January is Thyroid Awareness Month

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VASCULAR, ENDOVASCULAR, & GENERAL SURGERY
H. Charles-Harris, MD & Associates
A Center of Excellence

A Surgical Newsletter Joining Physicians in Medicine and Surgery

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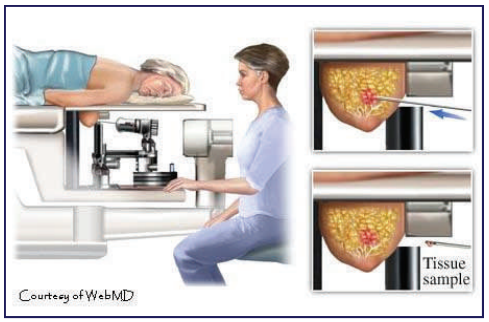
Contact Us!

Tel: 305.691.2941
Fax: 305.696.4435

1190 NW 95 Street
Suite 101
North Miami, FL 33150

NEWS

Stereotactic Breast Biopsy



Dr. Håkan Charles-Harris is pleased to introduce the Stereotactic Breast Biopsy to his large repertoire of breast surgery. Compared to Needle Localization Biopsy, the Stereotactic Biopsy is often preferred by patients because they undergo one procedure in a special procedure room rather than two procedures first going to Radiology and then being sent to the Operating Room with a needle in the breast for additional surgery. The incision is tiny and therefore the post-surgical pain and complications are much less and the specimen obtained is often adequate to establish an accurate diagnosis.

The Stereotactic Biopsy is done using a special table, digital mammography, and computer calculated stereo-images which aid the biopsy needle to the correct area of the breast for the biopsy. This is done under local anesthesia with no sedation and the patient is able to go home immediately afterwards. The entire procedure can be as little as 30 minutes.

The decision of which type of biopsy is most appropriate, however, depends on the patient, the location of the lesion, the type of lesion on the mammogram, as well as other factors such as patient choice. All the different types of breast biopsies are now available through our practice which makes it more convenient for the patient and also for the primary care office.

CASE STUDY

Total Thyroidectomy for Large Goiter

Patient X is a 50 year old female patient who is morbidly obese weighing in excess of 300 pounds, of short stature, a short neck, and a large visible goiter which has now caused compression and deviation of the trachea. She has co-morbid conditions of hypertension, diabetes, hyperlipidemia, COPD/asthma, as well as sleep apnea. After obtaining the appropriate consultations with her primary care physician, pulmonologist, as well as cardiologist, total Thyroidectomy was scheduled. The increased risks to this patient were discussed with her and the need for postoperative care in the ICU was planned for. The surgery was done through a standard transverse neck incision and careful dissection avoiding the laryngeal nerves was done. The superior mediastinum portion of the thyroid pulled up into the wound and the entire thyroid resected using the harmonic scalpel for incision as well as hemostasis. This decreased the amount of bleeding dramatically and also decreased the operating time. This patient did very well with no complications. She stayed in the ICU for 2 days and was actually discharged home from the ICU. Outpatient follow up revealed no complications.
~Dr. Charles-Harris

DIAGNOSIS IN DETAIL

Thyroid Cancer

January is Thyroid Awareness Month. According to the American Cancer Society, the 2006 estimate of new cases of thyroid cancer would be 30,180 with 1500 dying from the disease. The 5-year survival rate of treated patients, however, is 97%.

Symptoms

Possible signs of thyroid cancer include a lump in the neck that sometimes grows rapidly, a pain in the front of the neck sometimes radiating up to the ears, hoarseness or a voice change that won't go away, breathing problems, trouble swallowing, and/or a cough that continues without a cold.

Diagnosis

When these symptoms are identified, an ultrasound should be performed to locate and describe the possible lump. Blood tests including Thyroid Function, T3 and T4, as well as a Thyroid Nuclear Scan should also be done to investigate further. In addition, a biopsy may be performed to determine if the lump is cancerous.

Treatment

If the tests performed indicate the possibility of cancer, surgery is elected to remove part or all of the thyroid gland. This may be followed by a regime of hormone replacement pills and postoperative radioiodine treatment. External beamed radiation and chemotherapy is also possible. Follow up with both the surgeon and the patient's endocrinologist and oncologist is recommended. *~ Dr. Charles-Harris*

SURGICAL TRIVIA
A Cure for Headaches?

Long ago, headaches were often thought to be the work of evil spirits, and rituals were performed to drive them away. In the Neolithic period, circular chunks of skull were removed to let the spirits escape. Oddly, people seemed to have survived these operations, as skeletons have been found that showed new bone growth around these holes!

HEALTHY LIVING:
THE MIND-BODY CONNECTION

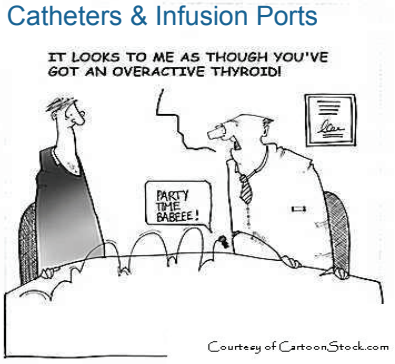
In the 6th Century B.C. Hippocrates wrote "for this is the great error of our day that the physicians separate the soul from the body." In 1975, Dr. Robert Ader, Director of the Division of Behavioral and Psychosocial Medicine at the University of Rochester in New York, first reported that our immune system, nervous system, and endocrine system work together, each system influencing the other systems. Today, scientific advances are demonstrating how our emotions affect our health.

A researcher at the University of California at San Francisco found that breast cancer patients who participated in weekly group therapy sessions survived nearly twice as long as patients who did not participate. In addition, a study at the University of California at Los Angeles found that melanoma patients who were provided stress management and coping skills plus weekly counseling for 6 weeks had almost half the rate of cancer recurrence and a third fewer deaths than other melanoma patients within a five-year period!

Patients with positive attitudes and supportive relationships have been found to heal faster and recover better than those without such support. The proposition for surgery can be stressful, but a positive mental attitude, education, and supportive relationships lead the way to a speedy recovery! *~Ardith*

SURGERIES PERFORMED

- Stereotactic Breast Biopsy
- Uterine Fibroid Embolization
- 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
- Stomach Cancer & Disorders
- Colorectal Cancer & Disorders
- Breast Cancer & Disorders
- Gallstones & Cholecystitis
- Biliary Cancer & Disorders
- Pancreatic Cancer & Disorders
- Goiters & Thyroid Disorders
- Hernia Repairs
- Appendix Surgery
- Circumcision
- Hemorrhoids
- Anal Fissures & Fistulas
- Various Vascular Access: Catheters & Infusion Ports



SURGERY & TRAVEL

In this shrinking world of global travel, the internet, and cellular telephones, the question often arises: "should I do my surgery before I travel or after I return?" The answer is: "it depends." If the travel is to a region of the world known for questionable healthcare, clearly any surgery that could conceivably occur as an emergency should be taken care of before. This could include simple surgery such as hernias and gallbladder operations among others. However, major elective surgery for benign conditions should be contemplated depending on the condition, as it might be wiser to wait until after returning because major surgery can put the patient out of commission for one to three months. Obviously travel in this time period, especially adventure travel, should be restricted.

Discussion should be held with the primary care physician and surgeon if the patient needs surgery and also has travel plans. Health always come first! *~Dr. Charles-Harris*