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NORTH AMERICAN VEIN AND ARTERY

Website

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GAE

PROCEDURE

DO YOU HAVE OSTEOARTHRITIS (OA) OF THE KNEE?

DO YOU EXPERIENCE ONE OR MORE OF THE SYMPTOMS LISTED BELOW?

- Persistent knee pain, particularly during movement
- Swelling or inflammation around the knee joint
- Stiffness and reduced flexibility
- Grating sensations or popping sounds in the knee
- Tenderness and warmth around the joint
- Difficulty in performing daily activities due to knee pain

ABOUT GENICULAR ARTERY EMBOLIZATION (GAE)

Genicular Artery Embolization (GAE) is an innovative and minimally invasive procedure designed to provide relief for chronic knee pain, specifically associated with osteoarthritis (OA). It involves the targeted injection of small particles into the genicular arteries surrounding the knee joint. These particles reduce blood flow to nerves that transmit pain signals, offering a non-surgical option for pain management.

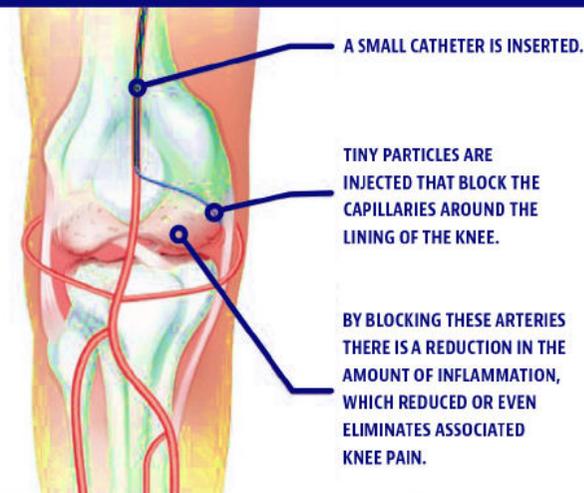
The goal of GAE is to provide pain relief by targeting the nerves responsible for transmitting pain without causing significant damage to the surrounding tissues. This procedure is an alternative for individuals who may not be candidates for knee replacement surgery or those seeking non-surgical options.

WHO IS GAE BEST SUITED FOR?

GAE is most appropriate for individuals aged 40 to 80 experiencing moderate to severe symptomatic knee pain, particularly in confirmed cases of osteoarthritis. This procedure proves beneficial for patients who have not found relief through conservative treatments like NSAIDs or knee injections.

GAE is particularly well-suited for those who are not prepared for knee replacement surgery and prefer to avoid the prolonged recovery and rehabilitation typically associated with major surgical interventions.

HOW DOES GAE WORK?



TOP BENEFITS OF THE GAE PROCEDURE

MINIMALLY INVASIVE:

GAE is a non-surgical option that avoids large incisions, bone removal, and the need for general anesthesia.

OUTPATIENT PROCEDURE:

Hospital stays are unnecessary, as patients can be discharged home within hours of completing the procedure.

QUICK TREATMENT, SHORT RECOVERY:

The typical duration of a GAE is 45 minutes, and most patients can recover within a few days after the treatment.

LONG-LASTING PAIN RELIEF:

Research indicates that GAE results in significant pain reduction for several months, and, in some cases, it may offer relief for a year or more.

LOW RISK:

GAE, being a minimally invasive and non-surgical approach, poses lower risks compared to open surgery and has fewer side effects compared to medication.

OSTEOARTHRITIS BY THE NUMBERS

OVER 30 MILLION

INDIVIDUALS IN THE U.S. HAVE SYMPTOMATIC OSTEOARTHRITIS (OA), MAKING IT THE MOST COMMON FORM OF ARTHRITIS.

57%

OF ALL PATIENTS WITH SYMPTOMATIC KNEE OA ARE YOUNGER THAN AGE 65. FOR THESE PATIENTS, THERE IS SUBSTANTIALLY MORE TIME FOR GREATER DISABILITY TO OCCUR.

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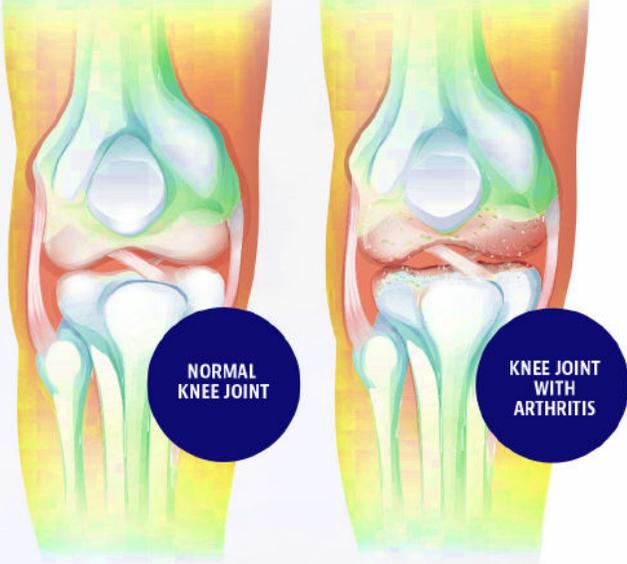
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ABOUT OSTEOARTHRITIS (OA) OF THE KNEE

Osteoarthritis (OA) of the knee is a common condition characterized by the degeneration of cartilage within the knee joint. As this protective cartilage wears away, individuals may experience persistent knee pain, swelling, and reduced mobility. Aging, joint injuries, obesity, and genetic factors contribute to the development of knee OA.

The hallmark symptoms include discomfort during movement, stiffness, and difficulty performing daily activities. Early diagnosis is crucial for effective management. Treatment options for knee OA range from lifestyle adjustments and physical therapy to advanced interventions like Genicular Artery Embolization (GAE), a minimally invasive procedure that targets pain signals at the source.

IF YOU ARE EXPERIENCING KNEE PAIN, CONSULT WITH YOUR ASAP PROVIDER TO SEE IF THE GAE PROCEDURE MAY BE RIGHT FOR YOU.

FREQUENTLY ASKED QUESTIONS ABOUT GENICULAR ARTERY EMBOLIZATION (GAE)

Is genicular artery embolization safe?

Research indicates that GAE is generally safe. Compared to open surgery, the procedure carries a lower risk of bleeding, infections, and complications from anesthesia.

How effective is genicular artery embolization?

Studies have demonstrated high effectiveness, with approximately 70% of treated patients experiencing significant and long-lasting pain relief.

Is genicular artery embolization covered by insurance?

Insurance coverage varies due to the novelty of GAE. The PREMIER team will liaise with your insurance provider before the procedure to determine approval.

How long does genicular artery embolization last?

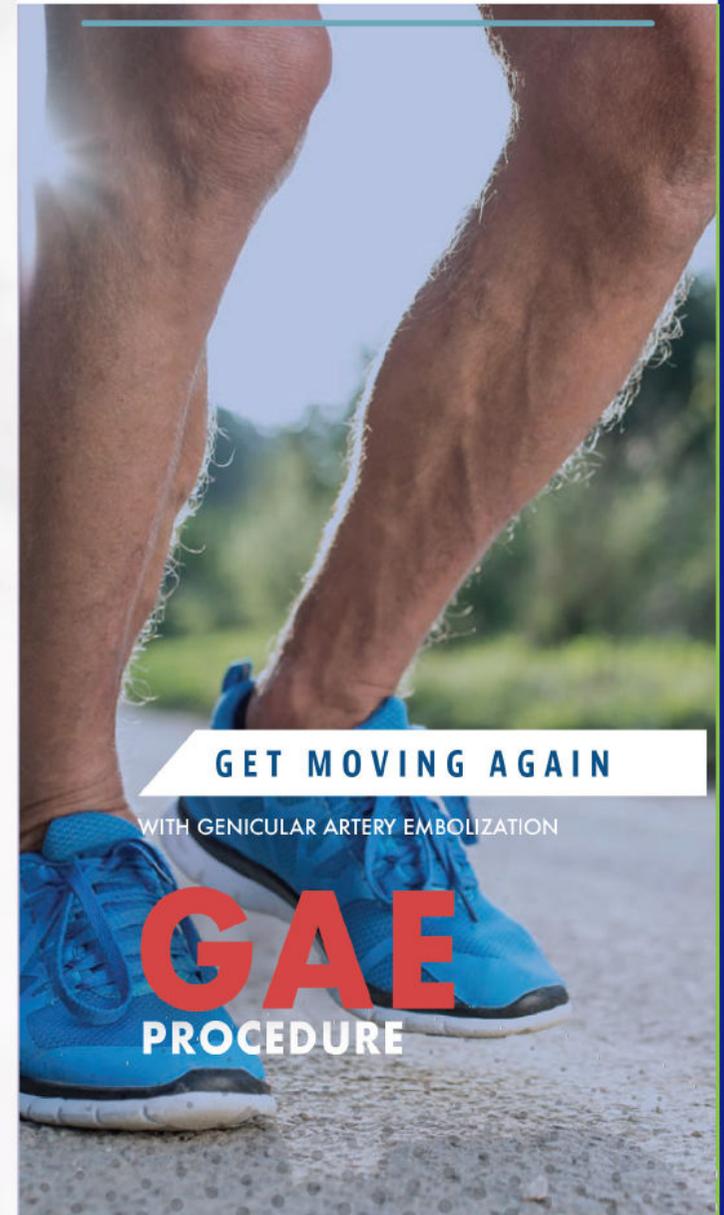
Results typically last for 6 to 12 months, though some studies suggest pain relief enduring up to four years following the initial treatment.

What is the recovery like?

After the procedure, a four-hour recovery period is typical. Most patients return home on the same day and resume regular activities within two to three days.



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GET MOVING AGAIN

WITH GENICULAR ARTERY EMBOLIZATION

GAE
PROCEDURE

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LEG PAIN





About NAVA

Nava offers a variety of medical services including in-office imaging to ensure that patients receive comprehensive exams and quality treatment in a comfortable and convenient setting

Our accredited doctors specialize in a wide range of services including:

- ◆ Angiography
- ◆ Angioplasty
- ◆ Stenting
- ◆ Atherectomy
- ◆ Vascular Claudiation
- ◆ Vascular Ulceration
- ◆ Ultrasound
- ◆ PAD
- ◆ Limb Salvage

Nava staff maintains the highest level of training and accreditation to offer the most advanced medical practices possible.

By offering comprehensive imaging and services, **NAVA** ensures that patients are treated with the highest level of care.



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Elective and urgent

FROM LEG PAIN TO LIMB SALVAGE

Signs/Symptom

- ◆ Pre-Surgical Evaluation
- ◆ Acute limb pain
- ◆ Chronic Leg and Foot Pain
- ◆ Non-healing Wounds
- ◆ Neuropathy/ Numbness
- ◆ Poor Nail Growth
- ◆ Lower Limb Hair Loss or temperature discrepancies

Are you at risk?

- ◆ Smoking
- ◆ Diabetes
- ◆ Heart Disease
- ◆ Kidney Disease
- ◆ High Cholesterol/ Blood Pressure
- ◆ History of Heart Attack of Stroke



Peripheral Arterial Disease (PAD) is a serious, yet treatable, disease. Our physicians perform minimally invasive same day outpatient vascular procedure via a tiny pin hol. Premier Vascular utilizes the latest advanced medical technologies, including intravascular ultrasound (IVUS), drug eluting balloon and stents, as well as CO2 contrast imaging (reduce renal damage).

Nava is one of the few capable Centers that comfortably treat below the knee arterial disease.

Deep and superficial veins

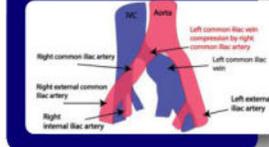
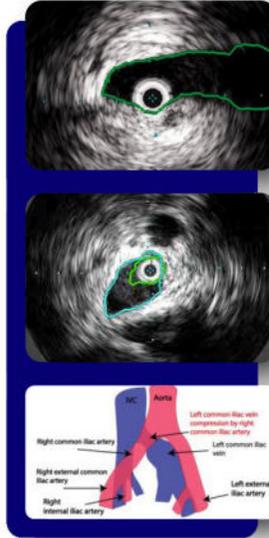
ACUTE AND CHRONIC

Signs/Symptom

- ◆ Venous Leg Pain
- ◆ Painful Leg Swelling
- ◆ Painful Varicose Veins
- ◆ Venous Stasis Ulcers

Are you at risk?

- ◆ Venous Leg Pain
- ◆ Painful Leg Swelling
- ◆ Painful Varicose Veins
- ◆ Venous Stasis Ulcers
- ◆ Obesity
- ◆ Fibroid Disease
- ◆ Large Heavy Legs
- ◆ Discoloration
- ◆ Sedentary Life Style
- ◆ Long term IVC filter



Nava specializes in treating those affected with iliac compression/May Thurener Syndrome, in addition to superficial venous disease.

Why ultrasound is important

- ◆ Prevention of advanced disease or amputation
- ◆ Accurate Diagnosis
- ◆ Rule of Acute or Chronic Thrombosis
- ◆ Degree and location of pathology
- ◆ Fibroid Disease
- ◆ Diagnose Non Healing Wounds



Other services provided:

- ◆ Venous Ablation
- ◆ Uterine Fibroid Embolization
- ◆ IVC filter placement/retrieval
- ◆ Full range of interventional radiological procedures available upon request

Arterial Duplex Ultrasound, Ankle Brachial Index (ABI), Venous Doppler for DVT or insufficiency

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FROZEN SHOULDER





THE FACTS

Frozen shoulder most commonly occurs in adults between 40 and 60 years old.

Between 10 and 20 percent of individuals with diabetes develop frozen shoulder

Affects more woman than men

Symptoms from frozen shoulder can last from 1-3 years

It is common to develop frozen shoulder after a shoulder surgery or injury



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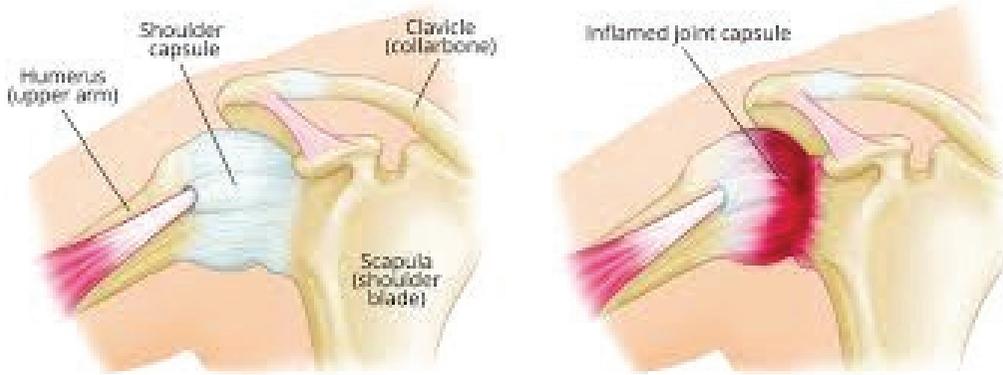
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AMERICAN VEIN AND ARTERY

FROZEN SHOULDER





WHAT IS FROZEN SHOULDER?

Frozen shoulder, medically known as adhesive capsulitis, is an inflammatory condition characterized by pain, stiffness, and loss of motion in the shoulder. This leads to thickening and contracture of the capsule surrounding the shoulder joint. The pain leads to decreased movement, resulting in a reduced range of motion. Eventually, the shoulder is "frozen" in place.

While it often resolves on its own over time, it can sometimes become chronic and disabling.

COMMON CAUSES

The exact causes are unknown. However, certain risk factors have been identified that can make a person prone to developing frozen shoulder.

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RISK FACTORS

The exact causes are unknown. However, certain risk factors have been identified that can make a person prone to developing frozen shoulder.

- Diabetes
- Stroke
- Thyroid disorder
- Shoulder injury
- Parkinson's disease
- Cancer
- Autoimmune disease
- Heart attack
- Prolonged immobilization

THE THREE PHASES

Phase 1: Freezing

- Slow onset of pain
- Increased stiffness
- Range of motion loss
- **Length of phase: 4 to 12 months**

Phase 2: Frozen

- Slow improvement of pain
- Stiffness remains
- Problematic when lying on the shoulder
- **Length of phase: 2 to 9 months**

Phase 3: Thawing

- Range of motion gradually returns
- Daily activities become easier
- **Length of phase: 5 to 24 months**



HOW IS FROZEN SHOULDER TREATED?

Over time, frozen shoulder will get better on its own

Simple treatments often help control pain and restore motion

Nonsteroidal anti-inflammatory medicines. Drugs like aspirin and ibuprofen reduce pain and swelling.

Steroid injections. Cortisone is a powerful anti-inflammatory medicine that is injected directly into your shoulder joint.

Physical therapy. Specific exercises will help restore movement and strengthen your shoulder. Physical therapy is most often the key ingredient in treating frozen shoulder.

Surgery. Frozen shoulder rarely requires surgery. However, if your symptoms do not respond to all other treatments, your doctor may recommend it.

The goal of surgery for frozen shoulder is to stretch and release the stiffened joint capsule.

Manipulation under anesthesia.

During this procedure, you are put to sleep. Then the doctor forces your shoulder to move, which causes the capsule to stretch.

Arthroscopy. Your doctor will cut through tight portions of the joint capsule. This is done using pencil-sized instruments inserted through small incisions around your shoulder joint.



ELBOW

EMBOLIZATION



WHY CHOOSE NAVA?

- ✔ Board-certified vascular and interventional specialists
- ✔ Proven success in treating chronic tendon pain
- ✔ Personalized care focused on long-term relief
- ✔ Close coordination with your orthopedic or primary care provider

RISKS & COMPLICATIONS

Elbow Embolization is very safe when performed by an experienced interventional specialist. Still, as with any medical procedure, there are risks.

Common, mild side effects:

- Temporary bruising or discomfort at the catheter site
- Mild elbow or forearm soreness

We use precise image-guided techniques to minimize all risks.



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Elbow Embolization A Non-Surgical Treatment for Golfer's Elbow & Tennis Elbow



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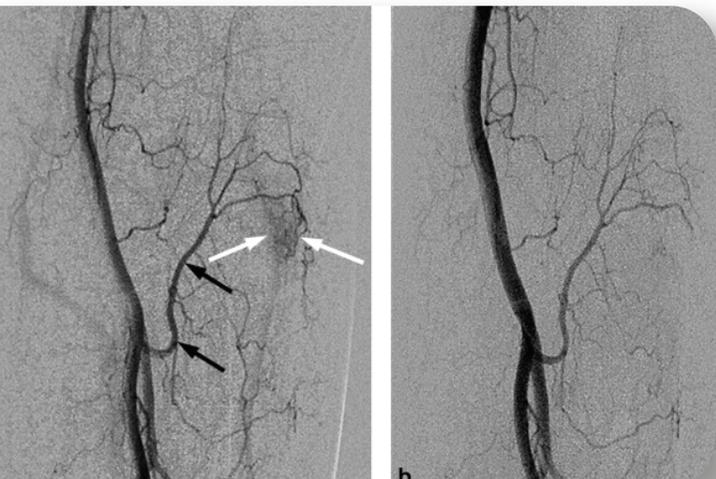


WHAT IS ELBOW EMBOLIZATION

Elbow Embolization is a minimally invasive, image-guided procedure that treats chronic elbow pain by blocking abnormal blood vessels that cause inflammation and nerve sensitivity in damaged tendons.

- **Lateral epicondylitis (Tennis Elbow):** affects the outer elbow
- **Medial epicondylitis (Golfer's Elbow):** affects the inner elbow

During the procedure, a small amount of medication is injected into these vessels to reduce inflammation, relieve pain, and support natural tendon healing.



BENEFITS OF ELBOW EMBOLIZATION

- **Minimally Invasive:** No incisions, implants, or reconstruction
- **Outpatient:** No hospital stay
- **Fast Recovery:** Resume light activity next day
- **Effective Relief:** Pain reduction in 2–4 weeks
- **Surgery-Sparing:** Delays or avoids surgery
- **Joint-Preserving:** Treats inflammation without altering anatomy
- **No General Anesthesia:** Fewer risks, quicker recovery



Ideal for patients with chronic elbow pain lasting 3+ months after failed treatments.

PATIENT FLOW

At **NAVA**, elbow embolization is performed by expert interventionalists using the Okuno method.

Process overview



Consultation

Review symptoms, exam, and imaging to confirm diagnosis and explain the procedure



Results

Pain relief usually starts in 2–4 weeks and may last 2+ years



Procedure day

Local numbing at the wrist, catheter guided to elbow arteries, medication blocks abnormal vessels; no incisions or stitches



Follow-up

One clinic visit at 1 month



Recovery

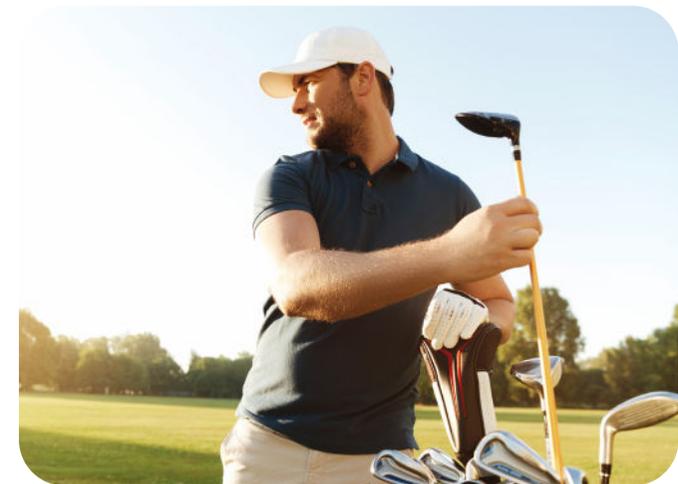
Go home in ~1 hour, light activity next day, full activity in ~1 week

EXPECTED BENEFITS

- Less pain, improved motion and strength
- Reduced need for medications or braces
- Faster return to work or sports
- 50–90% pain improvement reported by many patients

GOOD CANDIDATES

- Tennis or golfer's elbow lasting 3+ months
- Failed conservative treatments
- Want to avoid surgery or repeated steroids
- Mild–moderate tendon damage (no full tear)



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PLANTAR FASCIITIS EMBOLIZATION (PFE)



WHY CHOOSE NAVA?

- ✔ Board-certified vascular and interventional specialists
- ✔ Proven success in treating chronic tendon pain
- ✔ Personalized care focused on long-term relief
- ✔ Close coordination with your orthopedic or primary care provider

RISKS & COMPLICATIONS

PFE has been proven to be extremely safe, especially when performed by skilled interventional radiologists like ours.

Possible (but rare) side effects may include:

- Temporary foot soreness or bruising
- Mild swelling or warmth



Plantar Fasciitis Embolization (PFE)



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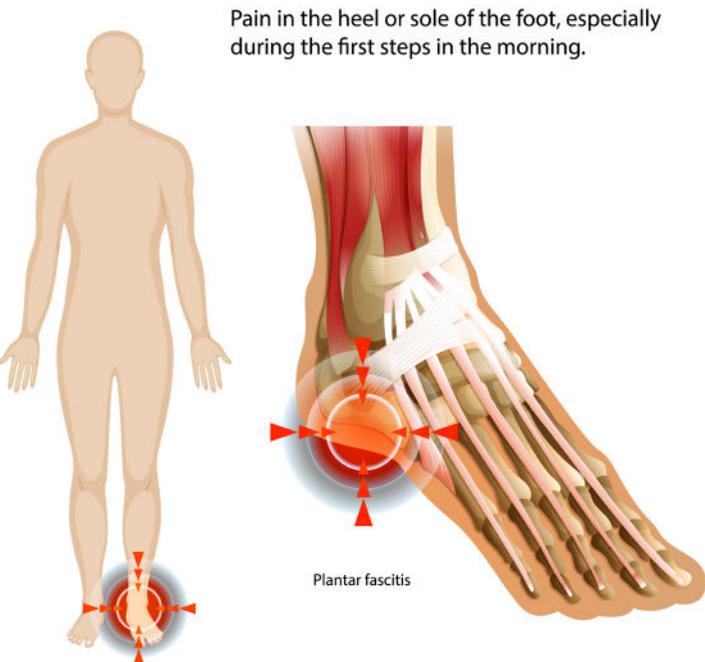
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WHAT IS PLANTAR FASCIITIS EMBOLIZATION (PFE)

Plantar Fasciitis Embolization (PFE) is a non-surgical, image-guided treatment offered at **NAVA** for chronic heel pain.

Chronic plantar fasciitis is caused by abnormal tiny blood vessels that drive ongoing inflammation and pain. Traditional treatments may give temporary relief but often don't address this root cause.

PFE works by safely blocking these abnormal vessels, reducing inflammation and providing long-lasting pain relief—without surgery, steroids, or downtime. The outpatient procedure is quick, minimally invasive, and many patients walk the same day.



IS PFE RIGHT FOR ME?

You may be a good candidate if you:

- Have plantar fasciitis lasting 3+ months
- Failed conservative treatments (PT, orthotics, injections, shockwave)
- Want to avoid surgery or repeated steroid use



A consultation with our physicians at **NAVA** will help us confirm the diagnosis and determine if PFE is right for you.

PATIENT FLOW

At **NAVA**, PFE is performed by expert interventionalists using the Okuno method.

Process overview



Consultation

Review symptoms, exam, and imaging to confirm diagnosis and explain the procedure



Results

Pain relief usually starts in 2–4 weeks and may last 2+ years



Procedure day

Local numbing at the wrist, catheter guided to elbow arteries, medication blocks abnormal vessels; no incisions or stitches



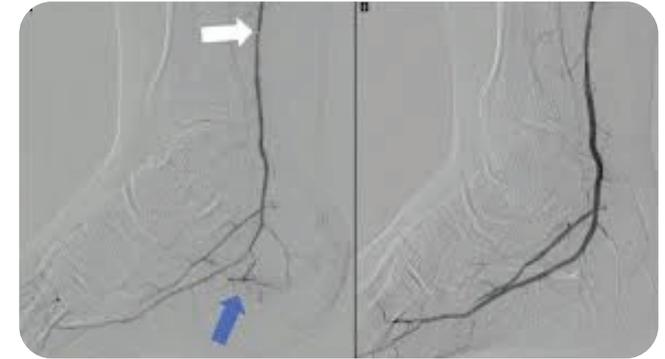
Follow-up

One clinic visit at 1 month



Recovery

Go home in ~1 hour, light activity next day, full activity in ~1 week



RESULTS

- 90%+ of patients report significant, long-lasting pain relief
- No major complications
- Return to normal walking, work, and daily life



BENEFITS

- Minimally invasive, outpatient procedure
- Fast recovery, long-term results
- No steroids, implants, or surgery

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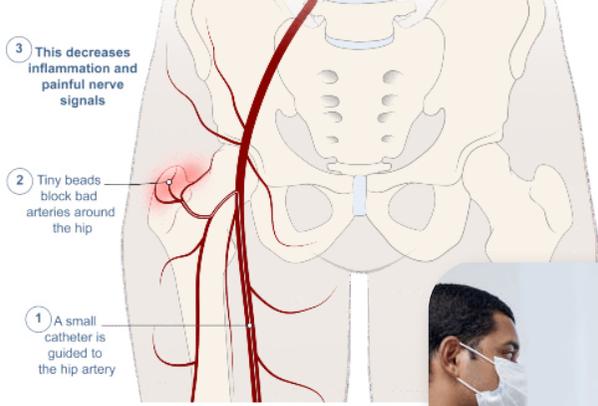
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HIP ARTERY EMBOLIZATION (HAE)





RECOVERY AND HABILITATION

- **First Few Days:** Mild bruising or soreness near the incision site is normal.
- **First Week:** Many patients notice gradual pain relief and improved mobility.
- **Physical Therapy:** A customized rehab plan may be recommended to strengthen the hip joint and support long-term results.

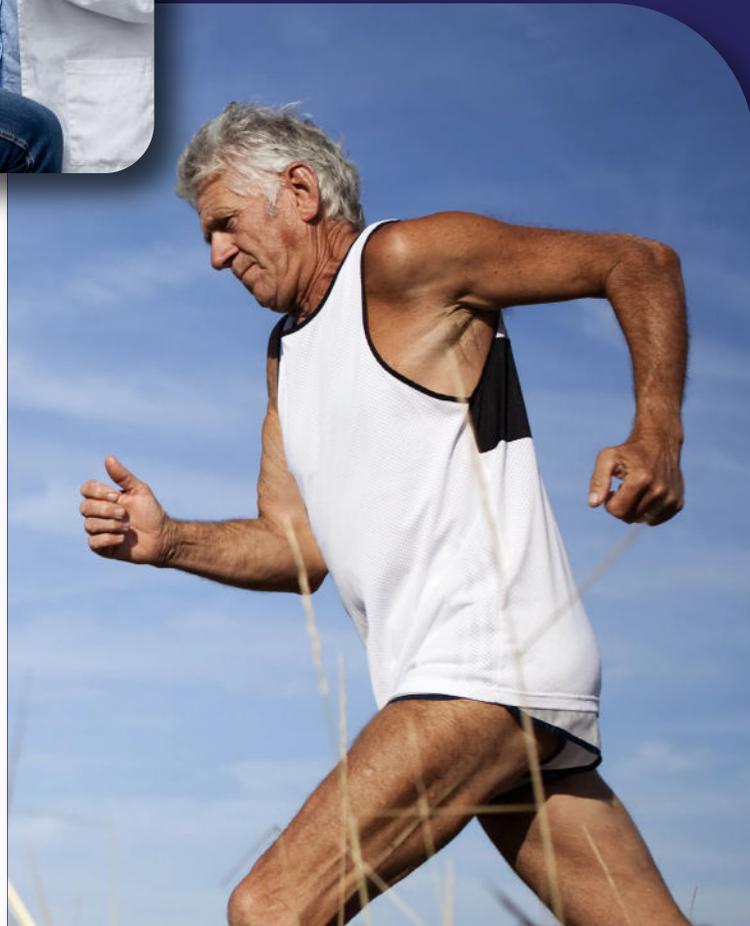


IS HAE RIGHT FOR YOU?

Hip Artery Embolization is not for everyone, but it can be a game-changing option for patients:

- Living with **chronic hip pain** that limits daily activities
- Seeking **alternatives to hip replacement surgery**
- Looking for a **faster recovery** and **minimally invasive treatment**

At **NAVA**, our interventional pain specialists take time to understand your unique condition and create a personalized treatment plan.



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HIP ARTERY EMBOLIZATION (HAE)

A Minimally Invasive Option
for Chronic Hip Pain

Hotline

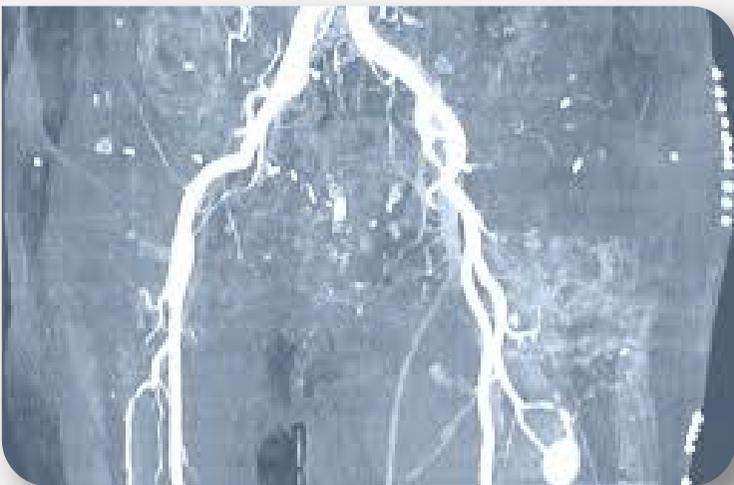
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At NAVA, our interventional pain specialists are committed to helping patients find effective, minimally invasive solutions for hip pain without immediately resorting to surgery. One of the most innovative treatments we offer is Hip Artery Embolization (HAE), a groundbreaking procedure designed to relieve chronic hip pain and restore mobility.

If you're struggling with persistent hip discomfort from conditions like osteoarthritis or avascular necrosis, HAE may be the solution you've been looking for.

WHAT IS HIP ARTERY EMBOLIZATION?



Hip Artery Embolization (HAE) is a minimally invasive, image-guided procedure that treats hip pain by blocking abnormal blood vessels to reduce inflammation. Performed through a small incision, it is not open surgery and typically allows patients to go home the same day.

WHO CAN BENEFIT FROM HAE?

- **Osteoarthritis (OA):** Cartilage breakdown leads to stiffness, swelling, and pain.
- **Avascular Necrosis (AVN):** Reduced blood flow causes bone damage and joint deterioration.
- **Bone Tumors or Vascular Malformations:** In some cases, HAE helps control abnormal blood flow and manage pain.



If you've tried conservative treatments like physical therapy, anti-inflammatory medications, or steroid injections without long-term relief, HAE may be a powerful next step — especially if you want to delay or avoid hip replacement surgery.

WHY CHOOSE HIP ARTERY EMBOLIZATION?

■ Minimally Invasive Approach

Unlike traditional hip surgery, HAE requires only a small incision and involves less tissue disruption, leading to faster recovery and minimal scarring.

■ Faster Recovery, Less Downtime

Most patients can go home the same day and resume light activities within a few days. Many return to work and regular routines much sooner than with surgical alternatives.

■ Proven Pain Relief

Studies show that HAE can significantly reduce chronic hip pain and improve mobility, enabling patients to return to daily activities and physical therapy.

■ A Bridge Between Conservative Care and Surgery

For patients who are not ready for hip replacement—or want to avoid it altogether—HAE offers an effective middle-ground option.

WHAT TO EXPECT DURING THE PROCEDURE

■ Pre-Procedure Evaluation

Imaging studies (MRI or CT scans) and lab work help us determine your candidacy for HAE.

■ Local Anesthesia & Sedation

You'll remain comfortable and relaxed throughout the procedure.

■ Catheter Placement

A tiny catheter is inserted into the femoral artery and guided to the hip arteries using fluoroscopic imaging.

■ Embolization

Small, medical-grade particles are released to block abnormal blood flow in the hip joint, reducing inflammation.

■ Post-Procedure Monitoring

After a short observation period, most patients can return home the same day.

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