THE NEW HEART OF VANDERBILT

VanderbiltHeart.com

Physician Referral Guide 2008
Vanderbilt Heart and Vascular Institute (VHVI) has gone through a remarkable phase of change, growth and expansion. These developments include the creation of a hybrid OR, a synergy and collaboration between interventional cardiologists and cardiovascular surgeons. This pioneering facility optimizes the environment for cardiac surgery and is leading the path in minimally invasive cardiac surgery reducing recovery time and enhancing the quality of life for our patients.

Through an innovative partnership, Vanderbilt Heart and Vascular Institute and a number of regionally recognized physician leaders joined forces this past year to provide the most comprehensive services in cardiology, cardiac surgery and vascular surgery in the region. This combination of premier cardiology practices and a leading academic medical center allows patients access to the most advanced therapies and technologies in a world class training and research facility.

The following are some of the unique services that we believe truly redefine the scope of cardiovascular care.

*Improving the lives of those in our community one heart at a time.*

Douglas E. Vaughan, M.D., F.A.C.C
*Chief, Division of Cardiovascular Medicine*

John G. Byrne, M.D., F.A.C.C.
*Chairman, Department of Cardiac Surgery*

Thomas G. Di Salvo, M.D., F.A.C.C.
*Medical Director, Vanderbilt Heart and Vascular Institute*
Acute Chest Emergency Network

Similar to trauma networks created to ensure that patients are transported to a medical facility as rapidly as possible, Vanderbilt Heart has developed an Acute Chest Emergency Network to treat:

- Acute aortic dissection
- Acute pulmonary embolism

Activating this emergency network ensures rapid transportation by ambulance or helicopter via Vanderbilt’s LifeFlight program to Vanderbilt Heart for immediate care.

Acute MI Network

VHVI has initiated an Acute Myocardial Infarction (MI) Network to provide a regional resource for patients in middle Tennessee and southern Kentucky. The MI Network allows patients who present to emergency rooms outside of Nashville with ST-segment elevation myocardial infarction (STEMI) to receive appropriate care within the recommended treatment window. This is vital in guaranteeing the coronary vessel is opened in a timely manner restoring normal blood flow to the heart, therefore decreasing damage to the heart.

Door to Balloon Time

Due to the concerted efforts of the emergency department, cardiac fellows, interventional cardiology physicians and catheterization laboratory staff, VHVI’s door-to-balloon time stands at a median 64 minutes, well below the recommended national target of 90 minutes.

Cardiac Imaging

VHVI’s Cardiac Imaging program provides high-quality, detailed operating room images of cardiac and vascular anatomy, flow and function — typically in one patient visit. The diagnostic tests can characterize and define inflammatory myopathic processes, congenital anatomy, cardiac masses, and pericardial diseases. Some of our more traditional diagnostic studies include echocardiogram, electrocardiogram (EKG or ECG) exercise testing or stress testing, and nuclear cardiac imaging (MUGA, MPI). While some of our more advanced imaging technology include the following:

Dedicated Cardiac MRI

The recent growth in the expanded cardiac MRI program provides patients with “one-stop shopping” — cardiac imaging, characterization of myocardial tissue viability, structure, and function and severity of valvular heart disease.

Combined SPECT-CT Scanning

VHVI’s commitment to excellence in cardiac imaging extends to PET scanning, the “gold standard” in myocardial perfusion assessment in conjunction with state-of-the-art cardiac CT imaging.

Enhanced Rubidium Nuclear Scanning for Increased Sensitivity

In non-invasive imaging, Cardiac Rubidum PET imaging has the highest sensitivity and accuracy in identifying significant coronary atherosclerotic disease. Rubidium PET can be extremely helpful in evaluating patients for significant CAD, especially in those where body morphology (e.g. obese, chest deformity) leads to a difficulty in image interpretation.

Interventional Procedures

High Risk Coronary Intervention

Though the development of a team for total occlusion percutaneous coronary intervention (PCI), the new approaches that involve accessing collaterals (arteries) has significantly increased the success rate for chronic total coronary occlusion (CTO) procedures via the use of new specialized wires and devices. One strategy involves a retrograde approach to the occlusion site through a collateral channel from any patent coronary artery. A successful recanalization of the coronary occlusion results in positive outcomes with improved survival, enhanced left ventricular function, reduction in angina and improved exercise tolerance.
Areas of Unique Expertise

We also apply percutaneous circulatory support such as:

- Tandem Heart
- Extracorporeal membrane oxygenation (ECMO)
- Acute myocardial infarction with cardiogenic shock
- High risk PCI (such as unprotected left main PCI)

Percutaneous Closure for Septal Defect and Other Fistulas

Atrial septal defect (ASD) often times permit oxygen-rich blood to be pumped back to the lungs. The defect can cause cardiac and pulmonary complications over time. We are able to repair many ASDs using a self-expanding, double disk device known as Amplatzer Septal Occluder, which is implanted across the defect via a catheter.

Patent Foramen Ovale (PFO) is relatively common and represents a failure of the atrial septum to seal completely after birth. To close the defect, our specialists use a PFO closure device that is implanted through a catheter via the femoral vein. The PFO closure device consists of two round, fine mesh webs that are implanted on either side of the foreman ovale.

PFOs and ASDs are among the most common congenital heart defects in adults. VHVI has five interventional cardiologists experienced in percutaneous approaches to PFO/ASD closure. In addition, we have developed a team of interventional experts who perform closure procedures for patent ductus arteriosus (PDA), prosthetic perivalvular leaks, and post-myocardial infarction ventricular septal defects.

Septal Alcohol Ablation for Hypertrophy Obstructive Cardiomyopathy

Hypertrophic cardiomyopathy (HOCM) is a disease characterized by progressive hypertrophy of the left (and sometimes right) ventricle and obstruction of the left ventricular outflow. HOCM is a relatively rare disorder, frequently hereditary in origin, and often associated with septal enlargement that may progress to outflow tract obstruction and disability. As an alternate to open-heart surgery, VHVI performs a percutaneous, catheter-based procedure in patients with severe, obstructive hypertrophic cardiomyopathy. Alcohol septal ablation involves performing a coronary angiogram to identify the anatomy of the septal coronary arteries, followed by an injection of ethanol in order to induce a septal infarct. The infarcted septum will reduce in size over several weeks which results in a larger ventricular outflow tract and the reduction of symptoms. This procedure can produce immediate and remarkable reductions in the severity of outflow obstruction and improvement of symptoms.

Stem Cell Therapy for Acute MI and Chronic Ischemic Cardiomyopathy

Designated as one of five U.S. centers in National Heart, Lung and Blood Institute sponsored Cardiac Cell Therapy Research Network (CCTRN) for advanced heart disease, this clinical research program exemplifies VHVI’s commitment to innovation in research. The Institute began enrolling patients in a study for bone marrow stem cell therapy after acute myocardial infarction in late 2006. The new protocols will start soon for patients post MI or with chronic ischemia and ventricular dysfunction.

Percutaneous Valvuloplasty

Symptomatic stenosis (mitral and pulmonary) can be treated with balloon valvuloplasty, which has emerged as the treatment of choice. Percutaneous balloon aortic valvuloplasty can be used as a bridge to aortic valve replacement in selected high risk patients undergoing emergent non-cardiac surgery, and in patients who are too ill to undergo cardiac surgery. It may represent the only possible treatment for some frail elderly patients or treatment of choice in certain adolescent congenital defects.

Peripheral Procedures

Vanderbilt Heart and Vascular Institute is committed to the treatment of peripheral vascular disease. Peripheral diagnostic and interventional services span the spectrum from the treatment of claudication and limb threatening ischemia to carotid occlusive disease.

Physicians are excited about the prospects of cell therapy and other research initiatives. We have the potential to transform the ways we treat people with cardiac disease at Vanderbilt.”

Douglas Vaughan, M.D.
Chief, Division of Cardiovascular Medicine
Areas of Unique Expertise

Cardiac Surgery

Through collaboration between cardiology and cardiac surgery, our physicians are able to provide innovative care, better outcomes and improved quality of life for patients with cardiovascular disease. Some of our more unique approaches to cardiac surgery include:

- Hybrid OR Approach to Complex Coronary Disease
- Minimally Invasive Mitral and Aortic Valve Surgery
- Off-Pump Coronary Bypass Surgery
- Pump Supported High Risk Angioplasty
- Percutaneous Perivalvular Leak Closure
- Mitral and Aortic Balloon Valvuloplasty
- Percutaneous Valve Procedures
- Acute Aortic Dissection
- Pulmonary Aortic Dissection
- Valve-sparing aortic root reconstruction
- Aortic root replacement with tissue or mechanical valves

“One of the most important things we offer patients is collaboration of teams. Cardiology and Cardiac Surgery working together to offer multidisciplinary approaches for coronary artery and valvular heart disease.”

John Byrne, M.D.
Chairman, Department of Cardiac Surgery

Heart Failure/ Transplantation

Cardiac Resynchronization

With an integrated, multidisciplinary approach linking heart failure clinicians, electrophysiologists, echocardiographers and cardiac surgeons, VHVI provides a multi-modality approach to optimization of cardiac resynchronization therapy in patients with severe, advanced heart failure.

Left Ventricular Assist Device (LVAD) Bridging to Transplantation

Vanderbilt is one of the first hospitals in the region to offer a potentially life-saving treatment option for severe heart failure patients too sick to undergo surgical interventions. The left ventricular assist device can be inserted using a percutaneous technique in the cath lab without surgery. The device serves as a temporary bridge so that a patient can recover some life-sustaining degree of heart function prior to transplantation.

Tandem Heart Program

VHVI is the first center in Tennessee to implant the Tandem Heart device, a percutaneous left ventricular assist device, as a bridge to cardiac transplantation. This potentially life-saving device can provide temporary support for critically ill patients while awaiting a transplant.

“With our aging population, the incidence of Heart Failure is increasing and there is an inadequate supply of donor hearts available for transplant. At Vanderbilt, we are one of 5 NIH funded centers participating in the Cardiovascular Cell Therapy Network which potentially provides new options for many patients.”

Allen Naftilan, M.D.
Congestive Heart Failure Program
The past two years have been a period of dynamic change in the delivery of cardiovascular care in our region, and the phenomenal growth of the Vanderbilt Heart and Vascular Institute has been at the center of the stage. The administrative and institutional commitment to this endeavor has been truly unique. The size, depth and skills of the cardiovascular physicians at Vanderbilt Heart and Vascular Institute that has resulted, in my opinion, is unrivaled in middle Tennessee and southern Kentucky in its collective credentials and the breadth and array of care options for our many patients. I am proud, and grateful, to be a part of this great endeavor alongside my sixty plus VHVI physician colleagues and our many dedicated nursing and administrative support personnel.

We have all shared a vision for many years about what a Heart Institute can and should be; that dream is becoming reality at Vanderbilt University Medical Center. The bar has been raised for all of the cardiac health care professionals in the region, and the people of our region will be the ultimate beneficiaries, as they should be.”

Henry Jennings III, M.D.
Interventional Cardiology

Arrhythmia/ Electrophysiology

Arrhythmia Advanced ICD Programming to Reduce ICD Shocks
One of the major causes of morbidity in ICD patients is shocks following device implantation. Shocks can be reduced by improved standardized programming parameters that prevent inappropriate supraventricular tachycardia (SVT) detection and by the use of antitachycardia pacing (ATP) to painlessly terminate monomorphic ventricular tachycardias (VT) as determined by an electrophysiologist. The delivery of ICD therapy requires complex algorithmic programming of over 100 settings due to the device feature and capability enhancements. These algorithms provide high sensitivity and improved arrhythmia detection that allow our electrophysiologists to deliver optimal ICD therapeutic efficacy while minimizing unnecessary defibrillator discharges.

Genetics of Atrial Fibrillation
One of VHVI’s Electrophysiology Programs, the Atrial Fibrillation Center, provides comprehensive diagnostic and therapeutic services including genetic screening along with catheter-based and surgical approaches to ablation of atrial fibrillation.

Vascular

Integrated Vascular Medicine Program
A multidisciplinary program in vascular medicine links vascular surgeons, interventional cardiologists, preventive cardiologists and endocrinologists to provide the most comprehensive approach to vascular disease screening, prevention, diagnosis and therapy. VHVI can provide measures of thrombotic risk, oxidative stress, and vascular function that cannot be duplicated anywhere in the country.

Endovascular Procedures
This program focuses on the use of endovascular techniques and their role in the management of atherosclerotic and degenerative aneurysmal diseases along with use of carotid artery stenting in high-risk surgical patients. Endovascular surgery uses stent grafts through a minimally invasive procedure to correct problems in blood vessels by reinforcing the channel for blood to flow and therefore reducing the pressure on the damaged area of the artery. This less invasive surgical procedure also reduces recovery time with less pain and a lower risk of complications and death than traditional surgery.

Abdominal Aortic Aneurysm (AAA)
Aortic aneurysms are commonly encountered in patients with other cardiovascular disease. They can threaten life by rupturing, so careful clinical evaluation is mandatory. Most aortic aneurysms can be managed by stent grafts which are vascular surgery procedures done without the need of general anesthesia and only requires an overnight stay in the hospital. Gratifying rapid recovery is expected followed by life-long observation to assure no further aneurysm related disease is detected.

“At an academic medical center, we can practice clinical medicine in an atmosphere not available elsewhere in the region by combining basic science research, clinical investigation with clinical medicine to offer patients the most up to date and highest level of care.”

Thomas Di Salvo, M.D.
Congestive Heart Failure Program

“Through the expansion of our endovascular surgery program, we are continuing our commitment to be at the forefront of delivering new percutaneous procedures”

Thomas Naslund, MD, Chief, Division of Vascular Surgery
General Cardiology

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<tr>
<th>Name</th>
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<td>Henry S. Jennings III</td>
<td>Assistant Professor of Medicine</td>
<td>Vanderbilt University Medical Center, Nashville</td>
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<td>Medical Director, Network Development</td>
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<td>M.D. Degree: Vanderbilt University, 1977</td>
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<td>John A. McPherson</td>
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Anna Fong, ACNP-BC
Rachel Forsythe, ACNP-BC
April Kapu, ACNP-BC
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Veronica Rowan, ANP-BC
Megan Shifrin, ACNP-BC
Sean Smither, ACNP-BC
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Brian Widmar, ACNP-BC

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Medical Director, Vascular Lab

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Cardiac Anesthesiology

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Director, Pediatric Cardiac Anesthesia
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Vanderbilt Heart and Vascular Institute
Access Coordinators

Bonnie Cook, RN Deborah Durrance, RN
Judy Ludwig, RN Brandon Massey, RN Patty Rush, RN
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South Terrace Medical Building
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Vanderbilt Heart and Vascular Institute is located in Medical Center East, South Tower on the 5th floor.

Parking is available in the East Garage located in the same building. Valet parking available.

![Map of Vanderbilt University campus](image)

Remember to have your parking ticket stamped at the registration desk for complimentary parking.

For more information, visit www.vanderbiltheart.com or www.WhereHeartIsHeaded.com

**Red Coat Volunteers**

The Vanderbilt Heart Red Coats are volunteers from the community who welcome you as you arrive. They are stationed in Medical Center East at the second floor entrance. Many of our Red Coat volunteers have been patients here themselves, or have had loved ones cared for at Vanderbilt. They are happy to escort you and your family members to your clinic appointment.