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• Varicocele
• Pelvic venous congestion
• Pelvic and Labial Varicose Veins
• Uterine Fibroids

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⑥ 4501 Birch St Suite C Newport Beach, CA 92660

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Leading vascular facility specializing in treatment of lower extremity arterial and venous disease

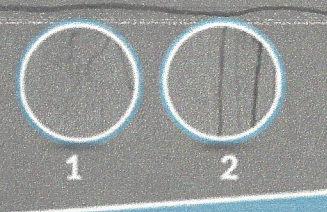
Our conveniently located, state-of-art facility is designed for your patients comfort and utilizes cutting edge technology to provide minimally invasive treatments. Personable staff members make every visit a positive experience, with short wait times and an efficient, stream-lined process that ensures your patients leave feeling educated and confident that they are in good hands for all future vascular needs.

Patient Story

Female, age 51 referred by her podiatrist for gangrene, non-healing wounds on her toes, and absent pulse in the foot

This patient was referred by her podiatrist for an emergency evaluation of her left foot. The foot was progressively darkening (turning black due to lack of blood flow), had no detectable pulse, and had two non-healing wounds on the toes. Due to her absent arterial flow through the leg, the foot was no longer receiving any oxygen and was quickly dying; she was at a critical risk for amputation. Following her consultation, she was immediately scheduled for intervention. Dr. Goldstein treated her arteries with thorough atherectomy, stenting, and angioplasty all the way down into her foot to create a clear arterial blood flow through the limb. With restored blood flow, the color in her foot slowly returned to normal, her pulse returned, and her wounds began to heal.

Before treatment (image 1) she had no arteries flowing down into the foot causing the slow death of the foot. After extensive treatment (image 2), she had two strong arteries flowing into the foot and she began to recover.



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DR. GOLDSTEIN, M.D.

Dr. Goldstein is an interventional Radiologist, ABR certified with CAQ in Vascular Intervention. He completed his fellowship training at UC Irvine and has been in academic practice since 2003. Dr. Goldstein's skills and interests include peripheral vascular disease, venous interventions, IVC filter retrieval, vascular malformations, interventional oncology, trauma, transplant interventions, complex, fibroid embolization, pelvic pain, and the gamut of percutaneous and endovascular minimally invasive procedures. Dr. Goldstein brings a wealth of experience to Pedes Orange County. His addition to the practice further the efforts of Pedes Orange County in providing exceptional vascular care to Orange County.

J. Joseph Hewett, M.D.


Dr. J. Joseph Hewett is a graduate of the University of California San Francisco School of Medicine. He completed his residency at Duke University Medical Center and his sub-specialty fellowship training in Vascular and Interventional Radiology at the University of North Carolina, Chapel Hill School of Medicine. Dr. Hewett earned a Bachelor of Science degree in biomedical engineering from the University of Arizona, graduating Summa Cum Laude and class valedictorian. Dr. Hewett practices Interventional Medicine and has extensive experience in all aspects of minimally invasive surgery including peripheral arterial interventions, treatment of venous insufficiency and varicose veins, varicosephlebectomy, kyphoplasty, radiofrequency ablation, chemoembolization, radioembolization, uterine artery embolization, vascular salvage for dialysis access, venous access, and spine stimulator implantation. Dr. Hewett founded Pedes Orange County to create a new model for care delivery to patients with vascular disorders. He envisions Pedes Orange County as a new paradigm in bringing together world class minimally invasive technology in a dedicated collaborative effort to deliver unparalleled results to patients with arterial and venous disease.



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PEDES ORANGE COUNTY



CAPITALIZE DISEASE

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PEDES ORANGE COUNTY

WORKING TOGETHER TO GET YOUR PATIENTS BACK ON THEIR FEET

DISEASES WE TREAT


- Arterial Disease
- Venous Disease
- Varicose Veins
- Deep Vein Thrombosis (DVT)
- Arterial Disease
- Venous Disease
- Varicose Veins
- Deep Vein Thrombosis (DVT)

Peripheral Arterial Disease

Peripheral Arterial Disease (PAD) develops when the arteries in the legs build up plaque, obstructing and narrowing the arteries and preventing blood, oxygen, glucose from flowing properly to tissue. This lack of blood-flow causes pain, cramping, and swelling in the legs as the muscles and tissue starve for blood and if untreated, can lead to amputation of the toes and/or foot

Varicose Veins

Closely related to chronic venous insufficiency, varicose veins are enlarged veins that are visible through the skin. The veins often appear bulging or twisted and are generally larger than three millimeters in diameter. Varicose veins affect one out of two people over the age of 50, and women who have had children are particularly susceptible.



Deep Venous Thrombosis


A DVT is the formation of a blood clot (thrombus) in a deep vein, most commonly occurring in the legs. This thrombus disrupts the normal flow of blood from the legs or arms back to the heart. A DVT presents a serious risk to your life: the clot could move to your heart or lungs causing serious and sometimes fatal conditions. You must see a doctor immediately if you think you may have a DVT.

Varicocele

A varicocele (VAR-ih-koe-seel) is an enlargement of the veins within the scrotum. A varicocele is similar to a varicose vein that can occur in the legs or in the female pelvic area. 15% of the general male population suffer from varicocele with more than 80% occurring on the left side and the remainder on both sides. They are generally acquired during puberty. Most varicoceles are asymptomatic; however, some can cause scrotal pain. This pain is generally mild to moderate, occurs with long periods of sitting, standing or activity and is relieved by lying down. Although it can be uncomfortable before bedtime (after a long day of activity), it generally does not occur upon awakening after a night's rest. The pain is dull, congestive, "itchy" and is generally worse when standing. The resulting backup causes the veins to widen (dilate) which can lead to damage to the testis and result in reduced fertility. Our physicians can provide targeted treatment for varicocele called "scrotal vein repair."

Pelvic Venous Congestion (PVCS)

Pelvic venous congestion syndrome (PVCS) also known as ovarian vein reflux, causes chronic pelvic pain in approximately 13-40% of women. The ovarian veins carry venous blood from the ovaries and pelvis up to the level of the renal veins in the abdomen. All veins have valves to help guide blood flow back up towards the heart. When these valves become damaged or dysfunctional, some blood flows backwards causing the veins to become engorged or "congested," leading to varicose veins. PVCS is essentially varicose veins in the pelvis due to venous insufficiency in the ovarian veins. These internal varicose veins can cause chronic, debilitating pain. This pressure may also cause visible varicose veins around the vulva, vagina, inner thigh, sometimes the buttocks, and down the leg(s).



Pelvic and Labial Varicose Veins

Pelvic varicose veins and labial varicose veins are forms of venous insufficiency by which women's pelvic, labial, or vulvar veins become enlarged and dilated during pregnancy and continue after the baby has been delivered. Such varicosities often worsen with each pregnancy. Some women develop frequent or continuous pain from labial varicosities prominent during pregnancy and improve after the baby is born. Labial varicose veins may be due to iliac vein obstruction from compression or old clots, or they may be due to ovarian vein reflux with pelvic venous insufficiency. In some patients, the primary problem is reflux (abnormal reversal of flow) in the veins of the deep pelvis through veins near the vagina into the labia and surrounding tissues. Like with all types of venous reflux disease, our physicians provided targeted treatments that divert blood flow through healthy veins and eliminate discomfort.

Uterine Fibroids

Uterine fibroids (fibroid tumors, leiomyomas, or myomas) are benign masses that grow on the outside or in the muscle wall of the uterus. Fibroids are very common in women in their 30s and 40s—as many 70%-80% of all women will have fibroids by age 50. While the cause of fibroids is not conclusively proven, they seem to be linked with the female hormones estrogen and progesterone. Fibroids can range in number and size from a single growth to multiple growths, and from very small to very large.

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