



# PROVEN EXCELLENCE, PERSONALIZED CARE

Serving Texans since 1975, Peripheral Vascular Associates brings together some of the finest physicians in the field, who have a combined 260 years of experience in the treatment of vascular disease.

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Photography: [ALEXANDER ALEMAN]

**T**rusting experience, personalized service and comprehensive vascular care. These are the principals that have helped Peripheral Vascular Associates (PVA) become one of the largest single-specialty vascular surgery groups in the country.

Peripheral arterial disease, or PAD, affects millions of people throughout the United States. However, because most people with PAD do not experience noticeable symptoms, the disease often goes undiagnosed. The dedicated physicians and staff at PVA are committed to helping those affected by PAD.

Dr. David Mozersky established PVA in 1975 in order to focus on vascular disease treatment. He was joined by Dr. Edward Wolf in 1977 and Dr. Ronald Blumoff in 1980. Dr. Gerardo Ortega joined the practice in 1981 and recently celebrated his 30-year anniversary with PVA. Longevity is an obvious theme when looking at the dedication within the group.

"There is a harmony in the group ... People come and don't leave" says Ortega, the senior partner of the group. The surgeons at PVA represent a combined 260 years of experience in the treatment of vascular disease and have six medical offices throughout the San Antonio area.

The recent addition of Drs. Thomas Beadle and Lyssa Ochoa from Baylor College of Medicine dem-

onstrates the commitment of PVA to providing the best vascular care for patients. PVA will also welcome Drs. Michael Peck and Alexis Jacob in August.

Exceptional patient care has always been important to the physicians and staff at PVA. "We give the patient personalized health care," Dr. Daniel Tamez says. "Many times we can help a patient's vascular problems with medicines, procedures and education of a healthier lifestyle. We do not want to have to do surgery if it is not absolutely necessary."

Medications, smoking cessation, diet and exercise are often the first steps in treating arterial de-

quite seriously. Aside from the practicing partners' extensive research and experience in diagnosing and treating PAD, they are all focused on reducing the number of PAD-related complications they see come through their offices.

With a systemic disease like PAD, this group of physicians is dedicated to prevention through community education, as well as comprehensive diagnosis and treatments. Spreading the word that PAD is a systemic disease – meaning once you have been diagnosed, the disease will invariably resurface in another area of the body – is at the top of

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generation, also referred to as atherosclerosis.

"The challenge for us as doctors of arteries and veins," Ortega explains, "is in how to educate the community on the criticality of seeking immediate medical advice when dealing with vascular disease – primarily the importance of restoring circulation to the compromised area of the body."

Education is an element of PVA that is taken

the mission list for the PVA physicians.

They are all dedicated to informing people on the dangers of vascular disease, its warning signs and the best methods of prevention.

Just as chest pain can be indicative of a heart attack, leg pain during any physical movement can be indicative of poor circulation to a limb. The pain of PAD, also known as claudication, becomes



**FRONT ROW, LEFT TO RIGHT:** ENGLISH, WILLIAM; LABORDE, ALFRED; MARTINEZ, JEFFREY; ORTEGA, GERALDO; OCHOA, LYSSA; WENGROVITZ, MARK; MACCRIS, DEMETRIOS; TAMEZ, DANIEL. **SECOND ROW, LEFT TO RIGHT:** FRITCHER, SETH; BEADLE, THOMAS; HARTSELL, A.; SYKES, MELLICK; ALSABROOK, GRADY; THOMPSON, ROBERT; WILLIAM, KIRK; WOLF, EDWARD.

Mark Humpalines

present during physical activity of any kind. Once the person stops moving, the pain goes away.

To raise PAD awareness and early detection, PVA physicians often participate in educational lectures at local colleges and retirement communities, as well as business groups, hospitals and senior events. They also provide numerous vascular ultrasound screenings at local health fairs throughout the city.

Several physicians serve as members of and leaders on various hospital boards and committees, as well as local medical associations in the United States and abroad.

Ortega, a past president of the Bexar County Medical Society, was pivotal in establishing a foundation for the benefit of Mexican hospitals and medical schools. Under his guidance, the medical foundation solicited from the Baptist Medical Center an incinerator donated to the Nuevo Leon Medical School in Monterrey. It is the largest hospital incinerator in the Northern Mexico area, and it services surrounding hospitals.

Dr. Robert Thompson III has also helped educate the international community on the dangers of PAD, and has taken several mission trips to Honduras to treat venous-related abnormalities.

With increased PAD awareness, those affected by the disease have many more treatment options as opposed to those who have more advanced vascular disease symptoms. PVA surgeons look for the most efficient and least invasive method available for each patient. Many procedures that required a hospital visit in the past can now be performed in outpatient interventional suites.

According to Ortega, "There is a substantial decrease in the demand for major PAD-stemmed surgeries because of successful developments of percutaneous procedures (access through a needle puncture)."

Through ultrasound and other imaging technologies, they are able to diagnose PAD and determine a course of treatment, many of which are minimally invasive and performed percutaneously with minimal discomfort. Three outpatient catheter-based intervention labs have been established over

the last three years within the PVA offices.

"No blood, no healing," Ortega says, which is why it is literally life-changing for a patient with an open wound in the foot to be able to call the office and get seen within 24 hours.

Within an hour after a physical examination and a non-invasive study, the patient can proceed to an endovascular intervention, if needed, in order to restore blood flow to the compromised limb. Intervention recovery time in the outpatient lab is four to six hours, and by the next day, the patient is at home and ambulatory.

"It is where the future of medicine is headed: We can see the patients, diagnose and treat them all within a 24-hour period as outpatients," explains Dr. Mark Wengrovitz of the Medical Center – Northwest Pavilion location. "We provide comprehensive care in all aspects of peripheral vascular medicine."

Through vascular ultrasound testing, outpatient interventional suites and prosthetic services, PVA provides a complete treatment experience for the patient.

As vascular disease affects both arteries and/or the veins, PVA also offers treatment options at its two freestanding Veintec Varicose Vein Clinics located in the Medical Center and Stone Oak areas. In treatment of any venous problem from small spider veins to prominent varicose vein issues, the goal is to correct the problem causing the visible veins and eliminate the unsightly and painful problems.

According to Thompson, who works at both the Northeast PVA office and at the two Veintec Vein Clinics, "All of our vein procedures are performed without general anesthesia and usually take less than one hour."

From cosmetic vein services to life-saving bypass interventions, the physicians at PVA are ready to assist in the comprehensive medical diagnosis and treatment of all things pertaining to arteries and veins.

For more information, please visit [www.pvasatx.com](http://www.pvasatx.com) or [www.veintec.com](http://www.veintec.com), or call 210-237-4444.



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