David Mays: Signs of Heart Distress

What Happens the Day Before a Heart Attack

New Hope for Aneurysm Patients

Cardiac Program Receives Multiple Healthgrades® Awards

COOKEVILLE REGIONAL
Tennessee’s #1 Choice for State-of-the-Heart Care
Cookeville Regional Medical Center continues to receive awards and recognitions for its heart and vascular programs:

- The Society of Chest Pain Centers declared CRMC the only level-three accredited chest pain center in the Upper Cumberland.

- CRMC was named one of Healthgrades’ America’s 100 Best Hospitals for Cardiac Care” (2013) and America’s 100 Best Hospitals for Coronary Intervention” (2012-2013).

- The CRMC cardiac program received the Healthgrades Cardiac Care Excellence Award” and Coronary Intervention Excellence Award”.

- Healthgrades ranked CRMC among the Top 5% in the Nation and #1 in Tennessee for Overall Cardiac Services, for Cardiology Services and for Coronary Interventional Procedures.

- The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) awarded its certification to CRMC’s Cardiac and Pulmonary Rehabilitation Center program.

- The American Heart Association, for the second time, presented CRMC with its Mission: Lifeline® Bronze Quality Achievement Award.

- CRMC became one of only 26 hospitals nationwide to receive the American College of Cardiology Foundation’s NCDR® ACTION Registry®–GWTG™ Gold Performance Achievement Award for 2012.

These are just the latest in a long list of honors that demonstrate Cookeville Regional’s commitment to quality care for heart patients and prove that now, more than ever, you can trust your heart to Cookeville Regional.
Clockwise from top left: RN John Allison joins patient Lajuanna Fern Roe in the Cardiovascular Intensive Care Unit at Cookeville Regional; cardiologist Mariano Battaglia, M.D., left, and Hillary Flatt, RN, take care of a patient in The Heart & Vascular Center’s catheterization lab; doctors perform a procedure in Cookeville Regional’s new state-of-the-art electrophysiology lab; Dr. Sullivan Smith works in the CRMC Emergency Department, which houses the only level-three accredited chest pain center in the Upper Cumberland; Blanche and Pharoah Smithers, volunteers with the local Mended Hearts organization, offer support to cardiac patients, their family members and their caregivers.
Did you know that heart attacks have beginnings? These early signs and symptoms occur in over 50 percent of patients before an actual heart attack ever happens, which means that if these warning signs are recognized in time, treatment can begin before heart damage even begins to occur.

That’s the goal of the Early Heart Attack Care (EHAC) program, a public education program started by the Society of Cardiovascular Patient Care to educate people so that they don’t wait about calling an ambulance. Cookeville Regional recently adopted the EHAC program and is busy working to educate the public about the possibility of early heart attack detection and intervention. CRMC was recently recognized by the Society of Cardiovascular Patient Care as being among the first hospitals in the nation to participate in this new program.

“The signs can actually occur up to two weeks before the heart attack, but for the most part, you have a 24-hour window,” said Brenda Davis-Bryant, RN, CRMC Chest Pain Center Accreditation coordinator. “Within 24 hours, people might have body aches, shortness of breath, a wave of nausea, they’re more tired, they feel like they need to sit down, and they report having a feeling of doom.”

These types of signs should spur patients not to simply make a doctor’s appointment or pay a visit to the ER, but to call 911 for an ambulance, because time is of the essence, and there’s no way to know when the actual heart attack might begin.

“It’s really best to come in by ambulance,” said Dr. Thomas Little, a cardiologist with Tennessee Heart. “A lot of people die in cars before they get to the hospital, and you surely don’t want to be the person driving the car, because if you’re driving down I-40, it’s not likely to turn out well for you and possibly for other folks on the highway.”

An added benefit of calling an ambulance is that CRMC and area ambulance services follow the Code 37 protocol, another early heart attack initiative through which paramedics in transit can send EKG results to the hospital and get the heart team ready and on standby so that they’re waiting when the patient arrives.

“Many times we can’t tell until we do an EKG, even with all of our knowledge and training, so people shouldn’t be embarrassed if they can’t tell,” said Little.

Added Davis-Bryant, “For those who are hesitant to call because they’re afraid of the ambulance bill, I usually tell them that it’s going to be cheaper than a funeral. That usually hits home with them. If it’s a heart attack, we can stop it and hopefully stop the heart damage.”

PEOPLE IN THE EARLIEST STAGES OF A HEART ATTACK MAY OR MAY NOT EXPERIENCE ANY OR ALL OF THESE SYMPTOMS:

- Nausea
- Pain that travels down one or both arms
- Jaw pain
- Fatigue
- Anxiety
- Chest pressure, squeezing, burning, aching, tightness or discomfort
- Back pain
- Shortness of breath
- Feeling of fullness

These symptoms may come and go until finally becoming constant and severe.
Sixty-nine-year-old Boyd Brown is used to running many miles a week and working out at the gym at least three times a week, in addition to running a farm and fixing up old cars. Because he leads such an active life, a heart attack was the last thing he expected.

It started with crushing chest pain when Brown and his running partner and cousin Carolyn had just completed their regular three-mile morning run near her home in Lake Tansi. Since they were near Carolyn's house, she ran to get her car, then picked him up and took him to the emergency medical services (EMS) substation just a few blocks away.

"We walked into the security office, and the security officer looked at me and said, 'I'm going to get you some help,'" said Brown. "He knew I was in trouble."

Said paramedic Amory Myers, "You could just tell by looking at him. He had all the classic signs and symptoms of a heart attack: sweating profusely, the ashen color, chest pain, numbness to the left side. We got him into the back of the ambulance, started an IV on him, and did a 12-lead EKG on him."

She and paramedic Jason Edmonds took Brown to Cookeville Regional Medical Center. They chose CRMC because it was the closest hospital that does interventional heart catheterization — the standard treatment for a heart attack in progress — and because CRMC uses the Code 37 protocol, through which paramedics in transit can call the hospital and get the heart team ready and on standby so that they’re waiting when the patient arrives.

Because of their communication with the paramedics, Cookeville Regional’s heart cath team was ready to meet the ambulance at the entrance to the emergency room and to work on Brown continuously as they wheeled him from the ambulance to the cardiac cath lab.

"When the operator paged out 'Code 37 EMS Crossville,' we knew we had 30 to 45 minutes before they would be here, which gave us time to get everything ready for Mr. Brown," said Dr. Stacy Brewington, the Tennessee Heart cardiologist who was on call that day and who spearheaded the Code 37 initiative nearly seven years ago at Cookeville Regional. "They got him to us very quickly — 34 minutes — and then it usually takes us about 15 to 20 minutes to get someone into the cath lab and get their artery open."

Dr. Brewington discovered that Brown's left anterior descending artery — the main artery to the heart — was completely blocked.

"Frequently, when someone has a heart attack in that artery, the patient doesn’t survive," said Dr. Brewington. "That’s why a heart attack involving this artery has historically been referred to as the ‘widow-maker.’"

The entire procedure — from the moment the paramedics at the Lake Tansi EMS substation assessed the problem to the time Mr. Brown’s blockage was cleared at Cookeville Regional — was 70 minutes.

As of three weeks after his surgery, Brown was back to walking and biking — carefully and with a heart monitor, of course.

"In this business, we have a saying that time is muscle, so the longer the time delay in treating a heart attack, the more heart muscle is damaged or dies," said Brewington. "Mr. Brown walked away with virtually no heart damage. He was fortunate in that he recognized the symptoms and the paramedics diagnosed the heart attack quickly. The Code 37 protocol helped get him into the cath lab and helped get the artery open, thus limiting heart damage."

"We’re really fortunate to have a hospital like Cookeville Regional Medical Center and the heart unit they have so close, because time makes a difference," said Brown. "If it had been 90 minutes instead of 70 minutes, I would probably have had a lot more problems with my heart, or I might not have made it."

To reach the physicians at Tennessee Heart, call (931) 372-0405.
Some describe it as a trembling that feels like a bag of worms in the chest. Others experience chest tightness and discomfort as their hearts race uncontrollably. Some simply feel weakness and fatigue with no chest sensation, and still others feel nothing at all. Surprisingly, all four situations are possible ways that atrial fibrillation can present itself.

David Burgess of Monterey describes his symptoms this way: "It was a tightness that just didn’t feel right, and it became more pronounced as time went on. Then I’d feel pounding, and I could sense my heartbeat. At times, it felt like it would skip a beat, although, in fact, it was doubling up a beat."

Atrial fibrillation ("AFib" for short) is the single most common heart rhythm problem people experience, affecting around 5 million Americans, although experts say that many cases of AFib are never seen or detected. AFib occurs when the electrical impulses of the heart cells become confused or disrupted. "Every single heart cell can change function to become a ‘pacemaker’ cell, firing electrically to lead to the next heartbeat, and with just a little bit of disruption, the heart can develop whole areas of these very rapidly pacing cells," said Dr. Mark Wathen, head of the electrophysiology lab at Cookeville Regional.

Wathen and fellow researchers have uncovered a genetic link that might cause some people to be more prone to the disorder, and lifestyle issues like caffeine consumption, lack of sleep, stress, irritation and anxiety can exacerbate the problem. Researchers have also found high blood pressure, prior heart attacks and leaky heart valves to be causative factors.

Beyond the discomfort, AFib can cause some serious health repercussions. During an episode, the atria, or upper chambers of the heart, begin to quiver and stop pumping blood properly. These periods of low blood flow can allow blood clots to form in the heart's recesses, causing stroke, heart attack, blood clots in the legs, or kidney damage. The diminished blood flow can also eventually lead to congestive heart failure, and patients with AFib have a higher risk of early death.

The first line of therapy for AFib is medication. Patients are typically given a blood thinner to try to prevent clots from forming, as well as medicines to suppress the arrhythmia. For patients who are not helped by medication alone, the treatment of choice is catheter ablation, a procedure Dr. Wathen helped to develop.

"For catheter ablation, we place an electrical catheter into a vessel that leads to the heart. It measures electrical activity, so we can use it to detect the heart cells that are causing the heart rhythm problem," said Dr. Wathen. "Then we use the tip of the catheter to burn or freeze these cells to get rid of the arrhythmia."

The procedure is considered successful when the patient does not experience a single arrhythmia event for one year afterward. If AFib is caught and treated early enough, the procedure’s success rate is around 75 percent. Those who need to have the procedure done a second time have a 90 percent success rate. For the 8 percent of people who don’t seem to benefit at all from catheter ablation, a pacemaker might be an option for getting rid of AFib symptoms.

Burgess, who endured the symptoms of paroxysmal AFib for nearly 20 years before he sought treatment, underwent catheter ablation a year ago. He says that he has not had a single arrhythmia event since his procedure, and he’s enjoying life much more now.

"The AFib was just part of a routine that was more and more undesirable," said Burgess. "Now that it’s not even a consideration, I don’t think about it anymore. It’s gone, so I just don’t worry about it."
Loretta Perkey of Fairfield Glade had been experiencing severe, increasing tiredness for some time before she learned that she had a problem with her mitral valve.

“I had no energy. I was easily winded, and I would just run out of steam. At the end, I had to hire someone to help me with my normal, everyday activities,” she said.

The defect was discovered during a heart catheterization procedure performed at The Heart & Vascular Center at Cookeville Regional.

“She had mitral valve insufficiency, which means her mitral valve was leaking,” said cardiovascular surgeon Dr. Lewis Wilson, who repaired the valve through a small right thoracotomy — an incision between the ribs on the right side — instead of taking the traditional approach of cutting through the sternum and opening the rib cage, a procedure known as a median sternotomy.

“The mini mitral valve repair that Dr. Wilson performed on Mrs. Perkey is one of four minimally invasive heart surgeries Cookeville Regional currently offers. In addition to mitral valve repair, they include aortic valve replacement, robot-assisted coronary artery bypass and gastroepiploic artery minimally invasive direct coronary artery bypass (GEA MIDCAB).”

“A less invasive approach was important for a patient like Mrs. Perkey, because she’s had numerous other surgeries, she had decreased pulmonary function, and she was someone we would consider at least at moderate risk for a major surgery,” said Wilson. “Because we were able to do it by using only small incisions, she recovered faster.”

Mrs. Perkey says she chose Cookeville Regional because it was close to home and she had heard glowing reviews from friends. And now, hers is among them.

“I can’t say enough good things about the wonderful staff here,” she said. “You know, they have wonderful doctors and nurses, but it takes a lot more than doctors and nurses to run a hospital, and they are all just fantastic!”

Added Wilson, “I think the most important thing for people to know is that there are safe alternatives to major median sternotomy to address their problems, and it’s available this close to home.”
Former TTU baseball coach David Mays thought he was just “out of shape” when he repeatedly became winded during a trip with his family to Hawaii. And instead of seeing it as a sign of trouble, he thought he needed to get more exercise.

“So we walked everywhere,” said Mays. “We even walked up to Diamond Head, and it’s a long way up there, and we walked all over Honolulu. I tried everything in the world to give myself a heart attack while I was in Hawaii, but the good Lord was watching over me.”

He soon began to feel pressure in his chest, as well, so when he returned home, he mentioned this and his short-windedness to his oncologist during a six-month follow-up exam for a lymphoma he had seven years ago.

“My oncologist had just come off of heart surgery,” said Mays. “I was telling him my symptoms, and he said, ‘I want you to see a heart doctor.’ This was on Thursday. On Friday, he had me an appointment with a heart doctor, and on Monday, I had surgery. That’s how quick it went.”

Mays first saw Dr. Stacy Brewington, who discovered that Mays had four heart blockages. He referred Mays to Dr. Todd Chapman, who performed triple bypass surgery.
“Three of the arteries had 75-percent-plus blockages,” said Mays. “The fourth blockage was behind my heart, so it was hard to get to, but it had already started to form its own canal and all, so it was flowing, and they don’t think we’re going to have to worry about it.”

Chapman removed two veins from Mays’ leg — one that ran from his ankle to his knee and one that ran from his knee to his groin — to replace the blocked vessels in his heart.

“It’s amazing … a good friend of mine had heart surgery several years ago in Nashville and said he won’t even wear shorts anymore because the scar is about an inch and a half wide and goes way down, but mine, you can hardly tell where they pulled them,” said Mays.

After surgery, Mays went through his recovery process at the CRMC Cardiac & Pulmonary Rehabilitation Center.

“I actually looked forward to going into the rehab center,” said Mays. “They really work hard at it, and they push you to make sure you’re doing everything that you should be doing, so it’s really a good group.”

Mays, who’s back to teaching bowling and golf and enjoying the outdoors as he was before his surgery, thinks very highly of the staff at Cookeville Regional.

“I don’t know why anybody — especially with the rehab and all that you have to do after it’s over with — would want to drive to Nashville or Knoxville if they had heart problems or cancer, because Cookeville’s reputation precedes itself.”
CRMC Uses World’s Smallest Heart Pump

CRMC is proud to be one of 695 hospitals nationwide to offer minimally invasive implantation of the Impella® 2.5, the world’s smallest heart pump.

The Impella 2.5 is smaller in circumference than a pencil. It can be inserted within minutes through a small hole in the leg and up through the aorta into the left ventricle, the main pumping chamber of the heart, to deliver 2.5 to 5 liters of blood per minute right into the root of the aorta.

As of December 31, 2012, the Impella had been used for 12,000 patients in the United States.

Rotablator® Clears Blockages That Balloons and Stents Can’t

Cookeville Regional now offers rotational atherectomy using the Rotablator® device. Atherectomy is a procedure that relieves symptoms of coronary artery disease by improving blood flow to the patient’s heart.

During rotational atherectomy, a catheter carrying a special grinding device is inserted into the femoral artery and fed all the way into the occluded artery to clear the calcified plaque by grinding it into microscopic particles that are carried away in the bloodstream.

Rotational atherectomy is recommended when a balloon angioplasty would not be strong enough to push away hardened, calcified plaque, or when plaque is so unstable that a stent or angioplasty might cause it to dislodge.

Wearable Defibrillator Saves Lives

Cookeville Regional is proud to offer the LifeVest®, a wearable defibrillator, to patients who are at risk for sudden cardiac arrest (SCA). The LifeVest continuously monitors the patient’s heart, and if a life-threatening heart rhythm is detected, the device delivers a shock treatment to restore normal heart rhythm.

The LifeVest monitor, about the size of a paperback book, is worn around the waist like a fanny pack or attached to a shoulder strap that is worn under the patient’s clothing, and contains electrodes to pick up the patient’s electrocardiogram (EKG) reading. The LifeVest is covered by most health plans in the United States, including commercial, state and federal plans, and patients are given access to 24-hour support in case they have questions or concerns.

Heart patient Billie Kerley says the LifeVest saved his life when he had a heart attack in his sleep.

RescueNet Allows EMS Units to Send Real-Time EKG Results in Transit

Cookeville Regional is proud to have implemented the RescueNet® 12-Lead EKG Management System to help facilitate emergency care for acute myocardial infarction (heart attack). The program is part of CRMC’s very successful Code 37 protocol, through which paramedics in transit can contact the hospital to get the heart team on standby so that they’re waiting when the patient arrives.

While all area ambulance services can call in a Code 37 alert to the hospital, those who implement the RescueNet system can also transmit a passenger’s real-time EKG results for doctors to read. So far, EMS units in Putnam and Overton counties are taking part in the RescueNet program.

Putnam County EMS paramedics Isaiah Allen, left, and Darren Ford are glad to have the RescueNet 12-Lead EKG Management System, which allows them to send real-time EKG results in transit. Overton County EMS units also use the service.

Heart patient Billie Kerley says the LifeVest saved his life when he had a heart attack in his sleep.
Lewis Coomer
Cookeville, Tennessee

Diagnosis: Abdominal Aortic Aneurysm
Physicians: Drs. Brian Gerndt and Scott Copeland
Treatment: Aortic Graft

Though an aneurysm can occur in any of the body’s arteries, most aneurysms occur in the aorta — the main artery that carries blood from the heart to the rest of the body. About 14,000 Americans die each year from aortic aneurysms.

"An aneurysm typically has no symptoms until it’s an urgent problem, and then you would normally develop terrible abdominal pain or back pain that would send you to the emergency room," said Gerndt. "If it ruptures, you have about a 75 percent chance of dying before you can be treated, and 50 percent of the people who do make it to the hospital won’t survive the operation to repair it."

Genetics plays a large role in determining who develops aneurysms, though there are several things even those who are predisposed can do to help themselves.

"Prevention methods are very similar to those of avoiding heart disease — don’t smoke, try to keep your lipids under control and keep your blood pressure under control," said Gerndt.

The good news is that aneurysms can be detected early and tracked, which greatly reduces a patient’s chance of experiencing a sudden rupture. There are also more surgery options available now. While the traditional surgery involves opening the abdomen and replacing the damaged portion of artery with a prosthetic graft, some patients are good candidates for a new method, called endovascular surgery, which allows doctors to make small incisions in the groin and insert a graft up through the vessels to strengthen and support the weakened part of the artery.

"The advantage of an endograft (endovascular surgery) is that it doesn’t take as big a physical toll," said Dr. Gerndt.

"I’m now back feeding my cattle and working at the farm, and I think I feel even better now than I did before," Coomer said.

Dr. James Mullen in CRMC’s Emergency Room at first thought Coomer had a kidney stone, but tests revealed the problem was much more serious than that. It was an aneurysm. Before Coomer knew it, he was on his way to surgery, and vascular surgeon Brian Gerndt, M.D., was called in to help him. Gerndt performed surgery that required an incision from chest to groin to replace the damaged section of aorta with an artificial graft.

"An aneurysm is a weakening in the wall of an artery so that the pressure inside makes it blow up like a balloon," said Gerndt. "The bigger it gets, the thinner it gets, and the more likely it is to rupture, especially if left untreated. Mr. Coomer’s aneurysm was almost 9 centimeters, which is about as big as you see. And his was leaking, so it wasn’t absolutely ruptured yet, but leaking means it’s about to rupture.”

Lewis Coomer had just returned home from a trip to see his daughter in Nashville when he was struck with terrible abdominal pain and nausea. He tried to wait it out at home, thinking he had eaten something bad for dinner, and then went out at 1 a.m. for a drive, hoping that would take his mind off the pain.

"My driveway is about 1,200 feet long, and by the time I got from my home to the road, I decided that I was not going to be able to make it, so I headed toward the hospital," said Coomer.

"I think I feel even better now than I did before.”

Patient Lewis Coomer, left, and vascular surgeon Brian Gerndt talk during a follow-up visit after Coomer’s aortic graft surgery.
Pat Norrod — who has both peripheral artery disease and diabetes — was just hours away from losing one of her legs when doctors at Cookeville Regional stepped in and saved the day.

"It all began with pain in my leg and an infection in my toe because I am a diabetic, and it wouldn't heal," said Pat. "They said I didn't have any blood circulation."

Pat had to have the toe removed, and Dr. Timothy Powell, a cardiovascular surgeon at Cookeville Regional, performed bypass surgery on her in April 2012, but it didn't fix the problems being caused by her peripheral artery disease.

"After surgery, I was still having the pain and the infection, and they said I was going to have to have my leg taken off," said Pat.

"We scheduled Pat for an angiogram with dye, and we went ahead and opened up the artery and put stents in for her," said Dr. Little. "Her artery was completely closed off and all full of plaque."

Pat had to make some lifestyle changes once her procedures were done, and she went through cardiac rehabilitation here at Cookeville Regional Medical Center. She currently takes an antiplatelet medication to help keep her blood from clotting, and she has follow-up visits with Dr. Little every three months.

"I exercise, watch what I eat and take my medication now," said Pat. "It was truly a godsend that my leg didn't have to be amputated."

Peripheral artery disease occurs when plaque accumulates in the arteries to the point that blood cannot flow freely to the legs or the feet.

"It is the same process that gives you a heart attack," said Dr. Little. "It is the same disease, but peripheral artery disease is just in a different area of your body, mainly your legs and feet."

Usually the first step to finding out if a person has peripheral artery disease is to perform a noninvasive test like an ultrasound to look at the blood pressure and blood flow in the legs. If that test confirms there is a problem, the next step is usually a CAT scan/angiogram or a conventional angiogram, where dye is inserted, and that takes an X-ray picture to look at the inside of the artery to see if there are any blockages.
"We usually treat peripheral artery disease with antiplatelet drugs," said Dr. Little. "If peripheral artery disease is advanced, then medications aren’t going to make much of a difference. The fundamental problem with peripheral artery disease is the lack of blood supply, and the anticlotting medication prevents clots from forming or making it worse, but they don’t reverse the process or make it better."

Dr. Little explained that both women and diabetics tend to have worse outcomes with peripheral artery disease, so Pat had several things working against her, but that it was important to avoid amputation if at all possible.

"What most people don’t realize is that the mortality rate for below-the-knee amputation is 15 percent, and if it is above the knee, it is a 25 percent mortality rate," said Dr. Little. "That is why we don’t want to see amputations occur."

The risk factors for peripheral artery disease are the same as those for coronary disease: age, high blood pressure, high cholesterol, diabetes and smoking. A person’s risk goes up after age 40, and the disease is much more common in those over 70.

"We advise people to not smoke and to keep blood pressure, cholesterol and diabetes under control," said Dr. Little. "There are groups of patients that are thought to be at higher risk who might benefit from screening. Those who are over 40 and have diabetes should probably get screened. If you are over 50 and have diabetes, you should be screened, and if you are over 70 and you have leg pain, you should be screened. Diabetics are a higher risk group, and they need to be evaluated periodically."

Signs to look for with peripheral artery disease are leg discomfort when in motion and a decrease in pulse in the legs.

"The problem with peripheral artery disease is that your legs hurt when you walk, and people choose to walk less because of that, but we encourage patients to exercise because the body will actually grow new blood vessels, and to get those new blood vessels, you have to exercise repeatedly to the point your legs hurt so it will stimulate growth," said Dr. Little.

Norrod adds, "I encourage people to be checked out if they are having leg pain. They need to listen to their body and not ignore symptoms."

According to the American Heart Association, peripheral artery disease (PAD) is a narrowing of the peripheral arteries, most commonly those in the pelvis and legs. PAD is usually caused by atherosclerosis, a disease in which plaque builds up in the wall of an artery, in the peripheral arteries (outer regions away from the heart).

Plaque is made up of deposits of fats, cholesterol and other substances. Plaque formations can grow large enough to significantly reduce the blood’s flow through an artery. When a plaque formation becomes brittle or inflamed, it may rupture, triggering a blood clot to form. A clot may either further narrow the artery or completely block it.

If the blockage remains in the peripheral arteries, it can cause pain, changes in skin color, sores or ulcers and difficulty walking. Total loss of circulation to the legs and feet can cause gangrene and loss of a limb. If the blockage occurs in a coronary artery, it can cause a heart attack. Heart attacks happen when an area of the heart tissue dies from lack of blood flow. When it occurs in a carotid artery, it can cause a stroke.

The most common symptoms of PAD are cramping, pain or tiredness in the leg or hip muscles while walking or climbing stairs. Typically, this pain goes away with rest and returns when you walk again.

Good News for PAD Patients

- PAD is easily diagnosed in a simple, painless way.
- You can take control by leading a heart-healthy lifestyle and following the recommendations of your health care professional.
- Most cases of PAD can be managed with lifestyle changes and medication.

Some Facts about PAD

- Many people mistake the symptoms of PAD for something else.
- PAD often goes undiagnosed by health care professionals.
- People with peripheral arterial disease have four to five times more risk of heart attack or stroke.
- Left untreated, PAD can lead to gangrene and amputation.
- Smokers and those with diabetes, high blood pressure or high cholesterol are at especially high risk for PAD.
OUR HEART AND VASCULAR Doctors

CARDIOLOGY

Mariano Battaglia, M.D., F.A.C.C.
Stacy David Brewington, M.D., F.A.C.C.
Alex R. Case, M.D., F.A.C.C.
Brian Dockery, M.D., F.A.C.C.
Timothy Fournet, M.D., F.A.C.C.

Thomas Little, M.D., F.A.C.C.
Scott F. Reising, M.D.
Gary Alan Reynolds, M.D., F.A.C.C.
Mark Wathen, M.D.

Two new cardiologists coming in 2013:
Jujhar Bains, M.D., and Joshua A. Spencer, M.D.

VASCULAR SURGERY

Gerald Todd Chapman, M.D.
Scott A. Copeland, M.D.
Brian Gerndt, M.D.
Jeffrey Harmon McCarter, M.D.
Jeffrey Moore, M.D.

Timothy Powell, M.D., F.A.C.S.
R. Lewis Wilson, Jr., M.D.

CARDIAC AND THORACIC SURGERY

Gerald Todd Chapman, M.D.
Timothy Powell, M.D., F.A.C.S.
R. Lewis Wilson, Jr., M.D.
Mark Wathen, M.D.

CARDIOLOGY: ELECTRO-PHYSIOLOGY/ARRHYTHMIAS

Mariano Battaglia, M.D., F.A.C.C.
Stacy David Brewington, M.D., F.A.C.C.
Alex R. Case, M.D., F.A.C.C.
Brian Dockery, M.D., F.A.C.C.
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Gary Alan Reynolds, M.D., F.A.C.C.
Mark Wathen, M.D.
**Cookville Regional Brings Cardiac Care to Outlying Areas**

In 2012, CRMC acquired Cumberland River Hospital in Celina and opened satellite clinics at 4929 Peavine Road in Fairfield Glade and at 310 Oak Street in Livingston. While the Fairfield Glade Clinic hosts nine doctors in several specialties, including cardiac care and cardiac surgery, the clinic in Livingston is a heart clinic staffed with eight cardiologists and one electrophysiologist (heart rhythm specialist). All of this means that patients in these areas now have greater access to Cookeville Regional’s specialists and specialty care, including our award-winning cardiac care.

**Program Places AEDs Throughout Community**

Each year, nearly one-quarter million Americans die of sudden cardiac arrest. The best device for restarting the heart is an automated external defibrillator (AED), a computerized medical device that checks a person’s heart rhythm and, when necessary, provides an appropriate electrical shock that may “reset” the heart to an acceptable, normal rhythm.

Thanks to the efforts of Mended Hearts Chapter 127, we are fortunate to have AEDs available in places where large numbers of people gather — such as stadiums, airports, churches, large department stores and schools — throughout the Cookeville/Putnam County community and the entire Upper Cumberland area.

**Mended Hearts Actively Involved in Helping Heart Patients at CRMC**

Mended Hearts is a nonprofit service organization of people with heart disease, including those recovering from heart attacks, angioplasty or open-heart surgery, and their families.

Cookville Chapter 127, one of the largest in the U.S., has been actively involved with the heart program at Cookeville Regional Medical Center since 1997. Through hospital, online and phone visitation programs, members give hope and encouragement to others by providing living proof that people with heart disease can live full, productive lives.

For more information about the Mended Hearts program at Cookeville Regional, please call Pharaoh Smithers at (931) 526-4497 or visit their website at www.mendedhearts127.org.
CRMC: Tennessee’s #1 Choice for State-of-the-Heart Care

According to the American College of Cardiology, if the heart is in distress for longer than 90 minutes, heart muscle and other organs can become damaged beyond repair. The great news is, the doctors at Cookeville Regional are now beating the national standard by 47 minutes by averaging only 43 minutes to stop a heart attack from the time the patient enters the hospital.

That’s why our Heart and Vascular Center has been ranked #1 in Tennessee for Coronary Interventional Procedures for the past three years by Healthgrades and why the Society of Chest Pain Centers has declared it the only level-three accredited chest pain center in the Upper Cumberland. And it’s also why you can trust your heart to Cookeville Regional.

- The Upper Cumberland’s only accredited chest pain center with PCI (percutaneous coronary intervention, commonly known as coronary angioplasty)
- Interventional cardiac catheterization (angiogram, angioplasty, stents, pacemakers)
- Angiography services
- Open-heart surgery (including beating heart)
- Electrophysiology and arrhythmia treatments/procedures
- Valve repair and replacement surgery
- Vascular surgery (aortic aneurysm, carotid artery disease, peripheral artery disease)
- Robotics & minimally invasive heart surgery
- Implantable cardioverter defibrillator implantation
- Code 37 team providing immediate care for heart attack patients
- Cardiac imaging services
- Cardiac rehabilitation program
- Cardiovascular Intensive Care Unit
- Cardiac Step-Down Unit
- Mended Hearts support group
- Preventative care