

the division of
Cardiothoracic Surgery



HEALING HEARTS



COLUMBIA UNIVERSITY
MEDICAL CENTER

Welcome to the Division
of Cardiothoracic Surgery
at NewYork-Presbyterian/
Columbia University
Medical Center

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Whether you are considering the options available for a cardiac surgical procedure for yourself or a loved one, or if you're still searching for a cardiac surgery program with a level of expertise and personal service that makes you feel secure, you've come to the right place.

We firmly believe that health is more than the simple absence of disease. As we perform the most advanced procedures to treat heart diseases and disorders, we also run programs focused on prevention and on emotional and spiritual well-being to promote a supportive and healing environment. Our surgeons, among the best in the world, are supported by a team of experts in every field, working together collaboratively to evaluate the patient and to determine the most appropriate therapies for returning them to improved health, quality of life, and expectation of longevity.

We realize that even though we have taken care of thousands of people, this is probably the first time you are considering cardiac care for you or someone close to you. We have used our experience to anticipate your questions. What happens in the hospital? What happens at the first appointment? How do you prepare for surgery? What happens the day of surgery? What happens after the operation? How long will you be in the hospital? Who will take care of you when you return home? We have answers. We also know about information overload. You may find many answers to your questions at your own pace by visiting "patient experience" at www.columbiaheart.org. We have also included in this brochure a complete list of our resources that our outreach coordinator can make available to you.

A handwritten signature in black ink, appearing to read "Craig R. Smith".

Craig R. Smith, MD, FACS
Interim Chairman, Department of Surgery
Calvin F. Barber Professor of Surgery
Chief, Division of Cardiothoracic Surgery

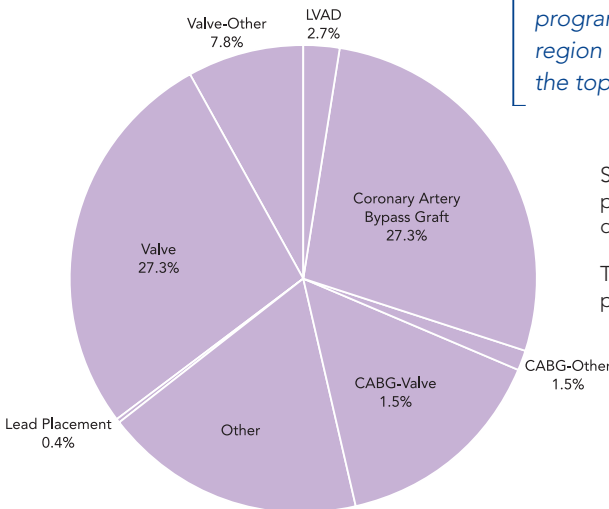
WHAT ARE MY SURGICAL OPTIONS?

The most advanced surgical treatments for every type of cardiac disease are available at Columbia. We are continually in the process of improving surgical procedures to make them safer while developing new procedures. We routinely apply advanced techniques such as minimally invasive and robotic surgery, and regularly collaborate with our interventional cardiology colleagues so that we can hold all options at the ready depending on the patient's needs.

We also have several advanced recovery and prevention programs, including the Columbia Integrative Medicine Program, offering a variety of mind-body techniques and somatic therapies to help patients navigate their surgery and recovery, as well as to incorporate well-being into their lives after surgery.



The U.S. News & World Report America's Best Hospitals survey has ranked NewYork-Presbyterian Hospital's cardiac program in the top 10 for seven years running. It is the only program in the New York region ever to have made the top 10.



Snapshot of cardiac procedures at Columbia during 2006

Total adult procedures performed: 1,237

Open Heart Surgery

Columbia is a world leader in the development of traditional open heart surgery and has developed many specialized procedures that are in routine use around the world today.

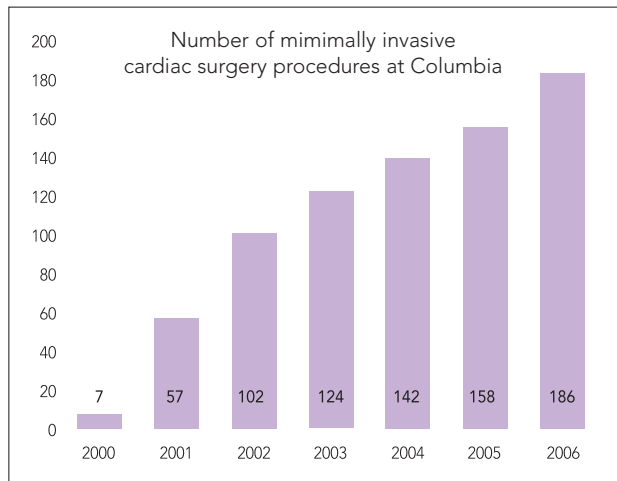
Cardiac surgeons at Columbia successfully conduct open heart surgery operations on patients with multiple risk factors who often cannot find care elsewhere, including patients who have had previous heart operations, strokes, kidney disease, or who are at risk due to advanced age.

Successfully managing potential risks in cardiac surgery patients with chronic disease is our expertise. In 2006, 22% of our patients were diabetics at high risk for complications, and 76% of our patients were at overall high risk for complications. Even with these complexities, length of postoperative stay in the hospital has not significantly increased.

Minimally Invasive Surgery

Many procedures traditionally done through large chest incisions can now be performed via “closed” procedures with minimally invasive techniques. Minimally invasive surgery involves special surgical instruments including miniature cameras that are guided through tiny incisions.

Advantages of minimally invasive surgery typically include faster recovery, less post-operative pain, reduced risk of infection, and a better cosmetic outcome.



Surgeon-scientists at Columbia have been instrumental in the development of numerous technologies and techniques for performing minimally invasive cardiac procedures, including the MitraClip™ (to repair the mitral valve) and new techniques for repairing or implanting a heart valve with catheters threaded through the blood vessels instead of via incision. Columbia surgeons perform the full range of least-invasive mitral, aortic, and bypass surgeries available in the world today and continue to lead the charge for even less traumatic solutions to heart disease. Moreover, Columbia is one of the nation's premier training centers for minimally invasive surgery.

Robotic Cardiac Surgery

Columbia's cardiac surgeons are among the most experienced in the nation in robotic cardiac surgery. A series of historic robotic operations have been pioneered at Columbia, including coronary bypass, mitral valve repair, correction of heart defects, and regulation of abnormal heartbeats. Robotic surgery, in which the surgeon manipulates the robot via a console in the operating room, utilizes the techniques of minimally invasive surgery, benefiting from all of its advantages plus added precision and special articulations and manipulations not possible with a human hand.

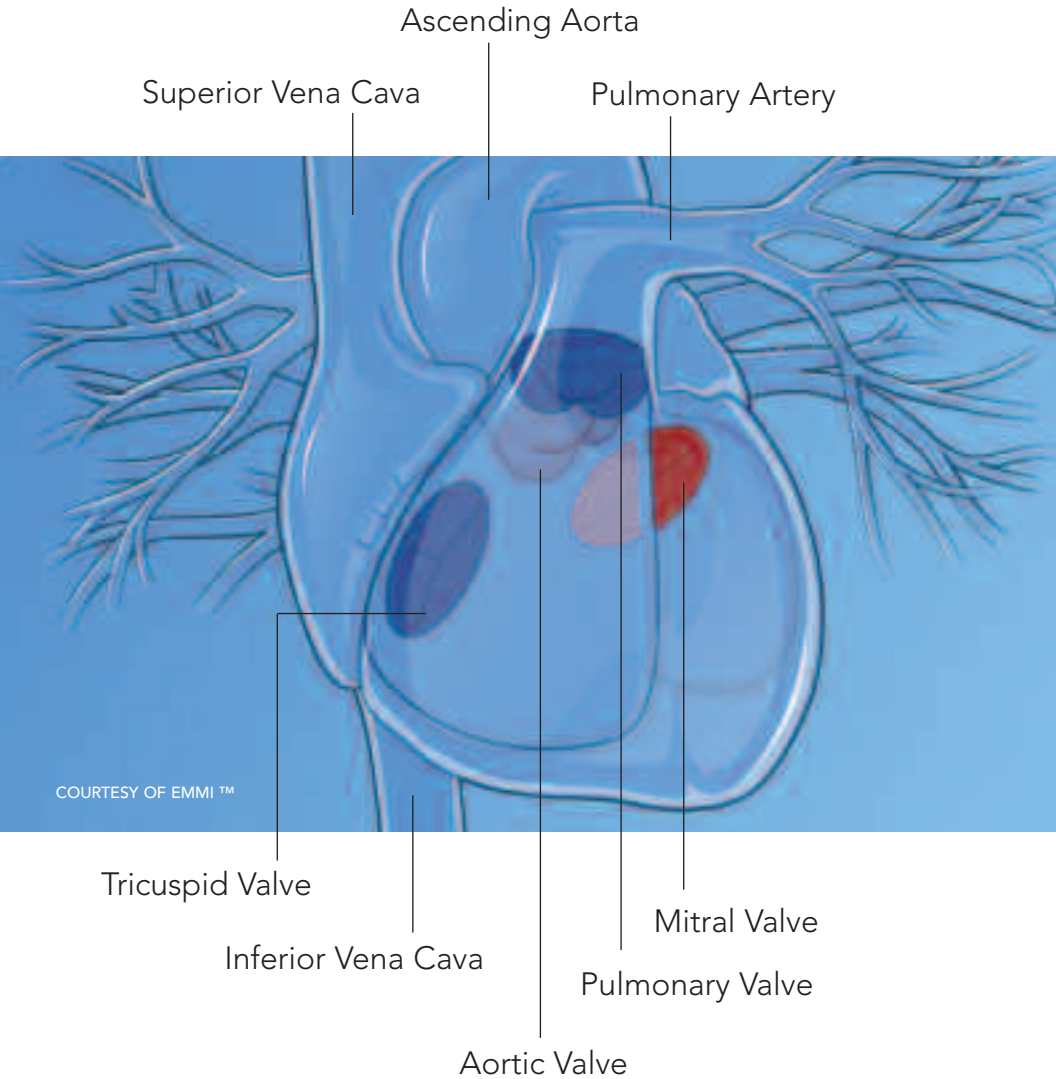
Interventional Cardiology

Interventional cardiac procedures are performed through the blood vessels (percutaneously) by means of a tube called a catheter. The physician guides tiny instruments through the catheter to open blocked vessels, install stents to prevent restenosis (coronary artery blockage), control cardiac arrhythmias, and to repair and replace damaged valves.

We collaborate with our Columbia interventional cardiology colleagues to offer this alternative to surgery to all patients who can benefit from it. Several of our cardiac surgeons are trained in interventional cardiology techniques. As a result, we can satisfy the needs of patients who require one or the other, or both options simultaneously, in one operation.

WHAT ARE THE PROCEDURES?

You and your surgeon determine which surgical procedure is best for you based on your cardiac condition and your general health.



Aiding the Heart's Vessels

Bypass Surgery

The heart's muscle needs blood just like the rest of the body, and when a vessel bringing blood to the heart is blocked, a coronary artery bypass graft, or CABG, circumvents that blockage through attachment of a vessel that reroutes blood to the heart muscle. Columbia surgeons use multiple techniques to perform CABG, including open heart surgery and minimally invasive surgery, depending on the patient's needs.

Columbia surgeons perform 50% percent of CABG operations "off-pump," meaning that the heart is not stopped, and use of a heart-lung machine to pump blood through the body during the procedure is not required. In off-pump coronary artery bypass grafting, known also as OPCAB, the surgeon restrains small areas of the beating heart to sew on the new vessel. Off-pump surgery lessens the risk of bleeding, reduces hospital stay, and may facilitate a significantly faster recovery.

The leg veins are often used in concert with the internal mammary artery (chest wall artery) to create the grafted vessel. These veins are removed by minimally invasive techniques to preserve the integrity of the vessel and minimize post-operative discomfort in the lower extremities.

Repair of the Aorta

The aorta, the largest artery in the body, receives oxygenated blood from the left ventricle and distributes it to the body. The aortic root, containing the aortic valve, is where the aorta exits the left ventricle. It gives rise to the arteries supplying blood to the heart muscle itself. The aorta then ascends for about five centimeters, forms an arch, and then descends downward to the lower body. Vessels



Vessels grafted from the base of the aorta onto the heart

*Mortality for coronary artery bypass operations at Columbia is consistently below the national average for U.S. academic medical centers.**

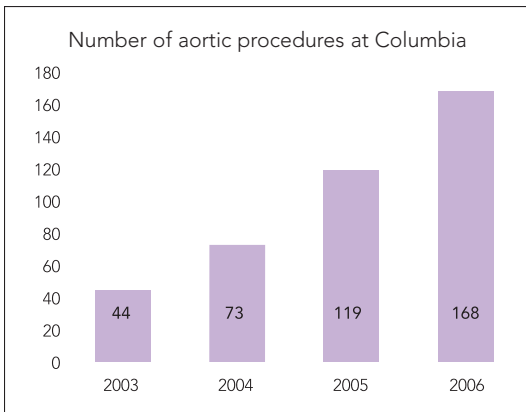
to the brain and arms branch off from the arch; vessels feeding blood to the lower half of the body branch off of the descending section below the diaphragm. The aorta is subject to aneurysms (weakenings), and dissections (tears), both of which can be life-threatening.

Conducted with minimally invasive techniques whenever possible, approaches to repairing the aorta include replacement of the aortic root, reconstruction of the aortic arch, replacement of a portion or the entire thoracic aorta, or insertion of an endovascular stent graft (consisting of a stiff mesh tube), which provides “scaffolding” support for the artery.

*Mortality for aortic valve replacement at Columbia is consistently below the national average for U.S. academic medical centers.**

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For aortic aneurysm repair, modern techniques make it possible to replace the aorta without harming the native valve. Columbia is a national leader in these valve-sparing operations. Our volume of these procedures more than doubled over the last two years.



The Heart's Gateways: Valve Repair and Replacement

The heart's four valves, which open and close alternately with each heartbeat, are made of thin leaflets that prevent blood from flowing backward while permitting blood to flow forward. Valvular disease has a variety of causes, including coronary artery disease, advanced age, congenital defects, and infection. It involves two scenarios: When a valve is leaky because it fails to close properly (prolapse), there is regurgitation or backflow of blood; when a valve fails to open properly because it is tightened or narrowed (stenosis), blood cannot flow forward. In both cases, the heart strains to pump enough blood to the body, eventually causing heart muscle damage.

To treat valvular disease, Columbia surgeons use either open or minimally invasive techniques to repair the patient's own valve, or replace that valve with a tissue or mechanical substitute. Because blood tends to clot when it comes in contact with mechanical valves, their implantation requires

patients to take blood-thinning medicines for the rest of their lives. Decisions about what type of valve to use in a replacement are based on the severity of symptoms and other considerations, such as age and whether or not the patient is using blood-thinning medication.

Columbia is the national leader in conducting beating-heart valve repair and replacement procedures.

During 2002-2006 the volume of Columbia's valve procedures increased by more than 50%.

Columbia conducts the most percutaneous aortic valve operations in the region, procedures in which the valve is changed without stopping the heart or opening the chest.

*Mortality for mitral valve repair at Columbia is consistently below the average for U.S. academic medical centers.**

Ross Procedure

In the Ross procedure, the diseased aortic valve is removed and replaced with the patient's own pulmonary valve. Columbia is one of the few institutions in the world that performs the procedure. By using a native tissue valve, the operation avoids need for blood thinners, decreases risk of infection, and in children, eliminates the need for a replacement valve in 7-10 years. These benefits mean the procedure is particularly appropriate for children, young adults, women who wish to become pregnant, and for active patients who do not wish to take blood thinners.

Mitral Valve Surgery

The mitral valve separates the left atrium from the left ventricle and regulates the flow of blood between these two chambers. In the condition known as mitral valve regurgitation, the valve leaks, resulting in backward flow through the valve, causing strain or overload on the left ventricle. The condition is almost always treated with valve repair rather than replacement, and in most cases patients resume a normal life, without need for blood thinners or other interventional therapies associated with valve replacement.

At Columbia, our surgeons now treat mitral valve regurgitation with an extremely effective, minimally invasive approach known as the “bow-tie” procedure, involving a tiny grasping tool developed by a Columbia surgeon. The bow-tie technique uses a single stitch to join the two leaflets of the valve. The valve can still open on both sides of the stitch, allowing adequate blood flow through the valve.

Pioneering Transcatheter Valve Procedures

Surgeon-scientists and interventional cardiologists at Columbia are currently investigating the potential of a non-invasive procedure for mitral valve repair known as the Evalve® Cardiovascular Valve Repair System. Passing a catheter through the blood vessels, the procedure involves placement of a tiny clip that binds the valve’s leaflets together where they meet. The heart beats normally throughout the procedure while the patient remains under general anesthesia. Usually, patients can leave the hospital within 48 hours with just an adhesive bandage where the catheter was placed.

Columbia was one of the first institutions in the U.S. to conduct percutaneous transcatheter heart valve insertion, in 2006. During this procedure, a catheter is advanced through the femoral artery – or through the chest wall and left ventricle – to the aortic valve, where a tissue valve with metal stent scaffolding is positioned and deployed.



Positioning of Evalve clip over heart valve



Leaking heart valve before clip is placed



Procedure completed, clip in place, and leaking resolved

COURTESY OF EVALVE®

X-ray guidance provides visualization. The force of the expanding stent anchors the new valve in place, completely avoiding the need for sutures, cardiopulmonary bypass, open surgery – and their associated effects.

Heart Rate

Atrial fibrillation (AF) is a form of arrhythmia, or irregular heartbeat, in which the two small upper chambers of the heart (the atria) quiver instead of beating effectively. It may be treated by electrically scarring the atria or the pulmonary vessels at the point where they leave the heart, or by use of a pacemaker.

With atrial fibrillation (AF) surgery proving its effectiveness, Columbia is conducting more and more of these procedures. Our "lone" AF (not conducted as part of another procedure) volume more than tripled from 2003-2006.

The Maze Procedure

This procedure treats atrial fibrillation by interrupting the electrical impulses that cause abnormal heart rhythm. The surgery typically involves the placement of incisions in both atria. When the incisions heal, scar tissue forms and prevents abnormal electrical impulses from passing through the heart.

Surgical Atrial Fibrillation Ablation

Surgeons at Columbia have developed a modification of the Maze procedure known as surgical atrial fibrillation ablation (SAFA). The procedure involves use of an energy source, such as radiofrequency, microwave, or laser, to create a limited number of scars in the left atrium, avoiding the need for multiple incisions in the heart. SAFA is most commonly performed in conjunction with other cardiac procedures, such as valve repair or coronary bypass, but is now offered as a procedure on its own.

The Columbia team has developed a totally endoscopic, beating heart version of SAFA. In this minimally invasive, robotically performed operation, the ablation is achieved through small puncture wounds in the chest, without stopping the heart or use of the heart-lung machine.

The Heart Muscle and Heart Failure

Heart failure occurs when one or more of the heart's chambers are unable to pump enough blood to meet the body's needs. Some cases of heart failure can be managed medically, while others must be repaired surgically or treated with mechanical circulatory support devices or heart transplantation.

Adult Congenital Heart Disease

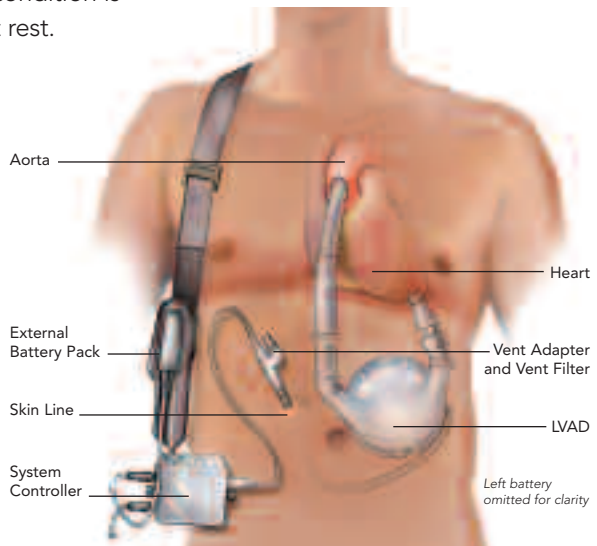
As innovations have dramatically improved the prognosis for children with congenital heart disease, surviving adults now require special attention for a broad range of problems. These may include the need to revise a childhood repair of atrial and ventricular septal defects (holes in the walls separating the upper and lower chambers of the heart). Adults may also develop new lesions superimposed on an early repair. Newly recognized congenital heart defects and complex arrhythmias also require surgical attention.

Columbia surgeons performed the first robotically-assisted atrial septal defect repair in 2001.

These defects can prevent the heart from pumping enough blood to meet the body's needs and may cause serious pulmonary problems due to the lungs being overloaded with blood flow (pulmonary hypertension). The main symptom of this condition is shortness of breath while at rest.

Cardiac Assist Devices

Columbia is a pioneer in the use of cardiac assist devices, also known as ventricular assist devices (VADs), in the mechanical management of congestive heart failure as both "bridge to transplant," supporting individuals waiting for a donor heart, and as "destination therapy"



LVAD Anatomy

for end-stage heart failure patients who are not candidates for transplantation.

The left ventricular assist device (LVAD) is designed to take over the function of the heart's left ventricle, which delivers oxygenated blood from the heart to the body and brain.

Columbia also offers a new mechanical approach to heart failure, known as bi-ventricular pacing (BIVAD), or cardiac resynchronization therapy (CRT). This therapy is especially helpful to heart failure patients suffering from desynchronization of the left and right ventricles arising from dysfunction of the heart's electrical conduction system.

Columbia was the first center in the region to use LVADs, and still performs the most heart transplants in the country.

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Columbia's five-year survival after primary heart transplant is 81%.

Heart Transplantation

Heart transplantation is the surgical placement of a healthy heart from a human donor into the body of a person whose own heart is failing. A heart transplant is performed when a heart condition cannot be treated by any other medical or surgical means.

Since the middle of the twentieth century, Columbia has been at the forefront of research that led to the development of safe and successful cardiac transplantation. The first in the world to perform a successful pediatric heart transplant in 1984, Columbia continues to lead in both research and clinical care for heart transplant patients.



The Other Heart

While we promote health by treating the heart muscle that pumps blood, we are also deeply concerned with well-being, in terms of the other heart – the one that houses the soul and the emotions. The Columbia Integrative Medicine Program, founded by a Columbia heart surgeon, offers many therapies to patients undergoing cardiac surgery, including relaxation skills training and stress management, massage/somatic therapy (such as cranio-sacral therapy and shiatsu), health-risk reduction counseling, guided imagery and self-hypnosis, mindfulness meditation, cardiac yoga and stretching, and family caregiver support. The Columbia Integrative Medicine Program is a leader of scientific research in this field, conducting ongoing studies on the benefits of alternative therapies for surgery patients.

Over 95% of our cardiac surgery patients take advantage of integrative and alternative medicine services. The nationally recognized Columbia Integrative Medicine Program runs a robust scientific research program investigating the effectiveness of these therapies for cardiac patients.



ALL ABOUT SURGERY



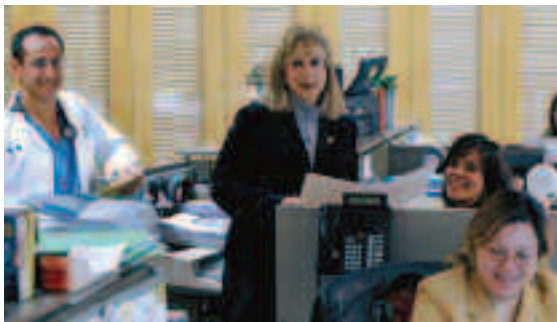
Columbia adult cardiac surgeons (L-R): Michael Argenziano, MD, Mathew R. Williams, MD, Yoshifumi Naka, MD, PhD, Henry M. Spotnitz, MD, Craig R. Smith, MD, Mehmet C. Oz, MD, Allan S. Stewart, MD

Your Cardiac Care Team

Once you and your cardiac surgeon have consulted about your surgical procedure, you will be introduced to your cardiac team, all of whom work together to care for you before, during, and after surgery. Team members

The New York-Presbyterian Hospital cardiac surgery program was number one in the 2006 New York Magazine/Castle Connolly Best Hospitals survey.

include your surgeon, a cardiologist, a physician assistant, an anesthesiologist, nurses, an outreach coordinator, pulmonary and physical therapists, and a social worker.



Diane B. Amato, Division Administrator and outreach coordinator for Division Chief, Craig R. Smith, MD

One-on-One Attention

Every person choosing Columbia for heart surgery receives individual support from the cardiac outreach coordinator. Guiding you through the specifics of your medical treatment, our outreach coordinator introduces you to the surgical, recovery and rehabilitation stages of cardiac treatment, gives you the educational materials you need, and directs you to classes.

Meanwhile, our cardiac surgery administrator, who has more than 30 years experience working in medical practices, sees to it that every person choosing Columbia for heart surgery receives personal attention and has their needs met. "We're here to help with logistics of every kind," she says. She and her staff strive to provide the best quality care to all patients entering our state-of-the-art facility, addressing patients' needs with a smile and word of encouragement.

Both are always just a phone call away to answer your questions and address your concerns.



Lisa Mainieri, MPH, MSW,
Cardiac Outreach Coordinator

What Will My Hospital Stay Be Like?

The cardiac outreach coordinator will give you the information you need, from what to wear to where to go. Preparing for recovery is an important part of getting ready for surgery. You and your family will be encouraged to attend our open heart surgery discharge classes in nutrition, stress management, care at home, and physical exercise during your post-operative stay. We also offer a class specifically for family caregivers.



A Note on the Post-Operative Period: Emotional Health

Depression and anxiety are well-documented among post-operative open heart surgery patients. While these symptoms are normal, treatable and transient, they can become barriers to recovery. Viewing emotional health as a critical part of the healing process, we hold an ongoing support group led by experienced

social workers to help transport patients and families to full recovery. Consisting of one hour of education and one hour of support, the group's meetings take place on the second Tuesday of every month.

What Happens After I Go Home?

Consistent follow-up insures the success of your operation. We help set up appropriate education and, if needed, cardiac rehabilitation, before you leave the hospital. Within a week or two of your operation, you will see your regular cardiologist for ongoing care. Four to six weeks post-operatively, you will return to Columbia for your surgery follow-up visit.

Rehabilitation Programs at Columbia

When surgery is complete, rehabilitation and then secondary prevention take over. We offer several rehabilitation and prevention programs, which are described at the end of this brochure.

What Are the Advantages of a Teaching Hospital?

As one of the world's leading teaching and research hospitals, Columbia has led the world in developing many treatments. We are continually pioneering new clinical approaches to cardiac care through research. If you have a condition that fits the criteria to participate in a clinical trial, you will be offered an opportunity to participate, although participation is always voluntary.

Columbia surgeons, who not only practice, but teach as well, must be informed of the newest findings, the most up-to-date information, and the best practices.

Our surgeons and cardiology colleagues are among the best in the world. This means they are often able to provide patients with complex, multiple and/or rare illnesses with care unavailable at other hospitals. NewYork-Presbyterian/Columbia has experts in every clinical area.

The Cardiac Surgery Program regularly draws upon their expertise in its commitment to providing care for the whole patient.



WHAT ELSE DOES COLUMBIA OFFER CARDIAC PATIENTS?

- If a member of your family is having heart surgery at Columbia, we want to make sure you're healthy too. The **PASSPORT to Heart Health** program offers free screening to relatives of people having surgery at Columbia and serves as a national model for comprehensive heart care. For more information, call 212.305.4255 or go to www.hearthealthtimes.com.
- The **Columbia Center for Heart Disease Prevention** is a specialized medical service for patients who would like to reduce their risk factors for heart disease and improve their lifestyle. For more information, call 212.305.4866 or go to www.hearthealthtimes.com.
- **CHEC**—the **Cardiovascular Health Education Center**—is a resource center for patients, families, and health care professionals, providing written materials, patient and family educational classes and seminars, as well as access to interdisciplinary programs and resources at Columbia. For more information, call 212.305.1493 or visit www.nyp.org/chec.
- **NewYork-Presbyterian Hospital** provides **inpatient and outpatient cardiac rehabilitation services**. For more information, go to www.nyprehabmed.org. For outpatient appointments, call 212.305.4695.
- The **Schneeweiss Center for Adult Congenital Heart Disease** cares for patients who have had cardiac surgery earlier in life and those with newly diagnosed congenital heart disease. For more information, call 212.305.6936 or visit www.columbiaheart.org.
- **Pediatric cardiac surgery**—Columbia performs 40% of New York State's pediatric cardiac surgery. To learn more about pediatric cardiac surgery at Columbia, call 212.305.5975 or visit www.pedsheartmd.org.

RESOURCES

Books by Columbia cardiac surgery faculty:

Deng, Mario C., MD, and Yoshifumi Naka, MD, PhD

Mechanical Circulatory Support Therapy in Advanced Heart Failure

Oz, Mehmet C., MD, and Michael F. Roizen, MD

YOU—ON A DIET: The Owner's Manual for Waist Management

Oz, Mehmet C., MD, and Michael F. Roizen, MD

YOU—THE SMART PATIENT: An Insider's Handbook for Getting the Best Treatment

Oz, Mehmet C., MD, and Michael F. Roizen, MD

YOU—THE OWNER'S MANUAL: An Insider's Guide to the Body that Will Make You Healthier and Younger

Oz, Mehmet C., MD

HEALING FROM THE HEART: A Leading Heart Surgeon Explores the Power of Complementary Medicine

Rose, Eric A., MD

SECOND OPINION: The Columbia Presbyterian Guide to Surgery

Weil, Andrew, MD, Erin Olivo, PhD, MPH, Steven Devries, MD, Martin Rossman, MD

THE HEALTHY HEART KIT: Keeping Your Heart Healthy for Life – A Complete Integrative Medical Program

Other Resources:

- Emmi™ – Short for expectation management and medical information, Emmi is an online patient education program designed to help patients become better educated before medical or surgical procedures. Packed with detailed illustrations, the program provides thorough, easily understandable explanations of dozens of procedures. Access Emmi at www.emmidemo.com.
- Surgical Breakthroughs from Discovery to Delivery, the Progress Report of the Columbia University Department of Surgery
- www.columbiaheart.org • www.columbiasurgery.org • www.nyp.org

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Mehmet C. Oz, MD, Founder and
Medical Director
Erin L. Olivo, PhD, MPH, Director

* University Health System Consortium, an alliance of 97 academic medical centers and 149 of their affiliated hospitals representing nearly 90% of the nation's non-profit academic medical centers

Contact Us:

For further information, please call 800.5.HEART.2.

To learn more about the Division of Cardiothoracic Surgery, its clinical trials, and cardiac surgery at Columbia in general, please go to: www.columbiaheart.org



COLUMBIA UNIVERSITY
MEDICAL CENTER

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Physicians requesting emergency patient transfer
please call: 800.NYP.STAT