



INSIDE THIS ISSUE:

- Northside Cardiology's Cumming Office Expands Services to Northern GA 400 Corridor..... 2
- Yes, We Accept Your Insurance Here!..... 2
- Less Wait Could be Good for Your Heart Rate 3
- You (and Your Heart) Are in Good Hands at Northside Cardiology..... 4
- Menu of Services at Northside Cardiology is 'Heart Healthy' 6

PRACTICE LOCATIONS:

The Tower at Northside
 5670 Peachtree Dunwoody Rd.
 Suite 880
 Atlanta, GA 30342-1704
 404.256.2525
 404.485.4720 fax

Peachtree Parkway Medical Campus (Forsyth)
 610 Peachtree Pkwy, Suite 100
 Cumming, GA 30041-9782
 678.679.4930
 770.887.6971 fax

Managing Partner
 Michael Balk, M.D.

Operations Manager
 Debbie Goodman

Financial Manager
 Beena Alex

Trans Radial Cardiac Catheterization is a Gentler Approach

For many patients who undergo cardiac catheterization (angiogram) and/or angioplasty/stent placement, the worst part of the procedure actually occurs after the entire process is over. Traditionally, cardiac catheterization involves insertion of a thin tube, or catheter, into the major artery in the groin and threading it into the heart. After procedure completion, forceful pressure is applied to the puncture site to prevent bleeding. Then, the patient must remain in bed, with the leg straight, for several hours. Many complain of significant muscle cramps and backaches, and there is a risk of bleeding associated with this approach, especially in larger individuals. In cases of severe bleeding complications, transfusions and potentially vascular surgery may be required.

There is good news, however. Northside Cardiology, P.C. is the only cardiology group in the greater Atlanta area to routinely offer a more comfortable and safer alternative. Trans-radial catheterization and/or angioplasty/stent placement is performed through the wrist. Post-procedurally, individuals wear a small wrist

compression device and are free to sit up or ambulate, without the need to lie recumbent in bed. Patients uniformly prefer this approach, as it is much more comfortable and allows for greater mobility and freedom. Additionally, there is no intrusion into sensitive and private body areas; and patients consider it less invasive. Most patients can typically be discharged much earlier. Most importantly, multiple large-scale studies have confirmed the greater safety of this technique, as compared with the aforementioned transfemoral approach. There is essentially no risk of bleeding, and the potential for artery damage is likewise markedly minimized.¹⁻³ This enhanced safety is due to the very superficial position of the wrist, or radial, artery; any bleeding issue is easily visible and can be readily controlled by firm external pressure.

The technical training and experience required for this approach, however, have limited its prevalence locally. Moreover, stent implantation currently requires an overnight admission; however, our physicians have recently co-authored a study demonstrating the safety of same-day discharge for patients undergoing transradial stent deployment.⁴ This practice is likely to become the standard of care in the future.

The vast majority of patients undergoing cardiac catheterization will qualify for the transradial approach. However, it may not be applicable to individuals with suboptimal circulation in the hand or those with history of bypass surgery. This technique is especially beneficial in larger patients (higher risk of bleeding from the groin), those with peripheral artery disease (leg artery blockages), those with back or spine problems (problems with



Continued on Back Cover >

Northside Cardiology's Cumming Office Expands Services to Northern GA 400 Corridor

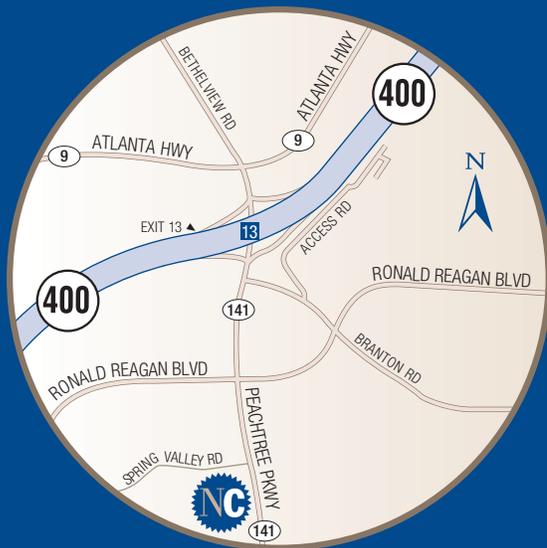
The physicians, clinical and administrative staff of Northside Cardiology are pleased with the success of their new Cumming office, located in the Peachtree Parkway Medical Campus, at 610 Peachtree Parkway, just east of Exit 13 on GA 400.

The new location offers the same excellence in cardiovascular health care and expanded services to patients along the northern corridor of Georgia 400. Lead by Board Certified Physicians Narendra Singh, M. D., Nabeel Hafeez, M.D., Jack Chen, M.D. and Kimberly Champney, M.D.

The Peachtree Parkway Medical Campus provides the following services:

- Consultative Cardiology (adults 18 and older)
- Full Cardiac Testing Lab:
 - Exercise Treadmill
 - Echocardiography
 - Nuclear CT Scans
 - Holter Monitors
 - Event Monitors
 - ABI testing (Ankle-Brachial Index)

The physicians hold privileges at Northside Forsyth Hospital, Northside Atlanta Hospital & Saint Josephs Hospital.



For more information, visit www.nscatl.com call the Cumming office at 678.679.4930 or our Atlanta office at 404.256.2525.

Yes, We Accept Your Insurance Here!

At Northside Cardiology, we are committed to making your experience with us as pleasant as possible, and that includes accepting almost 30 insurance providers. We are proud to be recognized affiliate providers for Kaiser Permanente, as well as participate in most all insurance plans for our patient population in Atlanta, including:

Participating Insurance Carriers - This list includes many of the insurance companies that our physicians participate. If your company is not listed, please contact our staff to verify that your insurance company is accepted.

- Aetna HMO, PPO
- Blue Cross Blue Shield of Georgia, POS, PPO, HMO
- Capp Care
- Guardian
- Kaiser
- PHCS, PPO
- Prudential, HMO/POS
- United Payors & United Providers
- CCN
- Cost Care
- Humana
- Medicaid
- Multiplan
- Principal
- United Health Care of GA, HMO/PPO/POS
- Cigna HMO, PPO
- Goodroe
- John Alden
- Medicare
- One Health Plan, HMO, PPO
- Preferred Plan
- Southcare
- Unicare

We are adding new plans all the time. If you don't see your insurance carrier listed here, please call us at 404.256.2525 to make sure your insurance is accepted by our Northside Cardiology physicians.

Information can also be found online at www.nscatl.com

Less Wait Could be Good for Your Heart Rate

The last thing you need when receiving cardiovascular care is additional stress, particularly if you are anxiously awaiting the outcome of a stress test or advice on next steps in your cardiovascular recovery regimen. That's exactly why the board certified physicians of Northside Cardiology have introduced Medfusion, a brand new web-based patient portal that can give you peace of mind when you need it the most.



Northside Cardiology patients are invited to use the new portal at their convenience to:

- **Fill out registration forms** - decreases waiting time in the lobby during visits, allowing patients access to their provider more quickly and 'fast-track' through the practice without delays.
- **Request appointments** - provides flexibility to very busy patients and their hectic lifestyles, allowing patients to set their own 'office hours' when making appointments.
- **Request prescription renewals** - allows patients to make refill requests at any hour of the day or night, which can be critical with some medications.
- **Pay bills online** - streamlines bill paying, reduces paperwork and allows patients to conveniently pay bills any time of day or night.
- **Ask the Provider** - new feature allows patients to continue their quality of care with Northside Cardiology even after the doctor visit is over; by using the patient portal, patients can e-mail their personal healthcare questions directly to the provider of their choice - for just \$100 per annual subscription.



The Medfusion Patient Portal allows patients to get right to the business of their health when they arrive at Northside Cardiology, eliminating the time it takes to handle administrative tasks and queries that accompany doctor visits. The service is completely secure and allows patients to conveniently communicate online with Northside Cardiology from home or office, day or night. Visit www.nscatl.com for more information and to start using this new patient service today.

You (and Your Heart) Are in Good Hands at Northside**Cardiology**

When it comes to heart health you can never be too picky about to whom you entrust your cardiovascular care. The physicians, clinical staff, researchers, lab technicians and office personnel are among the best of the best and are leaders in clinical trial studies, enrolling more patients than any other cardiovascular health care practice in the nation. The esteemed, board certified, team of physicians at **Northside Cardiology** includes:



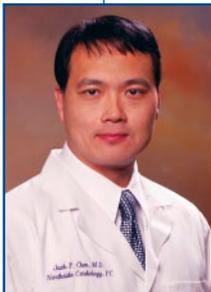
MICHAEL BALK, M.D., FACC

- Board Certified in Cardiology
- Board Certified in Nuclear Cardiology
- Medical Director of St. Joseph's Hospital Vascular Institute Nuclear Cardiology and EKG Programs
- Founding member of Society of Cardiovascular Computed Tomography (SCCT)
- Specializes in nuclear medicine, echocardiography, pacemaker implants, CT angiography and cardiac catheterization.
- M.D. from the University of Pennsylvania School of Medicine
- Internship & Residency: Hospital of the University of Pennsylvania
- Cardiology Fellowship: Emory University



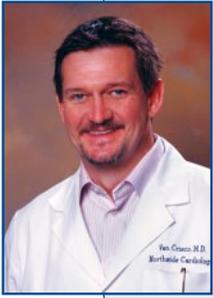
KIMBERLY PAUL CHAMPNEY, M.D., MSCR

- Board Certified in Cardiology
- Board Certified in Cardiovascular CT
- Board Certified in Internal Medicine
- Specializes in cardiovascular disease in women, nuclear cardiology, echocardiology, CT angiography, and cardiac catheterization
- M.D. from Medical College of Georgia
- Masters of Science in Clinical Research from Rollins School of Public Health, Emory University
- Internship and Residency: Vanderbilt University, Nashville, TN
- Cardiology Fellowship: Emory University



JACK P. CHEN, M.D., FACC, FSCAI, FCCP

- Board Certified in Cardiology
- Board Certified in Interventional Cardiology
- Chairman of Cardiology, Northside Hospital
- Director, Cardiac Research: St. Joseph's Translational Research Institute
- Specializes in cardiac catheterization and interventional cardiology [with special interest in transradial approach (performed through the wrist)], and nuclear cardiology
- M.D. from Cornell University
- Internship & Residency: The New York Hospital-Cornell Medical Center/ Memorial Sloan Kettering Cancer Center
- Cardiology Fellowship: The New York Hospital-Cornell Medical Center
- Dr. Chen holds a patent on a new coronary catheter design.



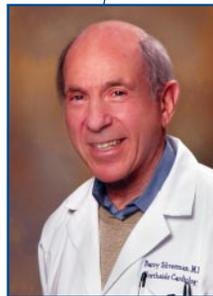
LARRY VAN-THOMAS CRISCO, M.D., FACC, FSCAI

- Board Certified in Cardiology
- Board Certified in Interventional Cardiology
- Board Certified in Internal Medicine
- Medical Director of Cardiology at Northside Hospital
- Specializes in coronary and peripheral arterial intervention
- M.D. from the University of North Carolina-Chapel Hill
- Internship & Residency: University of Michigan
- Interventional and General Cardiology Fellowships: Emory University



NABEEL A. HAFEEZ, M.D., FACC

- Board Certified Cardiology
- Board Certified Nuclear Cardiology
- Board Certified Echocardiography
- Board Certified Internal Medicine
- Director of Echocardiography at St. Joseph's Heart and Vascular Institute
- Specializes in nuclear cardiology, echocardiography with special interest in trans-esophageal echocardiography, and vascular imaging
- Chief Resident, Department of Internal Medicine: University Hospital at Stony Brook
- Fellow, Division of Cardiology: Department of Internal Medicine, University Hospital at Stony Brook



BARRY D. SILVERMAN, M.D.

Barry D. Silverman, M.D., founded Northside Cardiology in 1971, and has been successfully treating patients for 37 years. His credentials include:

- Board Certified in Cardiology
- Three decades of cardiology experience
- Specializes in non-invasive cardiology/pacemaker implantations
- M.D. from Ohio State University
- Internship & Residency: Vanderbilt University Hospital
- Fellowship studies from Johns Hopkins University
- Teaching Appointments: Emory University



NARENDRA SINGH, M.D., FACC, FAHA

- Board Certified in Cardiology
- Board Certified in Nuclear Cardiology
- Vice-Chairman SJRI Advisory Board
- Specializes in heart catheterization, pacemaker/ICD an nuclear cardiology
- M.D. from Dalhousie University, Halifax, Nova Scotia
- Internship & Residency: University of Toronto
- Cardiology Research Fellowship: St. Michael's Hospital, University of Toronto
- Clinical Assistant Professor: Emory University-School of Medicine
- Special interest in South Asian heart disease and Clinical Research

Additional information on the entire Northside Cardiology team can be found at www.nscatl.com.

Menu of Services at Northside Cardiology is 'Heart Healthy'

For many, being referred to a cardiologist can be a very daunting experience. At Northside Cardiology, we understand your apprehension, particularly if you are a first-time patient. For this reason, we do our best to ensure there are no surprises when you come in for your visit. We offer a comprehensive menu of cutting-edge tests and services designed to identify existing cardiovascular health issues and to screen for potential future health concerns.

Our comprehensive menu of services offer Northside Cardiology patients:

Echocardiogram

The echocardiogram is an ultrasound study which allows us to visualize the heart, its size, valves, and chambers to more adequately evaluate their functions. There is no discomfort associated and no preparation involved. Your echocardiogram takes approximately 30-60 minutes.

Exercise Treadmill Test

The exercise treadmill test is done while you run on a treadmill. During the test, an electrocardiogram (EKG) records the electrical activity of your heart. The test has many stages, each of which is three minutes in duration. With each advancing stage, the speed and degree of incline increases, causing your heart rate, respiratory rate, and systolic blood pressure to rise. In general, exercise testing is very safe, but because all tests, by nature, carry a small risk, this test will be supervised and interpreted by a cardiologist. If you develop chest pain or shortness of breath during the test, let your technician know.

Holter Monitor

The holter monitor is an ambulatory electrocardiogram. You will wear five electrodes attached to a recorder (about the size of a walkman). This recorder will record every beat your heart makes, while attached to you. You may not take a bath or shower while you are being recorded. We recommend you bathe that morning, prior to the holter monitor being attached. Holter monitors must be promptly returned the next day about the same time you received the monitor.

Event Monitor

This is an extended duration ambulatory monitor which is worn anywhere from one week to one month. Events/symptoms may be transmitted via telephone. This is ordered for episodes of palpitations at the discretion of the physician.

Nuclear Stress Test

A nuclear stress test measures blood flow to your heart muscle at rest and during stress. It is performed similar to a routine exercise stress test but provides images in addition to electrocardiograms. During a nuclear stress test, a radioactive substance is injected into your bloodstream. This substance mixes with your blood and travels to your heart. A special scanner - which detects the radioactive material in your heart - creates images of your heart muscle. Inadequate blood flow to any part of your heart will show up as a light spot on the images - because not as much of the radioactive substance is getting there.



256 slice CTA (Multi-Detector Cardiac CT)

We are proud to offer the area's fastest CT angiogram, using a new 256 slice CT scanner at St. Joseph's Hospital. This new, state-of-the-art, non-invasive diagnostic tool allows cardiologists to image the heart, blood vessels (coronary arteries) and other cardiac structures non-invasively. Prior to the advent of CTA, we needed an invasive angiogram (cardiac catheterization) in order to see the coronary arteries, but since 2005, we have been able to offer this test and in many cases avoid the risks of an invasive procedure. Further, we have diagnosed many cases of significant coronary blockages missed by stress testing. Patients are often given betablockers for a few days prior to the procedure to slow the heart rate as this allows for better image quality. IV Contrast is used, so be sure to tell your physician and nurse if you have an allergy to dye or contrast.

ArterioVision™ CIMT Test

The CIMT (carotid intima-media thickness) test, or ArterioVision™ is an FDA-cleared ultrasound procedure used to non-invasively measure and monitor atherosclerosis (the underlying cause of heart attack and stroke) even in individuals with no symptoms of heart disease. ArterioVision™ is a convenient, safe, painless and precise technique for measuring the thickness of the first two layers of the carotid artery located in the neck, the very site where atherosclerosis develops. Wall thickening is the earliest physical indicator of atherosclerosis and heart disease. The results can help your physician decide on the best method to reduce your risk of heart disease, stroke or peripheral vascular disease.

Carotid Doppler

Carotid Doppler studies are used to demonstrate blocked or reduced blood flow in the arteries of the neck that could cause a stroke. This test is also used to evaluate symptoms of dizziness, vision changes and loss of balance that may be caused by impeded or restricted blood flow through these vessels. Color Doppler involves the use of standard ultrasound methods to produce a picture of a blood vessel. In addition, a computer converts the Doppler sounds into colors (typically red and blue) which are overlaid on the image of the blood vessel. These colors represent the speed and direction of blood flow through the vessel.

Ankle-brachial Index Test

The ankle-brachial index (ABI) result is used to detect the presence and severity of peripheral arterial disease (PAD) of the legs. PAD is a disease resulting from the blockage in blood vessels. A decrease in the ABI result with exercise is a sensible indicator that significant PAD is probably present. This test is done by measuring blood pressure at the ankle and in the arm while a person is at rest. Measurements are then repeated at both sites after five minutes of walking on a treadmill.

Abdominal Aortic Aneurysm Screening

An Abdominal Aortic Aneurysm is an enlargement of the aorta which can rupture, causing disability or death. Most people who have an aneurysm do not experience symptoms at first. Those who should be considered for an ultrasound of the abdominal aorta include:

- People with a family history of aneurysm
- Men over the age of 60 who also have a history of smoking
- Those with pain in the chest, abdomen or lower back - possibly spreading to the groin or buttocks
- Patients with a pulsating mass or lump in the abdomen.

During this exam, the technologist will pass the transducer over the abdomen and evaluate the abdominal aorta. Patients may be asked to fast from food or drink before the exam.

Naturally, we welcome any questions you may have before undergoing any of the aforementioned tests. Our goal at Northside Cardiology is to put your mind at ease, and we firmly believe patient education is key in the prevention and treatment of cardiovascular disease. For more information, we encourage you to visit www.nscatl.com, or call us at 404.256.2525 to speak with one of our trained professionals.

< Continued from Front Cover

prolonged recumbency), or those with restless legs syndrome (cannot keep leg still). Nonetheless, all patients will enjoy the comfort and mobility of transradial coronary intervention.

We have been routinely performing this procedure for over 6 years. If you may need a cardiac catheterization or angiogram, please inquire with your personal physician or cardiac care provider regarding this procedural innovation.

After Transradial stent placement, patient walks off catheterization table, completely mobile, with only a small bandage around the wrist (see arrow in photo, page 1).

After Transfemoral catheterization, force is applied to the groin to stop bleeding; and the patient must lie completely still in bed for several hours, usually resulting in significant back, hip, and leg cramps.

The "Clamp" to the right is often substituted for manual pressure.

Sandbag
applied to
procedure
site



REFERENCES:

1. **Chen JP.** Repeat right transradial coronary intervention in a patient with dextrocardia: the right approach to the right-sided heart. *Catheterization and Cardiovascular Interventions* 2007; 69(2): 223-226.
2. Kiemeneij F, Laarman GJ. Percutaneous transradial artery approach for coronary Palmaz-Schatz stent implantation. *American Heart Journal* 1994;128:167-174.
3. Jonas E, Horlick E, Ivanov, Seidelin PH, Ross JR, Ing D, et al. Decreased complication rates using the transradial compared to the transfemoral approach in percutaneous coronary intervention in the era of routine stenting and glycoprotein platelet IIb/IIIa inhibitor use: a large single-center experience. *American Heart Journal* 2008;156(5):864-870.
4. Jabara R, Gadesam R, Pendayala L, Chronos N, **Crisco LV-T, Chen JP.** Same-day Trans-Radial Intervention and Discharge Evaluation (the STRIDE Study). *American Heart Journal* (In press).

NorthsideCardiology

610 Peachtree Parkway
Suite 100
Cumming, GA 30041-9782

