

SOUTH FLORIDA VASCULAR ASSOCIATES



ENDOVASCULAR SURGERY

IMAGE GUIDED SURGERY

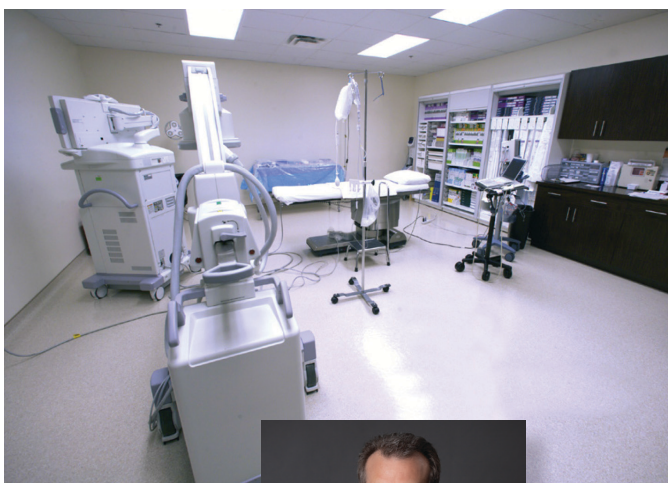
SOUTH FLORIDA VASCULAR ASSOCIATES
Leading Change in Vascular Care

www.SFVA.com

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SOUTH FLORIDA VASCULAR ASSOCIATES

South Florida Vascular Associates is a comprehensive medical practice specializing in minimally invasive endovascular solutions to diagnose and treat diseases of the blood vessels. Our unique approach to vascular care is recognized for its commitment to clinical excellence and outstanding patient satisfaction.

OUR HISTORY

Dr. William Julien established South Florida Vascular Associates in 2001 and became known as one of the first Interventional Radiologists to have an office-based clinical practice in the United States. In 2004, he opened his first office-based endovascular suite to create a novel outpatient environment for patients to undergo vascular procedures. The office-based model has proven to be a safe, efficient, and personalized alternative to having procedures performed in the hospital. Since then, the primary office has grown to include three state of the art endovascular suites with over 35 employees.

NATIONALLY RECOGNIZED CENTER OF EXCELLENCE

SFVA is a center of excellence because of its commitment to outstanding clinical practice, ongoing education and research in vascular disease. Our physicians are speakers at national conferences on vascular disease and train other physicians from around the country on advanced endovascular techniques. SFVA serves as an educational hub for attending physicians, resident and medical students. Our physicians spend countless hours educating the community through dinner talks, hospital grand rounds, society

meetings, and PAD awareness and limb salvage campaigns. SFVA participates in research on new devices, techniques, and practice models. Furthermore, our physicians have presented and published numerous abstracts and articles. At SFVA our commitment to excellence is ultimately reflected by our well regarded patient outcomes and patient satisfaction.

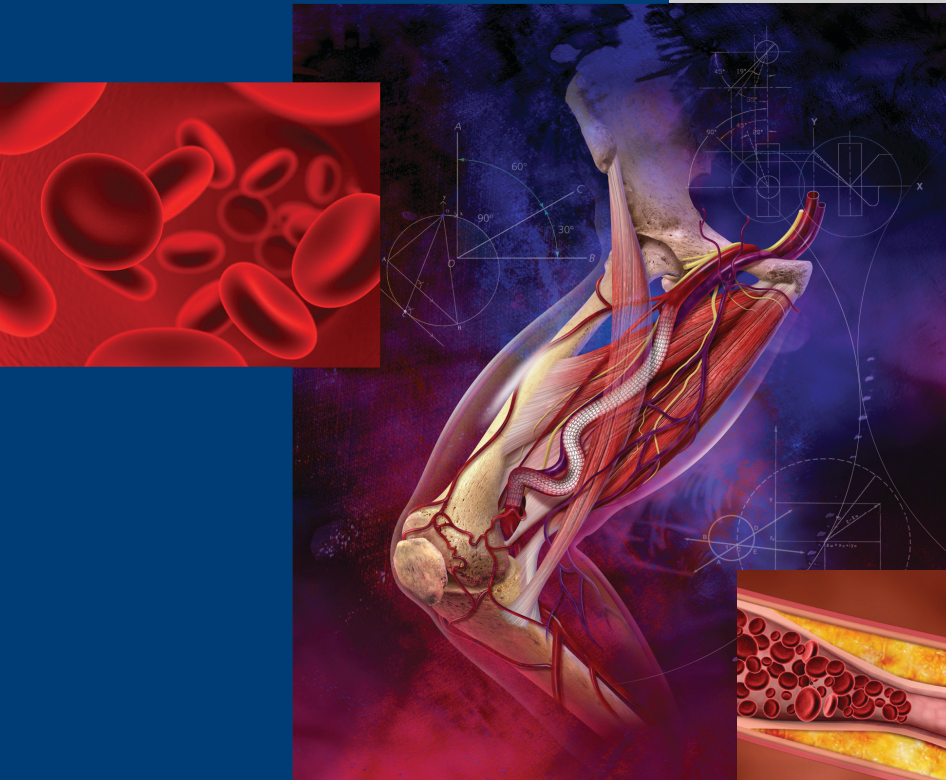


OUR DIFFERENCE

SFVA is a fully clinical office-based vascular practice that is focused on providing outstanding patient care. Our physicians have extensive training in minimally invasive endovascular techniques which have largely replaced open surgery for most vascular disorders. Our in-office endovascular suites provide an alternative to having procedures performed in the hospital. This eliminates the time consuming process of hospital admissions and reduces long waiting periods before surgery. Minimally invasive endovascular procedures result in fewer complications and quicker recovery times. The SFVA clinical team places a strong emphasis on communication and strives to provide each patient with a clear description of their diagnosis and the plan of care. Our doctors bring their unique expertise to the practice offering the highest level of endovascular technologies within a clinical office-based practice setting.

South Florida Vascular Associates is a Center for Excellence in patient care and is the premiere group of endovascular experts in the South Florida area.

PERIPHERAL ARTERIAL DISEASE - PAD



WHAT IS PERIPHERAL ARTERIAL DISEASE (PAD)?

Arteries are the vessels that transport oxygen-rich blood and nutrients from the heart to the rest of the body. Arteries can become blocked through a process called atherosclerosis in which a sticky substance called plaque builds up in your artery walls, causing arteries to narrow and stiffen. When this occurs in the leg, blood flow is reduced and the leg does not receive the proper amount of oxygen it needs. This condition is known as Peripheral Artery Disease (PAD).

WHAT ARE THE SYMPTOMS OF PAD?

The most common, early symptom of PAD is intermittent claudication (IC). IC causes discomfort or pain in your legs (or buttocks) when you walk and goes away at rest. You may also feel tightness, heaviness, cramping, or weakness in your legs with activity. IC is often more noticeable when walking up a hill or a flight of stairs. As PAD progresses, you may begin to feel the symptoms after shorter walking distances and eventually, pain, numbness, or tingling of your legs or feet even at rest. Without treatment, blockages may progress and lead to the formation of ulcerations and dead tissue.

TREATMENTS FOR PAD

The treatment of PAD consists of a spectrum of interventions, including lifestyle changes, medications, and revascularization. Revascularization restores blood flow to the legs and feet, and can be performed through a minimally invasive endovascular procedure or through an incisional or “open” surgical approach.

COMMON RISK FACTORS FOR VASCULAR DISEASE

- SMOKING
- DIABETES
- HIGH BLOOD PRESSURE
- HIGH CHOLESTEROL
- WEIGHING OVER 30 PERCENT MORE THAN YOUR IDEAL WEIGHT
- SEDENTARY LIFESTYLE



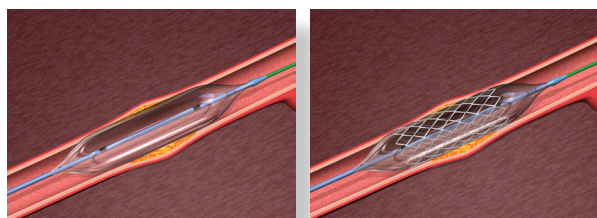
LIFESTYLE CHANGES AND MEDICATIONS

The goal of lifestyle changes and medications is to reduce your risk factors for PAD. This includes quitting smoking, exercising regularly, losing weight, and eating less fat and cholesterol. Medications for PAD aim to reduce your cholesterol levels, control high blood pressure, thin the blood, and control blood sugar levels. These treatments slow the progression of PAD and may even resolve some of your symptoms.

ENDOVASCULAR REVASCULARIZATION

Endovascular techniques involve entering a diseased artery through a tiny skin nick then advancing miniaturized devices through the blood stream under x-ray guidance. Once the obstructed area is reached, blood flow can be restored by several different techniques.

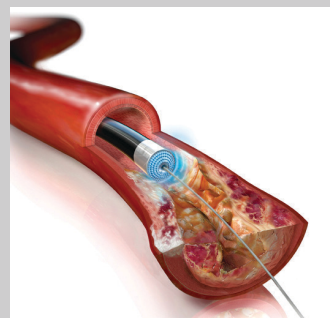
Angioplasty uses a special balloon that is temporarily inflated to widen the artery. In some cases, a metal stent is left in place to hold the artery open. Atherectomy shaves or sands away plaque inside arteries. Our endovascular physicians will decide which procedure is best for you.



INCISIONAL OR “OPEN” SURGERY

If endovascular revascularization is not an option, you may be a candidate for incisional surgery. Bypass surgery uses a segment of your own vein or a synthetic tube to bypass the blocked artery and create a new path for blood to flow. In some areas plaque can be surgically removed from the artery in a procedure called endarterectomy. These procedures are performed using general anesthesia.

WHAT IS CRITICAL LIMB ISCHEMIA (CLI)?



In the most advanced cases of PAD, the blockages in your leg vessels may become so severe that almost no blood can make it to your feet and the tissue becomes starved of oxygen.

This condition is

known as CLI. You may feel severe foot pain even at rest and form ulcers on your legs and feet. In severe cases, tissue can die, causing gangrene. If you have advanced diabetes or kidney disease, you are at particularly high risk of developing CLI.

WHAT HAPPENS IF CLI GOES UNTREATED?

If CLI is not treated promptly, the symptoms can progress quickly to the point where you may need amputation of your leg just above or below the knee.

HOW IS CLI TREATED AND WHAT IS THE GOAL OF TREATMENT?

The goal of CLI treatment is to relieve your pain and allow ulcerations and wounds to heal. In the case of gangrene, the goal is to remove the dead tissue with subsequent healing of the underlying tissue. Treatment requires aggressive revascularization of blocked arteries as with PAD. However, because blockages are so advanced in CLI, more advanced techniques are often required.

IS REVASCULARIZATION ALONE ENOUGH TO TREAT CLI?

CLI is a serious, complex disease that requires a multidisciplinary approach. At SFVA we work closely with your primary care physician, wound care physician, and other specialty physicians to provide the comprehensive care needed to treat CLI effectively and prevent major amputation.



CAROTID ARTERY DISEASE

WHAT IS CAROTID ARTERY DISEASE?

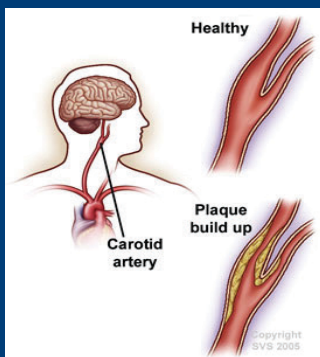
Carotid artery disease occurs when the major arteries in your neck (the carotid arteries) become narrowed or blocked due to plaque buildup. The carotid arteries supply your brain with blood, so screening for carotid artery disease is important for early detection and prevention of strokes.

WHAT ARE THE SYMPTOMS OF CAROTID ARTERY DISEASE?

Early stages of carotid artery disease may not cause symptoms, in fact the first sign of carotid artery disease may be a stroke. You may experience warning signs of a stroke, called transient ischemic attacks or TIAs, which can dissipate within an hour. If symptoms last longer, seek medical attention immediately.

SYMPTOMS OF A STROKE OR TIA INCLUDE:

- You feel weakness, numbness, or a tingling sensation on one side of your body in an arm or a leg
- You are unable to control the movement of an arm or a leg
- You lose vision in one eye (the sensation of a window shade appearing over the eye)
- You are unable to speak clearly



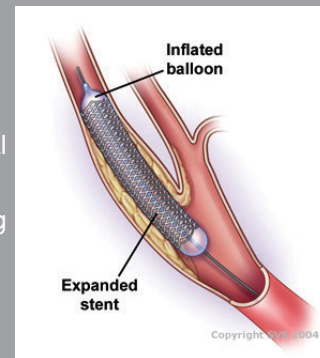
TREATMENTS

Several treatments are available for carotid artery disease, depending on the severity of your case.

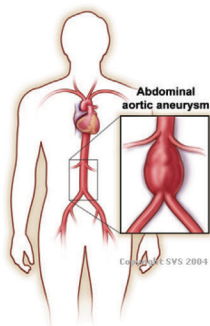
Medical - Anyone with carotid artery disease should take an anti-platelet medication to reduce the risk of stroke and other cardiovascular disease complications. The most commonly used anti-platelet medication is aspirin. Other drugs may be prescribed alone or in combination with aspirin to further reduce your risk of stroke.

Carotid Stenting - This endovascular technique opens blocked carotid arteries to prevent a stroke. Minimally invasive carotid stenting provides an excellent option for you if you are at high risk for endarterectomy. The stenting procedure requires only a local anesthetic and a tiny puncture into an artery in the groin area, rather than opening the artery in the neck. The plaque can be treated either by inflating a tiny balloon to push the plaque aside or by placing a stent in the artery.

Surgical - Carotid endarterectomy is the traditional surgical treatment for carotid artery disease. During this procedure, a vascular surgeon makes an incision in the neck at the site of the blockage and removes the plaque from the carotid artery. This procedure is typically performed under general anesthesia.



BENEFITS OF ENDOVASCULAR REPAIR VERSUS OPEN SURGICAL REPAIR



ABDOMINAL AORTIC ANEURYSM

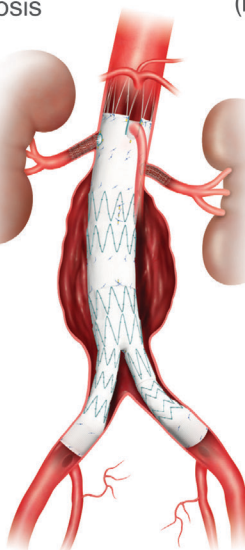
(AAA) is a ballooning of the aorta, the largest blood vessel in the human body, which carries blood from your heart out to the rest of your body. The aorta extends into the abdomen, and an aneurysm (a swelling or dilation) can be caused by inflammation in the aorta associated with atherosclerosis (hardening of the arteries).

An abdominal aortic aneurysm is most frequently seen in men over age 60 with one or more risk factors, including high blood pressure, high cholesterol, and obesity. Larger aneurysms are more likely to rupture, but a ruptured AAA can be prevented with early diagnosis and medical treatment. Patients who have larger aneurysms, hypertension, or lung diseases tend to be at greater risk for rupture. Larger aneurysms are usually removed surgically and smaller aneurysms can be removed with a less invasive procedure, such as the placement of a stent graft.

WHAT ARE THE SYMPTOMS?

AAA is often a “silent killer” because you may not have any obvious symptoms of the disease. Symptoms include:

- Abdominal pain that may be constant or come and go
- Pain in the lower back that may radiate to the buttocks, groin, or legs
- The feeling of a “heartbeat” or pulse in the abdomen
- Clammy skin
- Nausea and vomiting
- Intense weakness or dizziness
- Loss of consciousness.



HOW IS AN ANEURYSM DIAGNOSED?

Abdominal aortic aneurysms are most often found when a physician performs an imaging test for another condition. If your physician suspects that you may have AAA, he may recommend further testing, such as ultrasound or Cat Scan.

AAA TREATMENTS

Watchful waiting – This applies to small AAA's (less than 5 centimeters, or about

2 inches) that are not rapidly growing or causing symptoms. Your vascular specialist will monitor you until you need treatment.

Surgical Repair - The most common treatment for a large, unruptured aneurysm is repair through open surgery by a vascular surgeon.

ENDOVASCULAR REPAIR

This minimally invasive technique is performed by endovascular physicians.

The physician makes a tiny incision in the groin area and directs a catheter into the aortic aneurysm. A stent graft is advanced into the aneurysm and then opened to create wider walls in the blood vessel to allow better blood flow. Endovascular repair is an effective, safe treatment that results in fewer side effects than those reported for open surgical repair.

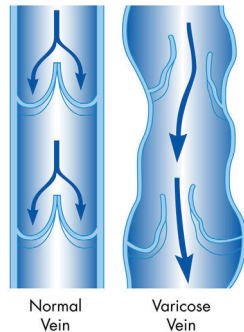
BENEFITS OF ENDOVASCULAR REPAIR VERSUS OPEN SURGICAL REPAIR:

- You are often discharged the day after endovascular repair, and typically do not require an intensive care stay
- You usually return to normal activity within 2 weeks compared to 6-8 weeks
- Faster recovery, shorter time in the hospital
- No general anesthesia in some cases
- Less pain
- Reduced complications

Are you at Risk?

VARICOSE VEINS AND VENOUS INSUFFICIENCY

Normal veins in the legs allow blood to travel only in one direction, from the feet up to the heart. The numerous valves in your veins prevent blood from flowing back down the leg. When the valves become weak and do not close properly, blood leaks through the valves, a condition known as reflux. The blood then pools in the legs, increasing the pressure inside the veins, a condition known as venous insufficiency. Varicose veins are elongated, rope-like, bulging veins that form from the increased pressure.



ARE VARICOSE VEINS AND VENOUS INSUFFICIENCY HARMFUL?

Varicose veins, although unsightly, are not harmful. However, they commonly lead to symptoms such as leg heaviness, aching, burning, and swelling. Venous insufficiency presents as a spectrum of disease with advanced stages resulting in dramatic skin discoloration, thickening and, in the worse cases, ulceration.

RISK FACTORS FOR VENOUS INSUFFICIENCY:

- History of deep vein thrombosis in the legs
- Family history
- Obesity
- Pregnancy

WHAT ARE THE TREATMENT OPTIONS?

Compression Stockings- Compression stockings can be used to alleviate symptoms of venous insufficiency. **Endovenous Laser Treatment (EVLT)** - This minimally invasive procedure is a reliable, simple way to treat varicose veins without surgery. This technique uses heat from a laser to seal the inside of the vein wall and close off the unhealthy, refluxing vein. After applying a local anesthetic to the problematic vein, the physician inserts a tiny catheter into the vein guided by ultrasound. Once the laser closes off the problematic vein permanently, the body then reroutes the blood to healthier veins, returning the blood back to the heart.



- Treatments take less than one hour
- We perform it in our office
- You return to normal activity immediately
- There is no anesthesia or hospitalization
- You have no scars

OTHER PROCEDURES

MICROPHLEBECTOMY

Tortuous, bulging veins are removed through tiny skin incisions under local anesthesia.

ULTRASOUND-GUIDED SCLEROTHERAPY

Using ultrasound guidance, the physician injects a medication that causes the veins to scar and close.



Before



After



PRIMARY LIVER CANCER

Living cancer that originates in the liver tissue is called hepatocellular carcinoma (HCC). If it arises in the bile ducts, it is known as cholangiocarcinoma.

RISK FACTORS FOR HCC INCLUDED:

- Hepatitis Virus (HBV or HCV)
- Alcohol abuse
- Fatty liver disease
- Liver injury from medications
- Hereditary diseases such as hemochromatosis
- Primary sclerosing cholangitis
- Primary biliary cirrhosis

KIDNEY CANCER: RENAL CELL CARCINOMA

Cancer that arises in the kidneys comes from either the functional tissue of the kidney or from the lining of the collecting system. Renal cell carcinoma (RCC) arises from the functional tissue of the kidney and is far more common than other types of kidney cancer. Frequently, RCC is found incidentally on imaging for other reasons.

Stage I RCC (measuring less than 7 cm in diameter) can potentially be cured with minimally invasive treatments such as percutaneous ablation with or without transcatheter embolization, which can be done by the talented interventional radiologists at South Florida Vascular Associates. This treatment largely avoids the added risk of open surgical procedures and is the treatment most likely to preserve the most kidney function.

TREATMENT OPTIONS

PERCUTANEOUS ABLATION

Using ultrasound or X-ray guidance, your interventional radiologist places a small probe through the skin into the tumor. The probe then heats up and kills the tumor and surrounding tissue. At this time, a biopsy may be taken at the same site.

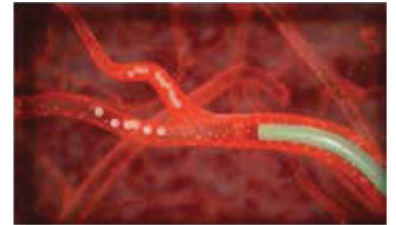
Percutaneous ablation is very safe and can be done as an outpatient procedure in the office with moderate conscious sedation. Studies have shown that this procedure is as effective as surgery for small tumors and can be a curative treatment when only one or a few lesions are present.



CHEMOEMBOLIZATION

This treatment delivers large, highly concentrated doses of cancer drugs directly to the liver tumors while minimizing exposure to healthy tissues, without most of the negative side effects of traditional intravenous chemotherapy.

During chemoembolization, an occluding agent is also administered to partially block the blood vessels and starve the tumor of its blood supply. Tailored chemoembolization regimens are available for metastatic disease to the liver as well as liver cancer in patients who are not candidates for surgery. This treatment is an outpatient procedure performed in the office under conscious sedation.



RADIOEMBOLIZATION (Y90)

This treatment is most commonly used for more advanced stage liver cancer (primary or metastatic) where chemoembolization or percutaneous ablation procedures are not suitable.

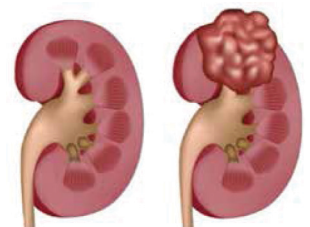
This procedure involves placing a catheter from an artery in the groin or arm into the artery supplying the liver. Radioactive beads are then administered into the lobe of the liver with tumor(s). The beads contain Y90, which is highly radioactive but only delivers high energy radiation less than 1/2 inch (1 cm) from where the beads are deposited. Therefore, tumors and surrounding liver tissue receive high doses of therapeutic radiation while nearby organs are spared.

Radioembolization is well-tolerated and can be performed on an outpatient basis by an interventional radiologist in an office or hospital setting.

TRANSCATHETER EMBOLIZATION

During a transcatheter embolization, your doctor uses X-ray guidance to insert a catheter from an artery in the groin or arm into the artery supplying the affected kidney. An occluding agent made of biodegradable or insert particles is administered into the blood vessels leading to the tumor, which deprives the tumor. The particles shut down blood supply to the tumor, which deprives the tumor of oxygen and helps to shrink it.

Larger kidney tumors or those with a large blood supply are often pretreated in this manner to improve the uniformity and safety of the ablation procedure. This procedure is very safe and can be done in an outpatient setting under conscious sedation.



Men's and Women's HEALTH

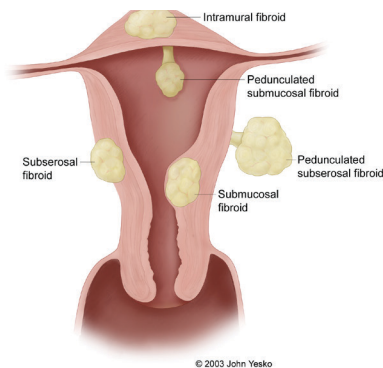
MINIMALLY INVASIVE TREATMENT OPTIONS

UTERINE FIBROIDS

Uterine Fibroids are benign, non-cancerous growths that are found in or on the walls of the uterus (womb). They can range from less than an inch to more than six inches. If you are an African-American woman or have a family history, you are more likely to develop fibroids. Most fibroids cause no symptoms and are only discovered when a woman has a routine pelvic examination.

If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Fatigue, secondary to a low blood count
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly



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TREATMENT OPTIONS

If you have no symptoms, you probably do not need treatment, and your doctor will likely continue to monitor your fibroids. If you do have symptoms, several options are available:

MEDICAL TREATMENTS

Birth control pills can often decrease heavy uterine bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects. Fibroid symptoms usually return when medical treatment stops.

SURGICAL TREATMENTS

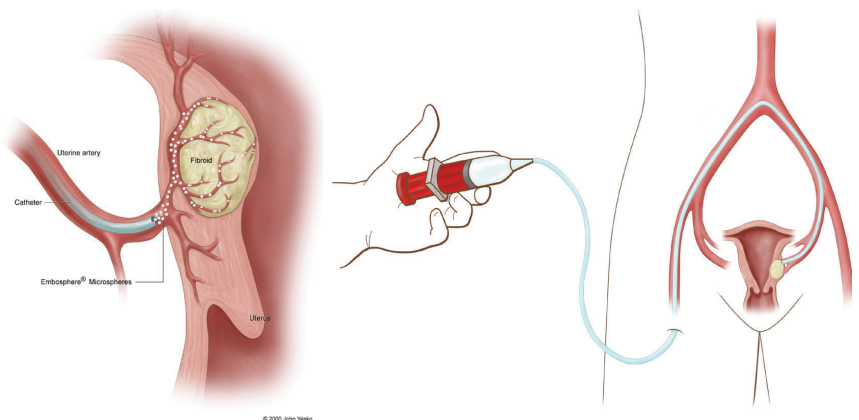
Surgical treatment options include hysterectomy (removal of the uterus) and myomectomy (removal of just the fibroids). These options require general anesthesia and lengthy recovery times, and carry the risk of surgical complications. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids. Fibroids commonly recur after myomectomy.

UTERINE FIBROID EMBOLIZATION

Uterine fibroid embolization (UFE) is a minimally invasive procedure designed to reduce blood flow to the uterus, which causes fibroid tumors to shrink. This procedure alleviates or improves 90% of fibroid symptoms. The physician makes a tiny nick in the groin area and inserts a catheter into the femoral artery. Using x-ray imaging, the catheter is guided into the arteries that supply the uterus. The physician then injects tiny particles, the size of grains of sand, into the uterine arteries to block the blood flow to the fibroid.

RECOVERY TIME

Fibroid embolization is performed in an outpatient setting in our office with no overnight stay. Pain-killing medications and drugs control swelling and treat any cramping and pain. Many women resume light activities in a few days and the majority of women are able to return to normal activities within several to 10 days.

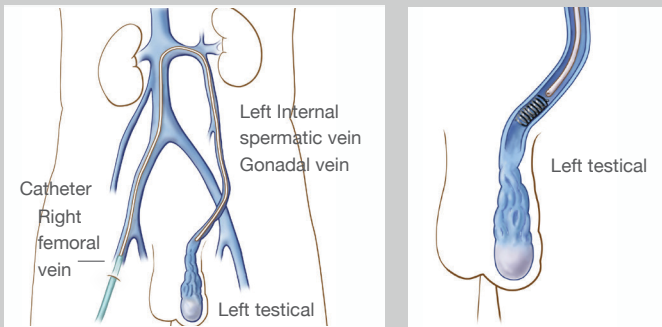


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VARICOCELE

Varicoceles are a tangled network of enlarged or dilated veins within the scrotum, like varicose veins in the leg. A vein called the gonadal vein (see diagram) has weak defective valves, resulting in blood pooling in veins in the scrotum. This relatively common condition (it affects approximately 10% of men) tends to occur in young men in their 20's or 30's. Sometimes, varicoceles cause no symptoms and are harmless, but they can also cause pain and shrinking of the testicles and lead to fertility problems.



TREATMENT OPTIONS/SURGICAL

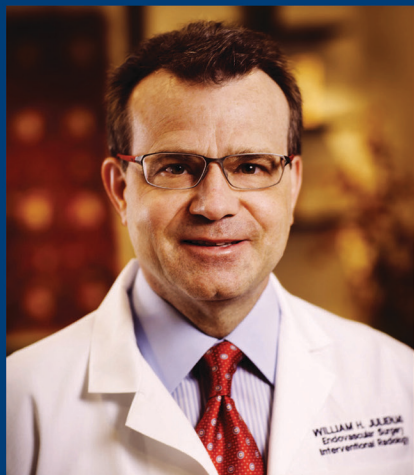
In varicocele ligation surgery, a surgeon makes an incision above the scrotum, cuts down to the testicular veins, and ties them off with sutures. This is usually performed under general anesthesia. Although patients leave the hospital the same day, it usually takes 2 to 3 weeks to recover.

VARICOCELE EMBOLIZATION

Varicocele embolization is an outpatient procedure that is performed without general anesthesia using "twilight" sedation. In this procedure, the physician inserts a small tube into the femoral vein in the groin or a vein in the neck through a tiny incision. The skin is numbed for this procedure and it is not painful. Next, the physician painlessly guides a small catheter into the abdomen and into the varicocele vein under x-ray guidance. The vein is then intentionally closed off by plugging it with small metals coils and a special medication. The procedure takes 30 minutes and you go home a few hours later with only a band aid at the puncture site. You can immediately resume non-exertional activities.

ADVANTAGES OF VARICOCELE EMBOLIZATION:

- Performed under local anesthesia with mild sedation (general anesthesia used for varicocele ligation)
- Performed on an outpatient basis in our office endovascular suite, not in a hospital
- No surgical incision in the groin, only a tiny hole in the skin where a catheter is placed (you leave the office with only a band aid)
- If you have varicoceles on both sides, you can have both fixed at the same time through one vein puncture (surgery requires two separate open incisions)
- As effective as open surgery, as measured by improvement in pain, semen analysis, and pregnancy rates
- Lower rate of complications compared to surgery. Infection has not been reported after embolization



*Medical Director
Vascular Interventional Radiologist*

PROFESSIONAL HIGHLIGHTS

- Nationally known as one of the first physicians to perform endovascular procedures in an office-based endovascular suite
- Nationally recognized speaker and physician educator in advanced and cutting-edge minimally invasive procedures
- Principal investigator for several device trials, including carotid artery stenting and iliac artery stenting

EDUCATION

- Medical School: Washington University School of Medicine, St. Louis, MO
- Residency: Diagnostic Radiology, University of Minnesota Hospital, Minneapolis, MN
- Fellowship: Vascular and Interventional Radiology, Baptist Cardiac and Vascular Institute, Miami, FL

BOARD CERTIFICATION

- Board Certified in Vascular and Interventional Radiology, American Board of Radiology
- Board Certified in Diagnostic Radiology, American Board of Radiology

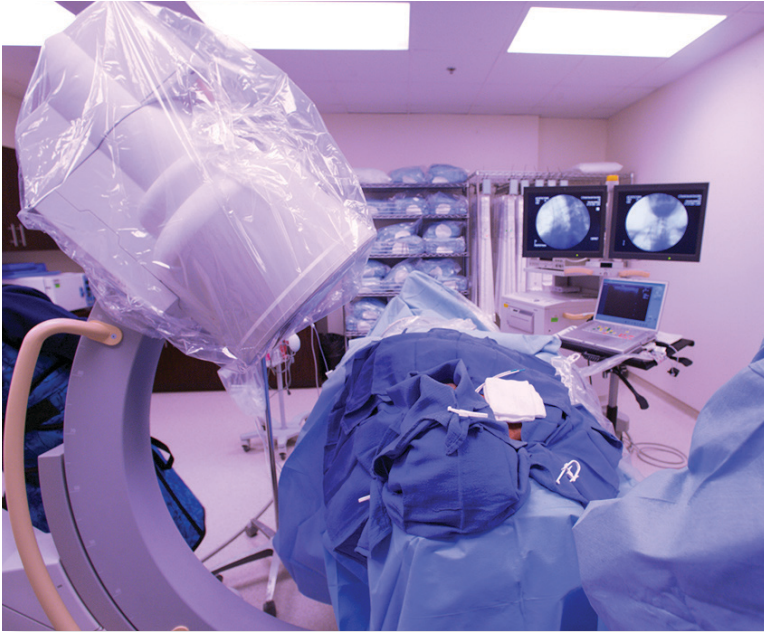
ENDOVASCULAR SUITES



South Florida Vascular Associates is equipped with 3 state of the art endovascular suites where more than 1,500 procedures are performed each year. The procedure suites are supported by our highly trained staff of 4 critical care nurses and 3 certified radiology technicians. This team of professionals will provide you and your family members with compassionate and personalized care from the moment they enter the office for a procedure. Our endovascular suites showcase the most advanced imaging technology available. Each procedure room is equipped with a high fidelity ultrasound unit used to visualize and safely access vessels. Each room is also equipped with a sophisticated fluoroscopic (X-ray) unit which is used to visualize our minimally invasive procedures. SFVA possesses the most advanced fluoroscopic units available and was selected to be a "luminary site" for a cutting edge machine boasting high-resolution

flat panel technology and integrated CO2 digital subtraction angiography. This means that at SFVA, our patients are able to capture all the benefits of both a highly trained procedural staff and the most advanced imaging technology in the comfort of an outpatient office-based setting.





Together our dedicated team serves our patients and their families by going above and beyond the standard of care. At our facility, patients receive the highest level of care from our operating room team of registered nurses and radiology technologists. We are committed to providing the best patient experience in a comfortable environment. The RN's are expert clinicians and professionally trained in critical care nursing, procedural care and recovery, conscious sedation, IV insertion, and managing medical emergencies. Each patient will receive individualized one on one nursing care to ensure safety and decrease anxiety. Prior to and post procedures, patients are seen in consultation by one of our highly experienced clinicians. Our clinical staff is comprised of physician assistants, nurse practitioners, and the physicians themselves. They conduct physical exams, develop treatment plans, and thoroughly educate patients and their families about plans of care. During the procedure, the physicians are assisted by one of our specially trained radiology technologists who are certified in Vascular-Interventional Radiography. Here at SFVA, we are passionate about keeping our patients well informed about their procedure and follow-up care, so a team member will communicate with our patients every step of the way.



ADVANTAGES OF MINIMALLY INVASIVE ENDOVASCULAR TECHNIQUES

- Local anesthesia or mild sedation
(no general anesthesia)
- Tiny incision (the size of a pencil lead)
- Most procedures are performed in the office (no hospitalization)
- Quick recovery and resumption of normal activities (home several hours after procedure)
- Minimal risks
- Reduced costs compared to going to the hospital
- Ability to perform procedures on patients who are elderly and have advanced medical problems

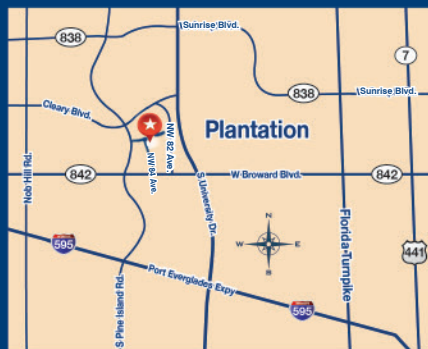


PROCEDURES

- Angioplasty and Stenting for PAD
- Atherectomy
- Endovascular Aneurysm Repair
- Endovenous Laser Therapy (EVLT) for the Treatment of Varicose Veins
- Phlebectomy
- Carotid Stenting
- Dialysis Access Procedures
- Renal Artery Stenting
- Uterine Artery Embolization
- Varicocele Embolization
- Pelvic Congestion Syndrome
- Ports and Tunneled Catheters
- Visceral Stenting
- TIPS-Transjugular Intrahepatic Portosystemic Shunt
- Endovascular Thrombectomy
- IVC Filter Placement & Retrieval
- Percutaneous Ablation
- Chemoembolization
- Radioembolization (Y90)
- Kyphoplasty

Contact Us

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