



# VASCULAR, ENDOVASCULAR, & GENERAL SURGERY

H. Charles-Harris, MD & Associates

*Exceeding Your Expectations!*

*A Surgical Newsletter Joining Physicians in Medicine and Surgery*



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Questions?  
Referrals?  
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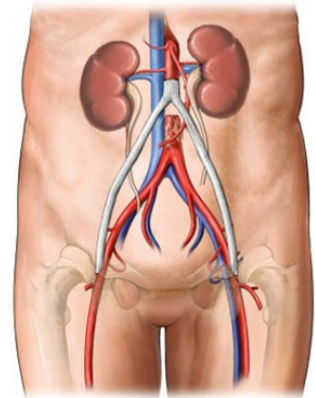
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## AORTOBIFEMORAL BYPASS

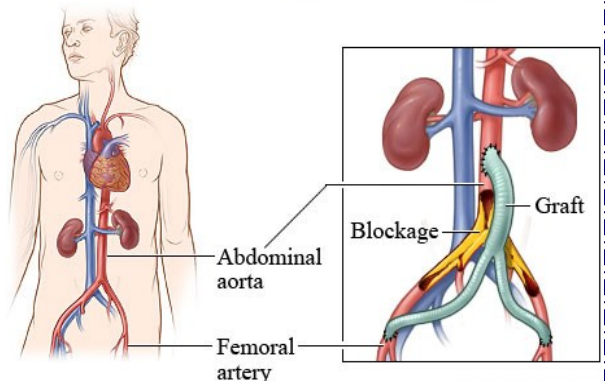
### Dr. Charles-Harris performs the very rarely done Aortobifemoral Bypass for Obstructed Aorta and Iliac Arteries

Dr. Charles-Harris recently treated a patient with Peripheral Artery Disease (PAD) and severely diseased Iliac Arteries, with a procedure not commonly performed but widely regarded in medical literature as one of the most highly effective treatment options. Because of Dr. Charles-Harris expertise in Vascular Surgery with special emphasis on the aorta and peripheral arteries, he is one of the few Vascular surgeons in South Florida to perform this procedure.



*Courtesy of Society of Vascular Surgery*

The aortobifemoral bypass surgery is used to bypass the diseased section of the large blood vessels in the abdomen by redirecting the blood through a graft made of synthetic material. This graft is sewn above and below the diseased artery so that blood flows through the graft. These man-made grafts are usually chosen over transplanted natural grafts for aortobifemoral surgery, because the blood vessels involved are large. A large incision from the upper abdomen to the pubic bone is made in addition to two incisions in the groins. The graft is sewn to the aorta and threaded through the



large incision into the smaller incisions and reconnected to the femoral arteries in each leg. The abdominal incision is opened wide so that the internal organs may be carefully put aside to expose the aorta. Numerous specialized instruments are used and careful attention is made to ensure that the aorta and femoral arteries remain intact and blood is not lost unnecessarily. These grafts usually stay open long term.

When Dr. Charles-Harris' patient arrived on the morning of surgery, he was difficulty walking due to the pain in his thighs and legs. After only 4 hours of surgery, and only a few days in the hospital, the patient was able to walk again and happily exclaimed that he no longer suffered from leg pain. His prognosis is very good.

In addition to major vascular surgery such as this one, Dr. Charles-Harris also treats patients affected by PAD with minimally-invasive endovascular procedures. Outpatient diagnostic angiograms and therapeutic angiograms and stenting provide options to opening up blocked vessels in the aorta, renal arteries, and peripheral arteries in the legs.

## FROM BREAST BIOPSY TO CANCER SURGERY

### A better approach to continuance of care

When a patient has a diagnosis of abnormal mammogram, abnormal ultrasound, or breast mass or cyst, often she is referred for a biopsy to diagnose the abnormality. Despite everyone's best efforts, the traditional route often provides opportunities for breakdown in continuity of care and time lost. An example may be a lady with abnormal mammogram who waits 2 weeks for an appointment with a radiologist at a diagnostic facility, 3 weeks to learn her results, 3 weeks for an appointment with a surgeon, and 3 more weeks for surgery. While these 11 weeks have passed, the potential for a cancer growing is great. Breast cancer is a serious disease and must be treated quickly.

In contrast, when a patient is referred to Dr. Charles-Harris for a biopsy, she may get an appointment within 1 week, have the biopsy done the same week, get a call back with the results within 4 days, and be scheduled for follow up surgery within a week. Rather than 11 weeks in the best case scenario, she has received the same treatment within 2 weeks, and all by the same breast specialist!



*Get fast treatment when diagnosed with a breast abnormality & win the race against breast cancer!*

Biopsies can be done outpatient and follow up surgery, if needed is also performed as outpatient. Based on each patient's personal diagnosis, biopsy options will be given: ultrasound guided, stereotactic, needle localization, or excisional biopsy. If cancer is diagnosed, Dr. Charles-Harris is able to offer a wide variety of surgical options: tumor excision, breast conserving surgery, partial mastectomy, modified radical mastectomy, sentinel lymph node biopsy with axillary dissection, in addition to balloon insertion for targeted radiation therapy. If chemotherapy is needed, he can even put in the port for treatment.

## SURGERIES PERFORMED

### Breast Surgery

- Ultrasound-Guided Breast Biopsy
- Stereotactic Breast Biopsy
- Breast Cancer Disorders

### Endovascular Procedures

- Aortogram with Peripheral Angiograms
- Peripheral & Visceral Arterial Stenting
- Aneurysm Repair & Excision
- Abdominal Aortic Aneurysm
- Uterine Artery Embolization

### Vascular Surgery

- Carotid Stenosis
- Vena Cava Filter
- Permanent Dialysis Access: AV-Fistula & AV-Graft
- Various Vascular Access: Catheters & Infusion Ports

### Thyroid Surgery

- Goiters & Thyroid Disorders

### General & Colorectal Surgery

- Stomach Cancer & Disorders
- Colorectal Cancer & Disorders: Laparoscopic Colon Resection
- Gallstones & Cholecystitis: Laparoscopic Gallbladder Surgery
- Biliary Cancer & Disorders
- Pancreatic Cancer & Disorders
- Hernia Repairs: Laparoscopic & Open
- Circumcision
- Hemorrhoids
- Anal Fissures & Fistulas



Want to learn more about Hernias? Look out for Dr. Charles-Harris' Article in the South Florida Caribbean News or online at: [www.sflcn.com](http://www.sflcn.com)!

## REFERRAL CORNER

We like to ensure that each patient's visit is as efficient and smooth as possible. Along with the insurance card and referral, if the patient is referred with the following diagnoses, please have them prepared with the following:

**Breast:** Mammogram &/or ultrasound reports & films

**Colon:** Colonoscopy images & report

**Gallbladder:** Gallbladder ultrasound

**AAA:** Abdominal CT &/or ultrasound report & films

**PAD:** Peripheral arterial doppler report

**Thyroid:** Thyroid ultrasound, thyroid nuclear scan, TFT blood result, FNA report (if any)

*Thank you!*

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