

VASCULAR, ENDOVASCULAR, & GENERAL SURGERY

H. Charles-Harris, MD & Associates

A Center of Excellence



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*Questions?
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A Surgical Newsletter Joining Physicians in Medicine and Surgery

News

New Endovascular Equipment Offers State of the Art Treatment

Håkan Charles-Harris, MD, Chief of Surgery at North Shore Medical Center, has been instrumental in the designing and purchasing of state-of-the-art equipment in a new Endovascular Suite. Bringing advanced technology to treatment for peripheral arterial disease (PAD), this equipment revolutionizes the types of treatment



Dr. Charles-Harris now offers for patients with restricted arterial flow. The new technology allows for televised real-time motion pictures during such procedures as aortograms, angiograms, angioplasty, and percutaneous arterial stenting. High-quality imaging provides real-time ability to diagnose and respond immediately to narrowed and occluded arteries. Patients with Peripheral Arterial Disease, Occluded Permanent Access (AV Fistula/AV Graft,) Renal Artery Stenosis, Aortic Aneurysms, and Carotid Artery Stenosis, can all benefit from these new services offered electively at the convenience of the patient. Not only does Dr. Charles-Harris specialize in doing these diagnostic and therapeutic procedures, but his Vascular Surgery skills enables him to perform Vascular Surgery on those patients who are not suitable for these Endovascular techniques. Continuity of care by the same surgeon throughout the diagnosis and treatment phases allows for increased patient comfort and satisfaction, and decreased waiting time and referral requirements, and above all a better outcome. — *Ardith*

A Case Study

Aortic Stenosis Treated with Emergency Axillo-Bifemoral Bypass

An 81 year old female presented to the emergency room with several weeks of increasing pain in BOTH lower extremities. A few days before she was ambulant with a walker but now could not walk because of pain in both legs. She has coronary artery disease with ejection fraction of less than 10%, and an axillo-bifemoral bypass done at a major facility 3 years ago. This graft closed after less than a year and since then she has been experiencing claudication and now rest pain with acute limb threatening ischemia. She went for an evaluation at a major tertiary facility for a new bypass, but was turned away as too "high risk" for this surgery. An emergency CT Angiogram at our facility showed high grade stenosis of the abdominal aorta with minimal if any flow in both iliac arteries, but with patent femoral and distal vessels. The problem was the occluded graft and stenotic aorta preventing flow to both legs. The patient was at risk for bilateral limb loss if extraordinary measures were not taken. Medical and Cardiology evaluation concluded that any surgery in this lady would be extremely high risk. After discussion with the patient and her family explaining the high risks involved, surgery was performed under LOCAL anesthesia with mild sedation. She underwent a right axillo-bifemoral bypass, very technically difficult because of a very diseased right axillary artery full of plaque. After the surgery, she immediately had dopplerable pulses in both legs (DP and PT). By POD#1 her feet were warm and by POD#3 we were able to get physical therapy to help her take her first steps again. She went to rehab in less than a week and is now walking with a walker. — *Dr. Charles-Harris*

Diagnosis in Detail

Signs & Symptoms of Peripheral Arterial Disease (PAD)

PAD typically manifests with exercise induced pain in the calf, thigh or buttocks. More advanced cases may present with foot pain at rest, non-healing foot ulcers, wounds, and gangrene. If there is renal-artery stenosis, you may have slowly deteriorating renal function, be on two or more anti-hypertensive medications to control severe hypertension, and have other abnormal kidney tests.

Risk Factors

Smoking, High Blood Pressure, Diabetes, High cholesterol, Obesity, Sedentary lifestyle, Family history of Vascular Disease

Diagnosing PAD

Simple screening using ABIs and non-invasive arterial dopplers usually are enough to diagnose most patients at risk. After this, depending on the circumstances, I will usually order a CTA or MRA and sometimes an Angiogram with the possibility of an intervention.

Treatment Options

Conservative treatment options include addressing the risk factors. Many patients with PAD who have persistent symptoms despite conservative management or those who present more acutely, can be treated successfully with minimally invasive techniques such as balloon angioplasty (PTA) and stenting. Angioplasty involves inflation of a balloon catheter in the diseased artery at the site of narrowing or blockage. This area is stretched open, re-establishing better blood flow. Often a vascular stent is deployed concurrently at the site of blockage to mechanically support the diseased artery. The stent decreases the chance that the blood vessel will re-stenose or occlude again.

Surgery for PAD is generally reserved for those symptomatic patients who do not respond to conservative treatments and whose vascular anatomy and arterial blockages are not optimal for angioplasty and stent intervention. — *Dr. Charles-Harris*

Surgeries Performed

- Aortogram with Peripheral Angiograms
- Peripheral & Visceral Arterial Stenting
- Aneurism Repair & Excision
- Abdominal Aortic Aneurism
- 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

Ask the Surgical PA

What is Intermittent Claudication?

Intermittent claudication is a tight, aching, or squeezing pain in the calf, foot, thigh, or buttock that occurs during exercise, such as walking a certain distance, up a steep hill or a flight of stairs. This pain usually occurs after the same amount of exercise, intensifies until exercise becomes impossible, and is relieved by rest. Intermittent claudication is the main symptom of peripheral arterial disease. As the condition progresses, leg pain may occur even at rest (rest pain or rest claudication). — *Elke Ojeda, PA-C*

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Meet Your Team

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Joining Physicians in
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