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How I Do It: Tips, Tricks, and Techniques – Sinus Venosus Defect Closure

A PICS Society Education Series

Yahia Hejazi, MD; Younes Boudjemline, MD, PHD; Ziyad M. Hijazi, MD, MPH, FACC, FAAP, MSCAI, FAHA, FPICS

Introduction

Transcatheter repair of Sinus Venosus Atrial Septal Defect (SVASD) has become an alternative option to open heart surgical repair. Different operators use different techniques to implant a covered stent in the Superior Vena Cava (SVC) to close the SVASD and to redirect flow of the anomalous vein back to the left atrium. The results of the procedure are good; however, there are potential significant complications related to stent stability in the SVC and potential migration of the stent that need to be addressed. Therefore, the technique is still evolving.

Anticipated Challenges of the Procedure

1. Patient size: SVC needs to accommodate large adult size stent. Also, the procedure requires relatively large neck and femoral sheaths.
2. Availability of long stents to have enough length to anchor SVC and extend to SVC-RA junction closing the Atrial Septal Defect (ASD).
3. The foreshortening of about 30-35% for large diameter stents makes stent positioning extremely challenging to predict.¹

TIP 1 – Planning and Preparation

1. **Access**
RIJV (right internal jugular vein)
RFV (right femoral vein) and LFV (left femoral vein)

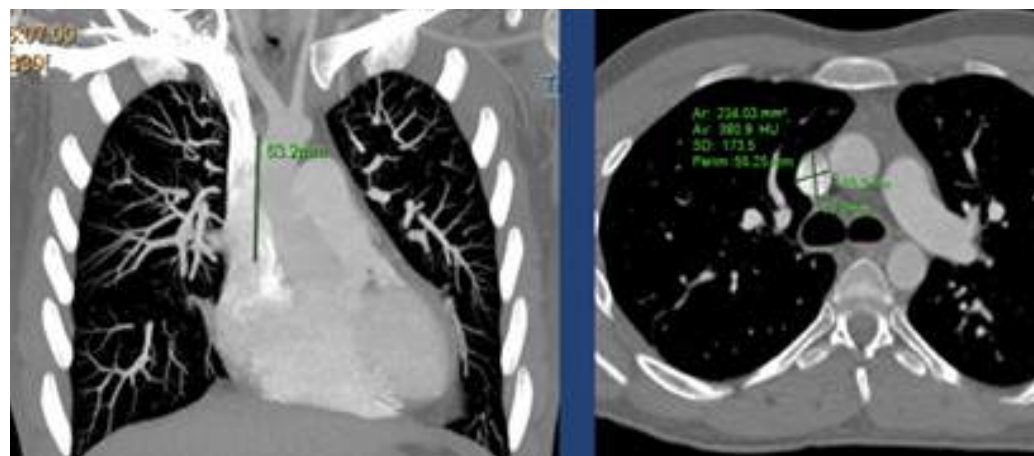


FIGURE 1 Note the Slightly More Gradual Curve Compared to the 5-Fr RCA

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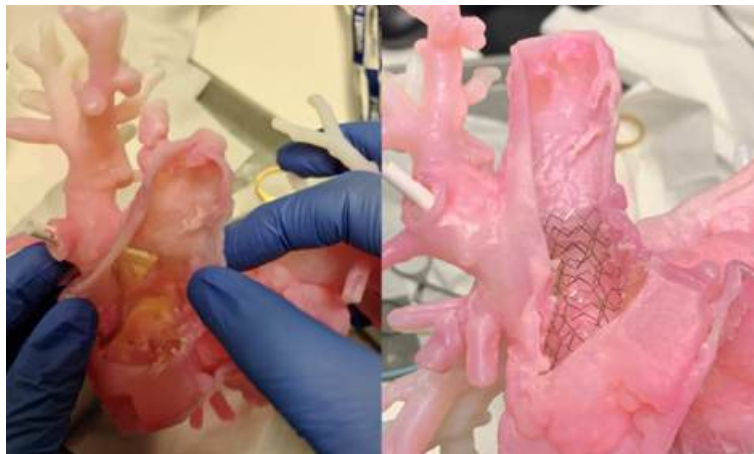


FIGURE 2 3D Printed Model: Probe inserted in the anomalous pulmonary vein reaches left atrium. Stent is placed in SVC-RA junction and the probe in anomalous vein confirms patency of venous drainage while stent in situ.



FIGURE 3 Needle is Inserted Through One of the SVC Stent Struts. The selected strut was one free of PTFE coverage attachment. PTFE: Polytetrafluoroethylene



FIGURE 4 Two Equal Lengths are Held After Cutting the Needle. The suture itself looped freely around the strut of the stent without a knot

2. *Imaging*

Cross sectional CT or MRI to measure the SVC diameter, number of anomalous pulmonary veins, site of anomalous drainage (high SVC, SVC-RA junction) and Qp:Qs (**Figure 1**)

3. *Other*

3D printed models (**Figure 2**)

TIP 2 – Tools Needed

Sheaths

- (16-Fr Cook or 14-Fr DrySeal based on the availability) for neck access. We prefer the Dryseal sheath to prevent friction of valve with the covering of the stent, thus minimizing possibility of cover movement off the stent.
- 8-Fr short sheath x2 for right and left femoral venous access

Catheters

- 6-Fr Multipurpose catheter (MPA 1)

Devices

- 10-Zig covered CP stent, length based on patient and availability
- Bare metal stents
- Non-compliant balloons of adequate length
- BiB balloon

Others

- 0.035", 260 or 300cm stiff guide wire
- MERSILK Ethicon KS-75, straight needle, 100-cm long, size 0

TIP 3 – How I Do It

Details of the Technique

The following technique was developed by Younes Boudjemline, MD. The covered stent was prepared ex vivo as follows: a surgical suture (MERSILK Ethicon KS-75, straight needle, 100-cm long, size 0) was inserted through one of the stent struts (**Figure 3**). The selected strut was one free of PTFE coverage attachment. The suture was adjusted so that two equal lengths could be held by a needle holder after cutting the needle. The suture itself looped freely around the strut of the stent without a knot (**Figure 4**).

The stiff guidewire is used to create a rail extending from the femoral vein access and exteriorized from the internal jugular vein. A vascular balloon (12mm*6 cm, Mustang, Boston Scientific, Boston, USA) was then inserted from the RFV over the wire rail and exteriorized through the RIJV sheath [16-Fr Cook or 14-Fr DrySeal based on the availability, as mentioned above, we prefer the DrySeal sheath]. This balloon must be smaller than the SVC diameter and with a shaft long enough to be exteriorized. The chosen covered stent, which is now held by the suture, is crimped over the balloon or its shaft, taking care to position the stent with the suture at the SVC side of the stent. The stent-balloon assembly is advanced from the RIJV to



Pediatric Cardiologist Opportunity Northeast Ohio

Ohio-based Akron Children's Hospital seeks a Pediatric Clinical Cardiologist to join its expanding Heart Center. Akron Children's Hospital is the largest pediatric healthcare system in Northeast Ohio and is ranked among the best children's hospitals.

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Interested candidates may contact Jane Hensley, Physician Recruiter at 330-543-3015 or jhensley@akronchildrens.org. To learn more, visit our website at www.akronchildrens.org.



the RA by pushing on the stent and pulling the balloon from the RFV into the RJV sheath. Of note, when a Cook sheath is used, a protective tubing is used to go through the hemostatic valve to avoid damaging the stent cover. In such cases, the protective sleeve is passed over the balloon onto the shaft before mounting the stent, with the conical extremity closest to the balloon. The protective sleeve is then retracted to cover the stent. This is not needed when a DrySeal sheath is used. When needed (when the stent is crimped on the shaft), the stent is positioned on the balloon by applying some tension on the suture while pulling on the RFV end of the balloon catheter. The balloon is then inflated to expand the stent in the SVC. While injecting contrast from the RIJV sheath, stent-balloon assembly is positioned in the intended final position. At this stage, the stent is free (i.e., not apposed to the wall) in the SVC and held by the suture (**Figure 5**). The stent position can be re-adjusted to have enough stent length in the SVC for good anchoring along with caudal end below the inferior rim of the defect to cover the ASD as confirmed by TEE. The small balloon is then removed (while holding the stent in position with the suture) and replaced by a larger balloon (equal to SVC diameter) with the intention to flare the atrial part of the stent (**Figure 6**). This step is done under TEE guidance (**Video 1**). After deflation of the balloon, the position of the stent is assessed. If too low, some traction is applied to the suture to pull the stent into the SVC. If too high, the balloon is slightly re-inflated in the SVC stent and the stent-balloon assembly is pulled down to have more stent in the RA. When the position is satisfactory, the SVC stent is finally fully inflated to fully appose the wall and to seal the defect (**Video 2**). To avoid embolization after suture removal, angiogram in the SVC is repeated at this stage to carefully assess if the stent length is long enough in the SVC for adequate anchorage. If the length is deemed inadequate, an overlapping BMS could be positioned while still holding the covered stent with the suture. Otherwise, no additional stent needs to be placed. Importantly, the suture is removed by inflating a balloon to hold the stent while pulling on one extremity of the suture until complete removal of the suture. The balloon is then deflated, and wire and catheters are removed. The same technique must be used if a BMS is placed to secure covered stent. Antibiotic and heparin prophylaxis is given to patients according to institutional protocol.

Pitfalls to Avoid

- Contrary to conventional stent placement where the stent can move from the balloon to the shaft during advancement in the long sheath, here, because the balloon is pulled through the sheath, the stent can slide off the balloon. When crimped on the shaft, a slight balloon inflation facilitates the advancement of the stent-balloon catheter assembly without risk of stent slippage off the balloon. In addition, crimping on the shaft allows reduction of the profile of the stent-balloon assembly by 1-2-Fr (profile of the shaft 5.8-Fr, balloon profile 7-Fr). In practice, we kept the same sheath size but the stent assembly moves more freely.
- Avoid embolization after suture removal: angiogram in the SVC needs to be repeated at this stage to carefully assess if the stent length is long enough in the SVC for

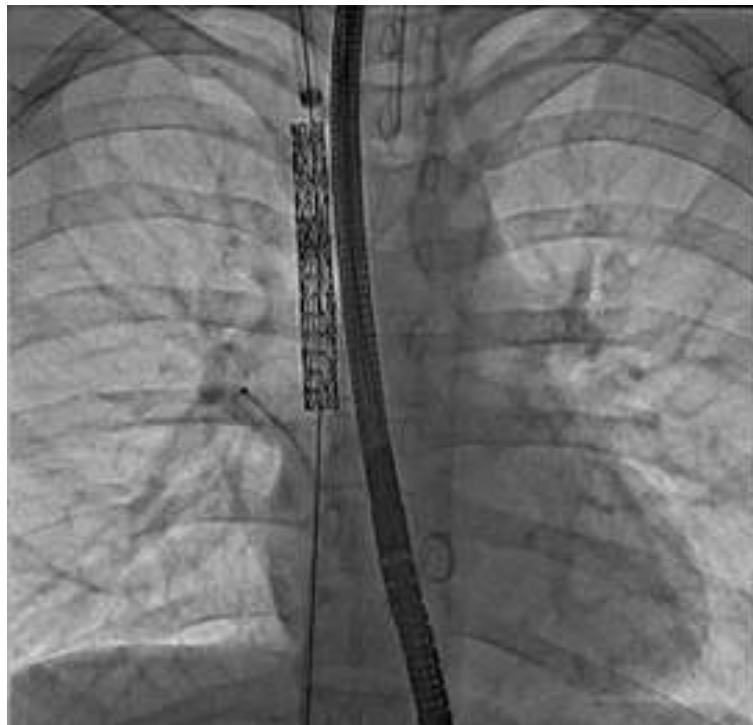


FIGURE 5 The Stent is Free in the SVC, and is Secured by the Suture



FIGURE 6 Fluoroscopic Still Image: AP View, Covered Stent in SVC Excluding Anomalous Right Pulmonary Vein and Extending to ASD Part of the Defect. The balloon is inflated to flare up the distal part of the stent to close the ASD. Note a catheter is kept in the anomalous pulmonary vein to continuously measure pressure and check for obstruction during and/or after the balloon is fully inflated. AP: anteroposterior, ASD: atrial septal defect



adequate anchorage.

- Removal of suture: inflate a balloon to hold the stent while pulling on one extremity of the suture until complete removal of the suture.

TIP 4 – What Complications to Expect and How to Deal With Them

- **Pulmonary Venous Obstruction:** A dedicated catheter (from the LFV) needs to be kept in the right upper pulmonary vein (RUPV) until the end of the procedure to monitor the pressure in this vein. Patency and re-routing of anomalous pulmonary veins to left atrium (LA) are confirmed with venogram and simultaneous pressure monitoring in RUPV and LA with balloon fully inflated in the SVC (**Video 3**). Use a non-compliant balloon to occlude the SVC. This prevents bulging in the mouth of the anomalous vein that may lead to occlusion of this vein.
- **Distal End of the Stent Crossing the Atrial Septum Resulting in Residual Shunt:** This can happen because of inadequate flaring and inadequate length of stent to cover the inferior margin of the defect. Pushing the stent down would not be possible. If the residual shunt is minimal, nothing should be done. If significant, another covered stent should be implanted overlapping the first stent, but with its inferior margin covering the defect completely. Implantation of the second stent should follow similar steps as above. Alternatively, a device can be implanted in this residual defect to occlude it.
- **Embolization:** Suture technique is considered a very good safety measure to avoid stent embolization. However, interventionist should employ all efforts to prevent this complication. The stent assembly should extend at least to the level of azygos vein. If the SVC portion of the stent is too short, a bare metal stent (BMS) needs to be placed. Moreover, it is only once the desired position of the stent is achieved with good stability that the suture can be released. In a case series from Sidra Medicine, not published yet, no additional stent was needed to secure the covered stent.

Summary

The suture technique is a novel and safe modification of conventional SVASD exclusion using a covered stent. This technique allows precise positioning of the covered stent with multiple adjustments. In addition, the stent is secured until the removal of the suture, thus giving the operator time to decide if an additional stent in the SVC is required to stabilize the covered stent.

VIDEO 1 TEE, Bicaval View at 110 Degrees (focusing on SVC, IVC not shown), Shows Stent in SVC with Balloon Fully Inflated to Close the ASD. No residual shunt is seen.

TEE: Transesophageal echocardiogram



VIDEO 2 TEE, Bicaval View at 110 Degrees (Focusing on SVC, IVC Not Shown), Shows Stent in SVC with Balloon Fully Inflated to Close the ASD. No residual shunt is seen. TEE:

Transesophageal echocardiogram



VIDEO 3 Cine Angiogram (AP view), Injection in Anomalous Pulmonary Vein While Balloon is Fully Inflated in SVC Confirms Patency and Re-Routing of Anomalous Pulmonary Veins to LA



Videos can be viewed at: https://www.picsymposium.com/tips_and_tricks_Sinus_Venosus_Defect_Closure.html

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Lead Physician Recruiter
605-328-6996

Mary.jo.burkman@sanfordhealth.org

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Sanford Health is one of the largest integrated health systems in the United States. Driven by a vision to improve the human condition at every stage of life, Sanford Health is dedicated to the delivery of health care, genomic medicine, senior care and services, global clinics, research and affordable insurance. Headquartered in Sioux Falls, South Dakota, the health system includes 46 medical centers, 1,500 physicians and more than 200 Good Samaritan Society senior living centers in 26 states.

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- Sanford Boekelheide Neonatal Intensive Care Unit is the region's only Level IV NICU
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- Research opportunities
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Pediatric CICU Physician sought for growing practice San Antonio, TX!

Searching for full-time CICU Intensivist to join the growing team at Methodist Children's Hospital in San Antonio, TX. We seek BC/BE physicians trained in PICU or Cardiology with either additional training or extensive time in CICU practice.

The Methodist Children's Heart Institute takes a collaborative, patient-centric approach to care delivery and walks alongside patients and families on their treatment journey. The program leverages support from the Methodist Health System, the leading adult cardiac program in San Antonio, and HCA, as a member of a 4-program national pediatric congenital heart network.

About the CICU

- New, dedicated PCCU – 12 beds, with expansion plans to 24! PICU colleagues on floor below
- Close partnership with dedicated Cardiology partners
- Clinical role with focus on direct patient care
- Experienced NP coverage Mon-Fri, expanding to 7 days a week this summer
- Hospital has full complement of subspecialty services, including ECMO, CRRT, TPE
- MCHI program supported by Administrative Director, Clinical and Quality leads, dedicated Educator and Patient Navigator

About San Antonio

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For more information, contact:

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Camp Odayin – 2024 Happy Hearts Fundraiser



CAMP ODAYIN
for children with heart disease

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Happy Hearts tickets are \$40 when purchased online by August 12th, or \$50 at the door on August 20th. All proceeds from this fundraiser (age 18+) support life-changing camp experiences for heart heroes and their families.

For more information and other ways to give, please visit:

<https://campodayin.org/event/happyhearts/>





Atrium Health's Heart of a Champion Day Provides Critical Sports Screenings for Student Athletes

Sixteen years of potentially lifesaving cardiac screenings for student-athletes in the Carolinas

Atrium Health's Heart of a Champion Day, <https://atriumhealth.org/medical-services/specialty-care/orthopedic-care/sports-medicine/heart-of-a-champion>, an initiative crucial for the safety of high school athletes, is marking another year of substantial growth and success. The event, now in its 16th year, was recently held at Atrium Health Sanger Heart & Vascular Institute's flagship Charlotte location and at Atrium Health Musculoskeletal Institute Orthopedics & Sports Medicine, in Indian Trail, North Carolina.

This year's Heart of a Champion Day provided more than 2,000 student-athletes with free, multidisciplinary health screenings that included a medical history review, general sports screening for North Carolina and South Carolina, electrocardiograms (ECG), orthopedic assessments, vision tests and mental health screenings. These screenings were performed by Atrium Health's comprehensive team of health professionals.

"Incorporating diagnostic tools like ECGs, which are interpreted by experts, helps us identify athletes who may be at risk of heart conditions that often go unnoticed," said Dr. Dermot Phelan, Director of the Sanger Heart & Vascular Institute Sports Cardiology Center. "Early detection and intervention may be the difference between life and death."

Since its inception in 2008, the program has grown to encompass a wide array of sports specific health screenings designed to detect some of the common, potentially life-threatening cardiac conditions and other health issues that may put athletes at risk for playing sports safely. These cardiac conditions include genetic heart abnormalities that could lead to sudden cardiac arrest during competition – a rare but potentially catastrophic event.

"Having lost family members to heart issues triggered by exercise, I've dedicated a good part of my career to trying to detect conditions in athletes before problems arise," said Dr. David Price, a sports medicine physician at Atrium Health Musculoskeletal Institute and the Medical Director of Heart of a Champion Day. "Our screenings ensure athletes not only perform their best, but do so with health security."

"In recent years, we've seen a growing body of evidence demonstrating that even if a cardiac condition is detected in athletes, many of these cases can be effectively managed," said Phelan. "In fact, returning to athletic competition isn't just possible, but often it's the best outcome for the student's health and well-being. Through early detection and proper management, we can help young athletes continue to pursue their passions safely and confidently."



Heart of a Champion Day brings together an impressive roster of health care professionals, including; athletic trainers, primary care and medical providers, dietitians, cardiologists, orthopedic surgeons and mental health experts, as well as experts from Atrium Health Levine Children's. This collaborative approach not only enhances the screening process but also educates and empowers students about their health.

Additional Heart of a Champion screenings will be held in the Piedmont Triad region in late May and early June.

As Heart of a Champion Day continues each year, plans are already underway to further increase the number of screening sites and incorporate additional, advanced diagnostic tools. This initiative is part of Atrium Health's broader mission to serve the community and enhance the health and safety of young athletes across the region.

"While not a substitute for an athlete's regular physical, this event is often the athlete's first connection with a health care system since they were very young," said Price. "We do our best to get them re-connected with a primary care provider to promote their ongoing well-being."

"Each year, as we expand and refine our program, we are reminded of the critical importance of our mission," he added. "The joy and relief we see in the students and their families inspires us to push forward and innovate continuously."





PennState Health
Children's Hospital

Outpatient Pediatric Cardiologist

Penn State Health Children's Heart Group is seeking a dedicated outpatient pediatric cardiologist who has the desire to develop a community-based practice that will align itself with local hospitals and neonatology practices, provide personalized services to pediatricians and family practice providers in these communities, and grow the practice in these cities. The intention is for the successful applicant to reside in one of the following cities, or a nearby community: Lancaster, York, or Reading.

Join our Division of Pediatric Cardiology now! We are committed to excellent clinical care, teaching, and research. **Interested applicants, [please apply here](https://pennstatehealth.psu.edu/jbreinholt) and send CV and Cover Letter to John P. Breinholt, MD Professor and Chief, Pediatric Cardiology jbreinholt@pennstatehealth.psu.edu**

Our team of providers consists of 12 board-certified pediatric cardiologists, 6 adult congenital cardiologists, 5 advanced practice providers and support staff. Our cardiologists have expertise in pediatric cardiology, adult congenital heart disease (ACHD), interventional cardiology, cardiac imaging and MRI, fetal cardiology, electrophysiology, preventive cardiology, and telemedicine.

We have state of the art facilities in these communities, supported by APPs, echo sonographers, and close alignment to the specialized services provided at the medical center, including: exercise physiology, electrophysiology, interventional cardiology, and cardiac surgery. We are closely aligned with the ACHA accredited Adult Congenital Heart Disease program who provide outreach services to these areas. There is an ACGME accredited fellowship program that accepts one fellow per year.

- The ideal candidate has at least one to three years of clinical experience and demonstrated excellence in outpatient pediatric cardiology care
- Supported by on-site clinical support staff and sonography services
- Academic position as an assistant or associate professor of pediatrics at Penn State College of Medicine
- The Echocardiography laboratory at Penn State Children's Hospital is accredited in pediatric transthoracic, TEE and fetal echocardiography
- Fetal cardiology abilities are desirable, but not required. Fetal cardiologists provide services to these areas at present, however a cardiologist with this skill set would be able to utilize it in this practice location.
- Opportunity to participate in the inpatient service is optional, based on applicant preference.

What we're seeking:

- We are seeking someone BC/BE trained in Pediatric Cardiology.
- M.D., D.O., or foreign equivalent
- Candidates must be board certified or board eligible in pediatric cardiology and able to obtain an unrestricted PA license.
- BLS and PALS certification is required.

Opportunity highlights:

- Competitive salary and benefits
- Sign on bonus and Relocation assistance,
- CME time and funds,
- LTD and Life insurance, and so much more!
- Penn State University tuition discount for employees and dependents

Area highlights:

Penn State Health has opened new pediatric outpatient centers in Lancaster and York in 2022. We are looking to open a new clinic in Reading. The Lancaster Pediatric Center (47,000 sq feet) houses more than 40 exam and consultation rooms. It includes 20 medical and surgical pediatric specialty and sub-specialty services. It also offers consultations with psychiatrists and behavioral health specialists. The York Leader Heights Center (5600 sq feet) houses pediatric sub-specialties, reproductive endocrinology and fertility. It provides a wide spectrum of care for children including 5 medical and surgical pediatric sub-specialty services.

Forbes magazine describes Lancaster as a "newly hip Victorian city—just three hours from New York City—is still one of the U.S.'s best kept secrets. The center of Amish country is bucolic but boasts a bustling food scene and is quickly becoming a cultural hotbed. The architecture is the real star, so explore the alleys and cobblestone streets by foot, checking out the many repurposed old warehouses that house thriving businesses... The arts are central to Lancaster's growth, notably the stunning Fulton Theatre and neighboring Prince Street, Lancaster's gallery row, which pulses with art on summer first Fridays."

Founded in 1741, the city of York is considered by many as the first capital of the United States. The Articles of Confederation were signed by the Second Continental Congress here in 1777. Its beautifully restored historic district is an architectural treasure. While York retains its farming and manufacturing heritage, at its heart York is a thriving cultural community that has attracted creative talent and innovative entrepreneurial investors from across the nation. Life in York County offers affordable housing, options for higher education, a thriving arts and cultural community, historical attractions, parks and recreational resources, a semiprofessional baseball team, fine dining and more — within an easy drive of major East Coast cities, including Baltimore, Washington D.C., and Philadelphia. It is also near the scenic Pocono Mountains to the north.

This is an opportunity to direct program growth in one of our population centers, and tailor a practice to your expertise and interests. Neighboring cities are also potential areas of growth.

About Penn State Health: Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 18,000 people systemwide.

The system includes Penn State Health (PSH) Milton S. Hershey Medical Center, Penn State Health Children's Hospital and Penn State Cancer Institute based in Hershey, Pa.; PSH Hampden Medical Center in Enola, Pa.; PSH Holy Spirit Medical Center in Camp Hill, Pa.; PSH Lancaster Medical Center in Lancaster, Pa.; PSH St. Joseph Medical Center in Reading, Pa.; Pennsylvania Psychiatric Institute in Harrisburg, Pa., and 2,450+ physicians and direct care providers at 225 outpatient practices. Additionally, the system jointly operates various healthcare providers, including PSH Rehabilitation Hospital, Hershey Outpatient Surgery Center and Hershey Endoscopy Center.

In 2017, Penn State Health partnered with Highmark Health to facilitate creation of a value-based, community care network in the region.

Penn State Health shares an integrated strategic plan and operations with Penn State College of Medicine, the University's medical school. With campuses in State College and Hershey, Pa., the College of Medicine boasts a portfolio of more than \$150 million in funded research and more than 1,700 students and trainees in medicine, nursing, other health professions and biomedical research.



InfoBionic.Ai and HBox.ai Ink Partnership to Offer the First AI-Driven "Cardiology Clinic of the Future"

InfoBionic.Ai and HBox.ai have partnered to create the first comprehensive cardiovascular care solution for the "Cardiology Clinic of the Future." This collaboration integrates HBox.ai's virtual care model with InfoBionic.Ai's advanced cardiac telemetry, offering AI-driven tools for virtual consults, remote monitoring, and diagnostic care. The goal is to enhance clinical insights, improve patient engagement, and boost operational efficiency--ultimately reducing hospitalizations and improving outcomes.

InfoBionic.Ai and HBox.ai are excited to announce a groundbreaking partnership that brings together the leading AI-driven technology platforms from both companies to offer the first comprehensive cardiovascular care solution for the "Cardiology Clinic of the Future."

HBox.ai, known for its unique "Virtual Clinic in a Clinic" model, provides an AI-driven technology platform and services enabling cardiology practices to offer virtual care services to their patients while generating new recurring revenue streams. InfoBionic.Ai delivers state-of-the-art AI enabled cardiac telemetry solutions to cardiology practices nationwide. InfoBionic.Ai's gold-standard approach consolidates the virtual telemetry service line into a highly efficient and clinically superior tool. With flexible business models, partners can seamlessly integrate their solution in a way that best fits their existing infrastructure and workflow.

This unique partnership enables both companies to create the cardiovascular care industry's first integrated AI-Driven Virtual Consult, RPM, Chronic Care and diagnostic cardiac monitoring solution, empowering the creation of the "Cardiology Clinic of the Future." By combining their deep and wide datasets with their AI expertise, HBox.ai and InfoBionic.Ai aim to create an end-to-end view of a cardiac patient's condition, providing healthcare providers with unparalleled clinical insights.

HBox.ai and InfoBionic.Ai are elevating cardiovascular care by providing new and more effective tools for doctors to diagnose and predict risk. Beyond clinical care, this partnership will deploy AI in all aspects of care delivery including patient engagement and bringing operational efficiency to cardiology outpatient centers. Ultimately, the goal is reduced hospitalizations and improved outcomes for patients.

"At InfoBionic.Ai, we believe that partnering with HBox.ai will deliver unmatched value to cardiology practices nationwide. Our combined AI capabilities will enable us to offer healthcare providers a unique, comprehensive solution, empowering them to deliver the highest quality care for their patients. This partnership embodies our shared vision of revolutionizing cardiovascular care with the 'Cardiology Clinic of the Future,'" says Stuart Long, CEO of InfoBionic.Ai.

"We see tremendous synergy between HBox.ai and InfoBionic.Ai that will enable us to create a one-of-a-kind cardiology platform benefiting both patients and providers. HBox.ai is excited to collaborate with InfoBionic.Ai to move beyond our current go-to-market partnership and develop a fully integrated, AI-driven model that promises innovation in both product and business models for cardiovascular outpatient centers," says CEO of HBox.ai Banuprasad Dhanakoti.

About HBox.ai

HBox.ai is a leader in AI-driven technology platforms, offering cardiology practices a unique "Virtual Clinic in a Clinic" model. This model enables practices to deliver virtual care services while creating new recurring revenue streams. By leveraging its AI expertise, HBox.ai provides comprehensive virtual care solutions that empower cardiologists to offer optimal care to their patients.

About InfoBionic.Ai

InfoBionic.Ai's digital technology has transformed the efficiency and economics of cardiac remote patient monitoring. The company's vision for its FDA-cleared third-generation platform, the MoMe ARC®, is to remove the roadblocks hindering virtual and remote diagnosis and decision-making. The Massachusetts-based team of seasoned entrepreneurs has had successful careers in healthcare, IT, medical devices, and mobile technology, and brings specific expertise in remote monitoring and cardiology. [Visit https://infobionic.ai](https://infobionic.ai).





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Philips Presents Study Results at Heart Rhythm Annual Meeting Demonstrating Benefits of its AI-powered Cardiac Monitoring Solutions

Three Studies Demonstrate How Philips MCOT Wearable Ambulatory Monitoring ECG and Proprietary AI Models Applied to ECG Digital Biomarkers Can Help to Improve Diagnosis, Reduce Readmissions, and Lower Costs

Royal Philips (NYSE: PHG, AEX: PHIA) a global leader in health technology, presented new retrospective study results demonstrating the clinical and economic benefits of Philips' AI-powered cardiac care solutions at the Heart Rhythm Annual Meeting in Boston in May.

With cardiovascular disease on the rise, clinicians and health systems continue to look for ways to deliver high-quality care that is both timely and cost-effective. Findings from the three studies highlight the central role mobile cardiac monitoring technology plays in supporting early detection of adverse cardiac events and enabling potentially life-saving interventions for patients, while helping to reduce readmissions and lower costs.

Recently published in The Journal of Comparative Effectiveness Research, a Philips study compares the clinical and economic outcomes of using the Philips mobile cardiac outpatient telemetry (MCOT) wearable ECG sensor with implantable loop recorders (ILRs) in stroke patients to determine how cardiac remote monitoring technology impacts current standards of care. This study analyzed the eighteen months following a stroke event and found that when MCOT was used instead of ILR for post-discharge monitoring:

- Patients experienced significantly lower readmissions (30.2% in the MCOT-monitored group compared to 35.4% in the ILR group);
- Average cost over an 18-month period following the stroke event was reduced by USD 27,429;
- Emergency department utilization was significantly lower;
- Patients with complications and comorbidities from the index stroke experienced a higher rate of survival.

Manish Wadhwa, Chief Medical Officer for Philips Ambulatory Monitoring & Diagnostics, said: "As we explore how specific ambulatory monitoring devices, like MCOT, impact clinical outcomes, data demonstrates that choice of monitoring modality does affect the cost-effectiveness of care and patient outcomes. Effective cardiac monitoring starts with quality data, and with the AI-powered data platform behind MCOT, Philips is uniquely positioned to help care teams make quick, impactful, and cost-conscious decisions for their cardiac patients."

Two poster presentations highlighted additional recent research showcased Philips' impact on improved health outcomes and AI-driven diagnosis:

- **Back to the Future: Artificial Intelligence Applied to ECG Can Help Identify Life-Threatening Arrhythmia Events at the Roots**
 - The cause of syncope, a loss of consciousness or fainting, is difficult to diagnose and the condition leads to approximately 3% of all visits to the emergency room. Syncope may be caused by a serious heart condition and

cardiac monitoring solutions are often used to detect adverse heart rate and/or rhythm events to improve how syncope patients are diagnosed and managed.

- AI and deep neural network (DNN) algorithms have demonstrated the ability to provide accurate medical diagnoses equivalent to human physicians or conventional algorithms. Philips' study reveals that AI-powered ECG biomarker technology may help to identify patients with significant intermittent bradyarrhythmia, potentially improving timely diagnosis and management. Using an AI-based learning model, the study focused on successfully triaging syncope patients by identifying those who had previously experienced bradyarrhythmia.

- Dr. Laurent Fiorina, Cardiovascular Institute Paris-Sud (ICPS) and Medical Advisor for Philips, said: "Our main focus is developing new AI models to detect cardiovascular conditions or predict future cardiac events like atrial fibrillation, ventricular tachycardia, and now, severe bradyarrhythmia."

- **The EP-COT Trial: Impact of Emergent Physician Notifications from MCOT on Patient Outcomes**

- While ambulatory cardiac monitors are frequently used to diagnose arrhythmias, their impact on clinical decision-making has not been extensively studied. When examining how MCOT impacts acute clinical management decisions, Dr. David Lin at the University of Pennsylvania and Dr. Mathew Hutchinson at the University of Arizona found that patients who had Emergent Notifications while wearing a Philips MCOT had a high degree of symptom-arrhythmia correlation and that these notifications were delivered to the care provider. The notifications initiated unscheduled follow-up care in over 85% of patients and a procedural intervention in over 25%, indicating MCOT's effectiveness in detecting actionable arrhythmias and enabling care teams to intervene and provide necessary care.

Lead Management and CIED Infection

Philips will also continue to educate on cardiac implantable electronic device (CIED) infections to improve the quality of patient care by ensuring physicians are knowledgeable about CIED infection treatment and guidelines. Philips supports physicians with Lead Management solutions through a broad portfolio of tools designed for safety and predictability, including both laser and mechanical lead extraction devices to help indicated patients get the quick and effective treatment they deserve.





Pediatric Cardiologist Adult Congenital Heart Disease Specialist

University of Iowa Stead Family Department of Pediatrics

University of Iowa Stead Family Department of Pediatrics seeks a cardiologist with expertise in adult congenital heart disease. Appointment rank is open and may be to either the tenure track or clinical (non-tenure) track consistent with clinical experience and research interest. Appointment rank to Instructor of Pediatrics (non-tenure or clinical track) may also be considered. The individual selected will join the Division of Cardiology to provide patient care, teaching, and consultative services as a cardiologist specialist in congenital heart disease.

The Division of Cardiology at the University of Iowa Stead Family Department of Pediatrics provides compassionate, family-centered, and state-of-the-art delivery of care to children and young adults with congenital and acquired heart disease. Patients are followed through the transition to adulthood. Dedicated staff have expertise in acquired heart diseases such as cardiomyopathies, cardiac arrhythmias, blood lipid disorders, congenital heart disease, cardiac dysfunction in malignancy, and cardiac implications associated with pediatric obesity. The division provides the only expertise for electrophysiology, diagnostic, interventional and transplant services for children and youth in the state of Iowa. Skilled surgical support and exceptional critical care postoperative support has outcomes that have excellent results in national databases. The division has a multi-purpose diagnostic and interventional procedure lab which is constantly expanding and including state-of-the-art technologies.

Requirements

- Must hold an MD/DO degree, or equivalent
- Board certified or eligible in Pediatrics, or equivalent
- Board certified or eligible in Pediatric Cardiology, or equivalent
- Subspecialty fellowship training in Adult Congenital Heart Disease or ABIM ACHD certification on the experiential pathway
- License or eligible for licensure in the State of Iowa

Desirable Qualifications

- Experience in the management of adults with congenital heart disease
- Experience in patient-oriented research
- Teaching competence in pediatrics for medical students and residents
- Evidence of scholarly activity
- Demonstrated ability to develop and implement new programs
- Strong oral and written communication and interpersonal skills
- Demonstrated experience working effectively in a welcoming and respectful workplace environment

The University of Iowa Roy J. and Lucille A. Carver College of Medicine is one of the nation's top medical schools. It is ranked No. 44 in research in the 2024 U.S. News & World Report listing of "Best Graduate Schools," and it is ranked No. 23 in National Institutes of Health funding among public institutions by the Blue Ridge Institute for Medical Research. The UI Stead Family Department of Pediatrics is currently ranked No. 25 in NIH funding among all public pediatric departments nationwide.

The UI Stead Family Department of Pediatrics comprises the medical staff of UI Stead Family Children's Hospital, Iowa's only nationally ranked children's hospital and home to the state's only accredited Level 1 Regional Resource Pediatric Trauma Center. The ACGME-accredited pediatric residency program at UI Stead Family Children's Hospital trains 50 pediatric resident physicians. For its 2023-24 edition of "Best Children's Hospitals," U.S. News & World Report ranked UI Stead Family Children's Hospital in six pediatric specialties: neonatology, diabetes and endocrinology, nephrology, neurology and neurosurgery, orthopedics, and urology. Visit us on the web at: www.uichildrens.org.

For more information contact:

Ian Law, MD

Clinical Professor of Pediatrics

Division Director, Pediatric Cardiology

ian-law@uiowa.edu

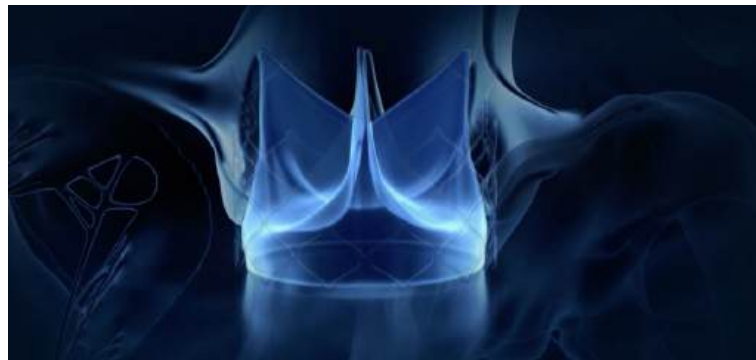
To apply for this position please visit the University of Iowa website at <http://jobs.uiowa.edu>, requisition number 75234.

Successful candidates will be required to self-disclose any misconduct history or pending research misconduct investigation including but not limited to sexual misconduct in prior employment and provide a related release and will be subject to a criminal background and credential check. This applies to clinical, tenure and research positions.

The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences.



A New Class of TAVR – Built to Mimic Performance of a Healthy Aortic Valve



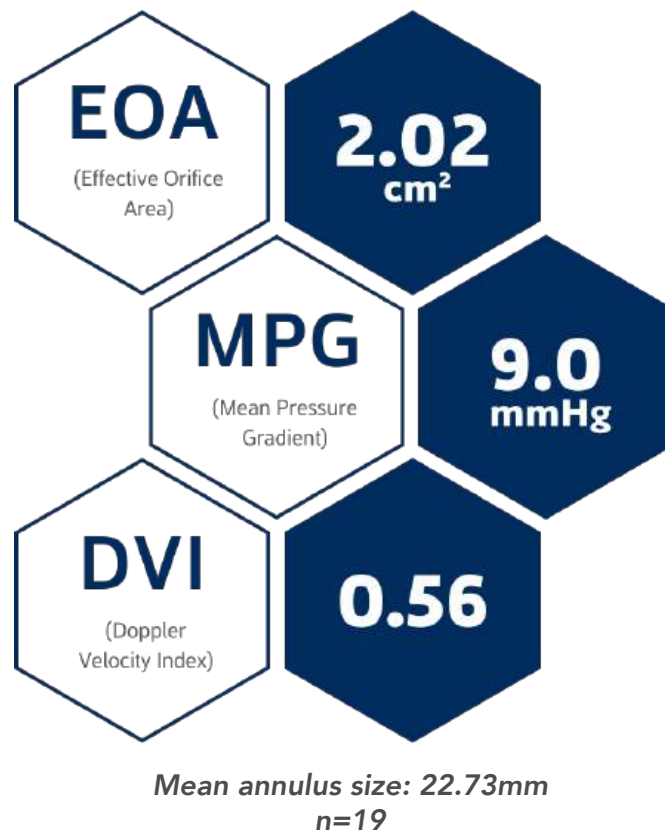
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When assessed by echo, invasive hemodynamics, and MRI, DurAVR™ THV demonstrated excellent and consistent hemodynamic performance. FIH Study, Presented at SCAI 2024.

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University of Colorado
Anschutz Medical Campus

Adult Congenital Heart Disease Cardiologist

The **University of Colorado's** department of **Medicine, Division of Cardiology**, in conjunction with the **Department of Pediatrics and Pediatric Cardiology**, has an **immediate opening** for an **Adult Congenital Heart Disease (ACHD) Cardiologist**. The board-certified or board-eligible ACHD Cardiologist will provide cardiac care to adolescents and adults with congenital heart disease in the outpatient and inpatient settings and will participate in night and weekend call coverage for ACHD patients. This position will help oversee ACHD activities at the University of Colorado Hospital, working collaboratively with the other faculty members under the broader Colorado's Adult and Teen Congenital Heart Program (CATCH) that includes Children's Hospital Colorado on the Anschutz Medical Campus. There is also potential for this to be a section head role depending on experience and qualifications.

Key Responsibilities

- **Clinical:** The primary responsibilities of this position are to provide patient assessment and care in the Adult and adolescent Congenital Heart Disease and General Cardiology programs. This position will participate in the inpatient and/or cardiology consult services at UCHHealth and Children's Hospital Colorado facilities.
- **Education:** The University of Colorado Anschutz Medical Campus is a teaching institution, and this faculty member is expected to provide mentorship and direction to students, residents, and fellows, including the dedicated ACHD sub-specialty fellowship.
- **Research:** The division encourages research and scholarly activities. Administrative support is available for grant submission and financial management. The University, Department of Medicine and the Division of Cardiology have multiple mechanisms to assist with support of research endeavors. This can be discussed further during the interview process as needed.
- **Administration:** Applicants with an adult cardiology training background along with ACHD-specific training will be considered for the directorship of the Department of Medicine and University of Colorado Hospital arm of the CATCH program.

The University of Colorado Anschutz Medical Campus ranks among the top institutions nationally in clinical care, education and research. Its 230-acre campus, designed to enhance collaboration and interprofessional education. Strategically located contiguous to the campus are a biosciences research park and the Veterans Hospital. CU Anschutz offers two undergraduate degrees, 35 graduate degrees, and five first-professional programs. More than 4,000 students learn alongside faculty members who also make meaningful medical discoveries and provide expert clinical care through 1.5 million patient-visits annually. A hub for research and innovation, CU Anschutz receives over \$400 million in research awards each year and has filed 1,300 patent applications and formed 53 new companies since 2002.

The University of Colorado offers a **comprehensive benefits package** that includes health insurance, life insurance, retirement plans, tuition benefits, ECO pass, paid time off – vacation, sick, and holidays and more. To see what benefits are available, please visit:

<https://www.cu.edu/employee-services/benefits-wellness>.

Minimum Qualifications

Applicants must meet minimum qualifications at the time of hire.

- MD/DO
- Completed fellowship in Cardiology
- Completed sub-specialty fellowship in Adult Congenital Heart Disease
- Board eligible OR board certified in Adult Congenital Heart Disease

Preferred Qualifications

- Experience as a clinical educator
- Interest in working with all age groups of patients with congenital heart disease (children-adult).
- Experience in leading high-performing, cross-functional teams; designing and implementing processes for strong and effective clinical and practice management operations.

Knowledge, Skills and Abilities

- Ability to integrate clinical, quality/patient safety, management and financial concepts within an academic healthcare setting.
- Strong leadership skills, including interpersonal communication, interdisciplinary collaboration, problem resolution, decision-making and project/change management.

For full consideration, please submit the following documents

1. A letter of interest describing relevant job experiences as they relate to listed job qualifications and interest in the position
2. Curriculum vitae / Resume
3. Five professional references including name, address, phone number (mobile number if appropriate), and email address

Applications are accepted electronically ONLY at

<https://cu.taleo.net/careersection/2/jobdetail.ftl?job=33650&lang=en>

Questions should be directed to: Bobby Pinter, Bobby.Pinter@cuanschutz.edu

This is an open-ended posting used to recruit multiple candidates throughout the year. We will contact candidates when there is an opening.



American Society of Echocardiography Appoints 2024-2025 President

The American Society of Echocardiography (ASE) is pleased to announce the appointment of Theodore Abraham, MD, FASE, as the organization's new President, effective July 1, 2024.

During the 35th Annual Scientific Sessions in Portland, Ore., June 14-16, Dr. Abraham shared his vision as the 2024-2025 ASE President. He will lead the global cardiovascular ultrasound imaging society during its milestone 50th anniversary in 2025, and he said that while it is important to celebrate the last 50 years, it is the future 50 years that will be top of mind during his Presidency.

Dr. Abraham plans to focus on three initiatives that he sums up as (1) ASE Creates, (2) ASE Secures, and (3) ASE Partners. ASE Creates is intended to awaken creativity within the Society and determine potential opportunities for innovation and invention in the field. ASE Secures will safeguard the Society's future by identifying new technologies and education, and ASE Partners will concentrate on collaboration and help ASE continue building relationships with complementary partners, disciplines and organizations.

"ASE has been my professional home for more than 20 years. In my term as President, I am looking forward to embracing the Society's rich 50-year history while also ensuring we remain at the forefront of innovation and excellence," said Dr. Abraham. "It is an honor to represent our members and have a role in advancing and growing both ASE and the field of cardiovascular ultrasound to meet the needs of patients."

Since first joining ASE in 2003, Dr. Abraham has held numerous leadership and volunteer positions on committees, task forces, writing groups and editorial boards. Some of his involvements and achievements include: serving as Chair of ASE's Membership Committee, earning Fellowship status in 2004, delivering the 2016 Feigenbaum Lecture at the 27th Annual ASE Scientific Sessions, receiving the 2018 Richard Popp Excellence in Teaching Award and supporting the ASE Foundation. Most recently, he chaired two ASE Hypertrophic Cardiomyopathy (HCM) forums in 2023 and 2024, and completed his term as the 2023-2024 President-Elect on the ASE Board of Directors' Executive Committee.

Dr. Abraham earned his medical degree from Goa Medical College at the University of Bombay. He completed an internal medicine residency and an echocardiography research fellowship at Wake Forest University in Winston-Salem, N.C. Dr. Abraham then completed fellowships in clinical cardiology and echocardiography at the University of Texas Southwestern Medical Center in Dallas, Texas, and advanced echocardiography and muscle physiology at the Mayo Clinic in Rochester,

Minn. After previous appointments at Mayo Clinic and Johns Hopkins University, he is currently a cardiologist and Meyer Friedman Distinguished Professor at the University of California San Francisco, where he also serves as the institution's Adult Cardiac Echocardiography Laboratory Director and HCM Center of Excellence Co-director.



Theodore Abraham, MD, FASE, as the new President of ASE

ASE membership also elected 11 new Board of Director members to serve the Society starting July 1, 2024. The ASE Executive Committee welcomes Vice President Cynthia Taub, MD, MBA, FASE, SUNY Upstate Medical University, Syracuse, N.Y., who will serve a one-year term. The new Treasurer serving a three-year term will be Akhil Narang, MD, FASE, Northwestern Medicine, Chicago, Ill. Secretary Melissa Wasserman, RDCS, RCCS, FASE, Children's Hospital of Philadelphia, Philadelphia, Pa., and Council Representative Kelly Thorson, DHSc, MSRS, ACS, RDCS, RCCS, CIIP, FASE, Lucile Packard Children's Hospital Stanford, Palo Alto, Calif., will each serve two-year terms.

The following new Board members were elected to serve two-year terms: Kristen Billick, BS, ACS, RCS, RDCS (AE, PE) FASE, Scripps Clinic and La Jolla Hospital, La Jolla, Calif. (Member at Large); Allyson Boyle, MHA, ACS, RDCS, FASE, Sanger Heart and Vascular Institute - Atrium Health, Charlotte, N.C. (Cardiovascular Sonography Council Chair); Tony Forshaw, M Cardiac Ultrasound, B Ex Sci, AMS (Cardiac), FASE, Queensland University of Technology Queensland, Australia (International Representative); Jennifer Liu, MD, FASE, Memorial Sloan Kettering Cancer Center, New York, N.Y. (Member at Large); Kameswari Maganti, MD, FASE, Rutgers Robert Wood Johnson Medical School, New Brunswick, N.J. (Member at Large); Nishath Quader, MD, FASE, Washington University in St. Louis, St. Louis, Mo. (Interventional Echocardiography Council Chair); and Matthew Vorsanger, MD, FACC, RPVI, FASE, NYU Grossman School of Medicine, New York, N.Y. (Circulation & Vascular Ultrasound Council Chair).

Founded in 1975, ASE currently has nearly 17,000 members across 112 countries. Learn more by visiting, [ASEcho.org](https://www.asecho.org).





Pediatric Cardiologist Heart Transplant and Advanced Heart Failure

Phoenix Children's - Division of Cardiology, is actively seeking up to 3 full-time faculty to join the Advanced Heart Failure – Cardiac Transplant Team at the level of Instructor, Assistant, or Associate Professor of Clinical Pediatrics and Child Health. There is an opportunity for the right candidate to join as or develop into the role of Director of Mechanical Circulatory Support depending on experience. The program performs an average of 12-15 heart transplants annually, follows heart failure patients in both the inpatient and outpatient setting and supports a mechanical circulatory support program offering the full range of pediatric and adult devices. Applicants must have an M.D. or equivalent degree, be board certified or board eligible in Pediatric Cardiology by the American Board of Pediatrics and eligible for medical licensure in the State of Arizona. Candidates will have already completed an ACGME accredited 3-year fellowship in Pediatric Cardiology, with additional 1-2 years of advanced subspecialty training in pediatric advanced heart failure including management of cardiac transplant patients and mechanical circulatory support. This position is not currently accepting J1 visa candidates.

Candidates should demonstrate a rigorous academic focus preferably in clinical and/or translational research, however, basic science opportunities are also available. Academic clinical faculty appointments will be facilitated at the University of Arizona College of Medicine – Phoenix and Tucson, Creighton University School of Medicine, and Mayo Clinic School of Medicine – Scottsdale. Additional research collaborations exist with the Translational Genomics Research Institute (tGen) and the Arizona State University, Department of Bioengineering.

The Division of Cardiology currently hosts a fellowship training program in general pediatric cardiology with 9 fellows distributed over 3 years. The Phoenix Children's Center for Heart Care also hosts subspecialty fellowships in pediatric cardiac critical care, advanced cardiac imaging, and interventional cardiac catheterization. The inpatient service includes a 48-bed CV intensive care unit and transition care unit. Patient care is interdisciplinary involving transplant cardiology, cardiovascular surgery, and dedicated cardiac NP and PA providers. The provision of both workplace based and didactic teaching to fellows, residents, medical students, and nurses is an expectation in this role. The successful candidate(s) will join our program with 24 cardiologists, 13 cardiac intensivists, 3 cardiovascular surgeons, and 25 advanced practice providers. Inpatient pediatric cardiac care is centered at the Phoenix Children's Hospital while adult congenital inpatient care and procedures are also provided at St. Joseph's Hospital and Medical Center. Ambulatory cardiac services are centered at the Center for Heart Care – Thomas Campus and satellite offices are located throughout the Phoenix metropolitan area. Additional general cardiology outreach offices are in Tucson, Prescott, and Yuma AZ.

The Phoenix metropolitan area is the 5th largest metropolitan area in the United States with a population of ~1.6M and an estimated pediatric population of 1M in Maricopa county alone. Phoenix Children's is one of the largest freestanding children's hospitals in the nation with 433 licensed beds and a faculty of over 1200 employed / affiliated physicians. Phoenix is consistently ranked among the Best Places to live in the United States and boasts over 300 sunny days per year and convenient access to ocean and mountain attractions.

Interested candidates should send a curriculum vitae with a cover letter of introduction to:

David Blaha
Physician Talent Acquisition Partner
dblaha@phoenixchildrens.com

Interested candidates can also contact the program director directly:
Steve Zangwill, MD
szangwill@phoenixchildrens.com



Creating a healthier future requires the brightest minds today.

Now hiring an Adult Congenital Cardiologist

Nemours Children's Hospital, Delaware, seek an adult congenital cardiologist to join our expanding Adult Congenital Heart Disease (ACHD) Program. The ACHD team includes:

- Two full-time ACHD congenital cardiac surgeons
- Two board-certified ACHD cardiologists
- One PA, social worker, ACHD nurse, and clinical psychologist

Our program offers advanced imaging, cardiac catheterization, electrophysiology, anesthesia and intensive care. We need an additional full-time ACHD cardiologist who is ACHD board-eligible or certified to provide inpatient and outpatient care.

Requirements

- ACHD Cardiologists (pediatric or adult cardiology track)
- Board Certification (or eligibility) by ABIM for ACHD

Nemours Children's Cardiac Center Highlights

- Celebrating its 25th anniversary
- OPTUM Center of Excellence
- Magnet designated cardiac nursing

We Offer

- **Compensation:** Competitive salary, annual incentives for clinical activity, academic accomplishments and quality improvement
- **Benefits:** Comprehensive health, life, dental and vision insurance
- **Financial Support:** Mortgage assistance, relocation packages and a 403B with employer match
- **Loan Forgiveness:** Eligibility for Public Service Loan Forgiveness



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About Wilmington, Delaware

Wilmington offers urban sophistication and suburban comfort with schools, museums, theatres and restaurants. Notable attractions include the Hagley Museum and Library and the Nemours Estate, adjacent to the hospital.



SEPTEMBER

04TH-07TH

PICS 2024

San Diego, California, USA

<https://www.picsymposium.com/>

05TH-07TH

PEDS Cardio AI Conference

Austin, Texas, USA

<https://cvent.utexas.edu/event/13c4218a-9814-431e-b116-b3661d7adea6/summary>

06TH-08TH

Annual PICS Fellows & Early Career Course

San Diego, California, USA

<https://register.rcsreg.com/r2/pics2024/fellow/top.html>

06TH-MAY 02ND

Advanced Cardiology Education (ACE) Program

Virtual

<https://web.cvent.com/event/19addb21-e3f6-433b-bad8-2931ec4e5016/websitePage:bec66eac-de43-47d0-be9b-cbbf790a45cc>

17TH

Could It Be Cardiac Amyloidosis? Webinar

Virtual

<https://secure.4hcm.org/np/clients/4hcm/event.jsp?forwardedFromSecureDomain=1&event=2626>

19TH-21ST

PediRhythm 11

Rome, Italy

<https://pedirhythmxi.org/>

21ST-23RD

Fetal and Neonatal Cardiac Symposium

Chicago, Illinois, USA

<https://event.fourwaves.com/fncsymposium/pages>

Program Directory 2024-2025

**Currently Updating*
Published Mid-August*

**Directory of Congenital & Pediatric
Cardiac Care Providers in North
America**

**Contact information at each program
for Chief of Pediatric Cardiology &
Fellowship Director**

**Lists each program's
Pediatric Cardiologists &
Cardiothoracic Surgeons**

**Lists Pediatric Cardiology
Fellowships**

**Distributed to
Division Chiefs by mail**

**Electronic version available on
CCT's website:**

**[CongenitalCardiologyToday.com/
Program-Directory](https://CongenitalCardiologyToday.com/Program-Directory)**

Need to update your listing?

Contact Kate Baldwin

kate.f.baldwin@gmail.com



Adult Congenital Cardiologist Opportunity Northeast Ohio

Ohio-based Akron Children's Hospital seeks an additional **Adult Congenital Cardiologist** to join its expanding Heart Center. Akron Children's Hospital is the largest pediatric healthcare system in Northeast Ohio and is ranked among the best children's hospitals.

This integrated healthcare delivery system includes:

- Two free-standing pediatric hospitals
- More than 800 providers, who manage over 1.1 million patient visits annually
- A network of more than 50 primary and specialty care locations
- Robust research and innovation endeavors

The successful candidate will join a well-established group, expanding the services of the Heart Center team, and will treat ACHD patients. Our team includes 16 pediatric cardiologists, 7 advanced practice providers and 2 cardiothoracic surgeons who provide a complete spectrum of coordinated, compassionate, cardiac care to over 10,000 patients annually. Services include: advanced diagnostics, complex surgical procedures, an adult congenital heart disease program, a fetal imaging program and a cardiac MRI program.

This position offers opportunities for:

- Partnership with an established team of Cardiologists affording exceptional work-life balance
- Active involvement in medical student and resident education; academic appointment at Northeast Ohio Medical University is available and commensurate with experience
- An attractive compensation plan that includes bonus compensation

Requirements include board eligibility/certification in Adult Congenital Heart Disease and the ability to obtain an active medical license in the state of Ohio.

Akron Children's Hospital is set in the beautiful Cuyahoga Valley, just minutes south of Cleveland. From major league attractions to small-town appeal, the greater Akron area has something for everyone. The area is rich in history and cultural diversity, and provides a stimulating blend of outstanding educational, cultural and recreational resources. This four-season community offers outdoor enthusiasts more than 40,000 acres of parks for year-round enjoyment. Northeast Ohio has become a premier destination to work, live, play, shop and dine.

Interested candidates may contact Jane Hensley, Physician Recruiter at 330-543-3015 or jhensley@akronchildrens.org. To learn more, visit our website at www.akronchildrens.org.



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