



VASCULAR, ENDOVASCULAR, & GENERAL SURGERY

H. Charles-Harris, MD & Associates

A Center of Excellence

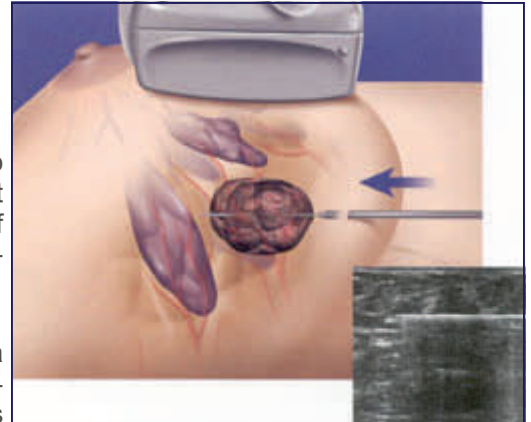


A Surgical Newsletter Joining Physicians in Medicine and Surgery

NEWS

Introducing Ultrasound-Guided Breast Biopsy

Dr. Håkan Charles-Harris is pleased to introduce Ultrasound-Guided Breast Biopsy to his current large repertoire of breast surgery and breast cancer treatments.



Courtesy of womenshealthpractice.com

Ultrasound-guided breast biopsy is a highly accurate way to evaluate abnormal mammograms or suspicious masses that are visible on ultrasound, whether or not they can be felt on breast self-examination or clinical examination.

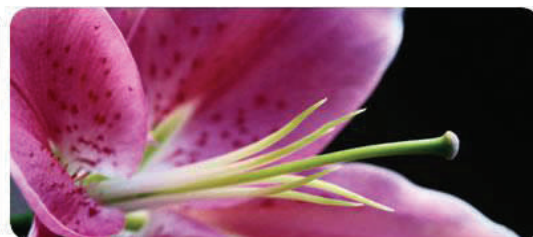
During the procedure, the patient is prepped with local anesthesia, and after placing the ultrasound probe over the site of the breast lump a biopsy needle is guided directly into the mass that is located on the ultrasound's screen. Tissue specimens are then taken using either hollow-core needle biopsy device, an automatic spring-loaded device or a vacuum-assisted device (VAD). Also, when it is necessary to do an open surgical biopsy, a guide wire is first passed directly into the mass and also guided by ultrasound.

Compared with other types of breast biopsies, the ultrasound method is faster, avoids the need for radiation exposure, and allows for the evaluation of lumps under the arm or near the chest wall, which are often more difficult to assess by other methods. Our practice offers the benefit of the procedure being performed by the surgeon who will continue to work with the patient if any additional treatments or surgery are necessary to ensure for the total care of the patient.

Patients prefer this method to open biopsy because the ultrasound-guided method is much faster than surgical biopsy, causes less tissue damage, much smaller scar, and is less costly. In addition, when using VAD, it is sometimes possible to remove the entire lesion.

Dr. Charles-Harris also performs other types of breast treatments including: open biopsies, incisional biopsies, stereotactic biopsies, sentinel lymph node biopsies with or without axillary dissection, cyst aspiration, ultrasound-guided cyst aspiration, lumpectomies, quadrantectomies, breast conservation surgery for breast cancer, simple mastectomies, and modified radical mastectomies.

Courtesy of the womens imaging center



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Questions?

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Contact Us!

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DIAGNOSIS IN DETAIL

Understanding the Risk Signs of Breast Cancer

Growing Older

- From birth to age 39, 1 woman in 231 will get breast cancer (<0.5% risk).
- From ages 40–59, the chance is 1 in 25 (4% risk).
- From ages 60–79, the chance is 1 in 15 (nearly 7%).

Personal History of Breast Cancer

For a person who has been diagnosed with breast cancer in the past, they are at risk of the breast cancer recurring or the formation of a new breast cancer. The risk is about 1% per year, so that over a 10-year period, the patient's risk would be about 10%.

Family History of Breast Cancer

Some patterns of family history may strongly point to an inherited gene abnormality that is associated with a relatively higher risk of breast cancer. Therefore, a significant risk to having breast cancer is a family history such as:

- having a mother, sister, or daughter with breast cancer,
- having multiple generations of family members affected by breast, ovarian and colon cancer,
- having relatives who were diagnosed with breast cancer at a young age (under 50 years old),
- having relatives who had both breasts affected by cancer.

It should be noted that certain types of breast cancer gene abnormalities are also associated with a higher risk of ovarian cancer (from 20–60%).

These facts and more information about these risks can be found at: www.breastcancer.org.

SURGICAL TRIVIA

Did you know that quitting smoking could help you avoid complications when undergoing surgery?

BUSINESS SENSE MAKES HEALTH SENSE

How our high-standards in patient care can improve your bottom line!

Colon Resection

Dr. Charles-Harris has seen excellent results from performing laparoscopic colon resections, providing the patient with a quicker recovery time and shorter hospital stay than open surgery. This allows the patient to get back to their normal activities sooner. However, even when undergoing open colon resection, Dr. Charles-Harris' patients stay an average of 3 days compared to the national average of 5 to 7 days! Not only does this improve the outcome of the patient, but it also decreases the costs associated with longer in-patient hospital stays!

Endovascular Procedures

Dr. Charles-Harris' training and skills in both endovascular and vascular surgery provide the patient with complete overall care. Patients who are candidates for endovascular procedures benefit from outpatient treatment, fast recuperative time, and immediate improvement in blood flow. For those patients whose disease is too advanced, Dr. Charles-Harris can also treat the patient with traditional vascular surgery. While the patient receives continued care by the same surgeon, they avoid multiple referrals and the time associated with seeking out multiple physicians. This leads to the patient's increased satisfaction and excellent continuance of care in a timely fashion.

SURGERIES PERFORMED

- Ultrasound-Guided Breast Biopsy
- 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



"I told you smoking was bad for you." © 2005 by Dr. Charles-Harris

JUST A NOTE...

To ensure that we may continue to provide efficient and thorough care for every patient, please help us to ensure the following:

Appointments for Diagnosis: Abnormal Mammogram

For patients referred with abnormal mammograms, please have them bring their mammogram and ultrasound films with them on their visit. Reports of all previous breast studies should be faxed prior to the patient's appointment to: **FAX# 305-696-4435.**

Pre-Ops for Scheduled Surgery

To guarantee the patient's space for surgery on the OR schedule, we ask that all pre-operative labs/reports for patients scheduled for surgery be faxed to our office **NO LATER THAN 12:00PM on the day BEFORE surgery.**

For any questions or concerns, please do not hesitate to call us at:

TEL# 305-691-2941. Thank you for your help to ensure quality care for all our patients!