

VASCULAR, ENDOVASCULAR, & GENERAL SURGERY**H. Charles-Harris, MD & Associates****A Center of Excellence***A Surgical Newsletter Joining Physicians in Medicine and Surgery***NEWS****Minimally Invasive Laparoscopic Ventral Hernia Repairs the New Trend**

Approximately 2 million abdominal surgeries were performed in 2006 in the United States, and up to an estimated 20% resulted in ventral incisional hernias. In a ten year study between 1995 and 2005 by the University of Texas Health Science Center, data from 360 patients was collected. 233 patients underwent open surgery while 127 patients underwent the laparoscopic approach. The mesh used was larger in the laparoscopic group. The results concluded that in comparison to the open surgery, the laparoscopic procedure resulted in a drop in major morbidities from 15% to 7%, and post-operative admission from 28% to 16% respectively.

Unless medically necessary in specific cases, Dr. Charles-Harris performs all ventral hernia repairs in the laparoscopic fashion. Unlike many other surgeons in the locality, he also performs laparoscopic colon resections, laparoscopic gall bladder surgery, and laparoscopic appendectomies. These patients enjoy the benefits of faster recovery time, smaller incisions, decreased pain, and overall higher level of satisfaction.

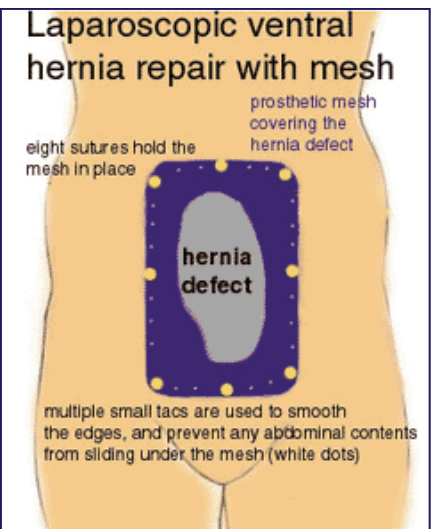
FEATURED PROCEDURE**Laparoscopic Ventral Hernia Repair**

Incisional, Ventral, Epigastric, or Umbilical hernias are defects of the anterior abdominal wall. Certain risk factors predispose patients to develop incisional hernias, such as obesity, diabetes, respiratory insufficiency, steroids, wound contamination, postoperative wound infection, smoking, or inherited disorders.

Frequently, hernias are easily felt and diagnosed. A bulge under the skin may be noted, or pain felt when lifting heavy objects, cough, strain during urination or bowel movements or during prolonged standing or sitting.

The pain may be sharp and immediate or a dull ache that gets worse toward the end of the day. Severe, continuous pain, redness and tenderness are signs that the hernia may be strangulated. These symptoms are cause for concern and require immediate medical and surgical attention. To reduce this danger and an emergency hospital stay, elective surgery at the convenience of the patient is often the preferred method of treatment.

Electively scheduled outpatient laparoscopic surgery to repair such hernias provides a minimally invasive technique with minimal scarring, speedy recovery time, and the insertion of the mesh helps to prevent recurrence in the area.



Courtesy of lap-hernia.com

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*Questions?**Referrals?**Contact Us!*

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DIAGNOSIS IN DETAIL

Cholesterol in the Diet

Saturated fat, trans fat, and cholesterol in the diet all raise the level of LDL cholesterol in the blood, the "bad" cholesterol. The higher the LDL cholesterol, the greater the risk for coronary heart disease. This also affects the peripheral arteries and can cause blockages in the heart, the legs, and other vessels in the body. Saturated fat and trans fat raise LDL similarly, but saturated fat is more widely consumed in the American diet. Steps can be made to reduce the intake of cholesterol which can lead to a healthier body and decreased risk of heart and other vessel diseases.

Simple Steps to Help Reduce the Patient's Risk of Cholesterol

- ▶ Get a fasting lipoprotein profile to find out what the patient's total cholesterol, LDL cholesterol, HDL cholesterol and triglyceride numbers are.
- ▶ Encourage patients to learn how to read a food label—Choose foods that are low in saturated fat, trans fat, and cholesterol.
- ▶ Calculate the patient's Body Mass Index (BMI) and see how their weight measures up.
- ▶ Advise patients to participate in physical activity of moderate intensity—like brisk walking—for at least 30 minutes on most, and preferably all days of the week. No time? Suggest breaking the 30 minutes into three 10-minute segments during the day.
- ▶ Counsel the patient to not smoke or stop smoking. Work together on ways to quit.

For this and more information, visit the National Heart, Lung, and Blood Institute online at: <http://hp2010.nhlbihin.net/cholmonth/>.



NATURAL REMEDIES FOR COMMON AILMENTS

Leg Pain

Go Bananas: Some cramps are due to lack of potassium, especially when people are taking diuretics. Bananas eaten daily increase potassium intake. Cucumbers, celery, and lettuce are natural alternatives to chemical diuretics.

Constipation

Drink warm water on an empty stomach to stimulate peristalsis by reflex. Adding lemon juice to the water helps. Increase fruits that have roughage into the diet like prunes, pears, grapes, and papayas.

Diarrhea

Eat Yogurt with active cultures, bananas soaked in milk, or drink rice water.

Stress & Depression

End the Sugar Cycle by cutting down on sugars - these spurts of energy are generally followed by fatigue and anxiety.

Reduce Caffeine, Alcohol, & Cigarettes - they cause highs and lows of anxiety and depression.

For more suggestions visit herbal-home-remedies.org. Patients are encouraged to seek medical advice before starting any new treatment plan.

SURGERIES PERFORMED

- Breast Cancer & Disorders
- Ultrasound-Guided Breast Biopsy
- Stereotactic Breast Biopsy
- Goiters & Thyroid Disorders
- PAD (Peripheral Arterial Disease)
- Aortogram with Peripheral Angiograms
- Peripheral & Visceral Arterial Stenting
- Aneurysm Repair & Excision
- Abdominal Aortic Aneurysm
- Carotid Stenosis
- Vena Cava Filter
- Permanent Dialysis Access: AV-Fistula & AV-Graft
- Gallstones & Cholecystitis
- Biliary Cancer & Disorders
- Pancreatic Cancer & Disorders
- Stomach Cancer & Disorders
- Colon Polyps & Colorectal Cancer
- Laparoscopic Colon Surgery
- Hernia Repairs
- Laparoscopic Ventral Hernia Repair
- Appendix Surgery
- Circumcision
- Hemorrhoids
- Anal Fissures & Fistulas
- Various Vascular Access: Catheters & Infusion Ports

SURGICAL TRIVIA

Did you know?

The radical mastectomy was first developed in 1890 as a treatment for breast cancer.

VIA E-MAIL

Would you like to get this newsletter sent to your email inbox? Send an email requesting to be added to our e-mailing list:

gvsurgeon@gmail.com

All emails will be kept confidential.

JUST A NOTE....

To help the primary care physician's staff schedule appointments for surgical referrals, we encourage them to:

- ▶ Put the patient on the phone and we'll schedule the appointment with them directly. We'll provide them with advice of what to bring in preparation for their visit and we'll even mail the appointment information to their home!
- ▶ Let us know what diagnosis your patient is coming for and we'll let you know what kind of referral is needed (if any), which reports to provide, and the specific diagnosis and procedure codes for the referral!

For any questions or concerns, please do not hesitate to call us at: **305-691-2941**. We look forward to working with you to ensure quality of care for all of our patients! ~ Vivian & Naome