



Behind the Scenes of NYU Langone Hospital—Brooklyn's First Two Open-Heart Surgeries



"It took a lot of people, a lot of teamwork, and a lot of behind-the-scenes work to make this happen," says Monica Tupas, BSN, RN (second from right), with the post-operative Intensive Care Unit team including (from left) Alisala Thatsanasuwan, RN, Amanda Triolo, RN, Chris Colombo, RN, Francesca Petralia, RN, and Denise Blandon, RN.

Dozens of doctors and staff contributed to the success of the milestone procedures. For the Intensive Care Unit that supported the cardiac patients as they recovered, preparation started a year prior. The nurses' hard work paid off.

NYU Langone Hospital—Brooklyn achieved a critical milestone when it completed its first two open-heart surgeries—both Coronary Artery Bypass Graft (CABG) procedures—on January 13 and January 14, 2025. For the post-operative Intensive Care Unit (ICU) involved, the work actually started a full year earlier.

In January 2024, the NYU Langone Hospital—Brooklyn team began discussions with cross-campus experts to better understand ICU patient progression as well as the nursing education needs, policies, procedures, and special equipment required for the open-heart surgeries. Expanding the hospital's nursing expertise in post-operative care for the procedures was a top priority and culminated in recruiting an assistant nurse manager and staff with experience in managing these critical patients.

As the go-live date approached, nursing leaders took additional steps to ensure the ICU nurses were well-versed in every aspect of a cardiac surgery patient's care. On December 11, 2024, the ICU nursing team began an intense three days of lectures. During those sessions, the nurses—Denise Blandon, RN; Chris Colombo, RN; Francesca Petralia, RN; Alisala Thatsanasuwan, RN; and Amanda Triolo, RN—learned about various heart surgeries, including the CABG procedure, which treats blockages in coronary arteries. Monica Tupas, BSN, RN, assistant nursing manager, and Julie Maravel, critical care educator, detailed specifics on caring for open-heart surgery patients, from the various catheters involved and tubes used to drain fluids to the optimal ways to control possible complications.

On January 2, the ICU nursing team did a simulation of the event, joined by the full staff of those involved in the upcoming open-heart surgery case, including the surgeons, operating room nurses, and others. It was an opportunity to assemble a large group who had previously never worked side-by-side to address any final issues before the high-pressure surgery case.

"We worked with a manikin and treated it like it was the actual cardiac surgery patient coming out of the operating room," says Tupas. "In one scenario, we used the manikin to address what it would look like if the patient went into cardiac arrest. The exercises helped remove any anxiety and pressure the team might have been feeling."

On January 13, the big day arrived. The first open-heart surgery patient, a 65-year-old man who lives in the Sunset Park community, came out of the operating room and into the cardiothoracic care unit around 1 pm. As the team had rehearsed, they took part in an OR to ICU handoff, a highly coordinated, 15-minute process in which the OR surgical team gave the ICU team up-to-the-minute information on the patient's condition.

From there, the ICU nurses took charge, applying everything they'd learned to monitor his vital signs, drain his chest tubes, and manage his pain—as well as prep him for his first post-surgery physical therapy. Because it's crucial to get open-heart surgery patients moving again quickly (it reduces respiratory complications and helps maintain muscle strength), a team of physical therapists arrived to help the patient take his first post-operation steps. "The patient's family members watched in awe as he stood up and walked, just three hours after open-heart surgery," says Blandon. Adds Thatsanasuwan, "They were so surprised and happy."

The next day, a second patient, also 65, had the same surgery, which meant the nurses were managing post-operative care for two patients at once. Blandon and Colombo handled the days, while Thatsanasuwan and Triolo took the night shifts. All continued to go smoothly. "Post-operatively, we were very prepared, and nothing happened that was unexpected," says Triolo.

While the average hospital stay in the United States for this procedure is seven days, the first patient was discharged after three days, and the second went home after four.

"The focus was not on expedited discharge, but on ensuring a safe and complete recovery," says Tupas. "The team made certain that all key milestones were achieved when the patient was ready. It wasn't really that the Brooklyn team did anything different; it was more about everyone performing their role effectively and with care. It took a lot of people, a lot of teamwork, and a lot of behind-the-scenes work to make this happen."

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