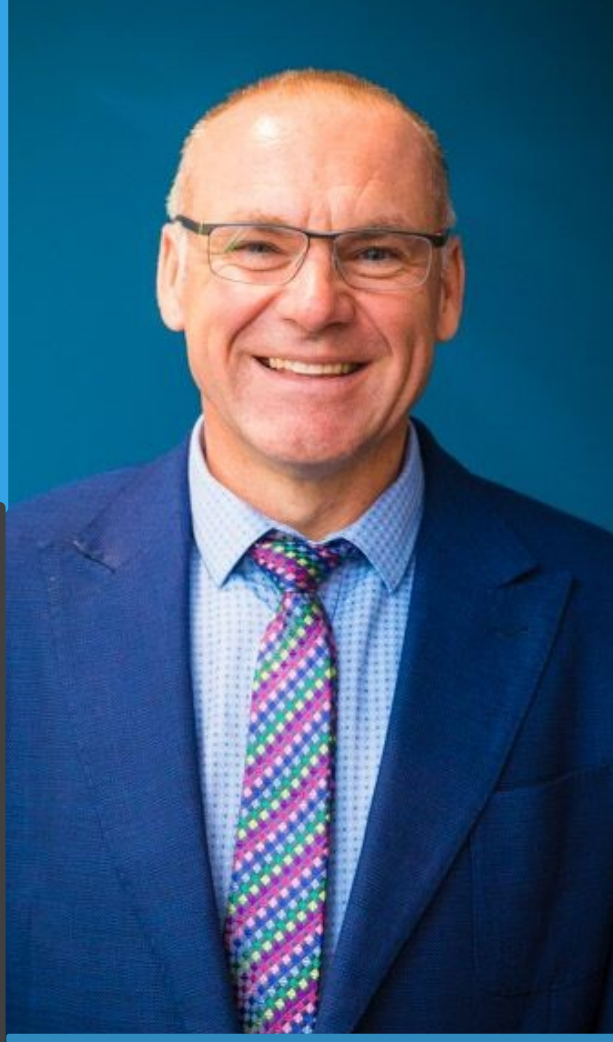
DR MAREK GARBOWSKI

MBBS, FRACS (VASCULAR)



STATE OF THE ART TREATMENT OF VASCULAR PROBLEMS

IN THE HEART OF SUBIACO AND JOONDALUP

Perth VASCULAR Clinic

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K GARBOWSKI

scular problems in both public and private patients of all ages,
and private hospitals when surgery is required.
lar health, Dr Garbowski teaches at both UWA and Notre
expertise with the next generation of medical

blished in 2006 by Vascular and Endovascular Surgeon, Dr
ski completed his Bachelor of Medicine/Bachelor of Surgery
k extensive vascular and endovascular training in Australia
arded the Vascular Fellowship by the Royal Australasian College
005.

n of God Hospital in Subiaco the following year.

Experience, Qualifications & Professional Memberships

Bachelor of Medicine/Bachelor of Surgery (MBBS)
Vascular Surgery Fellowship, Royal Australasian College of Surgeons FRACS -(Vasc)
Member of the Australian & New Zealand Society of Vascular Surgery
Member of the Western Australian Vascular & Endovascular Society
Member of the Australasian College of Phlebology
Former Head of Vascular Surgery, Sir Charles Gairdner Hospital
Senior Lecturer, University of Western Australia (UWA) and Notre Dame University

FRACS Fellow of the Royal Australasian College of Surgeons
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS
ANZSVS Australian and New Zealand Society for Vascular Surgery
SIR CHARLES GAIRDNER HOSPITAL
RAMSAY HEALTH CARE
ST JOHN OF GOD Health Care
THE UNIVERSITY OF WESTERN AUSTRALIA
NOTRE DAME AUSTRALIA UNIVERSITY

Welcome to Perth Vascular Clinic

Perth Vascular Clinic is operated by Dr Marek Garbowski, a consultant Vascular and Endovascular Surgeon who specialises in the treatment of wide range of vascular problems in patients of all ages.

The clinic welcomes both public and private healthcare patients, and is located at St John of God Hospital in Subiaco (Suite 218, 25 McCourt Street) and Joondalup Health Campus (Suite 17, Specialist Medical Centre East).

Dr Garbowski has more than 25 years of experience in the treatment and management of vascular health, and is the former Head of the Vascular & Endovascular Surgery Department at Sir Charles Gairdner Hospital and the current Head of Vascular & Endovascular Surgery Department at Joondalup Health Campus.

Highly qualified in all aspects of vascular health, Dr Garbowski is able to assist patients throughout their treatment without referrals to other specialists, enabling him to effectively manage his patients' condition and provide a high level of care at all times throughout their treatment process.

Vascular Conditions Treated

Aortic Aneurysms
Peripheral Arterial Disease
Peripheral & Visceral Arterial Aneurysms
Carotid Disease (Strokes & TIA)
Varicose Veins and other Venous Diseases
Pelvic Venous Disorders (Pelvic Congestion Syndrome) - Chronic Pelvic Pain
Arteriovenous Fistula and Vascular Access for Haemodialysis/Chemotherapy
Thoracic Outlet Syndrome
Deep Vein Thrombosis/Post-thrombotic Syndrome
Comprehensive care of surgical ulcers
Diabetic Foot
Hyperhidrosis
Vascular Malformations
Vascular Exposures in difficult clinical circumstances

JOONDALUP **SUBIACO**

IMMEDIATE	URGENT	ROUTINE
Call Dr Garbowski directly or request urgent appoitment	3-5 days	Appointment timeframe up to 30 days
*Crescendo or multiple TIA/RIND or amaurosis fugax and carotid artery stenosis>50%	*Changing aneurysm (increasing size, more than 5 mm per 6 months or AAA with 5cm diameter or bigger)	*Varicose Veins Stable Venous Ulcers
Acute limb ischaemia		
*Abdominal aortic aneurysm 6cm diameter	*Deteriorating claudication	*Thoracic outlet compression
*Acute Axillary Vein thrombosis	*Popliteal aneurysm>2.0cm diameter	*Non-healing chronic ulcers
Acute leg oedema and new DVT (ilio-femoral) Abdominal /back pain in setting of known AAA	* 70% or more stenosis of internal carotid artery (duplex scan positive) with TIA/RIND or amaurosis fugax	*Incidental finding of renal artery stenosis >60% and hypertension
A	*Ischaemic and threatened limb (rest pain, gangrene, ulcer) CLTI	*Asymptomatic Internal Carotid Artery stenosis >70%
	*Surgical Wound infection	Symptomatic, stable PVD
	Acute Ilio-femoral DVT Acute Superficial Thrombophlebitis approaching SFJ or SPJ	Symptomatic chronic DVT (Post Thrombotic Syndrome) Pelvic Venous Pain (symptomatic Ovarian Vein incompetence, Nutcracker Syndrome, May Thurner Syndrome)
		Hyperhidrosis
		Raynauds phenomenon with poor medical control
	*Expanding infected seroma/haematoma	
	*AV fistula thrombosis	
	*Acute stent or bypass graft occlusion	
	*Asymptomatic carotid stenosis >80%	

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
Standard history: *History of TIAs (localising symptoms, amaurosis fugax) or stroke	*Commence Asprin or Clopidogrel (if there is allergy or other contraindication to Asprin)	*IMMEDIATE referral - contact Vascular Registrar at local Emergency Department **OR** Send Patient to **EMERGENCY**
*History of risk factors and management Examination - evidence of: Hypertension, DM, smoking, PVD	*Manage risk factors: Stop smoking Antihypertensives Management of Diabetes Dyslipidaemia	*Crescendo or multiple TIA/RIND *Amaurosis fugax
*Carotid bruit		Refer **URGENTLY**:
		*Isolated TIA/RIND/Amaurosis fugax
*Neurological deficit		*Asymptomatic carotid stenosis of .80% on imaging
*Cardiovascular assessment Investigations ECG/ECHO		Refer **PROMPTLY**: *Asymptomatic carotid stenosis of >70% on imaging
*USS/Duplex Scan		*Subclavian stenosis with vertebral steal
		*Carotid body tumour

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
Standard history and risk factors particularly genetic factors and collagen disorders *Risk factor management Investigations:	*Manage risk factors *Where serial/follow up surveillance US scans are performed, any increase of 1cm or more within a 12 month period is an indicator for early referral.	*If>5cm diameter, refer **IMMEDIATELY** to Perth Vascular Clinic *If 5-6cm diameter, after CT Angiogram refer - **URGENT**
*Abdominal ultrasound *If >5cm: CT Angiogram		*If 4.5-5cm: prompt referral
*If <5cm: Refer to Perth Vascular Clinic/assess with U/S		
Abdominal USS		

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
Evidence of: *Deteriorating renal function *Suspicion renovascular or resistant hypertension *Found accidentally Investigation *Renal USS	CT Angiogram if renal function stable	*Symptomatic Refer promptly - also referral to Renal Physician *Incidental finding, Refer - Routine Note: Initial referral should usually be made to Renal Physician

Peripheral Vascular Disease

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
*History including incapacitating claudication, rest pain, ulceration, gangrene *Standard history and risk factors particularly smoking and diabetes *Peripheral pulses ABI U/S	*Managing risk factors, particularly smoking and diabetes. *Advice re graduated exercise programme. *Statins Strongly consider antiplatelet agents	*Ischaemic changes or rest pain, Refer - **URGENT** - contact Vascular Surgery *Claudication <50m, refer - **PROMPT** *Claudication >50m refer - Routine Advise re graduated exercise programme.

Popliteal Artery Aneurysm

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
Symptoms—claudication Peripheral pulses ABI U/S	Manage risk factors Start antiplatelet therapy Assess for co-existent AAA Check contralateral Popliteal Artery for aneurysm	If >2.0cm diameter, refer PROMPTLY If <2.0cm diameter, refer - Routine

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
*Standard history and examination, particular reference to any history of DVT and in relation to previous surgery, accident or parturition, genetic factors Investigations: *Venous Insufficiency Duplex Scan	Consider graduated compression stockings Topical Bruise-EZE/Hirudoid cream NSAID Clexane if extensive or close to SFJ or SPJ	*Ascending thrombophlebitis to the level of the sapheno-femoral junction, Refer **IMMEDIATELY**, after hours contact Vascular Surgery Registrar and send to JHC **EMERGENCY** department *Venous ulcers or haemorrhage from varicose veins, Refer - **URGENT** *CVI Refer - Routine

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
*History of oestrogen therapy, family history, intercurrent disease (particularly malignancy) Previous DVT Upper limb trauma Body bulilders Weight lifters/Swimmers	Anticoagulation Clexane 1.5 mg/kg dailyz Urgent U/S	*IMMEDIATE referral - Contact Vascular Registrar and send to JHC **EMERGENCY** department

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
*History of oestrogen therapy, oral contraceptives, family history, intercurrent disease (particularly malignancy)	Anticoagulation Clexane 1.5 mg/kg daily	IMMEDIATE referral - Contact the Vascular Registrar and send patient to JHC **EMERGENCY** department

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
Venous Duplex U/S CVI Study	If non infected ulcers present start Graduated Compression Stockings Class 2	Routine Referral

EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
History of profound sweating of hands and axillae unresponsive to conservative treatment		Refer - Routine consideration

Perth VASCULAR Clinic

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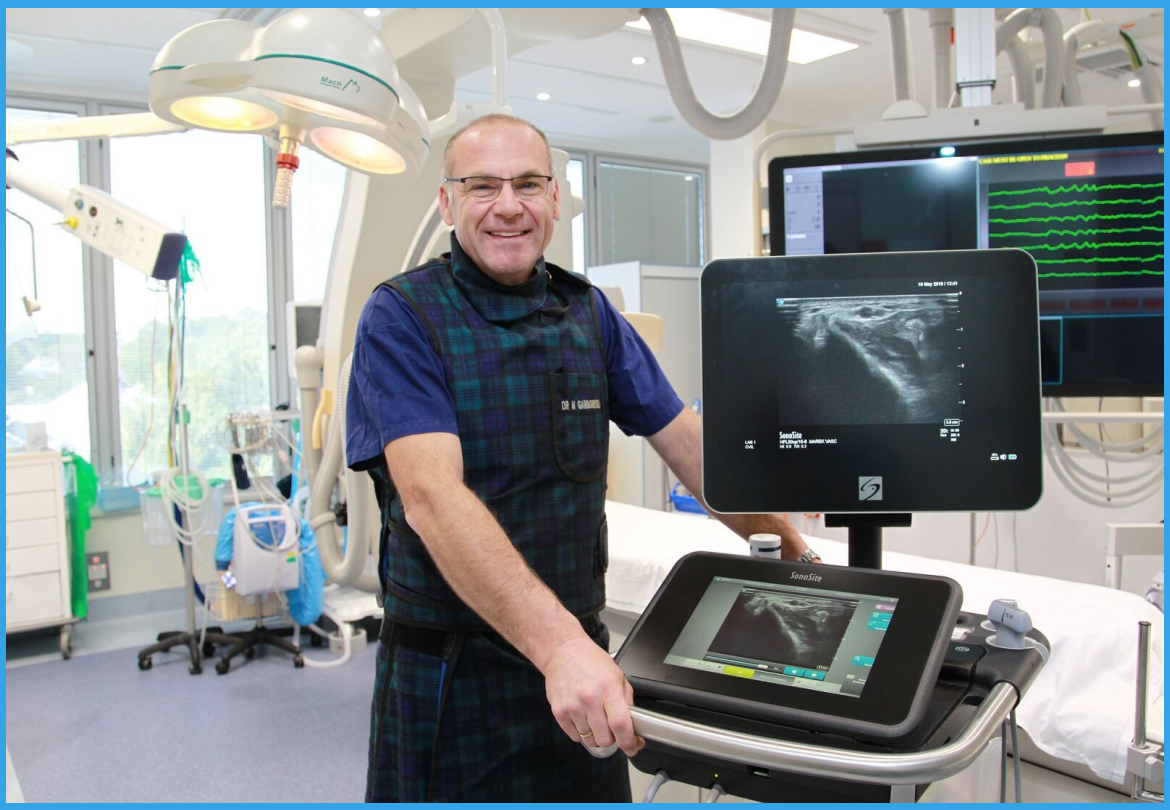

Dr Marek Garbowski

Vascular & Endovascular Surgeon

CONTACT:

For all Appointments

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Monday - Friday: 9.00am to 4.00pm

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Perth VASCULAR Clinic

RAMSAY HEALTH CARE

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