

2010

# Vascular Center Offers Leading- Edge, Integrated Care

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## Recommended Citation

(2010) "Vascular Center Offers Leading- Edge, Integrated Care," *Jefferson Surgical Solutions*: Vol. 5 : Iss. 2 , Article 4.  
Available at: <http://jdc.jefferson.edu/jss/vol5/iss2/4>

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## Vascular Center Offers Leading- Edge, Integrated Care

Since the Jefferson Vascular Center was launched in July 2009, this comprehensive program has been co-directed by Paul J. DiMuzio, MD, FACS, the William M. Measey Professor of Surgery and Director of the Division of Vascular and Endovascular Surgery. The co-directors are Geno Merli, MD, Senior Vice President and Chief Medical Officer of Thomas Jefferson University Hospital (TJUH), and Laurence Needleman, MD, Associate Professor of Radiology and Director of the Division of Abdominal Imaging.

“The Vascular Center brings these specialties together under one roof for patients with problems affecting the arterial, venous and lymphatic circulatory systems,” says Dr. DiMuzio. “Patients can get a surgical opinion, have a noninvasive vascular study, be cleared preoperatively, and have a medical evaluation of an issue that doesn’t require surgery—all in the same day.” Other programs offer these services, he says, but are rarely organized under one roof in a way that creates a seamless experience for the patient. “Our patients receive state-of-the-art care quickly and efficiently,” Dr. DiMuzio says, “from a team of nationally and internationally recognized leaders in vascular care, research and education.”

From an arterial standpoint, the center specializes in carotid artery disease, aortic aneurysm and dissection, and the minimally invasive treatment of lower extremity atherosclerosis. The physicians also evaluate and treat all forms of venous disease, including performing minimally invasive procedures for varicose veins right in the office as well as comprehensive evaluation and management of thrombotic disorders. Additionally, the center includes a comprehensive, on-site wound care program centered on hyperbaric oxygen therapy.

The center’s team of physicians currently sees close to one hundred patients a week, and for the past year Dr. DiMuzio and Joshua Eisenberg, MD, FACS have performed roughly 80 vascular procedures a month. The center’s capacity has expanded even further with the recruitment of a third vascular surgeon, Atul Rao, MD, in August 2010.

“The full implementation of the Electronic Medical Record (EMR) system has been a tremendous asset as well,” says Dr. DiMuzio. “We can handle a higher volume of patients and patient satisfaction has been

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excellent.” The facility, located on the sixth floor of the Gibbon Building at Jefferson, houses the offices of all six physicians, eight exam rooms, three fully equipped ultrasound rooms, and the hyperbaric oxygen unit. Dr. DiMuzio adds that “the difference it has made in our patients’ experience is quite noticeable.”

Read more about the Jefferson Vascular Center at <http://www.jeffersonhospital.org/JVC>

Overview



**Charles J. Yeo, MD**

Samuel D. Gross Professor and Chair, Department of Surgery

**Summer reading!**

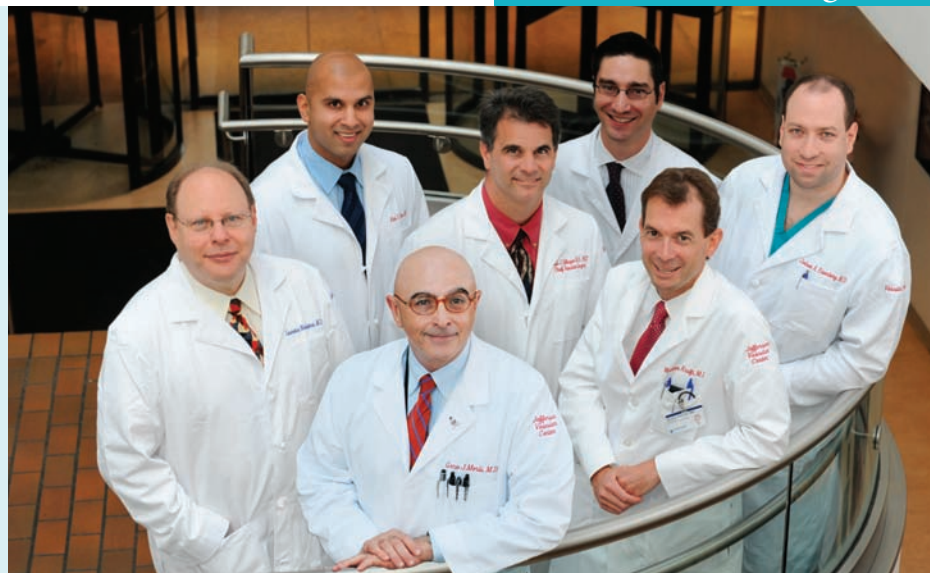
Mixed amongst the thrillers that I read this summer, two important nonfiction works held my attention. Both focused on a topic of interest to all of us – improvement of the U.S. health care “system”.

First, former Senate majority leader Tom Daschle, in his short book *Critical: What We Can Do About The Health-Care Crisis* gives us an abbreviated history of past health care reform in America, cautiously uses patients’ sad stories to depict the current crisis, nicely portrays the complexities of our “system”, and proposes a solution which is analogous to the Federal Reserve Board (which oversees our very complicated financial system). Daschle’s thesis is that a Fed-like Health Board would insulate our health care delivery system from political pressure, insure that experts review policy and share accountability, and could lead to an improved standard of care for our patients, at a lower cost.

Second, best selling author and surgeon Atul Gawande, in his book *The Checklist Manifesto: How To Get Things Right* nicely shows just how complex the care of our patients has become with modern medicine. He argues that the era of the Middle Ages’ “master builder” has necessarily ended, as current day management of patients exceeds the ability of even the most talented clinician to provide all encompassing care. Using lessons from the airline and space industries, Gawande shows how the implementation of specific, focused checklists have yielded remarkable success – decreasing the incidence of central line infections, improving ICU care, and in the operating room: reducing errors, wrong-site surgery, retained foreign bodies and overall mortality rates.

Both of these books are concise and quick reads. In my mind, both are required reading for physicians whose ultimate goal is to improve the care delivered to our patients.

Clinical Integration



**Core members of the Jefferson Vascular Center’s multidisciplinary team. Pictured clockwise from left are Co-Director Laurence Needleman, MD; Atul Rao, MD (Surgery); Director Paul J. DiMuzio, MD (Surgery); Taki Galanis, MD (Internal Medicine); Joshua Eisenberg, MD (Surgery); Walter Kraft, MD (Internal Medicine); and Co-Director Geno Merli, MD (Internal Medicine).**

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Meet Our Surgical Interns



Jefferson surgeons are currently assisted by an exceptional group of categorical interns. These doctors, who recently matched with Jefferson, started on June 20, 2010 (l to r):

Meredith Harrison, MD, Drexel University  
Philip Batista, MD, University of Connecticut  
Sean Devitt, MD, Jefferson Medical College

Timothy Carter, MD, SUNY Downstate  
Julie Monteagudo, MD, University of Connecticut  
Melanie Sion, MD, Georgetown University

We are also pleased to welcome back another Jefferson Medical College graduate, Suh Yueh Lim, MD, as a preliminary intern in General Surgery.