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Editor:  
**Joan Brown**

# Vascular Voice



**MICHIGAN VASCULAR CENTER**

## 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 and integrity; exercising the best possible thought and judgment for the patient's benefit.

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## Wishing All the Peace, Joy and Hope of the Season



We at the Michigan Vascular Center

Wish you and yours

The peace and joy of this holiday season



As we reflect on the meaning of the approaching holiday – peace on earth, goodwill toward all, the hope of a brighter future and the joy of the season shared with family and friends alike – we at the Michigan Vascular Center wish to extend our thanks for the support you, the community of physicians, have provided us over the years. Your support has allowed us to grow and attract to this community dedicated physicians and clinical trials which improve the quality of care your patients receive and the service we are able to provide to the community.

As this issue will reveal, we have become involved with Baker College in training its class of Dialysis technicians and soon will begin an important clinical trial to treat critical limb ischemia. Without your support, none of this would be possible.

We thank you and extend our wishes that you and your loved ones have a Merry Christmas and a Happy New Year.

The Physicians and Staff of the Michigan Vascular Center

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## **Society for Vascular Surgery® Announces Election of Carlo Dall’Olmo, MD, of Flint, Michigan, as a Distinguished Fellow**

**CHICAGO** – The Society for Vascular Surgery® (SVS) elected Carlo Dall’Olmo, MD, as a Distinguished Fellow during their Annual Vascular Meeting® held June 16-18, 2011 in Chicago.

The designation of Distinguished Fellow is bestowed upon an active, international, or senior member of the Society for Vascular Surgery who has made substantial, sustained contributions in two of three categories – research, service, or education. The application process requires three letters of support from SVS Distinguished Fellows.

A member of the Michigan Vascular Center and President of the Michigan Vascular Research Center in Flint, Dr. Dall’Olmo has staff appointments at Genesys Regional Medical Center in Grand Blanc, Hurley Medical Center in Flint, and McLaren Regional Medical Center in Flint. He is board certified in both vascular and general surgery. He maintains membership in 13 medical societies and is a member of five advisory boards.

Dr. Dall’Olmo is currently involved in 14 vascular research projects. Since 1998, he has been involved in 35 additional research projects. Since 2002, he has made 10 vascular health presentations to medical professionals and has authored or co-authored 10 medical papers.

Educated at Wayne State University School of Medicine in Detroit, Dr. Dall’Olmo completed his fellowship, residency, and internship at Henry Ford Hospital in Detroit.

**REPRINT SVS PRESS RELEASE: July 29, 2011**



### **MVC SELECTED AS BAKER COLLEGE TRAINING CENTER**

In 2003 Baker College in Auburn Hills, MI decided to start a **Vascular Ultrasound Technology Program**. The newly appointed Director of the program was an RN and RVT from Henry Ford Hospital in Detroit and a colleague of mine. She called and asked me to be a member of the Advisory Board for the program. I accepted the position and I am still serving on the board.

Since the inception of the program the goal was to achieve credentialing for the vascular technology program through the **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**. Credentialing was granted in 2008.

Since then Baker College in Owosso, MI has begun a **Vascular Ultrasound Technology Program** as well. I am also serving on their Advisory Board. The first class began September (2011).

The role of being a member of the Advisory Board is to assist with defining the curriculum and making adjustments and suggestions to improve and maintain the status of the program.

I feel that part of our job as a well established, credentialed vascular laboratory, is to help educate the students and share our knowledge and experience. The students have to complete an externship that begins in September and continues into June. They are required to achieve a total of 16 hours per week observing and completing their hands-on portion of the program. One student from each program site will be with us this year and into June 2012.



Joanne Drago, LPN, RVT, FSVU

## PLEASE EXCUSE OUR DUST!



On March 15, 2011, Michigan Vascular Center embarked on the electronic health records (EHR) journey. We have encountered a few bumps along the way and are working diligently to navigate them. Our patient letters to referring physicians have taken on a totally new look. They are now generated electronically from the encounter note, which loses the personal touch. To our dismay these electronically generated letters needed considerable modification. We are trying to strike a balance between the old and new. Please bear with us as we continue to learn and improve our technology.

One positive aspect of the new EHR is a readily available patient visit summary. Every patient is now offered a summary of each visit for their record. Patients are empowered when they can be an integral partner in their own care. They are now using their own computers and are more informed and active in investigating their diagnoses and medications. We are becoming accustomed to instant access of information. Healthcare information is no exception.

The highest quality patient care has always been our primary focus. Joining the electronic world will aid us in this endeavor. Our physicians now have access to a patient record from any computer or personal device such as iPhones and iPads®. A record can be viewed, orders issued, and prescriptions sent from any location at any time. The greatest advantage to patient care is the ability to share information among healthcare providers. This step will enable us to participate with you in this brave new world. We live in interesting times.

Linda Reynolds  
Research Assistant



<b>Research Trials Currently Enrolling</b>	
<b>Contact: Jill or Maureen at (810) 600-2009</b>	
Anaconda	Abdominal aortic aneurysm endovascular stent
CHOICE	Carotid stent—for high risk patients
ACT 1	Randomized carotid endarterectomy versus carotid stent—for low risk patients
SAPPHIRE WW	Carotid stent—for high risk patients
<b>Watch For These Upcoming Trials</b>	
Aastrom	Peripheral arterial disease (cell therapy)
IN.Pact	Drug eluding balloon versus standard PTA of the superficial femoral artery
Roadster	Use of flow reversal system during carotid stenting

## MICHIGAN VASCULAR ACCESS CENTER IN 6TH YEAR

Michigan Vascular Access Center (MVAC) celebrated its sixth year anniversary after opening its doors in September 2005. Seeing 1400 patient visits in its first year, the center was able to provide service to more than 4000 patients over the past year. We are pleased to partner with hemodialysis units and nephrologists to meet the needs of renal dialysis patients in our community.



MVAC takes pride in maintaining our original concept of being a “One Stop,” patient focused center that addresses access needs, is able to provide immediate treatment and/or prepare patients for access creation surgery. We believe that providing same-day service to patients, nephrologists and dialysis units makes a tremendous improvement in their quality of life. As a result, it has a positive impact on the patients’ families as well.

Over the course of our past six years, we have identified key areas which directly affect patient outcomes.

- **Timely Creation Of Primary Fistula:**

Our greatest challenge is seeing patients for access placement *after* the patient is already on dialysis using a catheter. Timeliness in the creation of a fistula (AVF) is important because the earlier and sooner an autogenous (primary) AVF is created, the more time it has to mature. This results in enhanced long-term patency. It would be ideal to discuss the need to create an AVF with patients when their renal function deteriorates to less than 30% of normal and plan for an AVF creation when there is less than 20% renal function remaining. This would also decrease the need for catheter placements thus helping to achieve national catheter rates. Communication and team approach in caring for the renal patient involves the patient’s primary care physician, nephrologists, and Michigan Vascular Access Center.

- **Timely Treatment Of Problems:**

Another challenge which affects optimal outcomes is when access problems are allowed to persist without being referred for evaluation until they become untreatable or need surgical intervention.

- **Patient Education:**

Often patients choose not to come in for needed treatments when serious problems arise. In addition, some patients do not show up for their routine maintenance checks or are unsure why they are being sent to us. This leads to no-shows and cancellations. Education and communication are very important in helping patients understand the process of their disease. It helps them become active in their own treatment plan and learn what to expect and watch for in the future. Ideally the education needs to start prior to their referral to MVAC for access placement.

MVAC has become very involved with area dialysis units and nephrologists in supporting the *Fistula First* initiative. MVAC staff attend the Davita monthly quality meetings. Working with individual HD units has had a positive impact. A low catheter rate of 9% was reported in October. Communication and teamwork is the key to improved outcomes and successes.

HD patients are heavily dependent upon qualified dialysis technicians. They must be able to access fistulas easily, access fistulas correctly, and be able to identify fistula dysfunctions requiring immediate treatment. The access center now provides a clinical rotation for Baker College. Dialysis access technician students gain additional experience which prepares them to excel as technicians.

Renal failure is very prevalent in our community. We are pleased to have opened a sister MVAC office located in Clarkston.

MVAC’s success is due to the combined efforts of PCPs, nephrologists, area dialysis units, and our dedicated staff. Our focus is on utilizing teamwork to provide the best possible vascular care. Remember: it’s all about the “thrill”.

Kaye Ringler, RN  
Nurse Manager



## A PATIENT'S PERSPECTIVE

“The Michigan Vascular Access Center is a very competent caring group. From the friendly reception to the MAs, nurses and doctors. The service cannot be better. No long waiting to be seen. They really are very efficient. They explain in detail what is going to happen and what to expect. We feel we are in good hands whenever we go there. Thanks for all you do.”

Mr. Waltrip was referred to Michigan Vascular Access Center in 2008 while dialyzing with a permacath. He underwent a brachial-axillary Goretex arterial-venous graft in May 2008 and has returned to the access center for graft maintenance since that time.



Jack & Peggy Waltrip

## A NOTE FROM BAKER COLLEGE OF FLINT

Baker College of Flint is pleased to have a clinical relationship with Michigan Vascular Access Center. Students enrolled in our Bonent approved, Hemodialysis Technician Program (one of 12 existing programs in the United States) have the opportunity to observe vascular access procedures, involving vascular access creation and complications. As a renal professional, I am extremely proud of our relationship and our commitment to provide the student with enhanced knowledge of the vascular access. For our dialysis patient “the vascular access is their lifeline”. ***Together we will facilitate optimal knowledge and care of the dialysis patient***. We look forward to our continued relationship with Michigan Vascular Access Center.

Sincerely,  
Georgia Wilson RN, BSN, CNN  
Hemodialysis Technician Program Director, Baker College of Flint

## A STUDENT'S EXPERIENCE

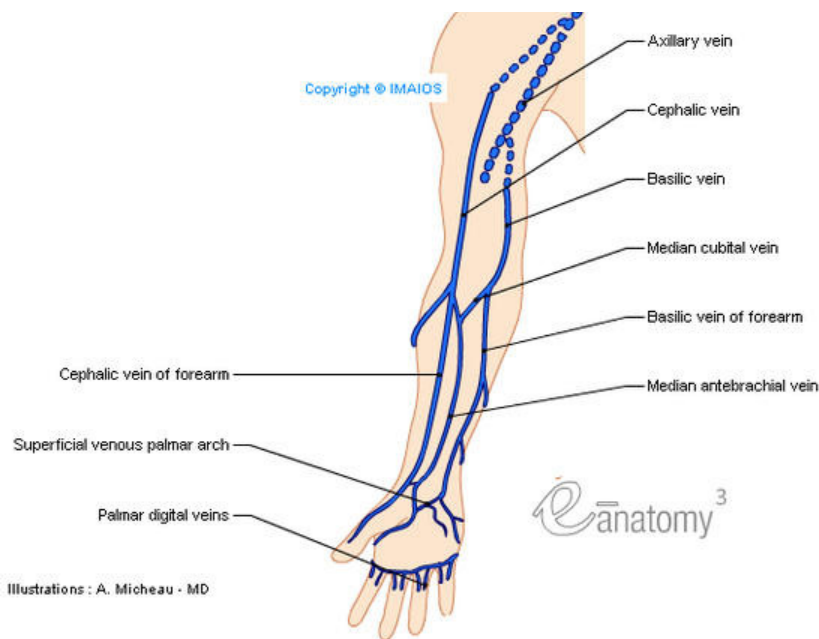
It was an experience of a lifetime, visiting Michigan Vascular Access Center. Initially I watched a venogram and mapping of the patient's veins. Then I was able to see how the surgeons opened up blocked fistulas and grafts by angioplasty. Finally, I was able to visualize how the surgeon connects an artery to a vein (fistula). When the surgeon was finished he allowed his assistant to give me a closer view of the entire operation. It is incredible how the artery can be attached to the vein. The clinical experience was extremely helpful to me as a student.

The entire staff was very professional. I am thankful to have had the opportunity to visit Michigan Vascular Access Center.

Sincerely,  
Brenda Ottawa  
Hemodialysis Technician Program Student, Baker College of Flint

## SPARE THE CEPHALIC VEIN CAMPAIGN

There is no vein in the body which is looked upon for more divergent uses than the cephalic vein. It has long been the most sought after target of phlebologists for blood draws and infusion of intravenous fluids and blood products. ***The cephalic vein is also the most widely sought after conduit by vascular surgeons for another purpose – the creation of a life saving arterio-venous fistula used for hemodialysis in those with renal failure.*** Unfortunately we vascular surgeons and nephrologists have learned the hard way that what is the phlebologist's gain is the renal failure patient's loss. A cephalic vein used for blood draws and IV fluids often becomes damaged and subsequently cannot be used for the creation of an arterio-venous fistula.



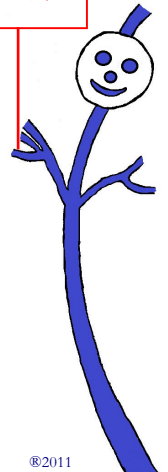
Illustrations : A. Micheau - MD

***Why is the cephalic vein so important to the renal failure patient's well being?*** The answer is that an arterio-venous fistula created with a cephalic vein is the most durable fistula the patient can have, far surpassing the longevity of arterio-venous fistulas created with synthetic materials. In recognition of this fact, a national campaign—Fistula-First - was established to encourage the creation of fistulas with veins as the initial preferred conduit for dialysis in the treatment of the renal failure patient. Obviously, to the dismay of the vascular surgeon, nephrologist and patient, there is little choice but to use a synthetic conduit when the cephalic vein has been destroyed by multiple needle punctures.

Because of its importance to the renal failure patient, it is time for all to respect the cephalic vein's life saving potential and begin using other venous conduits for IVs and blood draws whenever possible. It is time for all to become partners in our **SPARE THE CEPHALIC VEIN CAMPAIGN**.

The purpose of the campaign is straightforward—to educate all who draw blood or start IVs about the life saving qualities of the cephalic vein and request that all avoid using it and puncturing it whenever possible. Obviously we realize there are instances when the cephalic vein must be used, especially in life-threatening situations. However, these are few in comparison to the number of times the cephalic vein is accessed daily when other veins are available. Avoiding the routine puncture of the cephalic vein is the goal of the **SPARE THE CEPHALIC VEIN CAMPAIGN**. Using other veins will spare the cephalic vein the sclerosing effects of needle punctures and intravenous sheaths, thus making it more available for use in those needing a life-saving arterio-venous fistula. Remember to **SPARE THE CEPHALIC VEIN**, a life may one day depend on it.

**SPARE  
THE  
VEIN**



Thank you for participating.

Your Friend,  
The Cephalic Vein

## NEW CRITICAL LIMB ISCHEMIA CLINICAL TRIAL

The Michigan Vascular Center is pleased to announce our participation in a ground breaking new critical limb ischemia clinical trial called “REVIVE” in collaboration with a local Michigan company, Aastrom Biosciences, Inc. Aastrom, based in Ann Arbor, is a leading developer of patient-specific, expanded multicellular therapies for the treatment of severe, chronic cardiovascular diseases. The company's proprietary cell-processing technology is used to expand naturally occurring populations of stem and progenitor cells derived from the patient's bone marrow. The result is an expanded mixed-cell therapy that is administered to the damaged tissue in the same patient.

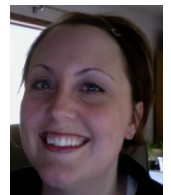
Critical limb ischemia is the most severe form of peripheral artery disease, leading to over 160,000 limb amputations per year in the U.S. Approximately 25% of patients will die within the 12 months following diagnosis, and fewer than 25% of patients survive more than four years. Today, there are approximately 400,000 “no-option” critical limb ischemia patients who have limited therapeutic and surgical options. Outcomes for these patients are extremely poor, especially those with existing tissue loss.

In the U.S. there are approximately 250,000 critical limb ischemia patients with tissue loss such as ulceration or dry gangrene. Critical limb ischemia patients with tissue loss are five times more likely to experience an amputation within 12 months of diagnosis, than those without tissue loss.

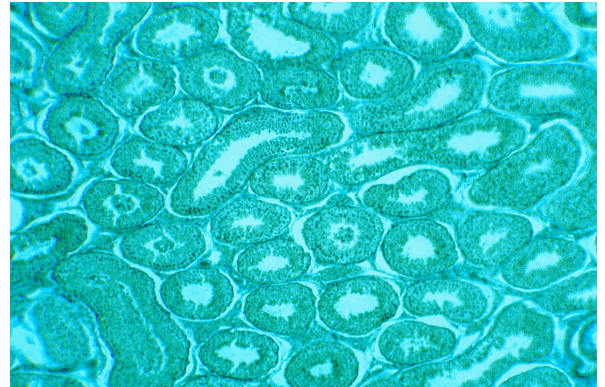


The “REVIVE” Trial is a randomized, double-blind, placebo-controlled trial that will include only critical limb ischemia patients with existing tissue loss, who have no other therapeutic or surgical options. Michigan Vascular Center is excited to be chosen as a study site for the “REVIVE” Trial, with Principal Investigator, Carlo Dall’Olmo, MD overseeing the project. Participating in such research trials is a privilege our physicians take very seriously. Giving our patients the option to enroll in such trials allows the potential for a greater quality of life, promoting community health and consistent with the values of the vascular center. Michigan Vascular Center has a dedicated research team with full time, ACRP (Association of Clinical Research Professionals) certified clinical research coordinators, making us a leading research site for the mid-Michigan area.

Enrollment in the “REVIVE” Trial is set to begin in the fourth quarter of 2011. For more information about this trial, please contact the Research staff at (810) 600-2009.



Jill George, BS, CCRC





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**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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VISIT US ON THE WEB

[WWW.MICHIGANVASCULAR.COM](http://WWW.MICHIGANVASCULAR.COM)

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