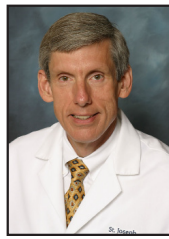


D. Preston Flanigan, MD Vascular Surgeon

D. Preston Flanigan, M.D., a partner with Vascular and Interventional Specialists of Orange County, Inc., is again listed in the annual "America's Top Doctors." He isn't that excited about the distinction but says, "Patients love it and it gives them an additional sense of security and trust."

Dr. Flanigan has practiced at SJH since 1988 and is Medical Director of Vascular Services and the Vascular Laboratory. He is past chairman of the Section of Vascular Surgery and past medical director of the Wound Care Center and Vascular Institute. He has published more than 230 articles and chapters and three books in the field of Vascular Surgery, serves on the Journal of Vascular Ultrasound editorial board and has served as an examiner for the American Board of Surgery in Vascular Surgery. He is a past president of the Southern California Vascular Surgery Society. Prior to coming to SJH Dr. Flanigan was Professor and Chief of Vascular Surgery at the University of Illinois.

In the little spare time he has, Dr. Flanigan enjoys golf, photography and mountain biking on weekends. He is married with four children, ages 36 to 13. His 20-year-old daughter is on track to become a physician.



How has your practice adjusted to the shift from surgical to minimally invasive approaches?

When we saw movement toward huge turf wars between Interventional Radiology (IR) and Vascular Surgery around the world, we headed it off six years ago by

combining interventional radiologists and vascular surgeons into the same group. As a result we have a very integrated team that works collaboratively and in the best interest of the patient. We joke that we've created a niche in open vascular surgery because we have an enormous experience with it. Trainees coming out of vascular programs today are doing primarily catheter-based work and not getting as much open surgical training. Many patients still need open surgery. For example, older patients (>70) have a higher stroke risk with carotid stenting than with carotid surgery and many aneurysm patients are not candidates for endografts. Many patients with lower extremity ischemia still require bypass when endovascular techniques aren't indicated.

What sets Vascular Services at SJH apart?

We have a very academically oriented program. We're well ahead of other institutions in Orange County in terms of clinical outcomes and published vascular and interventional radiology research. We stay at the cutting edge of new therapies and have a large support staff to facilitate the patients' care and comfort. There is strong integration among the specialties treating vascular disease at SJH. We have a Cardiac and Vascular

Executive Committee (including IR) meeting monthly to work with and advise administration as we move forward with development of our programs. We have our own dedicated cardiovascular operating rooms. The new hybrid cardiovascular OR opening here next summer will be another big advancement allowing us to provide patients with cutting edge therapy including newer types of thoracic and abdominal aortic endografts.

Nobody is reporting better results than us for our procedural interventions. For example, the National Outcomes Registry for Vascular Surgery reports 3.75% and 1.97% death/stroke/MI rates for carotid endarterectomy (CEA) in symptomatic and asymptomatic patients respectively. Our CEA rates, based on 442 recently published consecutive symptomatic and asymptomatic standard risk and high risk CEA patients, is 0.68% (0% mortality). Our results in some 70 carotid stent patients include only one TIA, no stroke and no mortality.

What misconceptions do you find in the medical community?

Our physician referral base tends to be very well informed. However, one pervasive misconception is that asymptomatic patients with carotid stenosis should wait to have intervention until the stenosis is 80% or more. Prospective, randomized multicenter studies have demonstrated that the correct number is 60% or greater for best stroke prevention and in those studies the stroke rates with intervention were several times higher than our results further supporting our practice of recommending intervention in asymptomatic patients with > 60% stenosis and in symptomatic patients with >50% stenosis.



A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE

St. Joseph Hospital
ST. JOSEPH
HEALTH SYSTEM

1100 W. Stewart Dr.
Orange, CA 92868



SUBMISSIONS SOUGHT:

Please send your news items to:
marketing@stjoe.org,
via fax to (714) 744-8670
or call (714) 744-8559.

www.sjo.org