MORE THAN 'HEARTBURN'
Three bypasses performed on one patient

CODE STEMI
Program empowers EMS to save lives

KEEPING IT COOL
Hypothermia protocol preserves function after cardiac event

The Genetics of
BECKY MAGURA
How Heart Disease Can Affect the Least Likely of Candidates
Our Clinics Make

CARDIAC CARE

More Convenient

“One of our initiatives in the past couple of years has been to improve access for our patients. To do that, we have focused on the development of new outreach clinics so that we can see our patients where they live rather than them having to drive all the way to Cookeville to see us for an office visit. It’s just more convenient for the patient. We’re proud to say that we have seven outreach clinics across the Upper Cumberland and southern Kentucky.”

TIMOTHY FOURNET
M.D., F.A.C.C.
Becky Magura Barely Missed Having a Heart Attack

Becky Magura was about the last person anyone would have expected to have heart disease. A petite woman in her 50s, this CEO and general manager of local PBS station WCTE-TV routinely ran 12 to 15 miles a week, ate a vegetable-rich diet and often skipped meat, and had normal cholesterol and blood pressure. Yet, when she started running again after a stress fracture forced her to take some time off, something seemed different. She felt very tired, was short of breath and had some chest pain. But she didn’t let that stop her from running in a 5K race while at a PBS meeting in Miami, where the symptoms grew even worse.

“My chest started killing me, but I thought, ‘I am not stopping,’” said Magura, who believes the only thing that saved her that day was running over a loose board that caused her to hurt her ankle so that she had to stop. Each time she tried to run after she came home, her symptoms would reappear. When her jaw started hurting, too, she called her primary care doctor, who immediately scheduled Magura for a stress test, which she failed. Then an arteriogram revealed an 80-percent blockage in her left anterior descending artery, dubbed the “widowmaker,” and she was given a stent.

“Dr. Brewington referred Magura to a preventive cardiologist, who found that Magura had a very high lipoprotein(a) level, an inherited disorder that places one at a greatly increased risk of having a heart attack.”

“I knew my dad and his brothers had died of heart attacks, but they were guys, so I thought that because I didn’t eat meat every day and was active, I could bypass all of that,” said Magura.

To manage her condition, Magura is continuing in cardiac rehab, ramping up her exercise routine to include at least an hour of exercise each day, and further modifying her diet.

“I’ll be honest, the reason I didn’t get help in the beginning was that I thought, ‘I’ll get over there and it will be indigestion, and I’ll feel stupid,’” said Magura. “But you can’t do that. It’s better for you to go and it be nothing and be happy that it’s nothing, than to not go and die of a heart attack.”
Imaging Studies Help Diagnose, Treat Heart Conditions

Variety of Modalities Helped Dr. Angelo Volpe After His Heart Attack

When former Tennessee Tech University President Dr. Angelo Volpe went to his primary care doctor complaining of indigestion and shortness of breath, he didn’t even realize he had already had a heart attack.

But with help from the variety of cardiac imaging modalities available at Cookeville Regional, Dr. Mariano Battaglia, a cardiologist with Tennessee Heart, was able to determine what had happened and give Dr. Volpe the best possible chance for recovery.

“The first thing they did was take an EKG, and when they looked at it, they didn’t even put me on the treadmill for the regular stress test,” said Dr. Volpe. “Instead they did a chemical stress test.”

An EKG is used to help determine whether someone has had a heart attack, and a nuclear stress test can help detect major blockages in the arteries.

When Battaglia performed a PET scan, which showed that his ejection fraction had gone up 16 points to 45, he was able to stop using his external defibrillator.

If he had had an ejection fraction between 35 and 40, I would have had them do an electrophysiology study, which is another type of imaging modality that checks for the possibility of the patient having a deadly cardiac arrhythmia,” said Dr. Battaglia.

In addition to all of the imaging studies used to help Dr. Volpe, Cookeville Regional also offers cardiac magnetic resonance imaging and other modalities as part of our comprehensive cardiac care program.

“I couldn’t be more pleased with the care I got from Dr. Battaglia, his staff, and the staff at The Cardiovascular Rehabilitation Center,” said Dr. Volpe. “I can’t imagine why people would want to go elsewhere when we have such good medical care right here.”

Cardiac catheter ablation is a powerful therapy, says Dr. Mark Wathen, an arrhythmia specialist with Tennessee Heart, affiliated with Cookeville Regional Medical Center.

Julie Haun, who recently had the procedure performed by Dr. Wathen at CRMC, agrees.

Cardiac ablation is a procedure used to correct heart rhythm problems, or arrhythmias, and a procedure regularly performed by Dr. Wathen. Haun suffered from persistent atrial fibrillation (AFib), described as a quivering or irregular heartbeat.

AFib causes the heart to beat irregularly and can increase the number of beats to as high as 500-400 per minute.

“That’s just total chaos, and can lead to a number of very serious problems,” said Dr. Wathen, adding that AFib can also manifest with a slower than normal heart rate.

“AFib can be felt in patients by what many describe as their heart ‘skipping a beat,’ by fatigue, and shortness of breath,” he said. “The most troublesome outcome, obviously, is the increased risk of stroke, through the formation of blood clots due to the irregular beating.”

Haun was on blood thinners for roughly a year as Dr. Wathen discussed other options with her. She also underwent multiple electrical cardioversions, with limited success.

“We perform ablations when medications don’t work well,” Dr. Wathen said. “The procedure usually takes three to four hours and often takes two sessions to complete.”

Dr. Wathen performed the ablation on Haun using catheters (long, flexible tubes) inserted through veins in the groin and threaded to the heart. There, circles are either frozen or burned around certain veins that lead to the heart chamber to deaden some cells and keep the veins from being a trigger point for AFib.

In an extremely high-tech process, CT scans and heart catherization create a 3-D image to help cardiologists during the procedure.

“I’ve noticed improvements in several areas of my life since the procedure,” Haun said. “What had been a persistent problem with my ankles swelling vanished almost immediately. I had no pain or problems of any kind associated with the procedure, and no recovery issues at all.

“I’m really happy with my care at Cookeville Regional and have the utmost respect and appreciation for my care with Dr. Wathen, Tennessee Heart and CRMC,” she said. “They’re a great team.”

Reprinted with permission from Crossville Life and Kevin Donaldson.
Radio Personality Has Triple Bypass at CRMC

Mistaking heartburn for a heart attack or vice versa is common. It’s so common, in fact, that the American Heart Association devotes a portion of its website to ways you can tell the difference.

Crosstown radio personality Andy Vaughn had an experience with that recently. “On Saturday, I started out having what we often refer to as stuttering heart pain, and he was catheterized soon after arrival,” said cardiac/thoracic/vascular surgeon Dr. Timothy Powell of CRMC, who wound up performing three heart bypasses on Vaughn. “A heart balloon pump was used to help pump blood through his heart during the catheterization, where it was determined that bypass surgery was needed.”

Tests showed his heart enzymes, proteins that are released into the blood by dying heart muscles, were high. Doctors there determined he had experienced a heart episode.

“Mr. Vaughn was having what we often refer to as stuttering heart pain, and he was catheterized soon after arrival,” said cardiology/thoracic vascular surgeon Dr. Timothy Powell of CRMC, who wound up performing three heart bypasses on Vaughn. “A heart balloon pump was used to help pump blood through his heart during the catheterization, where it was determined that bypass surgery was needed.”

Vaughn stayed in intensive care for five days following his surgery and was moved to a regular room for another five days during his recovery period.

“I’ve had absolutely no second thoughts about going to Cookeville,” Vaughn said. “I couldn’t have asked for better care than I got there. Dr. Powell explained everything so thoroughly to me and visited me every day after the surgery.”

Dr. Timothy Powell

Reprinted with permission from Crossville Life and Kevin Donaldson.

Patient Has Two Carotid Blockages Treated at CRMC

When Joe Clark of Cookeville had an unusual lesion on his back, his primary care doctor sent him to Dr. Brian Gerndt, a general and vascular surgeon with Middle Tennessee Surgical Specialists, to check it out.

During the exam, Dr. Gerndt also listened to Clark’s neck and heard what seemed to be a blockage. He ordered an ultrasound that confirmed that Clark had a high-grade stenosis (narrowing) in the carotid artery on the right side of his neck, so he scheduled Clark for a carotid endarterectomy to remove the blockage.

To perform the surgery, Dr. Gerndt temporarily bypasses blood flow to the area, cuts out the blocked artery through a small incision in the neck, removes the plaque from the artery, then sews a patch on the artery to close it and places it back into the neck.

The procedure has been around for nearly 40 years, and it’s considered a proven, reliable method to clear carotid artery blockages that, left untreated, can lead to stroke.

“After Clark’s first surgery, Dr. Gerndt placed him on a surveillance program to monitor his carotid disease. In 2016, they discovered that Clark had developed a 90-percent blockage in his left artery, as well, so Dr. Gerndt performed a second procedure.

Clark spent the night in the hospital and was out the next day, and he says his recovery was surprisingly easy both times he had the surgery.

“It wasn’t any problem at all,” said Clark. “I had confidence in the doctor to begin with, and the pain was very little. When I went home, I took Tylenol twice one day and once the next day, and it worked out well.”

According to Dr. Gerndt, anyone who has heart disease, aneurysm disease or peripheral vascular disease in their legs should have a carotid ultrasound screening to check for carotid artery stenosis.

Clark says he’s glad that he was able to have both procedures done in Cookeville instead of having to travel to Nashville: “I’m a firm believer in the doctors in Putnam County.”

©2016, Dr. Brian Gerndt, left, shows patient Joe Clark the results of his carotid artery ultrasound.

“When the artery gets to be 60 or 80 percent blocked, the risk of stroke starts to climb.”

— Dr. Brian Gerndt
The Code STEMI program, started in 2006 at Cookeville Regional, has been very successful in reducing the time it takes to get heart attack victims — especially those in outlying counties — the lifesaving interventions they need.

The program works by empowering paramedics in the field to conduct an EKG and determine, from the results and from the symptoms they witness, whether they think the patient is having a heart attack.

“If they recognize that the person is having a heart attack, they call the emergency room, and the emergency room activates everyone involved in taking care of people with heart attacks,” said Dr. Brian Dockery, a cardiologist at Tennessee Heart who, with Dr. Stacy Brewrington, helps train area paramedics to use the protocol. “Essentially, the goal is to have everybody show up at the same time so that there’s minimal wait for the patient.”

For EMS crews in counties outside of Putnam, the Code STEMI program means that if they believe the patient is having a heart attack, they can take the patient straight to Cookeville Regional — the only facility between Nashville and Knoxville that can treat heart attacks — instead of stopping first at the nearest hospital.

“Before, what would happen is the paramedics would pick people up at home, take them to the local hospital, and if that hospital didn’t have the capability of stopping a heart attack, then they would have to be transferred to another facility, which takes a lot of time,” said Dr. Dockery.

Cookeville Regional’s current average “door-to-balloon time” — the time from when the patient begins receiving medical care to the time the blocked artery is cleared — is 56 minutes, below the national average of 60 minutes, according to the National Cardiovascular Data Registry (NCVR).

Hillary Flatt, RN, adds, “CRMC’s average is also significantly lower than the American College of Cardiology’s national standard of 90 minutes. I’ve seen some impressive success stories because of the Code STEMI program, including one instance in which our door-to-balloon time was 8 minutes.”

Area paramedics are especially pleased with the increased ability the Code STEMI program gives them to help the heart attack victims they encounter while on duty.

“I’ve seen people that we’ve brought in that I didn’t think would ever make it, and you see them three or four days later, and they’re getting to go home,” said Jeff Garrett, a critical care paramedic with Overton County EMS. “Code STEMI is a wonderful thing.”

**Warning Signs of a Heart Attack**

According to the American Heart Association, the following symptoms are signs you might be having a heart attack:

- Chest discomfort Especially a feeling of pressure, squeezing, fullness or pain in the center of the chest that lasts more than a few minutes or goes away and comes back
- Discomfort in other areas of the upper body Can be in one or both arms, the back, neck, jaw or stomach
- Shortness of breath With or without chest discomfort
- Other signs Such as breaking out in a cold sweat or feeling nauseated or light-headed

Don’t ignore these signs hoping they’ll go away. Call 911 immediately, because time is muscle! For more information, visit heart.org.
CRMC Offers Less Invasive Surgery for Aortic Aneurysm

TEVAR Procedure Decreases Risk and Healing Time

Ray Spencer of Rickman didn’t have any idea he might have an aortic aneurysm, but that’s what his doctor discovered on a chest X-ray he performed during a routine yearly physical because he wanted to make sure Spencer’s cold had not turned to pneumonia.

Spencer was referred to R. Lewis Wilson, M.D., a cardiac, vascular and thoracic surgeon at CRMC, who began regularly monitoring the aneurysm, which was, at the time, only 4 cm in diameter — not large enough to require surgery. Within about a year, the aneurysm grew to about 6 cm, the size at which surgical intervention is recommended.

Spencer had a choice between having his surgery done at Cookeville Regional or The University of Tennessee Medical Center in Knoxville.

“We said no to UT because of the fact that one kids are all right here, and it would have been difficult for me to stay down there or worry about my dog here while going back and forth,” said Spencer’s wife, Esther.

Dr. Wilson informed Spencer that he was a candidate for the thoracic endovascular aortic repair (TEVAR) procedure, a less invasive surgery that greatly reduces the risk of mortality and other complications.

“With TEVAR, patients are in the hospital two or three days and back to activity within a couple of weeks,” said Dr. Wilson.

And, according to Dr. Wilson, once the TEVAR procedure is complete, there is less than a 10 percent chance that the patient will have future problems with the same aneurysm.

Spencer agreed to undergo the procedure, becoming CRMC’s first TEVAR patient on February 24, 2015. The surgery took two hours, and Spencer was only in the hospital for three days.

“At the time, we didn’t think it would heal, and it just snowballed,” said Spencer, who’s back to enjoying his woodworking hobby. “I don’t think you could ask for a better doctor.”

Added Esther, “We put our faith in Dr. Wilson, and we’re glad we did. Ray had wonderful care here at Cookeville Regional.”

Peripheral Artery Stents Helped Patient Avoid Major Amputation

It started as an abscess that led to a partial toe amputation, then the whole toe. And when the wound wouldn’t heal and infection spread into the bone, it looked like LeRoy Johnson of Crossville was going to lose a whole lot more.

Dr. Thomas Little, a cardiology and vascular specialist with Tennessee Heart, frequently sees this kind of problem when physicians don’t address circulation problems before amputating.

“How we opened up the arteries in his legs, and he’s got blood going to his feet again,” said Dr. Little. “Unless we fixed the circulation, he would have probably ended up losing his leg.”

On follow-up visits, Dr. Little performs Doppler tests to check Johnson’s circulation. If problems develop later, he can place more stents or can perform angioplasty, atherectomy (a procedure to remove plaque from vessels) and even vascular surgery to bypass some of the blood vessels in the legs and restore circulation.

“At the time, we didn’t think it would heal, and it just snowballed,” said Spencer, who’s back to enjoying his woodworking hobby. “I don’t think you could ask for a better doctor.”

Added Esther, “We put our faith in Dr. Wilson, and we’re glad we did. Ray had wonderful care here at Cookeville Regional.”

Watch for Signs!

Symptoms of Circulation Problems

EARLY SIGNS

• Pain in the calf when walking that causes you to become less active

• Pain with exercise that usually strikes at about the same distance and level of exercise and stops with rest

LATER SIGNS

• Resting pain with little or no activity

• Night pain that strikes while lying in bed and improves with sitting up or standing

ADVANCED SIGNS

• Ulcers

• Wounds or even small injuries that won’t heal

• Gangrene

Screenings are offered regularly through Cookeville Regional’s health fairs, so there’s no reason not to have your circulation checked. Visit crmchealth.org/healthfair.
Hypothermia Protocol Preserves Life, Function After Massive Cardiac Event

When Christos Fragopoulos, a greeter at Walmart, collapsed at work with a heart attack in July 2015, bystanders performed CPR and called 911, and Fragopoulos was taken by ambulance to Cookeville Regional. He had a cardiac catheterization, an angioplasty and a stent, and then he was heavily sedated while his body temperature was lowered to 91.4 degrees F.

It was part of Cookeville Regional’s hypothermia protocol, designed to help preserve optimal organ function in cardiac arrest patients by rapidly cooling the body for 24 hours to help prevent further injury, and then slowly, over 16 hours, bringing it back up to normal temperature.

The protocol is used on patients who have lost consciousness and a pulse and have required CPR.

“If you have a patient who’s not waking up and responding after an arrest, there may be a neurological insult, so what you may potentially want to make sure we were on top of getting these patients cooled as quickly as possible.”

With their injury process arrested and neurological function preserved, patients who require the hypothermia protocol have much better outcomes in terms of quality of life following a heart attack.

“We’re committed to offering comprehensive care for heart attack and cardiac arrest patients, and this is just another tool we have to take better care of them,” said Dr. Thomas Little, a cardiologist and vascular specialist with Tennessee Heart.

The protocol certainly made a difference for Fragopoulos, who is back at work and working out six days a week.

“I’m exercising all the time now, and I’m in better shape than ever before,” said Fragopoulos. “This has saved my life.”

Patient Transforms His Health Through Diet, Exercise

As unpleasant as a heart attack can be, sometimes it sets patients on a path to a whole new way of living. That was true for Pete Cahill, whose health crisis led him to Dr. Scott Reising, a cardiologist with a special interest in heart attack prevention through nutrition.

For patients who are willing to work to improve their health, Dr. Reising orders a lab profile that shows 50 different factors that reveal their overall health and risk for disease.

“The results come in this pamphlet that explains every one of the markers and what level it should be at,” said Cahill. “Then you know exactly what a particular marker being in the red zone means to you and your body.”

Dr. Reising then begins working with the patient to improve those results, encouraging exercise and helping his patients transition to a whole-food, plant-based diet to decrease their risk of heart disease and other chronic illnesses.

“It’s about eating whole food in the natural state and not all of this processed food, and trying to replace animal protein with plant protein,” he said.

Armed with the information he received from Dr. Reising, Cahill reduced his LDL cholesterol from 126 to 59, more than a 50 percent reduction, and had also greatly improved many of his other troubling health stats within just a few months.

Cahill’s wife, Carol, was so excited to see her husband doing better that she became a patient of Dr. Reising’s, as well.

“I want to be proactive instead of reactive,” she said. “The lab results showed that I have issues, too, so it’s a good thing I got it checked.”

Dr. Reising says he hopes to find more patients like the Cahills who are willing to work with him to transform their health.

“The tendency of coronary disease is toward more stents, more heart attacks, more strokes … it tends to be a progressive disease,” said Dr. Reising. “But when you start implementing these changes, that doesn’t have to be your future.”

To learn more about a whole-food, plant-based diet and the studies that support it, visit nutritionfacts.org or forksoverknives.com.
ALEX CASE RECEIVES FIRST ANNUAL MARTIN COFFEY CARDIOVASCULAR SERVICE AWARD
From left are Dr. Bob Bell, CRMC Board of Trustees member; Rhonda Case, wife; Alex Case, M.D., cardiologist; and Linda Crawford, chief clinical officer at CRMC.

2016 MARTIN COFFEY CARDIOVASCULAR SERVICE AWARD GIVEN IN MEMORY OF TOM LITTLE
From left are Dennis Little, CRMC CEO Paul Korth, the late Lucile Little, David Little and Hope Little.

Mended Little Hearts
REACHING OUT TO OUR SMALLEST HEART PATIENTS
Above, members of the Mended Little Hearts group are from left, in front, Cora Brim (daughter of Nicole Brim) and Sophie Taylor (daughter of Tessa Taylor), and in back, Nicole Brim, lead coordinator of Mended Little Hearts; Linda Clouse, director of The Birthing Center at CRMC; Tessa Taylor, Mended Little Hearts member; and Jodi Evans, education coordinator for Mended Little Hearts.

Above, babies at CRMC celebrate heart month by wearing red hats donated by Mended Little Hearts.

Mended Hearts
MENDED HEARTS ACTIVELY INVOLVED IN HELPING HEART PATIENTS AT CRMC
Mended Hearts is a nonprofit service organization and support group for people with heart disease, including those recovering from heart attacks, angioplasty or open-heart surgery, and their families.

Cookeville 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.

For more information about the Mended Hearts program at Cookeville Regional, please call Blanche Smithers at (931) 526-4497 or visit their website at mendedhearts127.org.

CV Symposium
AT ANNUAL CV SYMPOSIUM
Tennessee Heart and CRMC host an annual cardiovascular symposium as an opportunity for physicians and providers in the Upper Cumberland to receive continuing education. A number of local providers participate in the daylong event. Shown is Michael Lenhart, M.D., cardiologist with Tennessee Heart, presenting a case study at the 2016 event.
Eugene Marquette, an 83-year-old marine and Vietnam veteran who practices criminal law, felt incredibly weak when he came to The Cardiac and Pulmonary Rehab Center at Cookeville Regional following triple bypass surgery. “I was in bad shape when I came in here, but nurse Debbie Baker encouraged me and assigned me to a nurse she felt best met my personality,” said Marquette. “That was nurse Mary Riley. She was as much drill instructor as she was RN, but she never put me at risk in anything. She gently helped me push the envelope.”

The program offers medically supervised and monitored exercise classes and personalized training designed to get patients back on their feet and in better physical condition after cardiac or pulmonary surgery. “If your skeletal muscles are well trained and more efficient, you’re going to be much more likely to get by with reduced heart output, so symptom improvement and actual mortality reduction are benefits of the program,” said cardiologist Dr. Gary Reynolds, the program’s medical director.

For the three-month initial phase of the program, patients are attached to heart monitors and watched carefully by a nurse or exercise physiologist while they work on a customized training program that gradually increases in intensity. At least one of the cardiologists at Tennessee Heart, located upstairs, is immediately available at all times in case of problems.

Marquette successfully completed his first three months in the program and, as many patients do, he continues to participate in the program nearly three years later, working out for more than an hour every Monday through Friday. “People look at him and admire him because he exercises at a level that a lot of people even much younger than him do not exercise at,” said Baker, the director of cardiac and pulmonary rehabilitation at CRMC.

Because of the help they gave him, Marquette has become a strong advocate for the program and what it does for people. “There’s not a nurse in this building I wouldn’t trust with my life,” said Marquette. “Until the last nanosecond of life leaves these beautiful blue eyes, I’ll be coming here.”

---

Heart Attack Survivor Says CRMC Nurses Gently Pushed Him To Do More

**Marquette Back in Shape Thanks to Cardiac Rehab**

Eugene Marquette, an 83-year-old marine and Vietnam veteran who practices criminal law, felt incredibly weak when he came to The Cardiac and Pulmonary Rehab Center at Cookeville Regional following triple bypass surgery. “I was in bad shape when I came in here, but nurse Debbie Baker encouraged me and assigned me to a nurse she felt best met my personality,” said Marquette. “That was nurse Mary Riley. She was as much drill instructor as she was RN, but she never put me at risk in anything. She gently helped me push the envelope.”

The program offers medically supervised and monitored exercise classes and personalized training designed to get patients back on their feet and in better physical condition after cardiac or pulmonary surgery. “If your skeletal muscles are well trained and more efficient, you’re going to be much more likely to get by with reduced heart output, so symptom improvement and actual mortality reduction are benefits of the program,” said cardiologist Dr. Gary Reynolds, the program’s medical director.

For the three-month initial phase of the program, patients are attached to heart monitors and watched carefully by a nurse or exercise physiologist while they work on a customized training program that gradually increases in intensity. At least one of the cardiologists at Tennessee Heart, located upstairs, is immediately available at all times in case of problems.

Marquette successfully completed his first three months in the program and, as many patients do, he continues to participate in the program nearly three years later, working out for more than an hour every Monday through Friday. “People look at him and admire him because he exercises at a level that a lot of people even much younger than him do not exercise at,” said Baker, the director of cardiac and pulmonary rehabilitation at CRMC.

Because of the help they gave him, Marquette has become a strong advocate for the program and what it does for people. “There’s not a nurse in this building I wouldn’t trust with my life,” said Marquette. “Until the last nanosecond of life leaves these beautiful blue eyes, I’ll be coming here.”
Now Recognized Among the 50 Top Cardiovascular Hospitals in the Nation by Truven Health Analytics™!

CRMC: Your Best Choice for State-of-the-Heart Care

A ccording 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 34 minutes by averaging only 56 minutes to stop a heart attack from the time the patient enters the hospital. The Society of Chest Pain Centers has declared The Heart and Vascular Center the only level-three accredited chest pain center in the Upper Cumberland, and Truven Health Analytics™ has designated Cookeville Regional as one of its 50 Top Cardiovascular Hospitals in the nation.

In addition, The Society of Thoracic Surgeons has developed a comprehensive rating system for the quality of Coronary Artery Bypass surgery among hospitals across the country. Approximately 12-15% of hospitals received the “3-star” rating, which denotes the highest category of quality. In the current analysis of national data covering the period from July 1, 2015, through June 30, 2016, the Coronary Artery Bypass surgery performance of Cookeville Regional Medical Center was found to lie in this highest quality tier, thereby receiving an STS 3-star rating. All of this and more is 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 aneurism, caroid artery disease, peripheral artery disease)
- Robotics & minimally invasive heart surgery
- Implantable cardioverter defibrillator implantation
- Code STEMI 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
- Hypothermia protocol