



New York-Presbyterian Congenital Heart Center

Pediatric Heart Surgery

HIGH VOLUMES

+

TOP DOCTORS

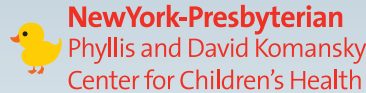
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NOVEL TECHNIQUES

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BEST OUTCOMES





Affiliated with two of the nation's leading medical colleges – Columbia University College of Physicians and Surgeons and Weill Cornell Medical College – NewYork-Presbyterian Hospital is one of the top ten hospitals in the country and one of the most comprehensive university hospitals in the world.

We are comprised of two renowned medical centers: NewYork-Presbyterian Hospital/Columbia University Medical Center, including Morgan Stanley Children's Hospital, a full-service, multidisciplinary children's hospital and NewYork-Presbyterian Hospital/Weill Cornell Medical Center, including the Phyllis and David Komansky Center for Children's Health, a children's hospital within a hospital. Our children's hospitals offer the best available care in every area of pediatrics in a compassionate, family-friendly and technologically-advanced setting.

We have built a reputation as a leading center for pediatric care, medical education, and scientific research. NewYork-Presbyterian is one of only eight hospitals in the nation to be named to the "Honor Roll of America's Best Children's Hospitals" by *U.S. News & World Report*, and ranked in all 10 clinical specialties surveyed, including cardiology and heart surgery.

Contents

Center Overview	4
About the Congenital Heart Center	7
Center Outcomes	22
• Neonatal Cardiac Surgery < 30 Days	23
Norwood Procedure	
Arterial Switch Operation (ASO)	
• Tetralogy of Fallot	26
• Atrial Septal Defect Repair (ASD)	27
• Ventricular Septal Defect Repair (VSD)	28
• Atrioventricular Canal Defect (AV Canal)	29
• Aortic Valve/Ross Procedure	30
• Valve Repair	31
• Fontan Operation	32
• Pediatric Transplant & Mechanical Assist Devices	33
• Adult Congenital Heart Surgery	34
Meet Our Pediatric Cardiovascular Surgeons & Cardiologists	35

The most important measure of a center's experience & expertise in pediatric cardiovascular surgery is the quality of its outcomes.



Our Surgical Goals

- Make family-centered care a priority, involving parents in every step of the treatment process.
- Minimize “surgical trauma” by reducing length of surgery, time on the ventilator and recovery in ICU.
- Make this the first and last surgery the child will ever need.
- Use small incisions, with minimal scarring and cosmetically pleasing results.
- Practice transfusion-free surgery whenever possible.
- Share data to help practitioners and families make informed decisions.

Message from the Directors



Emile A. Bacha, MD (*right*) and
Richard A. Friedman, MD

Dear Colleague:

Each year, pediatric cardiac surgeons at the NewYork-Presbyterian Congenital Heart Center perform more than 700 cardiac operations, including some 25 heart transplants and 175 newborn heart repairs. We have the lowest mortality rate in New York State for pediatric heart surgery, and one of the lowest nationwide – even though our surgeons routinely treat some of the most complex cases, many referred from other institutions.

The Congenital Heart Center, a combined program of NewYork-Presbyterian Morgan Stanley Children’s Hospital/Columbia University Medical Center and NewYork-Presbyterian Phyllis and David Komansky Center for Children’s Health/Weill Cornell Medical Center, provides a fully integrated approach to the treatment of complex heart conditions in children of all ages – from neonates to adults. It is one of the first and most preeminent pediatric cardiology and cardiac surgery centers in the nation, and one of the nation’s major pediatric transplant centers. In fact, we have been performing pediatric heart surgery at a high volume since the early 1970s and our physicians performed the first successful pediatric heart transplant in 1984.

In 2011-2012 the children’s hospital of NewYork-Presbyterian was ranked #1 in New York and #6 in the nation for pediatric heart care and heart surgery by *U.S. News and World Report*.

We have a distinguished roster of highly-skilled and experienced cardiovascular surgeons, including three national leaders specializing in complex neonatal surgery, hybrid minimally invasive surgery and transplant/assist devices. We offer our young patients not only cardiovascular expertise, but all sub-specialties that may be needed when treating a complex heart problem – from fetal diagnosis to neonatal intensive care, non-invasive imaging and specialized pediatric cardiac anesthesiology.

The seamless integration of our Pediatric Cardiology and Cardiac Surgery Divisions ensures that patients who require surgical intervention receive continuity of care throughout their treatment and recovery. As a major national and international referral center for children and adults with congenital heart disease, NewYork-Presbyterian offers a physician access transfer program – 1-800-NYP-STAT – to coordinate patient transfers when tertiary and quaternary care are required.

We strongly believe in transparency, allowing both practitioners and parents to have convenient access to data that helps them make their own informed decisions. On behalf of NewYork-Presbyterian Congenital Heart Center, we are pleased to provide a summary of outcomes for some of our most often performed pediatric and adult cardiac congenital surgical procedures. Data are presented in accordance with the Society of Thoracic Surgeons (STS) congenital cardiac surgery database guidelines. The STS database is widely accepted as the most trusted comprehensive database by both insurance companies and consumer groups. We have been participants in this database since 2007.

We consistently rank as the best in pediatric care in the New York region, with the lowest mortality for pediatric heart surgery in the state.

We hope you will find the information in this brochure valuable as you make informed decisions as to where to refer your pediatric cardiac patients for surgery. Our specialists are available for consultations and second opinions, evaluation and treatment. Thank you for taking the time to review our summary. For more information about our programs, please feel free to contact us by phone at **212-305-2688**, by email **eb2709@columbia.edu**, or visit the Hospital's website at **childrensnyp.org**.

Sincerely,

Emile A. Bacha, MD

Chief, Congenital and Pediatric Cardiac Surgery

NewYork-Presbyterian Morgan Stanley Children's Hospital

NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health

Richard A. Friedman, MD

Chief, Pediatric Cardiology

NewYork-Presbyterian Morgan Stanley Children's Hospital

NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health

Center Overview 2007-2010



It has been demonstrated that improved clinical outcomes are closely linked to centers with high surgical volumes. As a center's activity increases, cardiothoracic surgeons, cardiologists, anesthesiologists, critical care specialists, nurses, perfusionists and other cardiac team members become more experienced at caring for patients with congenital heart disease.

Our outcomes are well above established national benchmarks. For the years 2007-2010, our average hospital mortality was

2.2%

For years 2007-2010, the Society of Thoracic Surgeons (STS) global hospital mortality for all participating pediatric cardiac centers was

3.5%

Each year, our pediatric cardiac surgical teams perform more than 700 cardiac operations at both our Columbia and Weill Cornell locations – many of which are complex surgeries referred to us from medical centers around the country.

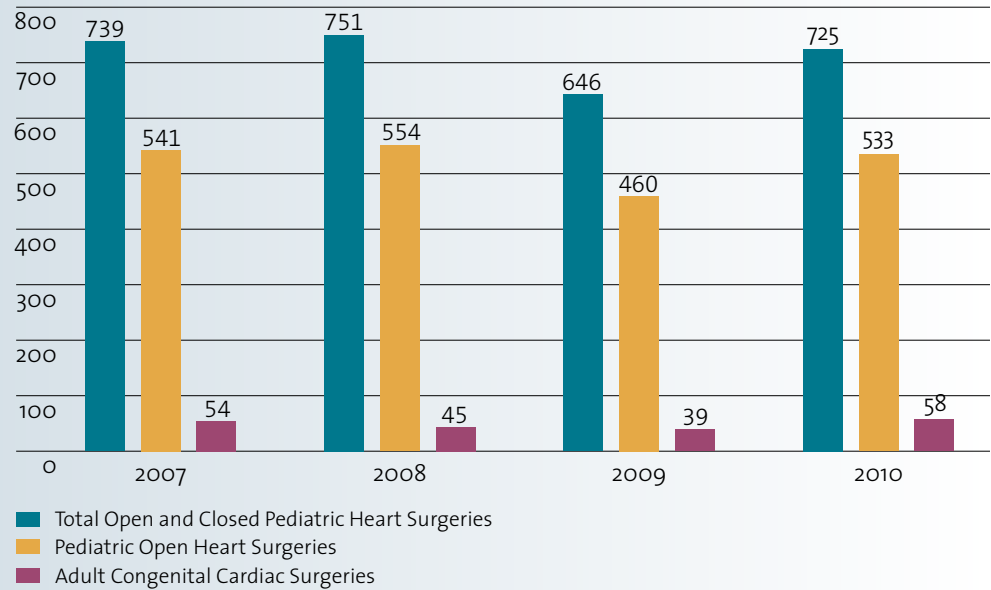
We rank as the best in pediatric care in the New York region, with the lowest mortality for pediatric heart surgery in the Tri-State area.

Pediatric Cardiac Surgeries 2007-2010

Each year, our pediatric cardiac surgical teams perform more than

700

pediatric heart surgeries



Neonatal Volume (2007-2010)

Surgical Interventions (neonate <30 days)

2007

2008

2009

2010

137

190

150

158

Distribution of Cardiac Surgeries & Mortality

Procedure	Number of Cases Number of Deaths			
	2007	2008	2009	2010
Aortic Valve/Ross	11 0	6 0	8 0	10 0
Arterial Switch Operation (ASO)	26 1	29 0	19 1	26 0
Atrial Septal Defect Repair (ASD)	38 1	40 0	37 0	40 0
Atrioventricular Canal Defect (AV Canal)	44 1	27 0	32 0	30 0
Fontan	32 0	39 0	33 1	38 4
Glenn	36 1	33 2	34 1	13 1
Interrupted Aortic Arch/Truncus Arteriosus	6 0	4 0	7 0	9 0
Norwood	24 2	34 3	14 0	18 4
Tetralogy of Fallot Repair (TOF)	36 0	39 1	33 1	38 0
Total Anomalous Pulmonary Venous Return (TAPVR)	13 1	16 0	9 1	13 0
Transplant	20 0	24 0	20 2	18 0
Ventricular Septal Defect (VSD)	48 0	61 0	52 0	37 0

Overall Hospital Discharge Mortality Rate	Congenital Heart Center	STS National Benchmark 2007-2010
2007	1.9%	3.9%
2008	3.6%	3.8%
2009	1.9%	3.3%
2010	2.1%	3.2%

About the Congenital Heart Center



From left: Dr. Quaegebeur, Dr. Bacha, Dr. Chen

NewYork-Presbyterian Morgan Stanley Children’s Hospital and NewYork-Presbyterian Phyllis and David Komansky Center for Children’s Health have built a national reputation for outstanding care devoted to children. Our integrated Congenital Heart Center is one of the largest and most preeminent pediatric cardiology and cardiac surgery centers in the nation. We provide patients with congenital heart defects treatment options never thought possible just a short time ago, with outcomes that are among the best in the nation.

Our patients come to us from around the country and around the world to seek the most advanced, safest, and proven treatments for congenital heart conditions and for the revision of previous surgery when that treatment fails.

A Leading Pediatric Heart Center

In 2011, *U.S. News & World Report* ranked NewYork-Presbyterian Morgan Stanley Children's Hospital/Columbia University Medical Center and NewYork-Presbyterian Phyllis & David Komansky Center for Children's Health/Weill Cornell Medical Center – #6 in pediatric heart

and heart surgery, reflecting our reputation and surgical outcomes, the expertise of our surgical teams, our volume of cases and other patient-care related data. NewYork-Presbyterian Hospital is the only Tri-State area hospital listed on the 2011–12 U.S. News Media Group Best Children's Hospitals Honor Roll. The hospital ranks eighth in the nation in pediatric care.

Since *U.S. News & World Report* first began ranking hospitals and their departments, our pediatric heart and heart surgery program has consistently been recognized as one of the top ten in the country.



Academic Excellence

Under the direction of pediatric cardiovascular surgeon Dr. Emile Bacha and pediatric cardiologist Dr. Richard A. Friedman, the Congenital Heart Center combines the outstanding physician faculty of two esteemed medical schools – Columbia University College of Physicians and Surgeons and Weill Cornell Medical College – and the facilities of NewYork-Presbyterian Morgan Stanley Children's Hospital and NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health. Our team of cardiologists and cardiac surgeons at both locations share their perspectives, patient care philosophies, and knowledge to address every form of congenital heart disease.

Dr. Bacha is known for developing novel techniques to perform hybrid surgical-interventional catheter-based procedures for many complex congenital heart defects, including hypoplastic left heart syndrome. He specializes in minimally invasive approaches to pediatric cardiac surgery and cardiac surgery in low birthweight infants and has pioneered methods of improving surgical safety. He has developed a method of pediatric cardiac surgical performance metrics that is now an accepted method of surgical monitoring for pediatric cardiac surgeons.

Dr. Friedman's focus is on radiofrequency catheter ablation, basic and clinical research of arrhythmias, cardiac pacing therapies, pacer-defibrillators and lead extraction. Other clinical interests include syncope and prevention of sudden cardiac death.

Therapeutic Excellence

We provide all therapies a newborn, child, adolescent or adult with congenital heart disease may need – from evaluating heart function and anatomy in utero to pediatric heart transplant and extended heart/lung support via Extracorporeal Membrane Oxygenation (ECMO) and other devices. We are also widely recognized for neonatal heart surgery and many of the procedures we perform are in low birthweight premature newborns and in infants under the age of one month.



Each year, the Center performs more than 1,200 diagnostic and interventional cardiac catheterizations.

How Often Is Cardiac Surgery Required in Children?

Approximately 30,000 children – or about one percent of all live births – are born with congenital heart defects each year in the United States. Of these, about **.2 to .3 percent** require surgery.

Collaborative, Multi-Disciplinary Care

Bringing our pediatric surgical, medical, anesthesiology, perfusionist, critical care and cardiovascular support specialists together into an integrated care team helps us to optimize patient outcomes. This integrated care model enables us to provide seamless interaction with all sub-specialties, resulting in the best and safest treatment for our youngest patients.

A family referred to the Center can be assured that they will be in the expert hands of a medical team renowned for excellence in pediatric cardiology and cardiac surgery and committed to a shared goal of providing our pediatric patients with the safest, most advanced surgical techniques available.

State-of-the-Art Interventional Catheterization

The Congenital Heart Center has the only pediatric catheterization laboratories in metropolitan New York dedicated to pediatric pulmonary hypertension and arrhythmia studies, as well as diagnostic and therapeutic interventions, such as radiofrequency ablation for cardiac arrhythmias and balloon valvuloplasty of the aortic and pulmonary valves. Many of the pediatric interventional procedures that have become standard of care worldwide have been developed by interventional cardiologists at NewYork-Presbyterian.

A great number of congenital heart defects can now be treated in the cath lab, requiring only a single day of hospitalization, and eliminating the need for open heart surgical repair.

Catheter-Based Interventions

The Center has particular expertise in pediatric interventional cardiology, a unique specialty that involves the non-surgical treatment of congenital and acquired cardiovascular disorders. Catheter-based interventions we perform regularly include:

- Balloon valvuloplasty of the aortic and pulmonary valves
- Balloon valvuloplasty for distal pulmonary artery narrowing (stenosis)
- Angioplasty, including dilation and stent implantation, to open narrowed arteries and veins
- Balloon atrial septostomy to improve mixing of oxygen-rich and oxygen-poor blood to ensure that the body's oxygen saturation remains in a safe range
- Atrial septoplasty or blade septotomy to treat pulmonary hypertension
- Pulmonary artery dilation and stent implantation
- Coil and Amplatzer device closure of open ductus arteriosus, atrial septal defect, Fontan fenestration, and patent foramen ovale – a defect in the wall between the two upper chambers of the heart
- Closure of ventricular septal defect
- Percutaneous pulmonary valve replacement – a new approach for the management of pulmonary regurgitation and conduit obstructions





We have a distinguished roster of highly-skilled and experienced pediatric cardiologists, interventional cardiologists and cardiovascular surgeons who share their perspectives and knowledge to address virtually every form of congenital heart disease in children. Seamless integration between the Division of Pediatric Cardiology and the Division of Pediatric Cardiac Surgery ensures that patients who require surgical intervention receive continuity of care throughout treatment and recovery.



BABY MARK

Diagnosis: Hypoplastic left heart complex & borderline left heart

Treatment: Biventricular Repair

Mark was born with a difficult-to-treat congenital defect known as hypoplastic left heart complex and a borderline left heart size. Mark's parents visited several of the nation's most prestigious pediatric heart centers and concluded they wanted him cared for by pediatric cardiac surgeons at NewYork-Presbyterian Morgan Stanley Children's Hospital.

Rather than a Fontan single ventricle circulation, we achieved a 2-ventricle circulation for Mark. We first performed a Norwood Stage I procedure when Mark was a neonate. We then performed two more procedures to separate his heart into two distinct pumping chambers:

- EFE (endocardial fibroelastosis) resection, ASD and VSD closure, and
- mitral valve replacement

Today, Mark is a happy, well-adjusted toddler who is growing well.

Minimally Invasive or Hybrid Options

Hybrid heart surgery refers to procedures that use conventional surgical methods in conjunction with minimally invasive, catheter-based interventional approaches. These less invasive alternatives use a much smaller incision through the breast bone or right chest, with the advantage of less pain, avoidance of cardiopulmonary bypass, faster return to normal activities and definite cosmetic advantages.

At the Congenital Heart Center, each patient is evaluated for less invasive treatment options first. In some cases, a hybrid approach may enable the surgeon to treat a condition with a single operation rather than a series of surgeries or to treat conditions that would otherwise be inoperable. The Congenital Heart Center is one of just a few U.S. centers to offer hybrid heart operations to infants and children.

The Congenital Heart Center is one of just a few U.S. centers to have a hybrid program for infants and children and the only one in the Tri-State area.

Hybrid Therapy for Hypoplastic Left Heart Syndrome

Center surgeons are successfully using a less invasive hybrid technique for a difficult-to-treat defect in newborns known as hypoplastic left heart syndrome (HLHS).

To survive, babies born with this anomaly

must undergo surgery in the first week of life. Until recently, the only treatment available was the Norwood procedure, which requires three difficult standard open operations and carries a 10-20% or greater risk of mortality. (Source: Society of Thoracic Surgeons Congenital Heart Surgery Database 2009 Report “*Discharge mortality for all participating centers: 18%*”).

The Stage 1 hybrid procedure is pared down and removes dependence on the heart-lung machine. At approximately six months, when the baby is better able to handle major open surgery, we correct the remainder of the problem.

Although surgical outcomes currently are comparable between the Norwood and hybrid procedures, the hybrid procedure is thought to be safer in high-risk patients such as low birthweight or premature babies because it avoids use of the heart-lung machine. However, hybrid techniques are not applied universally and they are not appropriate for every child. Some babies still do better with the Norwood procedure and we decide on a case-by-case basis, in a multidisciplinary fashion, whether a child will benefit most from one procedure or the other.

Our cardiac surgeons are at the forefront of developing and designing ventricular assist devices for infants and small children as a bridge to recovery or transplantation.



Hybrid Therapy for Ventricular Septal Defect Repairs (VSDs)

Center physicians are expanding applications of minimally invasive hybrid techniques to include closing ventricular septal defects or holes in the heart tissue with excellent results. Typically, holes in the heart are closed by suturing a patch on the hole during open heart surgery. But certain holes are difficult to access with open heart procedures, or there may be multiple holes that cannot be closed in a single operation. The hybrid technique allows us to go through the chest and deliver a device to close holes and prevent the need for multiple surgeries.

Many VSDs still need traditional open heart surgery for repair. We have developed special instruments that allow us to make these repairs using much smaller incisions than previously possible, resulting in markedly improved cosmetic results.

Percutaneous Valve Replacement Therapy

Our interventional cardiologists also offer a less invasive option for valve repair and replacement, using a catheter to repair or replace the diseased valve from an entry point in the groin.

One of the Nation's Largest Heart Transplant Programs

We have a rich history of developing innovative surgical treatments that set the standard in pediatric cardiac surgery. In 1984, our surgeons performed the world's first successful pediatric heart transplant in a 4-year-old boy. In the intervening years, more than 360 children have received new hearts at NewYork-Presbyterian Morgan Stanley Children's Hospital. Today, NewYork-Presbyterian is one of the largest and most successful pediatric heart transplant centers in North America and the world – largely due to the dedication and expertise of our heart transplant team, the use of assist devices in managing heart failure, and the application of novel immunosuppression protocols.

The hospital also has a leadership role in the Pediatric Heart Transplant Study Group, which consists of 23 institutions across North America and is responsible for a significant proportion of multi-institutional research related to pediatric heart transplantation today.

Ventricular Assist Devices (VADs)

Our cardiac surgeons are at the forefront of developing and designing ventricular assist devices for infants and small children as a bridge to recovery or transplantation. Leaders in research into alternatives for transplants, we are among the first in the United States to implant a Berlin Heart EXCOR heart pump into a newborn, and currently use a variety of devices to help right, left, or biventricular failure in patients from infant to young adult. Notably, we have the largest pediatric experience in the U.S. with the PediMag (Levitronix) device.

Extracorporeal Membrane Oxygenation (ECMO)

ECMO is a short-term cardiac assist device for the very young, or for children whose anatomy will not permit a ventricular assist device (VAD). The Center's physicians participated in the earliest development of ECMO, making our facility one of the first in the world to use this life-saving technology successfully in children.



BABY ANJALI

Anjali was born premature at 1.2kg (2.6 lbs), with challenging and complex congenital heart disease – TOF-PA and small branch pulmonary arteries. We waited to operate on Anjali until 45 days of age when she had reached a weight of 1.8kg (3.9 lbs). We then performed a complete repair which included VSD closure, Pulmonary Artery plasty and a 10mm Right Ventricle-to-Pulmonary Artery homograft. She did well initially, but her Right Pulmonary Artery (RPA) became progressively obstructed, requiring re-operation.

At six weeks post-op, she was re-operated for RPA plasty and required post-op mechanical support in the form of the Pedimag® circulatory assist device. Anjali did very well with this technology and was discharged home in very good condition.

At age 10 months, she underwent an RV-PA conduit change to a 16mm aortic homograft, and has had normal Right Ventricle pressures since.

Anjali is developing normally, and is the smallest child ever to be successfully supported by a Pedimag® device.

Diagnosis: Tetralogy of Fallot with Pulmonary Atresia (TOF-PA) & small branch pulmonary arteries

Treatment: Complete repair using Right Ventricle-to-Pulmonary Artery (RV-PA) homografts and mechanical support

Blood Conservation Techniques

For the vast majority of procedures in neonates or small infants, transfusion-free cardiac surgery is unrealistic. However, we have made considerable progress in limiting the need for blood products with simple and safe techniques that involve a decrease in cardiopulmonary bypass prime volume, such as making the heart-lung machine smaller and less injurious.

Every participant in our program, including cardiologists, anesthesiologists, perfusionists, surgeons, intensivists and laboratory technicians, is committed to blood conservation in pediatric cardiac surgery.

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Prenatal Diagnosis & Intervention

We have one of the largest and most experienced maternal-fetal medicine teams in the country, with over half of all deliveries designated high-risk or increased risk.

Our Carmen and John Thain Center for Prenatal Pediatrics is the only one of its kind in the metropolitan New York area, offering comprehensive, multidisciplinary prenatal diagnosis and therapy in conjunction with pediatric subspecialty consultation.

When a heart defect is suspected in utero, we bring together a core team of high-risk obstetricians, neonatologists, fetal cardiology specialists, pediatric congenital heart surgeons, and other cardiac specialists. Working jointly with our colleagues in maternal-fetal medicine, we precisely diagnose the anomaly, develop a plan for close surveillance, and prepare for surgical intervention and the proper level of care at delivery, ultimately leading to improved outcomes.

In cases where fetal therapy is possible, such as for cardiac arrhythmia, collaboration with pediatric cardiologists can maximize our ability to improve fetal health while avoiding complications in the mother.



Cardiac Critical Care

The Congenital Heart Center offers the enormous resources needed when treating serious heart defects, including all levels of care and one-to-one patient/nurse ratios.

Our Cardiac Neonatal Intensive Care Unit (NICU) is designated the highest level NICU and a regional perinatal center by the New York State Department of Health.

Cardiac Neonatal Intensive Care

Many babies require surgery within hours of birth. A highly specialized team of neonatologists and cardiologists, with subspecialties in neonatal cardiac care, provides care to newborns with such life-threatening conditions as transposition of the great arteries, hypoplastic left heart syndrome, and complex left ventricular obstruction.

By focusing exclusively on neonates with cardiac disease, we feel we have developed unsurpassed expertise in the care of low birthweight and premature babies in particular.

Pediatric Cardiac Critical Care Medicine

The Pediatric Cardiac Intensive Care Unit (CICU) serves the needs of critically ill infants, children and adolescents. This specialized unit is staffed by a highly skilled team of intensivists working together with multiple subspecialties including anesthesiology, pediatric cardiology, pediatric cardiovascular surgery, critical care, and pulmonology. The care of patients in the CICU is directed by both pediatric critical care physicians and pediatric cardiologists, with surgical patients managed in close consultation with our cardiothoracic surgical staff and a team of critical care nurses with advanced training. This unit also manages the perioperative care of patients undergoing heart and lung transplants.

The CICU staff are experts in the management of the most advanced support technology: ECMO, high-frequency oscillatory ventilation, inhaled nitric oxide, continuous renal replacement therapies such as continuous veno-venous hemofiltration (CVVH), and neurologic monitoring including continuous EEG and ventricular assist devices, one of the few institutions in the world offering such technology to the smallest children.

Adult Congenital Heart Program

With the success of cardiac surgery in childhood, the number of young adults with congenital heart defects represents a unique and growing population and more than 30 different forms of congenital heart disease. Because these adults present a unique challenge for the cardiology community, the American Heart Association recently recognized Adult Congenital Heart Disease as a subspecialty of cardiology.

Our adult congenital heart program, the first of its kind in the Tri-State area, includes a team of board-certified pediatric and adult cardiologists, cardiothoracic surgeons, and intensive care experts specifically trained in adult congenital heart disease. They assist in managing young and older adults who present with primary or post-repair congenital heart disease.

Our physicians have expertise in echocardiography, interventional cardiac catheterization, interventional electrophysiology, pulmonary hypertension, complex congenital heart surgery, and cardiac transplantation.



Research: Clinical & Basic Science

Following are a few examples of our ongoing efforts to expand our knowledge and develop new treatment options:

- NewYork-Presbyterian Hospital is one of only three hospitals in the United States to participate in a feasibility study involving a pulmonary valve created from bovine venous jugular tissue that could be implanted percutaneously.
- We are currently serving as co-investigator on several national ventricular assist device trials and participated on a multidisciplinary National Heart, Lung, and Blood Institute Specialized Centers of Clinically Oriented Research grant evaluating long-term mechanical ventricular assistance.
- The Center is studying the effects of cardiac surgery on ventricular function in infants and children, using state-of-the-art measuring techniques based on hemodynamics and echocardiography; mitochondrial respiratory abnormalities in patients with end-stage cardiomyopathy; and the genetics of ventricular hypertrophy.
- Important clinical research projects also include Visions, a prospective trial of BT (Blalock-Taussig) shunt vs. Sano connection in the Norwood procedure; investigation of biventricular pacing for acute heart failure after cardiac surgery; and the use of TEG (thromboelastography) to evaluate hypercoagulability in single ventricle patients pre- and post-Fontan completion.
- In 2008, we participated in a consortium of major children's hospitals charged with defining quality measures and best practices in pediatric cardiac surgery.
- A new NIH-supported study evaluates the in utero effects of congenital heart disease on neurodevelopmental outcomes in childhood.
- Basic Science research investigates regulation of cardiac Morphogenesis (development of cardiac malformations) by Nkx genes in the zebra fish embryo.



We consider referring physicians an important part of our cardiac team.

Emphasis on Patient Safety & Quality

Our surgeons are held to a rigorous standard. We hold monthly multi-disciplinary risk-adjusted mortality and morbidity conferences, where we review data on every patient. Additionally, every six months we review surgeon-specific mortality and complications with regard to several specific areas:

- post-operative infection
- unplanned re-operation or re-intervention
- unplanned need for mechanical support
- new post-operative neurological findings
- re-operation for bleeding
- post-operative cardiac arrest
- major technical problems during surgery

Twice a year, each surgeon receives a surgeon-specific performance metric. The result: we are able to maintain the highest quality by identifying and correcting potential problems early, which ultimately makes our patients safer.

Open Communication with Referring Physicians

We consider referring physicians an integral part of our cardiac team and are committed to keeping them updated about a patient's medical status, major treatment recommendations and progress during hospitalization. Within hours after patients leave the hospital, we provide a detailed discharge summary to all referring physicians for their reference and continuum of patient care.



Center Outcomes



While we treat some of the most complex cases, our survival rates surpass the national average, with children routinely returning to normal levels of activity and living into adulthood.

Our pediatric surgeons perform more than 700 surgeries for congenital heart disease every year and offer the best possible surgical outcomes for our young patients. Our participation in the Society of Thoracic Surgeons (STS) congenital heart surgery database allows us to compare our performance with other pediatric heart surgery programs throughout the country.

Neonatal Cardiac Surgery at age < 30 days

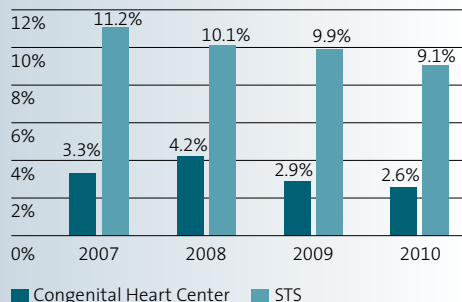
Early repair of congenital heart defects in neonates can minimize the need for future surgeries. For decades, our comprehensive Neonatal Cardiac Surgery program has been performing neonatal repairs of congenital defects – such as transposition of the great arteries, coarctation of the aorta, truncus arteriosus, and hypoplastic left heart syndrome – with outstanding results. Columbia-Presbyterian surgeons James R. Malm and Frederick O. Bowman Jr. pioneered many of the early cardiac repair techniques used today, including Tetralogy of Fallot repair and the use of the heart-lung machine in children.

The mortality rate for neonates at the Congenital Heart Center is among the lowest in the nation:

4.1%

The latest STS report cites a neonatal mortality of 4.1% for the Congenital Heart Center based on the complexity of cases. STS predicted mortality was 9.8%.

Neonatal Cardiac Surgery Mortality
NewYork-Presbyterian Congenital Heart Center



Volume: 200 Annual Admissions

The Tri-State area's largest referral center for babies born with congenital heart disease, we admit approximately 200 babies every year. Not all of these infants require surgery.

Mortality: One of the lowest in the nation

Mortality is the most common performance metric used in following outcomes of congenital heart surgery. In leading high-volume centers throughout the country, the mortality rate in neonates after congenital heart surgery is approximately 7%*. While we treat some of the most complex cases turned away by other centers, our survival rates surpass the national average, with children routinely returning to normal levels of activity and living into adulthood.

*Source: Society of Thoracic Surgeons (STS) Congenital Heart Surgery Database 2009 Report – Discharge Mortality for all participating centers for neonates 2006-2009: 10.4%.

Cumulative Survival for Four Major Lesions Repaired/Palliated >95%: 2007-2010

Cumulative survival for the four major lesions repaired or palliated in the newborn period since 2007 has been greater than 95%. Notably, neonatal Tetralogy of Fallot repairs had survival rates of 100% for the period.

	Congenital Heart Center Mortality	STS National Benchmark 2007-2010 Mortality
TGA (Transposition of the Great Arteries)	1%	4.1%
HLHS (Hypoplastic Left Heart Syndrome)	10%	17.4%
TOF (Tetralogy of Fallot Repair)	0%	8%
TAPVR (Total Anomalous Pulmonary Venous Return)	4%	10.6%

Neonatal Cardiac Surgery
at age < 30 days
(continued)

Norwood Procedure

Infants with Hypoplastic Left Heart Syndrome (HLHS) have an incompletely formed left ventricle. Since the early 1980s, a three-step serial procedure designed to create normal blood flow in and out of the heart has extended the life of infants born with HLHS. The Norwood procedure, the first of the three procedures, has the highest risk-adjusted mortality rate among all neonatal and pediatric heart surgeries.

We have extensive experience with the Norwood procedure and stage palliation for HLHS, having performed it since 1985. Our outcomes for this type of repair rank among the best in the country. We are currently involved in a major multi-institutional study evaluating this and other innovative procedures for the treatment of HLHS.

Survival: Over 90%

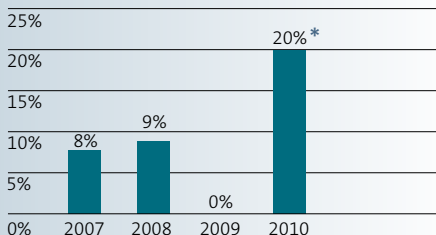
Survival following the Norwood procedure continues to be a challenge. On average, about 80% survive. Hospital mortality after the Norwood procedure is more than 17% in the Society of Thoracic Surgeons (STS) database for 2007-2010.

The Congenital Heart Center mortality rate following the Norwood Procedure has declined substantially since 2005, with survival now over 90%. Notably, there was no mortality in 2009 for infants undergoing the first stage operation.

At the Congenital Heart Center the survival rate after the Norwood Procedure is among the best in the country: Over

90% 2007-2010

Norwood Procedure Hospital Discharge Mortality 2007- 2010
NewYork-Presbyterian Congenital Heart Center



*Review of 2010 mortality revealed all cases to be extremely high risk.

Approximate Volume Per Year **23**

	Congenital Heart Center 2007-2010	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	10%	17.4%



Neonatal Cardiac Surgery
at age < 30 days
(continued)

Arterial Switch Operation (ASO)

The arterial switch operation corrects transposition of the great arteries, a condition in which anatomical positions of the pulmonary artery and the aorta are switched, so that the aorta rises from the right ventricle and the pulmonary artery arises from the left ventricle. This anomaly causes oxygen-poor blood, a life-threatening medical emergency requiring immediate treatment.

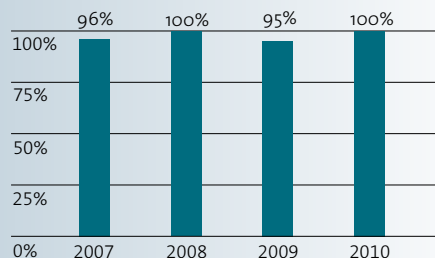
In the 1980s and 1990s, New York Presbyterian's Dr. Jan Quaegebeur, one of the nation's top pediatric heart surgeons, pioneered this innovative procedure which re-establishes normal anatomy and function, while seeking to avoid complications associated with other surgical approaches. We have performed more than 400 arterial switch procedures since 1990 and our surgeons have been at the forefront of a series of evolutionary operations.

As a quaternary, or subspecialty referral center, a large proportion of the babies transferred to us either pre- or post-natally have complex transposition forms, involving transposition of the great arteries *and* either a Ventricular Septal Defect (VSD) or aortic arch problems such as aortic coarctation or Taussig-Bing anomaly. We also see an unusually large proportion of low birthweight babies with transposition.

Survival After Arterial Switch Operation
New York-Presbyterian Congenital Heart Center

Survival rates for newborns after the Arterial Switch Operation (2007–2010) at the Congenital Heart Center set world-class standards – over 96% and most notably, in 2008 & 2010:

100%



Volume (Since 1990) > 400

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	2%	4%

Tetralogy of Fallot

Tetralogy of Fallot is marked by a hole between the right and left ventricles (VSD) in conjunction with an obstruction between the right ventricle and the pulmonary artery (pulmonary stenosis).

As a result of these two abnormalities, unoxygenated blood can bypass the lungs, enter the aorta and produce cyanosis. Most children with this defect have open heart surgery to close the ventricular septal defect and remove the obstructing muscle. The procedure is individualized for each child, depending on age, anatomy and clinical symptoms.

Volume (2007-2010) **146**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	1.3%	1.7%



Atrial Septal Defect Repair (ASD)

ASD is characterized by a hole between the atria (upper chambers of the heart). The majority of straightforward ASDs are closed percutaneously in the cath lab, without the need for surgery. Our interventional cardiologists are particularly adept at this procedure. However, a minority of patients will still require surgery. Typically, these patients have larger holes, or the position of the hole in the heart makes it difficult to close with a device.

When a child requires surgery for an ASD, we always will perform minimally-invasive surgery. Specialized instruments allow us to close these defects through tiny incisions. While cardiopulmonary bypass is still needed, it is more simplified than what we typically use in the repair of more serious defects. In most cases, patients do not require blood transfusions.



Volume (2007-2010) **155**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	< 1%	< 1%

Ventricular Septal Defect Repair (VSD)

Close to 100% of our patients survive Ventricular Septal Defect Repair, even in premature and very low birthweight babies.

Unlike ASDs, most VSDs still require surgical repair. At the Congenital Heart Center, our pediatric cardiac surgeons provide minimally invasive cardiac surgery and hybrid surgery for the treatment of ventricular septal defects, with the goal of small incisions and transfusion-free surgery.



Volume (2007-2010) **198**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	0%	0.5%

Atrioventricular Canal Defect (AV Canal)

AV Canal defects are complicated lesions where the center of the septum (the wall that separates the left and right heart) is missing. The mitral and tricuspid valves are fused in this malformation and extremely abnormal. AV Canal defect surgery requires highly specialized and technical expertise. As with other complex cardiac defects, the more often you do them, the better your results are.



Volume (2007-2010) **133**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	0.7%	2.5%

Aortic Valve/Ross Procedure (Pulmonary Autograft)

When the aortic valve is so abnormal that it cannot be effectively repaired, a valve replacement operation may be recommended. Our surgeons perform a technically demanding surgery called the Ross procedure, in which the patient's own normal pulmonary valve is used to replace the damaged aortic valve. The pulmonary valve itself is then replaced with a homograft (human tissue) valve. The homograft valve can be large enough to allow for growth and because it is not subjected to high pressure, it can last much longer in the position of the low pressure pulmonary valve. However, it is likely that it will eventually need to be replaced.

Once the homograft valve deteriorates (which takes years), it can often be dilated in the cath lab. And today, our interventional cardiologists can implant a new valve percutaneously into the homograft, avoiding another surgery.

The Ross operation is more complicated than aortic valve replacement with a tissue valve or mechanical valve. However, data have consistently shown excellent durability and long-term function of the pulmonary valve in the aortic position. Studies point to a 10-15% incidence of reoperation for pulmonary homograft degeneration over 10-15 years and a smaller incidence of reoperation on the new aortic valve.

Volume (2007-2010) **35**

Congenital
Heart
Center

STS
National Benchmark
2007-2010

Overall Hospital
Discharge Mortality Rate

Ross & Ross-Konno **0%** Ross & Ross-Konno **4.2%**

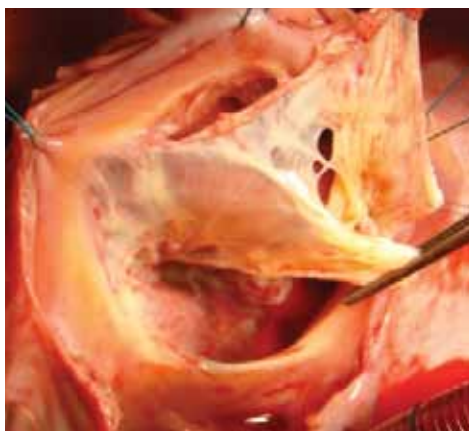


Valve Repair

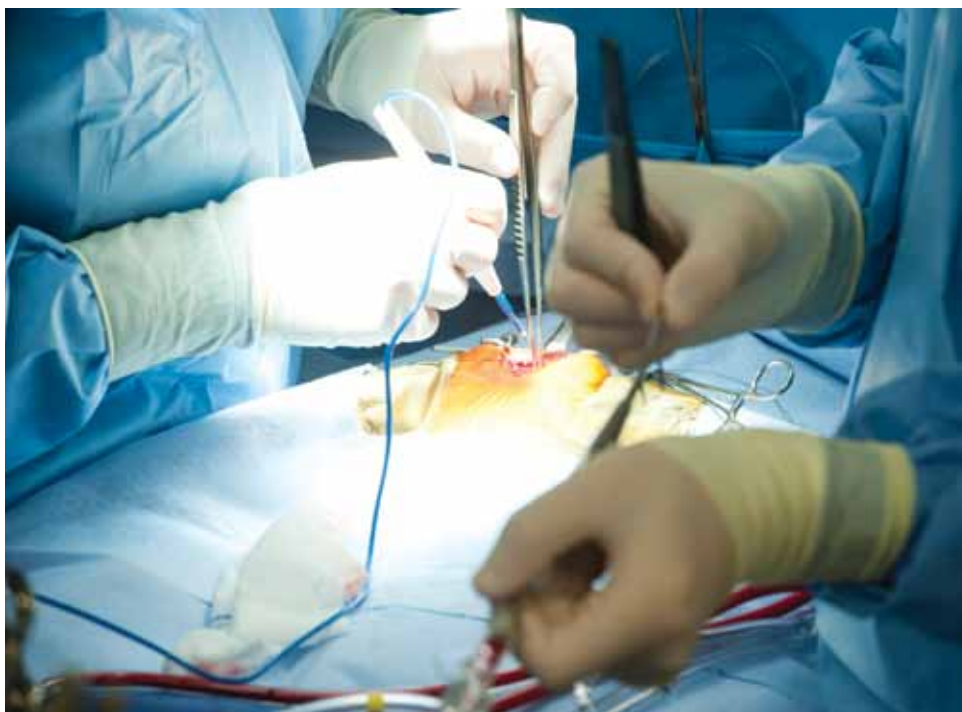
A valve repair is more complicated surgery than a valve replace, but the advantage is that patients retain their own valve. And in young patients, the repaired valve grows with the child as he or she gets older.

Pediatric and congenital heart surgeons at NewYork-Presbyterian Morgan Stanley Children's Hospital and NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health have published extensively on pediatric heart valve surgery and have pioneered many of the valvuloplasty techniques used today to repair conditions such as:

- Ebstein's anomaly
- aortic valve disease
- congenital mitral valve disease



Cone repair for Ebstein's malformation



Our pediatric heart surgeons have pioneered many of the innovative surgical techniques used today to treat heart valve disease in children.

Fontan Operation

The Fontan operation is performed after 2 years of age, and corrects single ventricle disorders where both unoxygenated blood and oxygenated blood are mixed within the single ventricle. The operation corrects cyanosis and eliminates the right to left shunt which is present in patients with a single ventricle.

The Fontan operation has undergone several modifications over the years in order to improve long-term results. Current protocol directs both the inferior and superior vena caval blood directly into the pulmonary arteries, which reduces the incidence of late atria arrhythmias. Our pediatric cardiac surgeons have expertise in the Fontan procedure, which directs oxygen-poor blood directly to the pulmonary artery and lungs. The single ventricle is reserved for collecting oxygen-rich blood from the lungs, then pumping it to the aorta and the rest of the body.



Volume (2007-2010) **142**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	3.5%*	1.8%

*This higher than average mortality rate for the Fontan procedure was reviewed extensively. Analysis shows that cases were markedly above average risk due to the quaternary nature of our referral patterns in the region. A large number of these surgeries were performed on extremely high-risk patients who had no other options, given the scarcity of heart organ donors.

Pediatric Transplant & Mechanical Assist Devices

In 1984, surgeons at NewYork-Presbyterian Morgan Stanley Children's Hospital performed the world's first successful pediatric heart transplant.

Having performed over 360 pediatric heart transplants since 1984, we are one of the largest pediatric heart transplant programs in the United States, ranking in the nation's top five centers for pediatric heart transplant for the last decade. Typically, we perform more than 25 pediatric heart transplants each year – more than any other hospital in the country – many on children who could not be helped at other institutions.



Volume (2007-2010) **82**

	Congenital Heart Center	STS National Benchmark 2007-2010
Overall Hospital Discharge Mortality Rate	2.4%	3.9%

Adult Congenital Heart Surgery

As more patients survive open heart repairs as children, they often require additional procedures such as valve surgeries or Fontan conversions in adulthood. In fact, it is expected that by the year 2020, more adults than children will need open heart procedures to correct congenital heart defects.

The Schneeweiss Adult Congenital Heart Center at NewYork-Presbyterian is one of the oldest centers for treatment adult congenital heart disease. Our surgeons perform sometimes lengthy and complex adult surgeries at the Vivian and Seymour Milstein Family Heart Center, where patients are cared for by a team with specialized expertise in adult congenital heart disease under the leadership of Dr. Marlon S. Rosenbaum.



Volume (2007-2010) **209**

Congenital Heart Center
STS National Benchmark
2007-2010

Overall Hospital Discharge Mortality Rate

1%

1.9%

Meet Our Pediatric Cardiovascular Surgeons & Cardiologists

Surgeons



Emile A. Bacha, MD

Chief, Congenital and Pediatric Cardiac Surgery
NewYork-Presbyterian Morgan Stanley Children's Hospital and
NewYork-Presbyterian Phyllis and David Komansky Center for
Children's Health
Co-Director
NewYork-Presbyterian Congenital Heart Center

Dr. Emile A. Bacha is Director, Congenital and Pediatric Cardiac Surgery at NewYork-Presbyterian Congenital Heart Center, located at NewYork-Presbyterian's two primary locations – Morgan Stanley Children's Hospital and the Phyllis and David Komansky Center for Children's Health. He is also the Calvin F. Barber Professor of Surgery at Columbia University College of Physicians and Surgeons, and Adjunct Professor of Surgery, Weill Cornell Medical College. Immediately prior to joining NewYork-Presbyterian, he was Associate Professor of Surgery at Harvard Medical School and Senior Cardiac Surgeon at Children's Hospital Boston. Dr. Bacha is widely recognized as a pioneer in developing minimally invasive techniques for correcting congenital heart defects. Among his notable innovations is the development of a less invasive surgical alternative for treating babies born with ineffective left ventricles – one of the most life-threatening birth defects. These innovations are reinforced by his interest in outcomes research. Dr. Bacha is funded through a grant from the American Heart Association to study operating room procedures with the aim of maximizing safety and ensuring the best possible surgical results.

After receiving his medical degree from Ludwig-Maximilians-University in Munich, Germany, Dr. Bacha completed an internship and the first portion of his general surgery residency at the affiliated Klinikum Grosshadern University Hospital and German Heart Center. He completed his residency at Massachusetts General Hospital/Harvard Medical School in Boston and Emory School of Medicine Affiliated Hospitals in Atlanta. He was a Research Fellow in cardiothoracic surgery at Hospital Marie-Lannelongue in Paris, and completed his cardiothoracic surgery fellowship at Massachusetts General Hospital and Children's Hospital Boston /Harvard Medical School. In 2000, he joined faculty of the University of Chicago where he helped establish their pediatric cardiac surgery program, including a minimally invasive surgery program. In 2005, he returned to Harvard and Children's Hospital Boston, serving as Associate Professor of Surgery and Senior Associate in the Department of Cardiac Surgery where he was named Chief, Adult Congenital Heart Disease Surgery in 2006 and Director, Congenital Heart Valve Disease Center in 2008. He joined NewYork-Presbyterian Morgan Stanley Children's Hospital in January of 2010.

Dr. Bacha is Board Certified by the American Board of Surgery, American Board of Thoracic Surgery and the American Board of Congenital Heart Surgery. He has received many professional honors and awards and is widely published.

Surgeons



Jonathan M. Chen, MD

Surgical Director, Pediatric Cardiac Transplant

New York-Presbyterian Morgan Stanley Children's Hospital

Director, Pediatric Cardiovascular Services

New York-Presbyterian Phyllis and David Komansky Center for Children's Health/Weill Cornell Medical Center

David Wallace-Starr Foundation Professor of Cardiothoracic Surgery and Pediatrics

New York-Presbyterian Hospital/Weill Cornell Medical Center

Dr. Jonathan M. Chen is a Professor of Cardiothoracic Surgery in the Department of Cardiothoracic Surgery at New York-Presbyterian Hospital/Weill Cornell Medical Center and Chief of Pediatric Cardiac Surgery and Director of Pediatric Cardiovascular services.

Dr. Chen completed his undergraduate studies at Yale University and his medical education at Columbia University College of Physicians and Surgeons. He trained in both General Surgery and Cardiothoracic Surgery at New York-Presbyterian Hospital/Columbia University Medical Center and subsequently finished successive fellowships in heart transplantation, ventricular assist devices, and congenital cardiac surgery.

As Director of Pediatric Cardiovascular Services at Weill Cornell, Dr. Chen oversees the clinical operations, research and global health initiatives of both Pediatric Cardiology and Pediatric Cardiovascular Surgery.

He is currently a co-investigator on several national ventricular assist device (VAD) trials, and participated on a multi-disciplinary National Heart-Lung Blood Institute (NHLBI) Specialized Centers of Clinically Oriented Research (SCCOR) grant evaluating long-term mechanical ventricular assistance. His particular research interest is in the development and design of a ventricular assist device for infants and small children.

Dr. Chen is jointly appointed at Columbia University College of Physicians and Surgeons and New York-Presbyterian Morgan Stanley Children's Hospital, where he serves as Surgical Director of Pediatric Heart Transplantation.

Dr. Chen has participated in international humanitarian efforts to extend pediatric cardiac surgery to developing nations and has taught surgeons and cardiologists at the Teda International Cardiovascular Hospital in Tianjin, China, the Phnom Penh Heart Center in Cambodia, the Fann Heart Center in Dakar, Senegal, and the Jilin Heart Institute in Changchun, China. He is regularly named as one of *New York Magazine's* "Top 100 Doctors" in New York.

Surgeons



Jan M. Quaegebeur, MD

Director, Pediatric Cardiac Surgery

NewYork-Presbyterian Morgan Stanley Children's Hospital

Attending Surgeon

NewYork-Presbyterian Hospital/Columbia University Medical Center

Morris & Rose Milstein Professor of Surgery

Columbia University College of Physicians and Surgeons

Dr. Jan Quaegebeur is of the generation that helped to create modern pediatric cardiac surgery. He was born in Belgium and trained in the Netherlands, Boston, Birmingham (Alabama) and Houston.

Widely recognized as one of the nation's top pediatric cardiac surgeons, Dr. Quaegebeur is currently the Morris & Rose Milstein Professor of Surgery at NewYork-Presbyterian Hospital/Columbia University College of Physicians & Surgeons and Attending Cardiac Surgeon at NewYork-Presbyterian Hospital/Columbia University Medical Center. He is well known in the medical world for having developed the arterial switch, a procedure performed on newborns with Transposition of the Great Arteries.

Before Dr. Quaegebeur entered the field, heart surgeons hesitated to operate on newborns, believing they were too fragile to undergo open heart surgery. For Dr. Quaegebeur, the imperative to operate early crystallized in the mid-seventies with a specific defect where the arteries that should go to a child's lungs connected instead to the aorta, the big vessel that feeds blood to the body. The solution was obvious. You had to switch the arteries – and you had to do it immediately.

The operation was considered extremely difficult, if not impossible. But Dr. Quaegebeur pressed on, studying some 7,500 hearts. By the early eighties, Dr. Quaegebeur had dramatically lowered the mortality rate of the procedure to approximately 5 percent. Today, mortality is about 2 percent.

The arterial switch is Dr. Quaegebeur's signature operation. Close to sixty percent of his operations are performed on children in the first three months of life.

Cardiologists



Richard A. Friedman, MD, MBA

Chief, Pediatric Cardiology

NewYork-Presbyterian Morgan Stanley Children's Hospital & Phyllis and David Komansky Center for Children's Health

Professor of Pediatrics

Columbia University College of Physicians & Surgeons

Co-Director

NewYork-Presbyterian Congenital Heart Center

Richard A. Friedman, MD, MBA, is Chief of Pediatric Cardiology at NewYork-Presbyterian Morgan Stanley Children's Hospital and NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health, as well as a co-director of the Congenital Heart Center. He is also Professor of Pediatrics at the College of Physicians and Surgeons of Columbia University.

Most recently, Dr. Friedman served as founding co-director of the Texas Adult Congenital Heart Center and professor of pediatrics (cardiology) at Baylor College of Medicine in Houston, Texas. He also served as director of both the Outpatient Services Clinic and Electrophysiology and Pacing at Texas Children's Hospital.

Dr. Friedman is board certified in pediatrics with subspecialty certification in pediatric cardiology. He earned his medical degree from the University of Pittsburgh School of Medicine (1980) and an MBA from University of Chicago Graduate School of Business (2002). Dr. Friedman completed a National Institutes of Health (NIH) Electrophysiology Research Fellowship, followed by a fellowship at Baylor College of Medicine. He is certified by the International Board of Heart Rhythm Examiners (IBHRE) as a Certified Cardiac Device Specialist.

His clinical focus includes radiofrequency catheter ablation; basic and clinical research of arrhythmias and their mechanisms; pacemakers, implantable cardioverter-defibrillators, implantable loop recorders, and pacemaker lead extraction; syncope, the prevention of sudden cardiac arrhythmic death, risk stratification of individuals, and the use of appropriate testing to identify them.

Dr. Friedman is a Fellow of the Heart Rhythm Society, the American College of Cardiology and the American Academy of Pediatrics.

Cardiologists



Marlon Rosenbaum, MD

Director, Adult Congenital Heart Disease

Schneeweiss-Columbia Adult Congenital Heart Center

NewYork-Presbyterian Hospital/Columbia University Medical Center

Associate Clinical Professor of Medicine and Pediatrics

Columbia University College of Physicians and Surgeons

Dr. Marlon Rosenbaum is Director of the Schneeweiss Adult Congenital Heart Center at NewYork-Presbyterian Hospital and an Associate Clinical Professor of Medicine and Pediatrics at Columbia University College of Physicians and Surgeons. He received his MD from the NYU School of Medicine and completed his internship and residency in internal medicine at Columbia-Presbyterian. He subsequently did post-graduate training in Cardiology and Cardiac Electrophysiology at New York Medical College, Massachusetts General Hospital and Columbia-Presbyterian.

Dr. Rosenbaum is the co-author of “Congenital Heart Disease in the Adult.” He lectures extensively on adult congenital heart disease and is responsible for cardiology Fellowship training in this field. His research interests include outcome studies involving the systemic right ventricle and cardiac MRI, pulmonary valve replacement in patients with pulmonary regurgitation, and mechanism of atrial arrhythmias in Tetralogy of Fallot.

Dr. Rosenbaum is a Fellow of the American College of Cardiology and a member of the American Heart Association, International Society for Adult Congenital Heart Disease, and Adult Congenital Heart Association.



For more information about our pediatric cardiac surgery programs,
visit our website: childrensnyp.org
Contact our physicians: call 212-305-2688 email eb2709@columbia.edu



NewYork-Presbyterian Morgan Stanley Children's Hospital and NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health have built a national reputation for outstanding care devoted to children.



NewYork-Presbyterian
Congenital Heart Center

Locations

NewYork-Presbyterian
Morgan Stanley Children's Hospital
3959 Broadway
New York, NY 10032

NewYork-Presbyterian
Phyllis and David Komansky Center for Children's Health
525 East 68th Street
New York, NY 10065

Physician-to-Physician Transfer: **1-800-NYP-STAT (1-800-697-7828)**

For more information about our pediatric surgery program, visit: **childrensnyp.org**

Contact our physicians: **phone 212-305-2688 e-mail eb2709@columbia.edu**