

Pediatric Cardiology Associates, LLC

By Tricia Richards, M.S.

Working in an upbeat environment with giggling children and increasingly positive outcomes helps the staff deal with the more difficult cases.



PHOTO BY CHUCK WAINWRIGHT

Andrew Johnson fully appreciates the responsibilities, challenges and dedication required of pediatric cardiologists. Observing from both sides of the exam table, he appreciates the results and rewards as well.

Johnson has been a patient of Pediatric Cardiology Associates almost as long as he's been alive. Seen by one of the practice's physicians just weeks after his birth, Johnson is so accustomed to regular visits with his cardiologist that he has described his relationship with the doctor and staff as "like family." Constantly impressed by the care and skill of the Pediatric Cardiology Associates team, he hopes to be a formal part of it one day.

The DeWitt, NY, native is a University of Michigan graduate who is in his second year of school at the Medical College of Wisconsin – Milwaukee. Although he's accustomed to his academic setting, the future physician made the trip back to his home state to learn more about the clinical side of a subspecialty that's been of personal interest since birth.

"It's tough finding an opportunity as comprehensive as the opportunity I have here," he says of the Syracuse-based practice.

Johnson explains that, due to academic requirements during the next few summers, he was encouraged by faculty to "use this summer to get a feel for what we've been interested in. I'm leaning toward pediatric cardiology."

Shadowing the five board-certified physicians at Pediatric Cardiology Associates brings Johnson one step closer to embroidering the desired title on a lab coat. One of few pediatric cardiology practices in the state, it provides cardiovascular services to residents throughout the Central New York region, extending north to the Canadian border and south to New York state's border with Pennsylvania. The group's physicians diagnose and treat congenital and acquired heart conditions, which may affect a fetus,

infant, child, adolescent or young adult.

Self-described as having a “left-sided, scientific mind,” Johnson remarks that his interest in the field keeps growing. Everything I had seen [until medical school] was specific to my case,” he notes. “A lot more encompasses what pediatric cardiologists do, and it’s impressive to see the breadth of conditions they treat.”

Speaking both from personal experience and from direct observation, Johnson credits the doctors and staff with skills that extend well beyond technology and technique. “The most important things I’ve learned from them are not necessarily scientific medicine . . . a lot of what makes them excellent is that they develop such a great rapport with patients. That’s not something you can learn out of a book.”

After a summer at Pediatric Cardiology Associates, Johnson will return to the classroom with personal knowledge of specific non-invasive services, including fetal, transthoracic and transesophageal echocardiography, EKG services, stress/exercise testing and MRI/MRA. When medically necessary, pediatric cardiologists also perform invasive and interventional procedures, including cardiac catheterization, cardiac arrhythmia ablation, balloon valvuloplasty/angioplasty, myocardial biopsy, arterial/venous embolization, stent placements and deployment of a device to close atrial septal defects.

Pediatricians and other primary care physicians usually refer patients to Pediatric Cardiology Associates who experience murmur, chest pain, color changes, syncope and palpitations. Less frequently, Pediatric Cardiology Associates will treat referrals for conditions such as a blue baby, a baby with a heart rate of 300, a child with heart failure or other uncommon symptoms. New patients of all ages are accepted. In some instances, a preteen or teen will present with a congenital condition, and they’ll continue to be seen at Pediatric Cardiology Associates indefinitely as adults with congenital heart disease.

HISTORY OF EXCELLENCE

Clinical excellence within the subspecialty has long been a characteristic of Pediatric Cardiology Associates. Marie Blackman, M.D., tells of a commitment to quality that has existed since the group’s inception. Retired from the practice, Dr. Blackman serves as director emeritus and continues to be active in the management and operation of the group.

She speaks fondly of Dr. George Husson, an area physician who was instrumental in forming a pediatric cardiology group in an area that needed one. “Back in the ’50s, there was no cardiac catheterization lab used for children,” Dr. Blackman reports. So Dr. Husson “took them to Buffalo, where he had had some training.”

According to Dr. Blackman, the late Dr. Husson continued his two-and-a-half-hour drives to Buffalo until he was able to locate and use a local facility for pediatric heart catheterization procedures.

The postwar era of the ’60s was a time of transition for cardiac care, as open heart surgery was beginning to become used on a regular basis. At that time, Dr. Blackman states, there were not many pediatric cardiology specialists. She first became interested in the subspecialty when completing a fellowship at the National Institutes of Health.

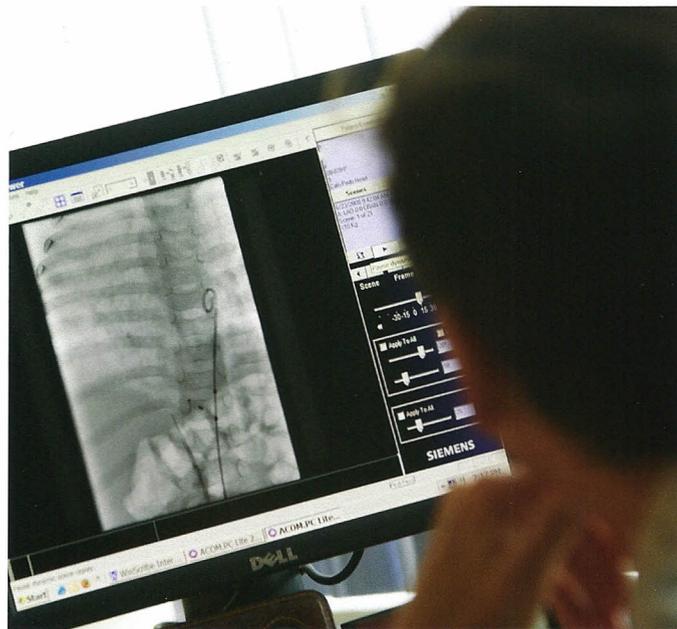


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One could say that Dr. Byrum literally has his finger on the pulse of the community.

“Things were just getting started,” Dr. Blackman notes, “and referrals began to come in. We learned that many people were interested in seeing us because of pediatric cardiology problems or suspected problems.”

The budding group’s referral basis was “quite a wide region,” says Dr. Blackman. Today, her comment still stands true, as Pediatric Cardiology Associates serves not only the Central New York region, but accepts referrals for arrhythmia management from as far away as Albany and Buffalo.

The mid to late ’70s brought growth and identity to the practice, which moved from its original location in the basement of Crouse Hospital to the offices it currently occupies across the street.

Prior to her retirement in 1988, Dr. Blackman was privileged to see and experience “many innovations” in pediatric cardiology. “Equipment became better, more pictures were obtained and there was much more visibility” related to diagnostic studies and treatment.

Dr. Blackman contends, “One of the biggest developments was interventional procedures.”

Patients were just as grateful for new technology as the physicians. “The first 2-D echocardiography machine in our office was a donation from a patient’s father in the late ’80s. It made a tremendous difference. It was a better tool, and it provided better diagnostic information than we had before. It was an exciting time. I really enjoyed it.”

INTERVENTIONAL CARDIOLOGY

Daniel A. Kveselis, M.D., is an interventional cardiologist and supervisor of Pediatric Cardiology Associates’ exercise lab. As part of the catheterization team, Dr. Kveselis can demonstrate use of the Amplatzer Septal Occluder, a device used to close an abnormal opening in the wall between the atria (upper chambers of the heart). A relatively new development in catheterization-based treatment, the Amplatzer procedure enables physicians to correct atrial septal defects,



Ellen Weinstein, M.D., interpreting an echocardiogram.

or naturally occurring openings in the heart, without resorting to open heart surgery. It may also be used to later close passageways that were intentionally created during a surgical operation.

Dr. Kveselis and his colleagues work together to position the Amplatzer device in the heart. A self-expandable double disk made from wire mesh and polyester fabric, the device is maneuvered to the site of the heart defect. Properly placed under guidance with simultaneous transesophageal echo imaging, the device opens to block the defect by the mesh discs. Tissue will grow over the device, closing the hole and the discs become part of the heart wall.

As with other cardiovascular technology developments, the Amplatzer procedure allows patients to be treated without long inpatient visits. Often, patients return to normal activity within a few days of the procedure.

Although both the device and procedure are considered recent developments, adapting to their use was easy. The Pediatric Cardiology Associates team has been performing cardiac catheterization for so long that the Amplatzer procedure was seen as a natural extension of the skills required for catheterization.

ECHOCARDIOGRAPHY, PROCEDURAL DEVELOPMENTS REDUCE MORTALITY

Nader Atallah-Yunes, M.D., states that the care before, during and after procedures also impacts patient outcomes in a very positive way. “The long days and weeks of recovery after an operation are almost completely gone,” he says. “Within a couple of weeks, most of our patients are back to baseline activities.”

Dr. Atallah-Yunes has seen so much progress in his career that he predicts the “golden age” of pediatric cardiology is right around the proverbial corner. Like his partners, he expresses appreciation for tools like echocardiography and MRI, which provide better images than ever for both diagnostic and treatment purposes. Dr. Atallah-Yunes often chooses MRI as a surveillance tool for some patients, particularly since no radiation is used at all.

MR imaging of the heart is not only a preference for Dr. Atallah-Yunes, it’s also an area of expertise. For several months, he traveled to Boston each week for hands-on MR experience to share with his colleagues and patients in New York. Outside of New York City, Dr. Atallah-Yunes is the only specifically trained pediatric cardiologist of his kind.

“We try whenever possible to avoid invasive procedures and radiation, especially with children,” says Dr. Atallah-Yunes, who prefers to use those methods only after other options have been ruled out.

TECHNOLOGY, SKILL REDUCE NEED FOR TRADITIONAL SURGERY

Craig Byrum, M.D., attests to the value of technological advances over the last 20 years or so. He serves the regional community as a clinical professor of pediatric cardiology, director of the Pediatric Catheterization Lab at Crouse Hospital, director of the Pediatric

Catheterization and Electrophysiology Program at Crouse Hospital and director of the Adult Congenital Heart Disease Department.

One could say that Dr. Byrum literally has his finger on the pulse of the community. To monitor and analyze the heart rhythms of his young patients, Dr. Byrum makes use of Holter monitors, event recorders and surgically implanted loop recorders.

The Holter monitor is worn externally, and it uses special leads to record heart rhythm over a 24-hour period.

When more information is required or patients report episodic events, an event recorder may be used. Worn on a belt, it’s attached to the patient with two leads. When irregularity is suspected, the patient pushes a button to store EKG information. The information is sent over the phone, and Dr. Byrum can interpret the results to tell the patient if there is reason for concern.

Surgically implantable loop recorders may be used for patients who have infrequent, yet dramatic, cardiac episodes. The finger-sized unit is positioned under the skin, near the heart. It may be activated by the patient, as with the event recorder, or it may be self-activated and automatically store the rhythm data.

Use of these sophisticated diagnostic tools may spare many patients from more complex procedures. As images sharpen with emerging technology and treatment options become less and less invasive, more pediatric patients experience positive outcomes and live longer.

“The need for surgery for cardiac rhythm disorders is almost gone,” Dr. Byrum explains, echoing statements made by his colleagues. “About every five years, something new and fantastic in technology comes along, enabling us to offer cures without surgery. The cath lab used to be for diagnostic purposes only. Now it’s keeping people healthy and is used for therapy.”

As chief of the Echocardiography Lab, Frank C. Smith, M.D., oversees the performance and interpretation of program studies related to conditions that may affect a fetus or a young adult. Using ultrasonography and devices such as transesophageal endoscopes, Dr. Smith peeks into his young patients’ hearts to determine if problems exist.

Physicians at Pediatric Cardiology Associates have extensive experience in detecting the nuances of pediatric cardiology, as opposed to adult cardiology. The clarity of images may vary as a young patient grows, a fact that must be considered with pediatric patients.

Dr. Smith’s expertise benefits patients through face-to-face visits

at regional clinics as well as through telemedicine services using the telephone. When he's not traveling to Binghamton, Utica, Watertown and Ogdensburg, Dr. Smith may be monitoring patients at selected secondary sites.

"Telemedicine," he details, "is mainly used to provide consulting services at a distance for babies who may have heart disease. Reports are transmitted immediately and reviewed immediately."

Dr. Smith reports that the heart is the organ most likely to have a birth defect. "Many cases were fatal 40 or 50 years ago ... some 20 years ago ... and we're pushing the envelope forward," he muses.

Ellen Weinstein, M.D., joined Pediatric Cardiology Associates in November 2007. She brings to the practice years of experience in pediatric echocardiography and cardiology and she was a past director of the echocardiography laboratory at Dallas Children's Hospital. In addition, she offers a special level of comfort for female patients who might feel more at ease when being examined by a female physician. Dr. Weinstein sees both male and female patients, however, and is helping her colleagues to manage their increasingly busy practice.

THE HEART OF THE MATTER

Regardless of their areas of interest or specialty, everyone at Pediatric Cardiology Associates agrees that proper care of patients — particularly pediatric ones — requires more than technical skill and the latest equipment.

Dr. Atallah-Yunes is both a parent and a physician. He speaks of the emotional difficulty that many parents may experience when visiting the practice.

"Parents very often have anxiety," he says, "as they think, 'My child has a heart problem or may have a heart problem.' I can imagine what goes through their minds."

Dr. Atallah-Yunes continues, "In our field, face-to-face interaction is very important for patients and families as well."

All of the physicians at Pediatric Cardiology Associates credit the group's support staff with making patient experiences satisfactory. "I'm just part of the group," comments Dr. Atallah-Yunes. "Everyone who works here is just as important as the doctors."

Employees at the practice understand the worry many patients and parents feel, and they all go out of their way to make them comfortable.

"We all try hard to create a comfortable atmosphere for all patients," Dr. Byrum comments. "When I enter the exam room, I don't immediately approach our patients. I am not typically in a white coat. I try to approach the younger patients physically at the same level as they are, rather than looming over them. To make them more at ease, I sometimes perform an exam with the child seated in the parent's lap. And I play with toys along with them. It's pretty rare for kids to cry. My aim is to first have the patient relaxed. Listening to the heart is always last, but always easier that way."

Because of the upbeat environment, the giggling children and the increasingly positive outcomes, Dr. Byrum says, "I don't think much about retirement. I love my job, I trust my partners and I love to see my patients grow up to have kids of their own."



PHOTO BY CHUCK WAINWRIGHT

As part of her daily routine, Rolanda, an LPN, triages patient calls.

Someday, some of the patients' grown children may stand alongside Johnson, asking him about his job as a pediatric cardiologist and aspiring to contribute their talents to the practice, as well. The beat goes on. ■

* For privacy reasons, details regarding Johnson's medical condition were not disclosed.



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