Cardiology



Long known for its expertise and pioneering new treatments – especially in diagnosing and treating congenital disorders – The Willson Heart Center at Valley Children's provides comprehensive, family-centered pediatric care for all forms of cardiovascular disease for children from before birth to young adulthood. The Center uses advanced techniques and sophisticated, child-size instruments to perform even the most difficult procedures through the smallest incisions with equal or superior clinical results.

Cardiology services are provided on both an inpatient and outpatient basis. Emergency cardiac services are available 24 hours a day. The Center provides assessment and follow-up care for nearly 6,800 outpatient visits each year. Every effort is made to treat children in the outpatient environment to reduce patient families' stress and discomfort.

We perform more than 10,000 annual echocardiographic studies, including transthoracic, transesophageal, fetal and intracardiac echocardiograms. We work in tandem with maternal fetal medicine specialists and neonatologists to assist in managing prenatally diagnosed cardiac conditions. Our electrophysiology clinic provides assessment and follow-up care for outpatients with known or suspected cardiac conduction abnormalities.

We offer outpatient cardiology services across the region to provide children and families access to care close to home. Some of our cardiologists live near and practice full-time at Valley Children's pediatric subspecialty centers in Merced and Modesto. We also provide pediatric cardiology services in Visalia and the Central Coast.

Our pediatric cardiology specialists are always available for consultations and urgent patient appointments.

Access Center

24/7 access for referring physicians (866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer

FAX: (559) 353-8888

Cardiology Office Numbers

Main: (559) 353-6257 FAX: (559) 353-5455

Physician Line: (559) 353-6258

Physician Liaison

(559) 353-7229

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Pediatric Cardiology Consultant Reference Guide

Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Please send all pertinent information ahead of time to allow us to better serve our patients and their families

families. Disease State	Suggested Work-Up & Initial Management	When to Refer
Murmur	 None: All necessary testing can be done in our office at the time of referral Send: Office note documenting when murmur first heard Will have EKG at cardiology evaluation and possibly echo 	 If practitioner is uncomfortable with physical exam findings Prior to competitive sports participation if felt to be pathologic Parental concern
Chest Pain	 Does not need prior EKG or echo All necessary testing can be done in our office at the time of referral CXR if musculoskeletal pain is suspected Send: Office note documenting when problem started; documentation of any relevant tests Will have EKG at cardiology evaluation and possibly echo, stress test or event monitor 	 Prior to competitive sports participation If cardiac cause is suspected
Syncope	 None: All necessary testing can be done in our office at the time of referral Send: Office note documenting when problem started; documentation of any relevant tests Will have EKG at cardiology evaluation and possibly echo, stress test or event monitor 	 Prior to competitive sports participation If cardiac cause is suspected If therapy is indicated
Palpitations	 EKG – can be faxed or sent for our evaluation; have family keep a log of events Send: Office note documenting when problem started; documentation of any relevant tests Will have EKG at cardiology evaluation and possibly echo, stress test or event monitor 	When palpitations are frequent or severe
Abnormal EKG	 Send or fax EKG before referral; we can help determine if referral indicated Send: Office records Will have EKG at cardiology evaluation and possibly echo 	

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Disease State	Suggested Work-Up & Initial Management	When to Refer
Family History	 Family history of sudden cardiac death at young age; family history of hypertrophic cardiomyopathy Send: Any office records and records of family member Will have EKG at cardiology evaluation and possibly echo, stress test or event monitor 	At time of diagnosis in family member
Hyperlipidemia	 May be managed by primary care; selected referrals may be appropriate Referral to Dr. Prochazka or Dr. Heragu for selected cases Fasting lipid profile prior to visit 	
Hypertension	 Refer to Nephrology if not associated with coarctation of the aorta- Will have EKG at cardiology evaluation and possibly echo, stress test or event monitor 	

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