**The One Name to Remember: Baptist Heart**

At Baptist Medical Center, we take pride in our rich history of providing cardiovascular services to our community on the local, state and regional level. Our claim as the leader in cardiovascular care is backed by our track record since 1971 when we launched Jackson’s first open heart surgery program in a private hospital.

Today, we continue to bring our physicians and patients new technology and advancements in cardiovascular care, such as the region’s only minimally invasive robotic surgery for mitral valve repair. Additionally, Baptist continues to offer comprehensive education, screening, and treatment for the thousands of patients in the primary, secondary, and tertiary markets in Mississippi affected by cardiovascular disease.

To remain a leader, we are always on the lookout for ways we can improve the full scope of our services. Part of that includes examining consumer perception among the patients we serve. Recently, a consumer focus group validated the need for a new name for Baptist’s cardiovascular services that will enhance understanding of the depth of services we offer.

To address this need, Baptist Heart is now the new name for all cardiovascular services at Baptist Health Systems. Baptist Heart is more than a cardiology clinic. Baptist Heart now encompasses all our services for patients with heart and vascular concerns:

- Hospital cardiovascular diagnostic services
- Hospital cardiovascular surgical services
- Cardiology clinic
- Cardiac and vascular surgical clinics
- Cardiac rehabilitation
- Inpatient and outpatient cardiovascular nursing units

Baptist Heart provides a complete range of services, technology, and expertise for cardiovascular patients. Visit our new website, **www.baptistheart.org**, to find out more. You can refer a patient online clicking the link “Referring Physicians.”

The physicians of Baptist Heart embody the spirit of healing and compassion in the specialty fields of cardiology, cardiac electrophysiology, cardiac and valve surgery, and peripheral vascular surgery. We invite you to get to know our team of providers by visiting the website, attending local and regional education opportunities, or contacting them directly.

**Cardiologists:**
- John Bellan, MD
- J. Michael Bensler, MD
- Alfredo Figueroa, MD
- F. Earl Fyke, III, MD
- James H. Hamilton, IV, MD
- William K. Harper, MD
- W. Hampton Jones, III, MD
- Shawn W. Sanders, MD
- Keith D. Thorne, MD
- James L. Warnock, Jr. MD
- H. Chris Waterer, III, MD

**Cardiovascular Surgeons:**
- William J. Harris, III, MD
- W. Stewart Horsley, MD

**Nurse Practitioners:**
- Misha Craven, ACNP-BC
- Lynne C. Currie, FNP-BC
- Lyndsey Dill, ACNP-AG
- Mary Gordy, CFNP
- Rachel Hearst, FNP-C
- Adrienne Kelley, ANP-C
- Susan Patterson, NP-C
- Tonya Sweeney, MSN, ACNP-BC, CCDS

**Managing And Treating Vascular And Cardiac Disease:**
- Carotid Disease
- Transcatheter Aortic Valve Replacement (TAVR)
- Subclavian Stenosis/Steal Syndrome
- Coronary Artery Bypass
- Thoracic, Abdominal and Peripheral Aneurysms
- Aortic Valve Repair/Replacement
- Thoracic Outlet Syndrome (minimally invasive and standard incision)

**Managing And Treating Heart Murmurs and All Heart Valve Disorders:**
- Top 10% in the Nation for Vascular Surgery for 11 Years in a Row (2004-2014)
- Vascular Surgery Excellence Award for 10 Years in a Row (2005-2014)

**Managing And Treating Vascular And Cardiac Disease:**
- Renal, Visceral and Mesenteric Arterial Disease
- Minimally Invasive Mitral Valve Repair
- Peripheral Artery Disease
- Minimally Invasive Atrial Fibrillation Procedure
- Dialysis Access Vein Mapping, Formation and Revisions
- Tricuspid Valve Repair
- Venous Disease
  (Varicose Veins, Spider Veins and Deep Vein Thrombosis)
- Four-Star Rated for Repair of Abdominal Aorta in 2014
- Five-Star Rated for Carotid Surgery for 12 Years in a Row (2003-2014)

**Providers:**
- William J. Harris III, MD
- W. Stewart Horsley, MD
- Lynne C Currie, FNP-BC, Valve Coordinator
- Mary Gordy, CFNP

501 Marshall Street, Suite 302
Jackson, Mississippi 39202
www.baptistheart.org
HISTORY
Baptist was the 1st PET Myocardial Perfusion Imaging program in the state.

In 2010, Baptist recognized the need for PET MPI for the specific patient population in its service area. Utilizing this innovative technology, Baptist has been able to offer numerous patients a superior test resulting in an increased accuracy of results while still using a non-invasive approach. Due to the most experienced technologists, nurses, and cardiologists, Baptist has been able to align this program with the organization’s mission, vision, and core values. As always, Baptist continues to strive to provide the highest quality care for the community.

To schedule call 601-968-1400
• NPO after midnight
• No caffeine 12-24 hours
• Bring a list of medications
• Wear comfortable clothes

PATIENT SELECTION
Patients who benefit from PET MPI include those who:
• Are more prone to attenuation artifacts (obese patients (BMI >35), female patients (large breasts).
• Have an equivocal SPECT MPI for diagnosis or risk stratification of known or suspected CAD

CONTRAINDICATIONS
Contraindications to PET MPI imaging:
• Inability to lie flat or lie still for the duration of the scan
• Claustrophobia (occasionally); medication can be given to reduce anxiety due to claustrophobia

ADVANTAGES
As compared to SPECT MPI, PET MPI provides:
• Rapid imaging protocols and faster laboratory throughput
• Increased diagnostic accuracy
• More accurate attenuation correction
• Higher spatial and temporal resolution
• Lower radiation dose

PROCEDURE
• PET stress scans are performed using pharmacological stress with vasodilator stress being the most common.
• The radiotracer, Rubiolium - 82, is injected during peak hyperemia.
• Time patient is on the table is 25-30 minutes. Patients should prepare to be here about an hour.

The 2014 AHA/ACC Guideline recommends patients with severe Heart Valve Disease be evaluated by a multidisciplinary Heart Valve Team when intervention is considered.

Baptist was FIRST to:
• Establish a dedicated Valve Center (2011)
• Bring together a Heart Team consisting of cardiologists and cardiothoracic surgeons in one setting with patient care coordinated by a nurse practitioner (2011)
• Perform transcatheter aortic valve replacement (TAVR) in central and south Mississippi (2012)
• Perform robotic mitral valve repair surgery in Mississippi (2014)
• Perform mini AVR (Minimally Invasive Aortic Valve Replacement) in Mississippi (2001)
• Perform minimally invasive total thoracoscopic atrial fibrillation ablation (MAZE procedure) in Mississippi (2002)

Managing and Treating Heart Murmurs and All Heart Valve Disorders

PET Myocardial Perfusion Imaging Program
Dr. W. Stewart Horsley's cardiovascular fellowship training at Emory University in Atlanta included an extra year working as a cardiothoracic research Fellow at the Carlisle Fraser Heart Center. His research focused on myocardial protection during heart bypass surgery and also on heart valve disease, especially relating to bioprosthetic heart valve preservation.

Dr. Horsley has continued to have a special interest in making heart surgery safer for patients, with better protection techniques and utilization of advanced technology to perform many procedures in a much less invasive fashion. These skills also have allowed him to develop a very busy vascular surgery practice utilizing minimally invasive techniques.

**Some of these minimally invasive procedures include:**
- endoscopic vein harvesting for coronary artery bypass surgery and peripheral bypass surgery
- endograft aortic aneurysm repair through tiny groin incisions
- minimally invasive aortic valve replacements
- transcatheter aortic valve replacements in high risk patients
- extensive carotid surgery through small neck incisions
- a plethora of peripheral vascular procedures utilizing angioplasty, stenting, atherectomy, and state-of-the-art crossing techniques to open blocked vessels

Dr. W. Stewart Horsley  
W. Stewart Horsley, MD

Cardiologists and cardiothoracic surgeons on staff at Baptist Medical Center began in 2010 meeting jointly to discuss the best ways to surgically manage high risk and potentially inoperable valve disease patients. After many impromptu meetings, the group realized the need to develop a formal Valve Team.

In 2011, Baptist hired a nurse practitioner to function as valve coordinator, and then formed its Valve Team, consisting of three cardiologists, two cardiothoracic surgeons, a physician's assistant, and nurse practitioner. The team met bimonthly to review heart catheterizations, echocardiograms, and patient recommendations.

As the discussion continued, so did the development of Edwards Transcatheter Aortic Valve Replacement (TAVR). TAVR is designed for patients with severe aortic stenosis who are high risk or inoperable for standard valve replacement. All team members attended Edwards training, and in July 2012 implanted the first TAVR in an 88 year-old male. To date, the Baptist team has performed a total of 99 TAVR cases.

Another team first came in June 2014 when Baptist was pleased to announce Dr. William J. Harris successfully performed the first robotic mitral valve repair in the state of Mississippi.

The team continued to work collectively to bring new advancements to Mississippi. In November 2015, Baptist implanted the newest generation valve, SAPIEN3, in an 88 year-old female from Winona. Baptist Heart Valve Center was the first program in the state of Mississippi certified to implant Medtronic CoreValve for aortic stenosis.

Baptist Medical Center is among the first in the nation to perform advanced heart valve surgery and can perform surgery on adults of any age.

**A Timeline Toward Success:**
- **2010:** Valve Team meetings began
- **2011:** Valve Team hired a nurse practitioner to function as a valve coordinator
- **July 2012:** First TAVR
- **June 2014:** First Robotic Mitral Valve Repair
- **February 2015:** Echo Alert initiated
- **November 2015:** First in south central Mississippi to implant Edwards Sapien3
- **December 2015:** First in the state to qualify for Medtronic CoreValve implantation.
Get Started
Cardiac Rehab begins 2-6 weeks after discharge. Congestive heart failure patients must be discharged from hospital more than 30 days and less than 12 months. A physician’s referral is required.

Benefits of Cardiac Rehab
Our goal is to significantly reduce the risk of recurrent cardiac events in the future and improve quality of life. Cardiac rehab is for patients with:
• Coronary heart disease
• Angina
• Recovering from heart attack or heart surgery
• Stent placement
• Or other heart conditions, such as congestive heart failure

Based upon individual goals, the benefits received from Cardiac Rehab may include:
• Strengthening and conditioning of the heart
• Controlling weight and lowering cholesterol levels
• Better control of high blood pressure and diabetes
• Providing emotional support for the patient and family
• Laying the groundwork for the development of a healthier lifestyle
• Drastically reducing chances of experiencing another heart event

Benefits for Congestive Heart Failure Patients
• Improves quality of life

The Cardiac Rehab Team
Our team involves health care providers all of whom have extensive cardiovascular experience.
• Physician Director
• Registered Nurses
• Registered Dietitian
• Exercise Physiologist

Is Cardiac Rehab covered by insurance?
Insurance may cover part or all of the cost of rehab sessions. Insurance plans vary, so patients should check with their insurance company to clarify the extent of coverage.

Additional Program Settings:
We offer an extension of Cardiac Rehab called Phase III for patients whose heart event was more than 1 year prior. This Phase includes the option of exercising at our clinic up to 4 times a week with monitoring during one of those exercise sessions.

Baptist Heart Outpatient Cardiac Rehab
Colonnades Medical Office Building
501 Marshall Street, Suite G02, Jackson
601-292-4211 | www.baptistheart.org
To meet the needs of continuing practice growth, Baptist Heart is excited to announce two new cardiologists will be joining the team in July 2016. Shawn Sanders, MD, will be coming on board as an Interventional Cardiologist, along with James Hamilton, MD, a specialist in Electrophysiology.

Baptist Heart, part of Baptist Health Systems’ Baptist Medical Clinic network, launched Sept. 1 2014, with nine well-known, highly respected and experienced board certified cardiovascular specialists. The main office is located on the Baptist campus in the Colonnades medical office building, with monthly satellite clinics operating in Kosciusko, Yazoo City, Carthage, and Crystal Springs. The partnership with Baptist Medical Center has proven to be a success and Baptist Heart continues to enjoy significant growth.

At Baptist Heart, patient access and communication with patients and their referring physicians remain top priorities in our commitment to excellent outcomes and patient satisfaction.

You can contact the Baptist Heart staff Monday through Thursday from 8:00 AM to 4:30 PM and on Friday from 8:00 AM to 3:00 PM at 601-969-6404. Or, find us online at www.baptistheart.org

Baptist Heart welcomes

James H. Hamilton, IV, MD
Cardiac Electrophysiology

Shawn Sanders, MD
Interventional Cardiology

Brad Beattie
Executive Director of Clinic Operations, Baptist Medical Clinic

Baptist Heart
Pharmacologic Treatment of Heart Failure: An Update

It has been years since there have been any changes in the recommendations for medical treatment of heart failure with reduced ejection fraction (HFrEF, also known as systolic heart failure). However in the last few years, two new medications have been approved for treatment of HFrEF and have recently been incorporated into a new update to national association treatment guidelines. In this review, the use of these new medications will be discussed and the remainder of the guidelines will be reviewed briefly.

Patients with reduced ejection fraction, with or without symptoms, should be prescribed both an ACE inhibitor (or angiotensin receptor blocker) and an evidence based beta blocker (such as carvedilol or metoprolol succinate). These agents have been shown to reduce mortality and morbidity in clinical trials.

Once established on an ACEI and beta blocker, patients with class 2, 3 or 4 symptoms should be treated with an aldosterone antagonist (such as spironolactone) in the absence of contraindications. In addition, if the patient is African-American with class 3 or 4 symptoms, a combination of hydralazine and isosorbide dinitrate should be prescribed. These agents have also been shown to reduce both morbidity and mortality.

Ivabradine (Corlanor) is a new therapeutic agent that selectively inhibits the If current in the sinoatrial node, providing heart rate reduction. One randomized clinical trial demonstrated the efficacy of ivabradine in reducing the composite endpoint of cardiovascular death or HF hospitalization. The benefit of ivabradine was driven by a reduction in HF hospitalization. The study included patients with HFrEF (NYHA class II-IV, albeit with only a modest representation of NYHA class IV HF) and left ventricular ejection fraction (LVEF) ≤35%, in sinus rhythm with a resting heart rate of ≥70 beats per minute. It has a new class Ⅲa indication in the 2016 guideline update which states - Ivabradine can be beneficial to reduce HF hospitalization for patients with symptomatic (NYHA class II-III) stable chronic HFrEF (LVEF ≤35%) who are receiving guideline directed medical therapy, including a beta blocker at maximum tolerated dose, and who are in sinus rhythm with a heart rate of 70 bpm or greater at rest.

An angiotensin receptor nepriysin inhibitor (ARNI) is an ARB combined with an inhibitor of nepriysin, an enzyme that degrades natriuretic peptides, bradykinin, adrenomedullin, and other vasoactive peptides. In a randomized clinical trial that compared the first approved ARNI, valsartan/sacubitril (Entresto), with enalapril in symptomatic patients with HFrEF tolerating an adequate dose of either ACE inhibitor or ARB, the ARNI reduced the composite endpoint of cardiovascular death or HF hospitalization significantly, by 20%. The benefit was seen to a similar extent for both death and HF hospitalization and was consistent across subgroups. The use of ARNI is associated with the risk of hypotension and renal insufficiency and may lead to angioedema, as well. The following new class I indications for ARNI are now in the 2016 HFrEF guideline update:

1. The clinical strategy of inhibition of the renin-angiotensin system with ACE inhibitors (Level of Evidence: A), OR ARBs (Level of Evidence: A), OR ARNI (Level of Evidence: B-R) in conjunction with evidence-based beta blockers, and aldosterone antagonists in selected patients, is recommended for patients with chronic HFrEF to reduce morbidity and mortality.
2. In patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACE inhibitor or ARB, replacement by an ARNI is recommended to further reduce morbidity and mortality.

Cautions regarding the use of ARNI are:

1. These agents should not be used along with an ACEI or ARB within 36 hours of the last dose of an ACEI.
2. These agents should not be used in patients with a history of angioedema.

How should we use these medications? In my opinion, based on the trial results, ivabradine should be considered in patients with persistently symptomatic systolic heart failure who are on an appropriate medical regimen and have a resting heart rate greater than 70 despite maximum tolerated dose of a beta blocker. It is crucial that every attempt be made to maximize the beta blocker dose as the benefits of the beta blocker are likely to be greater than ivabradine and are dose dependent. Valsartan/sacubitril should be considered for use in patients with systolic heart failure as an option to treatment with an ACEI or ARB and should be strongly considered to replace an ACEI or ARB in patients who are persistently symptomatic despite a standard medical regimen.

Each addition to our heart failure medical armamentarium has incrementally decreased mortality and improved patient symptoms. With the appropriate use of these medications, along with lifestyle modifications, we can make a tremendous impact for our heart failure patients, who at one point, not long ago, had an outlook worse than most cancer patients.
Valvular Heart Disease: New Treatments Available at Baptist

The arena of valvular heart disease has changed over the last several years and treatments have evolved as well. There are fewer and fewer patients with rheumatic valvular disease seen in our area now. However, more are seen with severe or calcific progressive disease of the aortic and mitral valves.

Standard open operative procedures remain the mainstay for valve repair and replacement. Minimally invasive techniques and use of robotic capabilities have decreased the trauma to the chest and morbidity to the patient which decreases the post op length of stay in the hospital. These techniques have been implemented and used by our surgical team at Baptist which are led by our surgeons Drs. William Harris and Stewart Horsley.

Another change in the approach to management and treatment of valvular disease has developed concomitantly with the transcatheter aortic valve replacement (TAVR). This technique is used in patients who are considered inoperable or high risk for standard valve replacement. There is now a team headed up by a nurse practitioner, Lynne Currie, who serves as the Valve Coordinator along with the interventional cardiologists, surgeons and nurses who along with the device company reps review cases and come to a consensus as to the best approach to treating the patient with valvular heart disease.

Here at Baptist our first TAVR case using transcatheter technology from femoral access was in July 2012. We were one of the first 50 sites in the United States chosen in the initial commercial role out. We have now done 99 with our morbidity, mortality, and complication rates lower than the national average. Our overall average length of stay is 3 days.

As seen in the past, Baptist has always been and continues to be at the forefront of providing new technology for the diagnosis and treatment of patients in Mississippi with cardiovascular disease.

Since 2015, the results of TAVR procedures at Baptist Hospital in terms of in hospital mortality, length of stay (LOS), average age, and approach including demographics:

<table>
<thead>
<tr>
<th>Mortality</th>
<th>LOS (days)</th>
<th>Average Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Benchmark</td>
<td>2.3%</td>
<td>National Benchmark</td>
</tr>
<tr>
<td>Baptist Hospital</td>
<td>0.0%</td>
<td>Baptist Hospital</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Male/Female Ratio</th>
<th>Transfemoral Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
</tr>
</tbody>
</table>

Total cases to date: 99
S3 – November 2015 implanted at Baptist Hospital. Smaller sheaths, ↑ TF approach
TREATMENT OPTIONS:

CATHETER ABLATION

What It Does
Procedure using one small incision into a blood vessel, typically in the groin, through which the doctor threads a thin tube—called a catheter—to reach the heart. The doctor then creates scars within the heart that isolate and disable the sites that trigger atrial fibrillation. An electrophysiologist within our cath lab performs this procedure.

Safety and Effectiveness
Has become a common procedure with an overall success rate of approximately 70%. Some patients require repeat procedures to be successful.

SYMPTOMATIC PATIENTS WITH FAILED ANTIARYRHMYC DRUG

- Amiodarone
- Flecaïnide
- Propafenone
- Sotalol
- Dronedarone
- Dofetilide

SURGERY

Minimally Invasive Surgery
Surgery using small (5mm) incisions between the ribs to access the heart as opposed to an open chest procedure. The surgeon creates scars on the outside of the heart to isolate and disable the trigger sites for atrial fibrillation. He then removes a small pocket found within the heart that contributes to clot formation. A cardiovascular surgeon performs this surgery within the cardiovascular operating rooms.

Standard Maze
Left/right atrial lesions created during open heart operations. Usually performed concomitantly with other open heart procedures such as valve repairs/replacements or coronary artery bypass. Usually (but not always) done through a median sternotomy (breastbone) incision.

Safety and Effectiveness
Published reports show good short-term results with few complications, although long-term results remain to be determined because the procedure is relatively new.

High success rate with very effective stroke risk reduction.
Coronary Calcium Scoring Helps Prevent Cardiac Events in Patients With No Known Coronary Disease

Obtaining a coronary calcium score can be a useful test to help determine the presence of coronary plaque and to help in secondary prevention of cardiac events in patients with no known coronary disease. The coronary arteries do not normally contain calcium. As atherosclerotic plaques develop, calcium is deposited within the coronary arterial wall.

Non-contrasted CT imaging can easily detect the presence of calcium. Although the images obtained during a calcium score cannot estimate the degree of narrowing within the vessel, a higher calcium score indicates more plaque burden.

Once coronary calcium is discovered, the patient can be advised regarding risk factor modifications, including management of cholesterol, hypertension, and diabetes, as well as lifestyle modifications, such as tobacco cessation and regular exercise.

In patients with known coronary disease, such as previous myocardial infarction or coronary intervention, coronary calcium scoring is of little benefit. Also, once a patient has known coronary calcium, there is no need for repeat scoring. No contrast is needed for calcium scoring, therefore there is no need for IV access or risk of contrast exposure.

Peripheral Vascular Disease

Peripheral vascular disease affects millions of Americans, but unfortunately can easily go undetected. It can result in lifestyle-limiting claudication as well as life-threatening critical limb ischemia. Patients who are at highest risk include those with known cardiovascular disease, diabetes, hypertension, hyperlipidemia and history of tobacco use.

In addition to surgery, severe peripheral vascular disease, including completely occluded arteries, can be treated endovascularly with minimally-invasive techniques similar to those used in coronary interventions. Although stenting is sometimes warranted, severe blockages can often be treated with atherectomy, the removal of plaque from the artery, without leaving a permanent implant behind and limiting future treatment options. Drug-coated balloons are a new technology that have been proven to minimize the risk of renarrowing of the treated artery and can be used in combination with atherectomy for durable results. Patients typically go home within a day after this outpatient procedure with minimal restrictions and are encouraged to resume exercise within days in order to reach a more active lifestyle.

By screening your patients, peripheral vascular disease can be detected earlier and often treated with these minimally-invasive techniques. In addition to asking patients about claudication or foot ulcers, there are several noninvasive screening tools readily available. These include the ankle-brachial index, which measures the ratio between the blood pressure in the legs compared to the arms, and Doppler ultrasound, which can localize arterial blockage.

We at Baptist Heart are excited to offer these advanced endovascular techniques to our patients so that they can lead healthier lives.
In its continued effort to provide Mississippians with the most innovative cardiovascular care, Baptist Health Systems implanted the latest generation of the Edwards SAPIEN 3 Transcatheter Heart Valve Replacement (TAVR) device on 86 year old Margaret Bennett from Winona, Miss. on November 9, 2015.

Bennett, who has aortic valve stenosis, was one of the first patients in Mississippi to receive the upgraded TAVR device. Aortic valve stenosis is a condition where calcification of the aortic heart valve prevents blood from flowing properly through the heart, thus causing a heart murmur. The heart has to work harder to push blood through the damaged aortic valve, eventually could weaken the heart muscle. The TAVR procedure offers an alternative treatment for patients with aortic stenosis who are unable to undergo open heart surgery.

In June 2015, the U.S. Food and Drug Administration (FDA) approved the third generation of the SAPIEN valve, which the FDA originally approved in 2011. Baptist has performed close to 100 of the life-saving TAVR procedures and was one of the first hospitals in the nation to implant the device in June 2012.

When Baptist first used the TAVR in 2012, Cardiothoracic Surgeon William Harris, MD, with Baptist Health Systems said, “People who formerly had no options with regards to treatment of their diseased aortic valves will now have the potential to receive a new heart valve without having any incision on their chest. This procedure will not only greatly diminish their chance of an early death, but it will also improve their quality of life.”

That still holds true today as Baptist physicians continue to seek ways to stay on top of technological advances to improve the quality of people’s lives. This third generation TAVR is designed to even further minimize leakage by adding a special skirt to the base of the valve. After a clinical trial of nearly 600 patients, those with the Sapien 3 TAVR had a significantly lower rate of leakage around the valve.

Dr. Harris emphasized Mississippians do not have to leave the state for heart valve repair and surgery. “TAVR is just one of several leading-edge procedures we performed in recent years in order to provide the best care for our patients. And, there is a highly trained, nurse practitioner who starts the evaluation process for each of our patients.”

For example, Baptist is among a select group of medical centers nationwide, and the only hospital in Mississippi, to perform a robotically assisted mitral valve repair. Plus, Baptist created the Valve Center in 2009 to bring together a team of experienced cardiac caregivers to offer the most comprehensive care in the region for patients with heart disease.

Learn more about the new upgrade to TAVR and Baptist’s Valve Center by calling 601.969.0312 or baptistheart.org/valves.
Mark your Calendars

Baptist Health Systems
2016 NURSE PRACTITIONER CNE SYMPOSIUM
August 26-27, 2016
ISLAND VIEW CASINO RESORT
Gulfport, Mississippi
www.mbhs.org/npsympoasium

Baptist Heart
2017 CARDIOVASCULAR UPDATE CME CONFERENCE
February 17-18, 2017
EMBASSY SUITES
Ridgeland, Mississippi
www.mbhs.org/cvupdate