INTERVENTIONAL RADIOLOGY REFERRAL GUIDE

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How to refer

Formal referrals: Please send through your usual referral process to Dr. Reeves's hospital-based practice in Watertown, NY. Do not send patient information through this website.

General physician questions (no patient details): russellreevesmd.com/contact.html?type=referral

Urgent or emergent problems: Do not use this website. Send the patient to the nearest emergency department, or tell them to call 911.

Conditions commonly evaluated

- **Peripheral artery disease:** Claudication and chronic limb-threatening ischemia: diagnostic angiography and endovascular revascularization (angioplasty, stenting, atherectomy).
- **Venous disease:** Symptomatic superficial venous insufficiency and varicose veins (thermal and non-thermal ablation, microphlebectomy, sclerotherapy); selected DVT, chronic venous occlusion and venous stenting.
- **Liver tumors:** Y90 radioembolization, chemoembolization (TACE), bland embolization and percutaneous ablation for selected primary and metastatic liver tumors, as part of a multidisciplinary oncology plan.
- **Men's health:** Prostate artery embolization (PAE) for selected BPH-related urinary symptoms, coordinated with urology; varicocele embolization.
- **Women's health:** Uterine artery (fibroid) embolization, coordinated with gynecology; pelvic venous embolization for selected pelvic venous disorders.
- **Spine and musculoskeletal pain:** Vertebral augmentation for painful compression fractures, basivertebral nerve ablation, medial branch RFA, minimally invasive lumbar decompression, interspinous fusion; genicular artery embolization and genicular nerve ablation for knee osteoarthritis pain.
- **Hemorrhoidal bleeding:** Hemorrhoidal artery embolization for selected patients with bleeding internal hemorrhoids, coordinated with colorectal surgery or gastroenterology.
- **Dialysis access:** Endovascular AV fistula creation for selected patients with suitable forearm anatomy on vein mapping, coordinated with nephrology, the dialysis unit and vascular surgery; dialysis catheters and fistula or graft maintenance.
- **Carpal tunnel syndrome:** Ultrasound-guided carpal tunnel release for selected patients with confirmed carpal tunnel syndrome who have not improved with non-surgical care.

Please send with the referral

- The clinical question and why IR consultation is being requested
- Relevant history, prior procedures and surgeries
- Recent imaging reports, and how to access the images
- Recent labs as relevant (for example kidney function, blood counts and coagulation)
- Anticoagulant and antiplatelet medicines
- Allergies, especially to iodinated contrast
- Who to send the consult note back to

When relevant

- **Peripheral artery disease:** ABI/PVR or arterial duplex results; wound status and current wound-care team, if any
- **Venous disease:** Venous reflux duplex, if already done; compression or other conservative treatment history, if the patient's insurer requires it
- **Liver-directed therapy:** Tumor board or oncology recommendation; recent contrast CT or MRI, liver function tests and bilirubin; treating oncologist and hepatologist contacts
- **Prostate or fibroid embolization:** Urology or gynecology evaluation; relevant imaging (for example pelvic MRI or ultrasound) and labs

What happens next

1. Referral and imaging reviewed
2. Consultation: options, including non-procedural ones, with benefits, risks and alternatives
3. Procedure scheduled only if appropriate and chosen by the patient
4. Consult note, procedure report and follow-up plan sent back to you. Follow-up or consultation after a referral is usually within 2–4 weeks.

Send patient information only through the practice's secure referral channel, never through the website. This sheet is general information for clinicians, not medical advice, and does not guarantee that any procedure is appropriate for a particular patient. Independent personal professional website; not an employer or health-system document. Last updated November 19, 2026.