



Michigan Vascular Center (MVC) - Mission Statement

MVC exists to improve the quality of life for patients by providing the most comprehensive, innovative and best possible vascular care based on sound principles of treatment.

MVC exists to render that care with compassion, respect, & integrity; exercising the best possible thought and judgment for the patient's benefit.

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September Is Vascular Awareness Month

Take Advantage of ASAP—

Your Patient's Path to Better Vascular Health

Awareness of one's vascular profile—the risk of stroke, abdominal aortic aneurysm, peripheral arterial disease (PAD) and coronary artery disease—is a critical issue facing all approaching retirement age. The “golden years” can often be destroyed by a disabling stroke or ruptured abdominal aortic aneurysm. These are consequences of vascular disease which could have been prevented had the individual been aware of these conditions and the status of his/her vascular profile.

The need for greater awareness of these conditions is evident by the fact that the month of September has been dedicated as National Vascular Awareness Month. We at Michigan Vascular Center are well aware of this need and are pleased to announce that ASAP—our free vascular screening for carotid disease, abdominal aortic aneurysm and PAD—is now in its fourth year. Our aim is to make our community the most vascular healthy community anywhere.

Now the real work begins because we as physicians need to redouble our efforts to raise public awareness of vascular disease. Unfortunately, unlike many other medical conditions, vascular problems are mainly silent, giving a patient and physician a false sense of security until a clinical event such as a stroke occurs. Because of its silent nature, we as physicians must be proactive in questioning our patients about symptoms and educating them about this lethal disease process along with the importance of seeking it out. The sooner it is found, the earlier disease altering medications such as statins, Plavix and aspirin can be started to benefit our patients. Our challenge is to actively involve our patients in a discussion about what they do and do not know about vascular disease and their vascular profile.

As you will see in this issue, not all vascular conditions are arterial in nature. We also want to raise awareness of a lethal venous condition, deep venous thrombosis (DVT), which, if diagnosed early on, has a new treatment modality. This new treatment is aimed at emulsifying and eradicating the clot so as to preserve the function of the venous conduit and its valve. Read more about this in the following pages.

In keeping with our commitment to improve the vascular health of the patients of our community, we are pleased to be partnering with Covidien to bring this treatment to those in need.

Vascular Awareness—something we advocate all year long—because it benefits all.



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REVOLUTIONARY TRELLIS® PROCEDURE FOR DVT REMOVAL



Immediate Post-op

Thrombus Removed

Post Trellis®

DVT Removal Now Suggested by the American College of Chest Physicians

"In selected patients with extensive acute iliofemoral DVT . . . We suggest **pharmacomechanical thrombolysis in preference to CDT alone** . . . if appropriate expertise and resources are available."

Chest 2008; 133; 454-545 1.9.1, 1.9.3

Offered by Michigan Vascular Center

at:

McLaren Regional Medical Center

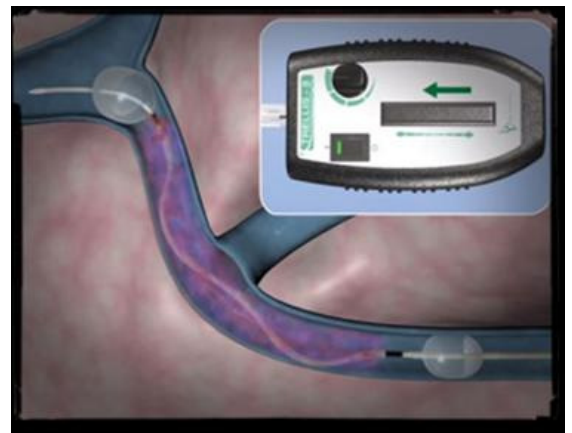
Flint, MI

Hurley Medical Center

Flint, MI

Genesys Regional Medical Center

Grand Blanc, MI



Please call for a consult with your next DVT case
810-732-1620

IN MY OWN WORDS—A TESTIMONY

I developed swelling in my legs early on in my pregnancy. At 2 ½ months my left ankle was swelling frequently. My OBGYN ran many tests throughout the nine months and everything came back fine. After giving birth to my son the swelling went down and the size of my ankle returned to normal. Then on May 9, 2008, only two weeks after the delivery, I experienced a moment of severe pain followed by swelling of my left leg. I was sent for an ultrasound and told my leg was clear. I was then sent for a CT of my abdomen, and was told I would be notified of the results. I didn't hear anything back that evening so I went to bed thinking no news was good news. At 2 a.m. I awoke to the most astounding pain in my leg. I was sent to the emergency department and placed on a blood thinner. Another ultrasound was ordered revealing multiple blood clots. I was very scared and concerned about my prognosis. It was recommended that I meet with the team from Michigan Vascular Center to discuss treatment options. They suggested a new procedure called Trellis®. I was so relieved at the opportunity to have it done. The next day, within hours of the procedure, the swelling went down. I was so pleased to hear the majority of the blood clots were removed.

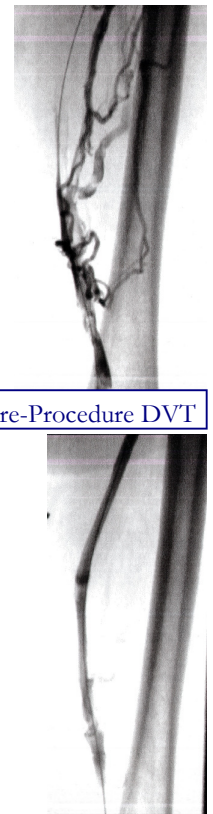
I cannot express my appreciation and gratitude for the team at Michigan Vascular Center. They saved my life; and, in my eyes, they are heroes. I was only 34 years old with a 13 year old little girl, and a 2 week old little boy to whom I am a very proud mother. The team at Michigan Vascular treated me so kindly, and were so patient with me through this whole journey. Aside from some slight swelling when I am on my legs too long, I live a healthy happy life, and I am so blessed that the Trellis® procedure was an option for me.

MVC Note: This patient was a 34 year old, white, female two weeks post partum who presented with massive left lower extremity swelling. She was found to have thrombosis of her left common femoral, popliteal and tibial veins. Patient underwent pharmaco-mechanical thrombectomy with a Trellis® device. She was diagnosed with May-Thurner syndrome leading to this thrombosis.



A Better Option (Pharmaco-mechanical Treatment)

- Combines the lytic advantages of tPA with gentle clot removal via endovenous catheters.
- More rapid clot removal is possible, eliminating the need for the multi-day ICU stays associated with lytic infusions.
- Technique is safe, with no systemic lysis & remote hemorrhage.
- Technique is a great advance over anticoagulation alone or surgical thrombectomy.
- Can be performed percutaneously with local anesthesia & success rates are outstanding.
- Devices spare the fragile venous valves.
- If the thrombus is removed within 2 weeks, normal valve function should be preserved.
- Complete removal of acute clot has been possible in over 80% with only a single treatment in 80%.
- No major bleeding events, no PEs, and no cases of renal failure of hemolysis have been reported.



Pre-Procedure DVT

Post-Trellis®



Michigan Vascular Center
G 5020 W. Bristol Road
Flint, MI 48507
USA



Michigan Vascular Center
Serving the Community since 1963

MVC Core Values

- We are a professional organization –a team– working equally in a common cause: To provide the best possible vascular care for the physicians, patients, and institutions of our community.
- We share a commitment to excellence in the vascular care of patients through the pursuit of knowledge, communication, innovation, and research.
- We value our employees and incorporate them into our team.
- We commit to each other to honor & pursue these values.

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WWW.MICHIGANVASCULAR.COM

