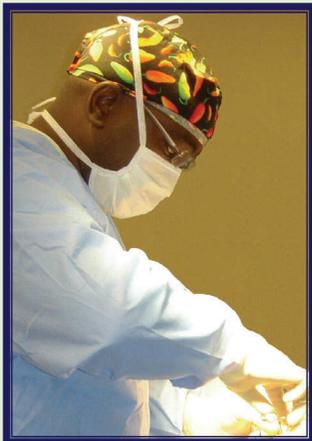


VASCULAR, ENDOVASCULAR, & GENERAL SURGERY

H. Charles-Harris, MD & Associates

A Center of Excellence



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A Surgical Newsletter Joining Physicians in Medicine and Surgery

NEWS

Surgeon "On-Demand"



ENDOVASCULAR PROCEDURES

STEREOTACTIC BREAST BIOPSIES

Dr. Håkan Charles-Harris has recently been featured on Comcast On-Demand's Health Network. During this broadcast, Dr. Charles-Harris introduces the public to minimally-invasive surgical advances in two areas: Endovascular Procedures (for Peripheral Arterial Disease) and Stereotactic Breast Biopsies. As part of his extensive expertise in a wide array of surgical procedures, Dr. Charles-Harris discussed the new equipment and techniques available in these areas. He has been instrumental in establishing both a state-of-the-art Endovascular Suite in the Operating Room at North Shore Medical Center as well as establishing the capability for performing Stereotactic Breast Biopsies there. With technologically-advanced equipment and a highly-skilled team along side him, Dr. Charles-Harris is pleased to offer these outpatient procedures as part of the wide array of services offered by his practice. Tune in today to check it out!

CASE STUDY

Laparoscopic Hand-Assisted Colon Resection

Patient X is a 59 year old male of normal to slightly overweight body habitués. He had his first colonoscopy recently which found a tumor of the ascending colon. The tumor was small and a CT scan was done which confirmed an early tumor. Discussions were held with the patient regarding the options for surgical treatment including traditional laparotomy and right hemicolectomy vs. hand-assisted laparoscopic colon resection (HALS). The patient opted for HALS and was scheduled. On the day of surgery, in under an hour and a half, the procedure was done using 3 laparoscopic ports and a hand-access incision (all small incisions in comparison with traditional laparotomy.) The surgery was uneventful without any complications and minimal blood loss. On post-operative day one, the patient was started on full-liquid diet, and on post-operative day two, the patient was on regular diet. He was discharged home on the evening of post-operative day two on oral pain medication. On post-operative day five, in a follow-up phone call, the patient had passed stool several times and was tolerating his regular diet without any problems. During his two-week post-operative visit in the office, he was doing very well and was asking to return to work.

The obvious benefits of HALS are rapid return of bowel function, shorter hospital stay, lower cost to the patient and HMO, significant reduction in the patient's lost productivity, and better cosmetic appearance. It should be noted that this procedure is not suitable for all patients and the decision is based on each patient's characteristics in addition to patient choice.



Source: Cancer Control © 2003 H. Lee Moffitt Cancer Center and Research Institute, Inc.

~Dr. Charles-Harris

DIAGNOSIS IN DETAIL

ASK THE SURGICAL PA

Colon Cancer

Colon Cancer is the third leading cause of cancer in the United States in both men and women. Diets high in fat have shown to predispose colorectal cancer; therefore diets rich in fresh fruits, vegetables, and whole grains are encouraged. Men and women over the age of 50 and people with a family history of colorectal cancer or inflammatory bowel disease are at a higher risk for colon cancer. Symptoms of colon cancer can be vague such as weakness, fatigue, abdominal pain, abnormal bowel habits, weight loss, bloody stool and obstruction of bowel.

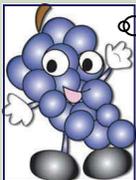
Diagnoses & Screening

A Barium Enema can be ordered if colon cancer is suspected, although a colonoscopy is more accurate. The best prevention from colon cancer is early detection of precancerous polyps. Regular screening for colon cancer is important. Digital rectal examinations and stool occult blood testing should be done annually on patients starting at the age of 40. Colonoscopies should be done on patients starting at the age of 50 or sooner if indicated.

Treatment

Surgery (laparoscopic or open traditional) is the most common treatment for colon cancer. During the procedure, the tumor is removed along with several lymph nodes, and the remaining healthy bowel is then reconnected. Dr. Charles-Harris usually performs these procedures in under an hour with an average hospital stay of 2-5 days. Patients are usually started on a clear liquid diet the following day of surgery and the return of bowel function is usually as quick as 2-3 days. Recurrence of colon cancer, if caught early is less than 1%. With proper follow ups with an Oncologist, blood work, chest X-rays, CAT scans, and treatments in conjunction with the patients Primary Care Physician, colon cancer can be treated successfully!

~ Elke Ojeda, PA-C



Eat Your
Fruits &
Veggies!

QUESTIONS?

- Would you like to read about a particular procedure or treatment in future newsletters?
- Do you have a question about referring a patient?



CALL US!
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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

HEALTHY LIVING

Suggestions for Promoting Colon Cancer Prevention

1. **Genes** - if there is colon cancer or polyps in the patient's family, a colonoscopy is necessary to detect early cancer or removal of polyps
2. **Screening** - yearly stool exam for hidden blood starting at age 40, and sigmoidoscopy every 5 years or colonoscopy every 10 years starting at age 50. If there is a family history of colon cancer or polyps, one should be evaluated more often.
3. **Polyps** - remove polyps when found to avoid them becoming cancerous
4. **Diet** - High in: yellow, red and orange fruits and vegetables, fish, and fiber. Low in: red meats, saturated fats and alcohol.
5. **Calcium & Vitamin D** - 1,000mg of each a day from diet or supplements
6. **Folic Acid** - take a daily supplement or multivitamin with at least 400 mg of folic acid
7. **Lifestyle** - keep an active lifestyle - walk, exercise
8. **Cigarettes** - do not smoke cigarettes
9. **Aspirin** - may be helpful but should be discussed with the patient's primary care physician
10. **Positive Attitude** - one of the best things patients can do for better health is to maintain a positive attitude!

These suggestions may not apply to everyone. All patients should discuss any new health decisions with their primary care physician before beginning.



You need to include more calcium in your diet!

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