

# LEARNING MORE ABOUT ASSOCIATES IN VASCULAR CARE

FROM DR. OWANO PENNYCOOKE, MD

## Q: Tell me about your background and schooling.

A: I'm originally from Jamaica, but I grew up here. I'm a Jersey kid at the end of the day. All my education was here in the great Garden State. I went to high school in North Plainfield, Rutgers University undergrad, then went to Rutgers New Jersey Medical School. I did a general surgical residency at Cooper University Hospital in Camden where I was inspired by various mentors to do vascular surgery. I decided to stay in the state to do my specialty fellowship in Newark.



I have built a life in New Jersey, where I am proud to be raising my family with my wife, who is an Emergency Medicine Physician. We met in undergrad at Rutgers University. Ten years ago, I began my career right here in Monmouth County. I joined the Hackensack Meridian Health System, specifically Riverview Medical Center and Bayshore Medical Center, as a hospital-employed Physician. I had a wonderful time, met some amazing people, and learned a great deal. It was a valuable experience for a young Surgeon at the time. The challenge for me was the strong corporate structure, which is not how I wanted to practice. I wanted more flexibility toward patient's needs, building relationships and bringing more of my personality to patient care. These are typically limited in a corporate structure.

## Q: Describe the experience of opening your private practice?

A: It has been such a wonderful experience, but still challenging, of course. I decided to go out on my own for several reasons, but the primary reason, was to have the ability to build a practice that I thought would address, not just a patient's problems, but their needs. That allowed me to present some of the unique components that I bring to patient care. It gave me the autonomy to spend the amount of time I wanted to with certain patients. It also gave me the ability to be creative in terms of where to provide these services, whether it was in the outpatient setting, or in a hospital setting. With vascular surgery, you are not curing the atherosclerotic issues that lead to a blockage, you are treating the symptoms. There has to be a long-term process with the treatment algorithm you choose.

This practice also allowed me to build the team I wanted. With any organization, the team matters. The strength of the practice is really the staff. We have a strong group of people who are very talented and go above and beyond to coordinate treatment to meet our patient's goals.

## Q: What is the advantage of having a wound care certified Nurse on staff?

A: Lori is a Certified Wound Care specialist, has her MSN in Nursing, and is an Advanced Nurse Practitioner certified in Geriatric and Primary Care. The advantage of having a wound care specialist with Lori's experience and background is consistent collaboration in the treatment of complex wounds. When it comes to lower extremity wounds and diabetic disease, circulation plays an important role in wound healing. With Lori's expertise, we can treat circulation problems, in addition to wound healing.



This allows us the ability to address both components. Because of this, the patient receives, not just one perspective, but a collaboration of circulation and wound healing treatment options.

## Q: What are the different surgical and non-surgical options your practice offers?

A: With vascular surgery, there are many options for treatment and continuity of care. There are non-surgical options, which include: lifestyle modifications, therapeutic drugs, and a vascular health surveillance program. A large portion of our patients fit into that category.

Then, there are those patients who need some sort of intervention. For these patients, there are two basic options. Either endovascular, which is a minimally invasive technique, that can be done either within the office setting, as an outpatient procedure, or the traditional open surgery. Unfortunately, the issues that cause vascular disease are not curable, so we manage the disease by limiting the progression and maximizing the patient's quality of life. The treatment option we choose aims to accomplish those goals.

## Q: What is something unique you and your staff provide in terms of patient care?



A: Our Lower Extremity Endovascular Program (L.E.E.P), in conjunction with other local medical providers for the purpose of limb salvage, has been one of the most successful aspects of our practice. We are able to heal wounds, reduce amputations caused by peripheral arterial disease (PAD), treat diabetic and chronic venous disease, most of which can be done non-invasively or minimally invasively within our facility. This could potentially eliminate hospital procedures or stays. Our office is easily accessible, once you park your car, with a few steps into the building and to the elevator, you are in our facility.

Our staff provides guidance throughout your appointment process, procedure, and is there to answer all your questions. It is likely that the same staff member will be present during your first consultation, your procedure, and possibly be the one to walk you out to your car after your intervention. That is the personal touch that we provide to our patients. We have taken great measures to make the facility safe and secure in these challenging times, which can be difficult in a hospital setting.

Our mission, at the end of the day, is to invest in our patients and build relationships with them. We understand the challenges of our patients and their families. We realize that treating patient's vascular problems is one thing, but addressing their needs is another thing entirely. Do they need independence or freedom? We tailor our treatment to address these needs. It is really a holistic approach to healthcare.



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