



VASCULAR, ENDOVASCULAR, & GENERAL SURGERY

H. Charles-Harris, MD & Associates

A Center of Excellence

A Surgical Newsletter Joining Physicians in Medicine and Surgery



NEWS

Sentinel Lymph Node Biopsy Used in Treatment of Invasive Breast Cancer

Håkan Charles-Harris, M.D. is one of the few Surgeons in South Florida who is performing Sentinel Lymph Node Biopsies. All women with invasive cancer should have their lymph nodes examined for spread of breast cancer. Until recently, surgeons would remove as many lymph nodes as possible, often causing complications involving lymphadema and numbness in the upper extremities. Instead, through this new technique, dye and mildly radioactive colloid is injected into the lymphatic system. The dye/colloid is trapped inside the nodes so they are easy to identify and remove for study. The sentinel nodes (the first nodes to receive lymph drainage) are located and excised. If a sentinel node is studied and found to be healthy, often the chance of finding cancer in any of the remaining nodes is small. This spares many women from more extensive surgery and greatly decreases the risk of complications. By determining how far the cancer has spread, appropriate management decisions may be made while maintaining as minimally invasive a surgical treatment plan as possible. Minimally invasive surgical treatment is at the cornerstone of Dr. Charles-Harris' surgery practice.



CASE STUDY

MW is a 70 year old female who has been getting her regular yearly mammograms for many years. On the most recent mammogram it was noted that she had an abnormality in the upper outer quadrant of the right breast. Further compression views confirmed this abnormality. A biopsy was done which showed extensive high grade intraductal carcinoma. The patient and her family were given this news and discussions were held about the options which included breast conservation (including sentinel lymph node biopsy) vs. modified radical mastectomy. After careful consideration the patient opted for breast conservation with wide excision of the lesion and sentinel lymph node biopsy. This produced the results of complete removal of the cancer from the breast as well as negative sentinel lymph nodes. At this point in time the patient has treated the local breast cancer as well as had diagnostic sampling of the axilla without major surgery. She has her original breast with minimal scarring and deformity and this was all done as out-patient surgery. The patient now is under the care of a radiation oncologist as all patients with breast conservation should have radiation to the breast to reduce the chance of local recurrence. She is also under the care of a medical oncologist. Of note, the patient is extremely happy by having avoided additional pain and discomfort, hospitalization, and the severe disfigurement of a mastectomy. The positive psychological effect of this procedure vs. mastectomy is obvious and the long term survival of breast conservation vs. mastectomy is the same when applied in appropriate circumstances.

~Dr. Charles-Harris



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Questions?
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DIAGNOSIS IN DETAIL

Hernias

The 2003 data from the National Center for Health Statistics revealed that approximately 800,000 inguinal hernia repairs and 90,000 ventral hernia repairs were performed in the United States.

Definition of a Hernia

A hernia is a weakness that develops in certain anatomical regions of the body, the most common types of which are abdominal wall, inguinal, femoral, umbilical, hiatal, and incisional hernias. Inguinal or umbilical hernias may be congenital or acquired later on in life often from lifting or straining. A hernia is not a mass or a tumor, but a protruding weakness through the different muscle layers of the abdominal wall. This weakness allows the pressure from inside the abdominal cavity to push out, creating a bulge. The bulge may become larger over time and increases in protrusion may result from lifting, straining and/or coughing.

Incarcerated Hernia

Not treated, a hernia can lead to an incarcerated and often obstructed bowel. A strangulated bowel has a compromised blood supply. This, if not treated, leads to necrosis of the bowel and possibly even death.

Preventative Treatment

In order to prevent the necessity of major bowel surgery in an emergency situation, I recommend that in most circumstances, hernias should be repaired electively at the patient's convenience. This assures a less invasive procedure and speedier recovery.

SURGICAL TRIVIA

One of the first anesthetics was used to help surgeons, not patients ...
Incan surgeons chewed certain plant leaves to help calm their nerves during surgery!

HEALTHY LIVING: ORGANIC BENEFITS

Did you know? According to research analysis of government nutrition data by the British Food Commission on meat and dairy products from 1930s to 2002, the nutrients in our milk, cheese, and beef have declined by 70%! For example, the research found that parmesan cheese loses 70% of its natural magnesium and calcium through today's processing, beef contains 55% less iron, chicken has 31% less calcium and 69% less iron, and milk had a huge decline in iron and a 21% decline in magnesium. We are losing the health benefits naturally contained in our foods as a direct result of mass-production and chemical enhancements. Pesticides and other chemicals have also found to cause cancers, as well as lead to obesity from eating foods lacking in the magnesium, calcium and other minerals necessary in maintaining a healthy weight.

Recently many supermarkets are now offering organic and natural selections to the everyday items we purchase such as eggs, milk, cheese, vegetables, fruits and meats. Choosing these foods over other commercialized items will not only reduce your rate for consuming cancer-causing substances, but the nutrient-rich foods will leave you feeling healthier. These natural foods often taste better too! ~Ardith

SURGERIES PERFORMED

- 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'm afraid we're going to have to remove your appendix."

ASK THE APPOINTMENT COORDINATOR

"Referral for Surgery"...words from a PCP that may cause anxiety.

My goal is to ease these worries and make the referral process as smooth as possible. By working closely with the referring physician's office, my aim is to gather all the necessary information to prepare for the patient's visit. Obtaining complete records before their appointments minimizes patient's waiting time and inconvenient last-minute requests to the PCP.

We appreciate that your office:

- Fax referrals and/or prescriptions with relevant diagnosis codes.
- Call me for help with identifying accurate diagnostic codes.
- Please include authorization for in-office Dopplers for all PAD referrals.
- Fax all reports pertaining to the diagnosis, for example:
 - Breast: *Mammograms, Ultrasounds, Spot Compressions*
 - Peripheral Arterial Disease: *Doppler Studies*
 - Thyroid: *Thyroid Nuclear Scan, Ultrasound, TFTs (TSH, T3, T4)*
 - Gallbladder: *Ultrasounds*
 - Colon Cancer: *Colonoscopy Reports*

I look forward to helping to make the referral process easy for both PCPs and patients! ~ Naome