Deborah is the first investigational site in New Jersey, New York, and Eastern Pennsylvania to implant the Parachute Ventricular Partitioning Device.
Team Approach to Structural Heart Procedures

Deborah’s innovative multidisciplinary approach for patients with advanced and complex structural heart disease now offers patients considered too risky for conventional open-heart surgery non-surgical alternatives with very effective long-term results.

Deborah’s team—including cardiologists, interventional cardiologists, surgeons, imaging specialists, and anesthesiologists—works as a coordinated unit in the hospital’s state-of-the-art hybrid operating room, where these complex catheter-based, or minimally-invasive, procedures can be performed with less pain, and a quicker recovery than conventional open surgical procedures.

“We handle the whole gamut of structural heart repairs here at Deborah,” states Richard Kovach, MD, Chair, Interventional Cardiology. “We treat advanced structural and valvular heart disease, atrial and ventricle wall defects, atrial appendage closure, valve leads, additionally offering patients aortic and mitral valve replacement, alcohol septal ablation for hypertrophic cardiomyopathy and advanced technologies to treat numerous other complex cardiac conditions.”

Deborah has performed over 254 minimally-invasive structural heart procedures from 2012 to 2014.

“As a physician, it is exceptionally gratifying to work closely with our patients’ primary care physicians in creating solutions for oftentimes long-standing cardiac problems. We are able to give these patients a new lease on life, without many of the downsides of an open-heart surgery. It is truly remarkable, the results we are achieving.”

In addition, the hospital’s robust Clinical Research Department keeps Deborah on the forefront of access to new technologies and procedures in the next wave of minimally-invasive approaches.

The James Klinghoffer Center for Wound Healing and Hyperbaric Treatment

For the estimated five million Americans suffering with chronic non-healing wounds, technology holds a remarkable promise. At The James Klinghoffer Center for Wound Healing and Hyperbaric Treatment, Deborah is now able to provide sophisticated wound care technology and hyperbaric oxygen therapy to enhance healing through a multidisciplinary team approach. Treatment applies proven wound care practices and advanced clinical approaches to heal patients suffering from chronic ulcers and wounds. Deborah’s expansive program provides state-of-the-art integrated care for slow-healing wounds.

When a patient needs integrated wound-healing management -- including standard treatment such as debridement, advanced dressing, compression therapy and nutritional support -- or more sophisticated treatment such as Hyperbaric Oxygen Therapy (HBO, which exposes the entire body to 100% oxygen under increased atmospheric pressure), The James Klinghoffer Center for Wound Healing and Hyperbaric Treatment is the region’s premier destination.

“Our wound healing center offers the most comprehensive program in the region for patients who have slow-healing wounds. For those of us who care for these patients, we know how devastating this condition can be. To finally have a program that reaches into every aspect of wound care is extremely welcome. To be able to provide meaningful relief and healing to these patients is one of the most gratifying experiences for us.”

John Cooper, DO, FACOS, Director, The James Klinghoffer Center for Wound Healing and Hyperbaric Treatment

In the first year, the Center saw…
Over 2,279 Patients
Performing 868 Hyperbaric Treatments
Implantable cardioverter defibrillators (ICDs) have been in use since the 1980s. First-generation ICDs were implanted in the patient’s abdomen. These devices, which prevent sudden cardiac arrest (SCA) by delivering an electric shock to the heart if a dangerously fast heart-beat is detected, evolved to the next-generation transvenous ICD, implanted in the shoulder area near the collarbone. Via x-ray imaging, leads are fed through a vein into the heart. Depending on the patient’s condition, one or two leads will then be placed in the heart and attached for optimal connectivity.

Since the technology’s introduction, ICDs have saved and prolonged thousands of lives. A side consequence, however, is that over time the leads can become infected or ineffective and need to be extracted and replaced. Deborah stands as a regional leader in this advanced procedure.

“Soon or later most patients may require a lead extraction for one of many reasons,” states Raffaele Corbisiero, MD, Chair, Electromechanical Therapy Institute at Deborah. “When needed, Deborah offers one of the safest programs for extraction.”

Dr. Corbisiero notes that Deborah’s extraction techniques adhere to the Heart Rhythm Society’s recommendations. In addition, the hospital uses Cook Medical’s lead extraction tools, backed by 25 years of extraction experience. The extraction system relies primarily on a locking stylet and the concept of countertraction, as well as a telescoping sheath -- a vast improvement from the early days of lead extraction when physicians tried various methods of pulling leads out using a weighted pulley system, or resorting to open heart surgery. Mechanical rotation is a new extension of this technique from Cook.

“We also have other techniques such as laser technology,” adds Corbisiero.

The Next-Generation ICDs

Deborah’s regional expertise in implantable cardioverter defibrillator (ICD) lead extraction matches the hospital’s pioneering work in treating electrical rhythm disorders. Deborah has remained on the cusp of each evolving generational advance in ICDs, from the original abdomen placement to the evolution of transvenous ICDs, to today’s state-of-the-art subcutaneous implantable defibrillators (S-ICD).

These new S-ICDs offer distinct advantages, since the device and lead are implanted just below the skin, without the need for accessing vasculature for connecting the lead to the heart. These revolutionary devices offer the same powerful protection against sudden cardiac arrest and avoid some potential complications associated with traditional defibrillators. They can also be implanted in patients in whom vascular access is problematic, such as patients on dialysis.

As cardiac device technology continues to improve, Deborah remains in the forefront of implementing new products, including a recent first implantation of the EMBLEM™ S-ICD System from Boston Scientific. This new S-ICD is 20-percent thinner than its predecessors and projected to last 40-percent longer than the previous S-ICDs, offering improved patient comfort and cosmetic outcomes. As well, the EMBLEM S-ICD System is enabled for remote patient monitoring for increased patient convenience and safety.

“It is gratifying to be able to offer the latest cutting-edge ICDs to our patients,” notes Pedram Kazemian, MD, Attending Cardiac Electrophysiologist. “When implanting this device, I not only am providing a new opportunity for a patient to live a richer, more fulfilling life while averting sudden cardiac arrest, but am also using new technology that is very ‘patient centric.’ With the availability of S-ICDs, we are able to offer this therapy to many more patients who were previously ineligible due to their medical conditions, or at higher risk of complications.”
Patients at Deborah now have access to a new clinical research device which offers hope to those suffering from heart failure caused by damage to and weakening of the heart muscle following a heart attack.

Deborah is the first investigational site in New Jersey, New York, and Eastern Pennsylvania to implant the Parachute Ventricular Partitioning Device, which is a minimally-invasive approach to this life-threatening condition.

Through a catheter inserted in the femoral artery, the Parachute implant is deployed in the left ventricle to partition the damaged muscle, excluding the nonfunctional heart segment from the healthy, functional segment to decrease the overall volume of the left ventricle and restore its geometry and functionality.

Deborah’s innovative Clinical Research Department is currently involved in over 30 innovative trials exploring new treatments and procedures in Electrophysiology, Interventional Cardiology, Peripheral Vascular Disease, and Preventive Cardiology. In addition to highly committed and talented Principal Investigators, the Clinical Research Team at Deborah provides superior patient support through its research associates, who keep both referring physicians and patients apprised of not only their progress, but that of the clinical research study, at each step of the way.

“This is an exciting new technology, offering a great opportunity for patients who have had limited options if they face heart failure after a heart attack.”

Richard Kovach, MD, Chair, Interventional Cardiology