

VIVA Blends Specialties to Provide Complete Vascular Care Services

Virginia Interventional & Vascular Associates (VIVA) can diagnose all vascular conditions and offer the optimum treatment for them, from minimally invasive procedures to major surgery. VIVA physicians attribute this capability to the group's practice model, which combines the expertise of interventional radiologists, vascular surgeons, and a vascular lab.

"We can provide start-to-finish care for any vascular problem, including diagnostic imaging and appropriate therapy, from open surgery to modern endovascular surgical care and post-procedure care," said R. Donald Doherty, Jr., MD, interventional radiologist with VIVA.

VIVA is the interventional radiology and vascular surgery practice of Radiologic Associates of Fredericksburg. The group's board-certified, fellowship-trained interventional radiologists are Michael P. McDermott, MD, who heads the practice, and John J. McLaughlin, MD, Dr. Doherty, John D. Statler, MD, and John D. Gleason, MD. VIVA physicians are Certificate of Added Qualifications (CAQ) certified or CAQ eligible.

The group also includes the community's only board-certified vascular surgeon, Victor J. D'Addio, MD, FACS, and vascular surgeon Larry Koenig, MD. Dr. Koenig joined VIVA in July and is in the process of obtaining board certification.

Dr. D'Addio and Dr. Koenig completed two-year fellowships in vascular surgery following their general surgery residencies. VIVA's interventional radiologists completed a four-year diagnostic radiology residency and an additional year of fellowship training in imaging-guided, minimally invasive procedures.

This training enhances their qualifications for treating vascular conditions and, in many cases, translates into greater experience handling vascular procedures locally. For example, Mary Washington Healthcare (MWHC) statistics indicate that Dr. D'Addio performed 165 of the total 239 carotid endarterectomy procedures at MWHC facilities from 2007 to 2009, and 40 of the total 56 lower extremity bypass procedures at MWHC facilities from January 2010 to June 2010.

"Since Dr. Koenig's arrival in July, VIVA has been treating a growing vascular surgery caseload," Dr. D'Addio said. "We perform procedures at Mary Washington Hospital,



Vascular Surgeon Victor J. D'Addio, MD, performs an outpatient procedure at VIVA.

Radiation Safety Management: Always an Important Goal

Medical radiation exposure has been a recent topic in the lay press. While certain imaging modalities such as ultrasound and magnetic resonance imaging (MRI) do not expose patients to ionizing radiation, others, such as computed tomography (CT), plain film radiographs, and fluoroscopy, do.

All of these studies have revolutionized the practice of medicine and saved countless lives. Nevertheless, too much medical radiation may possibly lead to the development of malignancy 15-20 years in the future.

How many X-rays or CT scans can a patient have before he or she is at increased risk? "No one knows for certain," said Christopher M. Meyer, MD, board-certified diagnostic radiologist with Radiologic Associates of Fredericksburg (RAF). "There is no known lifetime dose threshold establishing a definite link between medical radiation and cancer. In every procedure, however, it is our responsibility to ensure that our patients' lifetime exposure to medical radiation is kept as low as reasonably possible while still detecting disease as early as possible."

RAF strives to provide the highest-quality images while keeping exposure to medical radiation as low as possible. The practice has several precautions in place to manage patient safety:

CT scanners are equipped with dose modulation. The amount of radiation administered is automatically adjusted based on the size of the patient or body part. Larger patients and larger body parts require more radiation to penetrate the body and

Complete Vascular Care continued page 3

Radiation Safety Management continued page 3

Study Cites Benefits of Gynecology, IR Collaboration on Uterine Fibroids

A study published in *The Journal of Minimally Invasive Gynecology* earlier this year reported that gynecologists, interventional radiologists (IRs), and women with uterine fibroids benefit when specialists work together to provide treatment options.

“Establishing a referral relationship with an interventional radiologist for comprehensive uterine myoma treatment supports a trusting, collaborative, long-term, noncompetitive ‘win-win’ relationship between the gynecologist and radiologist, meets the patient’s desire for full disclosure of all myoma treatment options, improves the patient’s overall medical care and physician/patient experience, and has been demonstrated to improve patient flow to a gynecologist practice,” the study concluded.

The study, *The Effect of Gynecologist-Interventional Radiologist Relationship on Selection of Treatment Modality for the Patient with Uterine Myoma*, can be accessed at www.jmig.org.

To make suggestions for future stories, contact Irene Valentino at (540) 361-1000 or ivalentino@rafadmin.com.

RAF Recruits Five New Physicians

Radiologic Associates of Fredericksburg (RAF) has added four diagnostic radiologists and one vascular surgeon to its practice, which comprises 34 physicians serving Fredericksburg, Spotsylvania, Stafford, Southern Prince William, and nearby counties.

“It is extraordinary for a region outside of a metropolitan area to have such an expansive group of board-certified, fellowship-trained radiologists from top medical schools in the country, representing all major subspecialties,” said Ed Swager, chief executive officer of RAF.

“Unlike some organizations that outsource after-hours cases, RAF has on-site radiologists available 24/7 to assure high quality results and timely personal consultations to referring physicians and patients. Our interventional radiology and vascular surgery group, Virginia Interventional & Vascular Associates (VIVA), also is a practice model usually found only in metropolitan areas,” he added.

RAF is the largest provider of imaging services in the region, serving Mary Washington Hospital, Stafford Hospital, Medical Imaging of Fredericksburg, the Imaging Center for Women, Medical Imaging at Lee’s Hill, Medical Imaging of North Stafford, and VIVA’s outpatient facility. It also provides vascular surgery services to Spotsylvania Regional Medical Center. The following are RAF’s newest physicians.



Edward C. Hwang, MD, diagnostic radiologist, earned his medical degree from Georgetown University School of Medicine in Washington, DC. He completed his internship at St. Vincent Catholic Medical Center in New York City, and his residency in diagnostic radiology at Mallinckrodt Institute of Radiology at Washington University School of Medicine in St. Louis, MO, where he also received fellowship training in neuroradiology. He is certified by the American Board of Radiology.

Larry Koenig, MD, vascular surgeon, earned his medical degree from Jefferson Medical College in Philadelphia, PA. He completed his residency at Union Memorial Hospital in Baltimore, MD, where he served as chief resident in general surgery. He recently completed his fellowship training in vascular surgery at Geisinger Medical Center in Danville, PA, and is in the process of taking his board certification exams from the American Board of Surgery.



Ryan P. Leonen, MD, diagnostic radiologist, earned his medical degree from Virginia Commonwealth University School of Medicine, where he received the Commonwealth Award. He completed his internship at Harbor-UCLA Medical Center in Torrance, CA, and his residency in diagnostic radiology at Penn State Milton S. Hershey Medical Center in Hershey, PA. He received his fellowship training in body imaging at Stanford University Medical Center in Stanford, CA. He is certified by the American Board of Radiology.

Jakob C.L. Schutz, MD, diagnostic radiologist, earned his medical degree from University of Pennsylvania School of Medicine in Philadelphia, PA. He completed his transitional year residency at Crozer-Chester Medical Center in Upland, PA, and his diagnostic radiology residency at Mallinckrodt Institute of Radiology at Barnes-Jewish Hospital in Saint Louis, MO. He received his fellowship training in magnetic resonance imaging at The Johns Hopkins Hospital in Baltimore, MD. He is certified by the American Board of Radiology.



Roni Talukdar, MD, diagnostic radiologist, earned his medical degree from the University of Texas Southwestern School of Medicine in Dallas. He completed his internship at University of California, San Francisco, and his residency in diagnostic radiology at the University of Kansas. Dr. Talukdar received fellowship training in breast and body imaging at Memorial Sloan-Kettering Cancer Center in New York City. He is certified by the American Board of Radiology. ■

Complete Vascular Care continued from page 1

Stafford Hospital, Spotsylvania Regional Medical Center, and VIVA's outpatient center in Fredericksburg.”

One example of VIVA's complete vascular care is its management of peripheral arterial disease (PAD), a condition that can increase the risks of heart attack, stroke, or amputation.

VIVA's vascular ultrasound lab evaluates patients for PAD using an ankle-brachial index and other tests. The lab is accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and staffed by registered vascular technologists. VIVA's interventional radiologists interpret the results. For the past ten years, VIVA physicians have participated in Legs for Life®, a national program that provides free PAD screenings each September.

When a patient is diagnosed with PAD, depending upon his or her condition, VIVA physicians may recommend lifestyle changes; front-line treatments for PAD, including surgical bypass or angioplasty and stenting; and/or relatively new procedures, including atherectomy, cryoplasty, or subintimal recanalization.

Atherectomy, for example, removes arterial plaque to improve blood flow. VIVA physicians use a plaque excision system or a laser catheter to create an open channel in affected arteries. Dr. Statler of VIVA reported that, in selected patient cases, directional atherectomy has advantages over other procedures, most notably its use in challenging anatomic locations. ■

For additional information about VIVA's vascular services, contact Dr. D'Addio at daddio@vivassociates.com, Dr. Doherty at doherty@vivassociates.com, phone (540) 654-9118, or visit www.vivassociates.com.

Vein Treatments by Vascular Specialists

Treatments for varicose veins and spider veins have advanced significantly in recent years. Most patients can be treated as outpatients and return to everyday activities within hours. Yet the qualifications of physicians providing vein treatments play an important role in patient outcomes, noted Dr. Doherty of VIVA.

VIVA physicians have completed fellowships in interventional radiology or vascular surgery, which are vascular-related specialties. They are uniquely qualified to diagnose underlying vascular conditions that cause varicose veins and spider veins, assess which treatments are best for specific patients, and perform the appropriate interventions.

Varicose Veins – VIVA's most frequently recommended varicose vein treatments are endovenous laser treatment (EVLT™) and radiofrequency ablation (RFA), which use laser or radiofrequency energy to close off affected veins. Both are one-hour outpatient treatments with a high reported success rate.

Spider Veins – VIVA physicians treat most cases of spider veins and selected varicose veins with sclerotherapy, a brief outpatient procedure that shrinks the blood vessel. In August, VIVA physicians began using Asclera® injections for sclerotherapy, following approval by the US Food and Drug Administration based on its positive safety and cosmetic profile. “Early results are great,” Dr. Doherty reported. “My patients and I have been much happier with the cosmetic results following spider vein treatments with the new drug.”

For more information, visit www.imagingway.com/veins or call (540) 654-9118.

Radiation Safety Management continued from page 1

generate high-quality diagnostic images, while smaller patients or smaller body parts require less. Dedicated pediatric protocols are also in place to “child-size” radiation doses used in children's imaging, in keeping with the Image Gently™ initiative by the Alliance for Radiation Safety in Pediatric Imaging. RAF is in frequent contact with the alliance to ensure its radiologists and technologists receive the latest education and are utilizing state of the art technology to image children as safely as possible.

Special precautions are taken to protect radiosensitive organs. For example, breast shields and thyroid shields are used during CT scans to decrease the radiation absorbed by these areas. Also, the amount of radiation used in generating images for virtual colonoscopies is intentionally lowered for patient safety without compromising image quality.

CT studies are monitored to ensure that the CT dose index is within the accepted guidelines of the American College of Radiology. These checks are conducted randomly and retrospectively each quarter. “We have been very pleased with our performance to date,” Dr. Meyer said.

Protection is optimized in fluoroscopic imaging. Fluoroscopy times are recorded for retrospective analysis, and screen-save technology is used. The last image saved on the overhead monitor is directly uploaded onto the PACS [Picture Archive Communication System]. This negates the need for a second spot image, thus reducing the radiation dose. Pulse fluoroscopy technology is also used, delivering an intermittent rather than continuous beam to help decrease the radiation a patient receives. This is especially important when imaging children.

Radiation safety management, Dr. Meyer noted, is “a work in progress,” requiring ongoing monitoring and modification of protocols with the advent of new technologies. “In choosing the best imaging modality for each patient, the input of our referring clinicians is key. We are always available 24 hours a day to review or discuss cases, so please feel free to contact us.” ■

For more information, contact Christopher M. Meyer, MD, at meyer@rafimaging.com or call (540) 361-1000 and leave a message.

VIVA Vascular Procedures

A Partial Listing

Vascular Ultrasound Lab

Diagnostic tests for vascular diseases
ICAVL accreditation

Carotid Artery Disease

Carotid endarterectomy
Angioplasty and stenting

Peripheral Arterial Disease

Lower extremity bypass
Angioplasty and stenting
Laser atherectomy
Cryoplasty
Rotational atherectomy
Directional atherectomy

Abdominal Aortic Aneurysm

Abdominal aortic aneurysm repair
Endovascular stent graft

Deep Vein Thrombosis

Catheter-directed thrombolysis
Isolated pharmacomechanical
thrombolysis
Inferior vena cava filter

Varicose Veins

Endovenous Laser Treatment (EVLT™)
Radio Frequency Ablation (RFA)

Spider Veins

Sclerotherapy

Other Procedures

All endovascular procedures
Renal artery stenting
Limb salvage

www.imagingway.com
(540) 361-1000

Ed Swager, Chief Executive Officer

Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular services group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes *Imaging Advances* periodically for referring physicians and the greater medical community. For more information, please contact Irene Valentino, RAF Project Manager, ivalentino@rafadmin.com, (540) 361-1000.

Imaging Advances is produced by Health Industry Writers, a division of Susan Carol Associates Public Relations

Radiologic Associates of Fredericksburg
10401 Spotsylvania Avenue, Suite 200
Fredericksburg, VA 22408

return service requested

Radiologist Spotlight: Pam E. Warren, MD



With a special focus on women's imaging, Dr. Pam E. Warren describes her work as her "passion." "My mother died of breast cancer, and I'm determined to do all I can to help diagnose and prevent this disease," she said.

A native of the Chicago suburbs, Dr. Warren moved to Washington, DC, in 1976 and studied to be a nurse before deciding to go to medical school. "Radiology is such a complex specialty, but I was instantly drawn to it," she remembered.

"Every case has a new set of questions to be answered. How marvelous to be able to look inside the human body and find an explanation for the patient's symptoms! Cancer or no cancer? Operate or no? Response to therapy, yes or no? We are in a unique specialty able to answer these and other questions for our patients and their physicians."

She commuted daily from Washington to Baltimore, MD, to attend the University of Maryland School of Medicine, one of the nation's oldest medical schools. Dr. Warren graduated Alpha Omega Alpha (AOA) in 1986 with the distinction of being the first woman in the history of the medical school to have a child during the busy third year. Dr. Warren completed her radiology residency and fellowship at Georgetown University Hospital and joined Radiologic Associates of Fredericksburg (RAF) in 1991. She is board-certified in diagnostic radiology.

"How marvelous to be able to look inside the human body and find an explanation for the patient's symptoms!"

The primary focus of Dr Warren's practice is women's imaging. She spends most of her time at the new Imaging Center for Women (ICW) on the Mary Washington Healthcare Campus. There, she has been instrumental in creating the center's "look and feel," as she was responsible for the interior design of the facility. Highlighted with earth-toned hues, the new ICW has been designed to create a spa-like atmosphere. Dr. Warren noted, "It's a lovely facility where women can have their needs addressed in a professional, yet personal environment."

In addition to interior design, a second interest is the culinary arts. She recently completed an Italian cooking course while on a trip to Tuscany and is now sharpening her skills in Austrian cuisine.

Her most appreciative audience, she noted, is her husband Jim, who is an interventional radiologist currently practicing in Chico, California. The two met at a professional conference and are creatively navigating their bicoastal marriage.

When not crisscrossing the country to be with each other, they enjoy traveling together to Europe and the Caribbean. Also on the travel log are closer destinations to visit her three children. Jimmy and his wife, Meredith, work and live near Richmond. Sarah recently graduated from The College of Charleston and is working there in finance. Emily is a second year student at the University of Virginia and will soon declare a double major in French and Global Development.

As for being the only woman on a team of 34 physicians? "Not long after I joined RAF nearly 20 years ago, one of our team's oldest members paid me the highest compliment," she remembered. He said, 'Pam, you're like an old shoe. You're so comfortable to be around.' From that point on, I never questioned my fit here. My colleagues are like family to me." ■