact with a specialist

"UCLA pediatric cardiologists are seeing patients in the high-desert region to ensure that convenient, specialized care is available to any child who needs it," says Jeremy P. Moore, MD, assistant professor of pediatric cardiology.

"Pediatric heart disease patients really need to see a specialized cardiologist," he explains. "Many acute problems cannot be managed appropriately without seeing an expert. It's a very valuable resource to families to have a clinic in the area."

UCLA pediatric cardiologists pay particular attention to the psychosocial needs of children and their families.

"Patients and families need to be part of the decision-making process," Dr. Moore says. "Taking the extra time to explain things is the most important thing I can do so that families can be fully informed. I think that helps people feel in control and more able to deal with the issues."

Most pediatric cardiovascular conditions can be evaluated and treated at the clinic, including hypertension and hypercholesterolemia. Other common conditions include palpitations, arrhythmias, syncope, chest pain and heart murmurs. While unusual heart sounds are most often benign, they frequently require assessment by a cardiologist. The diagnostic evaluation includes a history and physical and, if indicated, an echocardiogram.

An increasing number of infants receive cardiovascular evaluation due to statewide implementation of pulse oximetry screening of newborns. Screening identifies infants with critical congenital heart defects (CCHDs), structural abnormalities typically associated with hypoxemia. These defects usually require intervention but, without pulse oximetry screening, symptoms are frequently missed in the newborn period. Infants with untreated CCHDs are at risk for significant morbidity and mortality. Research supporting newborn pulse oximetry screening was completed at UCLA as part of the institution's commitment to innovative pediatric cardiovascular care.

One the nation's top pediatric cardiology programs

Patients seen at the high-desert clinic who require invasive procedures may be referred to Ronald Reagan UCLA Medical Center. Pediatric cardiologists work with cardiothoracic surgeons and cardiovascular nurse specialists to provide intraoperative management and postoperative care. This collaborative approach results in outstanding clinical outcomes.

UCLA Pediatric Cardiology offers sophisticated forms of fetal and pediatric echocardiography as well as state-of-the-art neonatal and pediatric cardiac catheterization, electrophysiology, cardiothoracic surgery and cardiac transplantation. The division is an international leader in transcatheter implantation of the Melody heart valve as well as cardiac ablation using electroanatomical navigation technology to avoid or minimize radiation exposure.

Other recent advances include axillary subpectoral implantation of pacemakers and defibrillators to provide improved protection from chest trauma and for a better cosmetic result. UCLA also utilizes an innovative, multidisciplinary team approach to the diagnosis of autonomic disorders, rates of which are increasing in the pediatric population.

Local follow-up care

Following surgical intervention, children can be followed locally in the high-desert clinic. Because the practice offers a full range of non-invasive and follow-up care, patients and their families are able to develop a relationship with a pediatric cardiologist in a location with convenient proximity to the child's home and school.

Participating Physicians

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