

## Meet Our Physicians



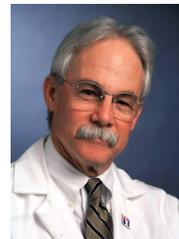
### **Marshall E. Benjamin, M.D.**

*Medical Director, The Vascular Center at UM BWMC  
Chair, Surgical Services and Vascular Surgery, UM BWMC*

Dr. Benjamin completed his vascular surgery training at the Bowman Gray School of Medicine of Wake Forest University. He pioneered the aortic endograft program for abdominal aortic aneurysm repair at the University of Maryland Medical Center. Dr. Benjamin is a nationally recognized leader in the treatment of renal artery disease and all fields of endovascular interventions. Dr. Benjamin is a Registered Vascular Technologist and is a Clinical Associate Professor of Surgery at the University of Maryland School of Medicine.

### **William Flinn, M.D.**

Dr. Flinn completed his vascular surgery training at Northwestern University in Chicago. He has considerable expertise with complex and re-operative carotid, aortic and extremity vascular surgical procedures, and also serves as director of the vascular laboratory. He served as Chief of the Division of Vascular Surgery at the University of Maryland Medical Center where he developed its residency training program in vascular surgery and served as its director.



### **David Neschis, M.D.**

Dr. Neschis completed his vascular surgery training at the Hospital of the University of Pennsylvania. He is a highly experienced vascular surgeon with well-recognized expertise in all areas of endovascular treatments. Working with his trauma surgery colleagues at the University of Maryland Shock Trauma Center, Dr. Neschis developed one of the world's largest and most successful experiences with endograft treatment for thoracic aortic rupture, and his work has been highly acclaimed. He is a Clinical Associate Professor of Surgery at the University of Maryland School of Medicine.

### **Justin Nelms, M.D., R.P.V.I.**

Dr. Nelms completed his vascular surgery training at the University of Maryland Medical Center. He specializes in the latest minimally invasive endovascular techniques including angioplasty and stenting to treat peripheral arterial, venous and aneurysm disease. He has numerous publications in peer reviewed journals on vascular and endovascular disease and is a member of the American College of Surgeons (ACS), Society for Vascular Surgery (SVS) and Society of Clinical Vascular Surgery (SCVS). Dr. Nelms is a Clinical Assistant Professor of Surgery at the University of Maryland School of Medicine and is certified by the American Board of Surgery.



## Community Vascular Screening Program



**For more information on the Community Vascular Screening Program at University of Maryland  
Baltimore Washington Medical Center, please visit us at:**

[mybwmc.org/vascular-care](http://mybwmc.org/vascular-care)

**410-787-4391**



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## Who Should Be Screened?

People over 50 (particularly men) in this country have a higher risk of vascular disease. There are also other conditions that are associated with a higher risk including:

- Hypertension (high blood pressure)
- High blood cholesterol
- Smoking
- Diabetes
- Family history of vascular disease
- Previous heart or leg treatments
- Prior stroke

- Most people know the critical importance of heart disease, but few understand vascular disease outside the heart.
- Vascular disease may be undiagnosed and untreated, despite the risk of serious complications like stroke, death or the loss of limbs.
- The population is aging and the rate of vascular disease has risen significantly, but diagnosis and treatment of vascular disease has not kept pace with heart disease.

## What is the Community Vascular Screening Program?

The Community Vascular Screening Program provided by The Vascular Center at University of Maryland Baltimore Washington Medical Center provides free, non-invasive vascular screenings to high-risk populations to detect abdominal aortic aneurysms (AAA), carotid artery disease and peripheral arterial disease (PAD). The regional program, led by board-certified vascular surgeons, also provides comprehensive education about the importance of screenings and recognizing the early warning signs of vascular disease.

The exams are performed by registered vascular technologists using state-of-the-art ultrasound and Doppler technology and usually take less than 20 minutes. Participants will need to remove their shoes and be able to allow access to their stomach and their neck. The screenings are accurate and completely pain free. Each participant will leave with the results of the screening and a copy for their primary care physician.

Vascular diseases and their screening methods:

## Vascular Disease Awareness

The goal of the Community Vascular Screening Program is to educate the community and detect all major vascular problems.

### Abdominal Aortic Aneurysms (AAA)

This is the 10th leading cause of death in men over 50 in this country, but most people never know they have an aneurysm. AAA can be permanently cured when it is diagnosed early, but rupture is fatal in most cases.

### Peripheral Arterial Disease (PAD)

This affects the health of millions of older Americans, and at least a quarter of those over 70. Many older people with PAD have difficulty walking, and some may suffer from foot ulcers or infections. People with PAD have a much higher risk of stroke and heart attack, but these risks can be reduced if PAD is diagnosed early.

### Carotid Artery Disease

Stroke is the third leading cause of death in this country and the #1 cause of disability in older people. More than half of all strokes in older Americans are due to carotid artery disease and there are proven treatments to reduce strokes in those cases.



### Aortic Scan

A painless risk-free ultrasound scan can diagnose an AAA and accurately measure its size to determine the need for treatment.

### PAD Screen

A simple Doppler exam can accurately diagnose PAD. When PAD is treated, people are usually able to walk farther and have a reduced risk of heart attack and stroke.

### Carotid Scan

Carotid artery disease cannot be detected in a doctor's office. But it can be easily and accurately diagnosed using an ultrasound scan that is simple, painless and takes only a few minutes.



*All screening and test results will be reviewed with you by a physician or nurse practitioner.*