

HURLEY IN THE MORNING > RESOURCES

Vascular Disease – Fact or Fiction

May 19th, 2026

[Listen to the Episode](#)**FEATURED PHYSICIAN****Gregory Domer, MD***Vascular and Endovascular Surgeon*[View Profile](#)

TRANSCRIPT

Harry Hurley

It's my privilege to advise that Dr. Gregory Domer has returned. We had a great visit in the not-too-distant past, and he's so good. Dr. Domer is a vascular surgeon — board certified in vascular surgery, vascular and endovascular surgery. After medical school, Dr. Domer completed a residency in surgery at St. Luke's Roosevelt Medical Center in New York, a fellowship in vascular surgery at UMDNJ Robert Wood Johnson University Medical School in New Brunswick, New Jersey, and an endovascular surgery fellowship at Union Memorial Hospital in Baltimore, Maryland. His special interests include vascular and endovascular surgery, aortic disease, carotid disease, limb preservation, interventions, and dialysis access. He is an author of numerous articles in peer-reviewed journals and medical textbooks, and holds leadership titles as division director of vascular surgery and program director of the vascular surgery fellowship at Deborah Heart and Lung Center. Doctor, welcome back.

Gregory Domer, MD

Oh, good morning. Thanks for having me, Harry.

Harry Hurley

My pleasure, great to have you back. I get to play game show host today — a dream of mine — because we're going to do fact or fiction regarding vascular disease. Question number one: vascular disease is any disease of your vascular system, including veins and arteries. Fact or fiction?

Gregory Domer, MD

Fact. Just to give people a little background — I always get this when I'm first meeting people at a dinner party or cocktail party. I tell them I'm a vascular surgeon and someone will say, "Oh, thank God. I've got this little varicosity on the back of my legs and I'm very concerned that I have serious vascular disease." So there are arteries and veins. The arteries are really the important component — they're the conduits that bring oxygenated blood and nutrients directly from our heart throughout our body. We only have a few arteries, whereas we have thousands and thousands of veins. Veins are what we typically see on our skin, either as varicosities or just normal bulging veins. And while veins can cause problems, it's rare that they cause anything significant. The arteries are very different — they're deep down under the muscle, and we can't see them. Having venous disease or varicosities is not in any way related to arterial disease.

Harry Hurley

So when people see that, they think, "Oh my god, this must be terrible." You might not like the aesthetics of it, but the peace of mind that it's typically not a serious health matter is good to know, isn't it?

Gregory Domer, MD

Yeah, absolutely. Varicosities can become painful, but rarely do they cause significant problems. Their presence alone is not something to be concerned about.

Harry Hurley

Question number two: vascular disease includes abdominal aortic aneurysm, carotid artery disease, and peripheral arterial disease (PAD). Fact or fiction?

Gregory Domer, MD

Fact. Vascular disease encompasses all of those things — they present very differently, and we'll touch on each of them.

Harry Hurley

How about right now? What are these conditions, and what do we need to know about them?

Gregory Domer, MD

The AAA — abdominal aortic aneurysm — is approximately the 14th leading cause of death in this country. It usually occurs as we age, not suddenly. All people, men especially, above the age of 65 should undergo at least a one-time screening ultrasound to determine whether they have an aneurysm. An aneurysm is a bulging out of the aorta — the largest blood vessel in the body, located just behind the belly button. If it enlarges to 5.5 cm, the risk of rupture significantly increases because the tissue becomes thinner and thinner as it expands, much like squeezing the side of a balloon until it ruptures. If you're 65 or older, especially with a smoking history, please talk to your primary care physician about getting that one-time screening.

Harry Hurley

If it's smaller than the threshold where you'd need to intervene, is that something you watch over time?

Gregory Domer, MD

Yes — we put patients into a surveillance program. If it's very small, less than 4 cm, we watch it every 3 to 5 years with an ultrasound, because these grow very slowly — at best about a half centimeter per year. If growth accelerates, we may consider intervention sooner. Once they get a bit larger, we increase the frequency to every 6 months. Multiple studies have shown that fixing smaller aneurysms carries a greater risk from the procedure itself than from simply watching it. Only at 5.5 cm or larger does that risk-benefit ratio flip. For context, we follow 1,500 to 2,000 aneurysms among all practitioners here and only operate on about 50 to 60 a year.

Harry Hurley

Excellent context. To make an appointment, call 609-621-2080 or visit demanddeborah.org. Fact or fiction: is age a risk factor for vascular disease?

Gregory Domer, MD

Absolutely — fact. After age 40, the prevalence of vascular disease doubles with each decade. Everyone at age 60 to 70 should be screened at least once for peripheral vascular disease. It's a simple test — either a physical examination or an ankle-brachial index, which compares blood pressure at the ankle to the arm. A significant difference confirms peripheral vascular disease. It's worth noting that estimates of those affected have risen from 8–12 million to 19–21 million in recent data. The good news: only 30% are even symptomatic,

and only about 1.5% ever face the risk of major amputation. But knowing your status matters, because those patients need diet modification, possibly antiplatelet therapy, and if diabetic, well-controlled blood sugar — all of which mitigate progression.

Harry Hurley

Fact or fiction: vascular disease is caused by obesity, diabetes, genetics, high cholesterol, high blood pressure, and sedentary lifestyle?

Gregory Domer, MD

Fact — all of those are risk factors. We separate them into modifiable and non-modifiable. Age, genetics, and sex are non-modifiable — males typically have a higher incidence. The modifiable risk factors we absolutely can address. It's estimated that 80 to 90% of people with appropriate modifications — diet, cholesterol management, exercise — can prevent heart attack or stroke. The biggest one is smoking. About 80 to 85% of the patients I see in clinic are smokers or former smokers. For those still smoking: your life really depends on quitting.

Harry Hurley

We're at halftime. When we come back: can vascular disease have no symptoms at all? Dr. Domer will answer that next.

Welcome back to Hurley in the Morning. If you missed the first half, please download the podcast — Dr. Domer has been putting on a masterclass. Fact or fiction: vascular disease may have no symptoms?

Gregory Domer, MD

Unfortunately, fact. The most dangerous example is the abdominal aortic aneurysm — the vast majority are picked up incidentally, while someone is being imaged for back pain or something else entirely. Those patients are referred to us, and again, most won't need anything done — they go into the surveillance program. But it's critical that people 65 or older, especially with a smoking history, get that one-time ultrasound screening through their primary care physician.

The other silent killer is carotid disease. Often the first symptom is a stroke or mini-stroke — never pain.

When a doctor listens to your neck with a stethoscope, he's listening for a bruit — an abnormal sound caused by turbulent flow over plaque, like the sound of rapids over rocks. If a bruit is noted, the follow-up is a carotid duplex ultrasound to determine whether there are significant blockages.

Harry Hurley

Would a typical person 65 or older have some calcification? Would that be normal or abnormal?

Gregory Domer, MD

Great question. This is never a disease that starts one day and becomes significant six weeks later. Autopsy reports show that even in teenagers there are early streaks of fibro-fatty debris within vessel walls — atherosclerosis. It's not causing a stenosis yet, but it's the precursor. Over decades, those streaks accumulate, cholesterol adheres, platelets stack up, and what was a streak in a teenager becomes significant stenosis in a 65-year-old — which can lead to heart attack or stroke depending on the vessel involved.

Harry Hurley

Fact or fiction: vascular disease is diagnosed with blood tests, imaging, and a physical exam?

Gregory Domer, MD

Yes — fact. Blood testing looks at your lipid profile. Statin therapy is truly one of the miracle drugs of our time — it stabilizes existing plaque and dramatically reduces the risk of heart attack and stroke. For those intolerant to statins due to cramping or liver issues, Repatha is an excellent alternative. On the imaging side, an abnormal physical exam leads to ultrasound, which if significant leads to CT scan, MRI, or diagnostic angiogram — though angiogram is typically reserved for patients we're planning to treat. The vast majority of diagnostic tests are non-invasive with no radiation.

Harry Hurley

To make an appointment, call 609-621-2080 or visit demanddeborah.org. Fact or fiction: a variety of treatment options are available, including medications, procedures, and surgery?

Gregory Domer, MD

Fact, absolutely. Beyond statins and Repatha, if you're diabetic it's extremely important to control blood sugar — elevated glucose accelerates atherosclerotic plaque formation. Heart-healthy diet and exercise also help mitigate progression.

An interesting finding from a recent conference: a supervised walking exercise program is as effective as intervention at 12-month follow-up for symptomatic patients. Symptoms in these patients include claudication — pain in the legs when walking, caused by insufficient blood flow to the muscle. It's vital to distinguish leg pain from chest pain: chest pain means go to the ER immediately. Leg pain, while uncomfortable, is not an immediate threat to the limb. In fact, I spend roughly 80% of my time convincing people they don't need a procedure — that a walking program is sufficient.

The key is to walk until you have the pain, and then keep walking. Once it's severe, stop. After 5 to 10 minutes the pain subsides and you continue. That discomfort is the stimulus for your body to open secondary pathways around the blockages.

Harry Hurley

If it hurts at a mile, I suppose you walk half a mile out so you're not stranded when the pain hits — Captain Obvious reporting for duty. Something to keep in mind for safety.

Gregory Domer, MD

That's a great point. And yes — walk until you have pain, keep going a bit, then stop. After 5 to 10 minutes it subsides and you go again.

Harry Hurley

Bonus question — fact or fiction: if you stick with the walking program consistently, will your tolerance improve? Could "hurts at a mile" become "hurts at two miles"?

Gregory Domer, MD

Absolutely. Most people may not reach two miles pain-free, but many get to a mile and a half. More importantly, they slow the progression of disease and the vast majority never need an intervention. Only 5 to 20% — depending on baseline severity and how well they manage modifiable risk factors — will ultimately require some kind of procedure.

Harry Hurley

Perfect clock management. Final question: fact or fiction — vascular disease is a chronic condition?

Gregory Domer, MD

Absolutely — it's chronic. There are acute presentations, the most common being an embolus from atrial fibrillation: a blood clot traveling to the lower extremities, upper extremities, or major vessels supplying the kidneys or intestines. That's a surgical emergency — we have roughly a 6-hour window. There is also "acute on chronic," where long-standing occlusive disease progresses to complete vessel closure — also potentially a surgical emergency. That said, we see patients with complete blockages in their leg vessels who are still managed effectively with risk factor modification. However, if you develop sudden severe pain, seek medical attention immediately.

Harry Hurley

To make an appointment at Deborah Heart and Lung Center, call 609-621-2080 or visit demanddeborah.org — you'll find a direct link to scheduling. That concludes our discussion today. Just a free clinic you put on, Dr. Domer. Thank you so much for your time and expertise.

Gregory Domer, MD

Thank you very much, Harry. Have a good day.

Harry Hurley

You do the same. Great to be with you.