



Vascular Society of New Jersey
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MONTHLY REPORT April 2007

From the President

Jonathan Levison, MD

I would like to once again thank the officers and members of the society for the privilege and opportunity to represent you this upcoming year. As a specialty, we find ourselves amidst exciting times. When looking back to my fellowship training, ten years ago, it little resembles my current day practice. The "endovascular revolution" has demanded the acquisition of a new skill set to treat lower extremity, aneurysmal, carotid, and dialysis access related issues. As industry has presented us with a new "toolbox", it is our responsibility to sort out what actually works from what clearly doesn't. The days of simply discussing the five-year patencies of tibial bypasses have given way to comparing these well-validated therapies to the newer less invasive ones. It is my hope that as we move forward we will establish well agreed upon answers to these questions.

An area of particular interest is the endovascular management of dialysis access related issues (fistulas, grafts, catheters etc.) These procedures, which may involve percutaneous thrombectomy, angioplasty, and stenting, fall well within the realm of what the present-day vascular surgeon has to offer our patients. End stage renal disease patients make up a significant portion of our patient population. Often we care for peripheral vascular problems that these patients have in addition to their dialysis related issues. It seems logical, from a practical and a medicolegal standpoint, that an access that we initially created should be subsequently cared for by us when complications occur. Currently, interventional radiologists, who may not have the benefit of knowing all the nuances associated with the patient's surgical access history, are performing these procedures. It is also important to note that a new movement of interventional nephrologists is on the rise. These physicians will be trained to perform these same endovascular dialysis access cases. If we, as a specialty, do not actively integrate these procedures into our daily practice, we will be at risk of permanently losing them to other specialties.

I am looking forward to the upcoming year and to seeing you all at the VSNJ events that you will be hearing about in the near future.

Best wishes for a warm spring and... play ball!

SAVE THE DATE!

The **Sixth Noninvasive Vascular Laboratory Symposium** will be held Friday, September 28, 2007 at The Parsippany Hilton. This event will be co-sponsored by VSNJ and Overlook Hospital and members will, again, be entitled to a \$50 fee reduction.

This year, a companion symposium, **Perspectives in Vascular Nursing 2007** will run concurrently at the same location. We encourage you to alert those colleagues in the nursing profession to this unique opportunity.

For more information contact VSNJ at 609-392-7553.

Congratulations to the new VSNJ Board of Directors elected during the Annual Membership Meeting on March 14.

<i>President</i>	<i>Jonathan Levison, MD</i>
<i>President-Elect</i>	<i>Gary Drascher, MD</i>
<i>Secretary</i>	<i>Joseph P. Costabile, MD</i>
<i>Treasurer</i>	<i>Theresa Impeduglia, MD</i>
<i>Directors</i>	<i>Paul Haser, MD</i> <i>Steven Curtis, MD</i>
<i>Immediate Past President</i>	<i>Steven M. Hertz, MD</i>

UnitedHealth Group, Inc., which recently instituted a policy of threatening physicians with fines or reduced reimbursement if their patients use out-of-network labs, has suspended that program in New Jersey, pending an investigation into its legality by state regulators. Physicians have argued that the laboratory network hired by UnitedHealth is too small, and that the policy faults physicians for patient choices. For more information: <http://www.ama-assn.org/amednews/2007/03/26/bisb0326.htm>

Coming up in 2007/2008...

Friday	September 28	Non-Invasive Vascular Conference Parsippany Hilton
Thursday 6:30 pm	November 1	Fall Dinner/Membership Meeting The Manor, West Orange

2008

Wednesday	March 12	Annual Scientific Meeting Location TBD
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