BY: ELLYN SussMAN

Five surgeons from Banner University Medical Center Tucson and Banner University Medical Center South spoke about treatments, procedures and medical advances in Green Valley on Sept. 13.

The symposium was sponsored by Green Valley Recreation and held at The Springs Social Center.

Dr. Marlon Guerrero
"You Are Not Just Getting

Older: Thyroid/Parathyroid Diseases That May Cause Your Symptoms"
- Insomnia, fatigue, day naps, muscle aches and weakness are some symptoms that may be caused by the thyroid gland or the four pea-sized parathyroid glands being underactive. The thyroid gland is in the center of the neck; the parathyroid glands are within the thyroid gland.

Guerrero said parathyroidism is the most underdiagnosed disease. Hypoparathyroidism is a condition where the body doesn't secrete an adequate amount of the parathyroid hormone PTH, which plays a key role in regulating and maintaining the body's balance of two minerals — calcium and phosphorus. An imbalance can cause bone loss and osteoporosis.

Treatment includes taken calcium and phosphorus minerals as supplements.

When the thyroid gland is overactive (hyperthyroidism) body processes speed up and there may be nervousness, a rapid heartbeat and excessive sweating among other possible symptoms.

Dr. Guerrero treats endocrine tumors and disorders.

Taylor Riall, M.D., Ph.D.
"Gallbladder Disease: Should It Stay or Should It Go?"

Gallstones. It’s the most costly digestive disease in the United States and affects women more than men.
Risks include a family history, having gone through hormone replacement therapy, obesity and diabetes. Risks increase after age 40.

Riall said gallbladder disease is common in Native American women, with about 73 percent being affected.

Protective factors to minimize risk of gallstones include statin medications, Vitamin C, coffee and a low-fat diet.

Too much cholesterol in the liver's bile and the gallbladder not emptying normally causes abdominal pain most often in the upper right quadrant. Other symptoms are nausea and vomiting.

"Once you have gallstones they don't go away," she said.

"Gallstones cannot be removed without removing the gallbladder. The surgery is now done as an outpatient," Riall said, adding that the definitive test for gallstones is done by ultrasound.

Gallstones increase with age and can get stuck in the bile duct and cause jaundice and infection. This can lead to pancreatitis, which is mild to life-threatening.

Dr. Riall is internationally known for her work on comparative effectiveness and research comparing different treatments to understanding the right treatment for the right patient and in the right setting.

**Dr. Robert Harland**

"You are Never Too Old to Make a Difference: Answers to Questions About Organ Donation and Transplantation"

In his upbeat talk about the benefits of organ donation, Harland said much progress in medicine has eliminated age limits as a donor and as a recipient.

He said the risk of transplantation must be balanced with the potential benefits for each patient.

A heart transplant is an option after a patient has had multiple heart attacks.

Harland cited former Vice President Dick Cheney, who smoked since age 12, ate a dozen donuts a day, and smoked three packs of cigarettes a day at age 34. He had his first heart attack at 37.

Cheney had heart transplant surgery in 2012, at 71. He had been on a heart transplant list for 20 months. Patients ages 18 to those in their 70s are on the same national list and are ranked on the basis of medical urgency and how long one has been on the list.

Medical problems such as diabetes, lung and kidney disease can disqualify patients in Cheney's age group from heart transplantation. Since Cheney was selected for a transplant it is assumed his sole medical problem was his heart.

Harland said about 15 percent of heart transplant patients are over 65. Patients over 70 show less rejection but may have more infections.

For heart transplants, the five-year survival rate for ages 18 to 59 is 73 percent; for ages 60 to 69 it is 71 percent; and for those 70 and older it is 69 percent.

Liver transplants are often done after a patient has had hepatitis C or liver cancer; 70 percent of patients are 50 and older.

Survival in older recipients is quite good, Harland said, but patients may have a higher risk of cancer after a liver transplant.

Twenty percent of kidney transplants occur in patients over age 65.

People can live fine with one kidney, which is why a person who is a suitable match may decide to donate a kidney for a relative.

"We lose about one percent of kidney function each year after age 45 to 50," he said.

"Anyone getting a kidney from a living donor does better than getting a kidney from a deceased donor," Harland said.

Currently, there five times as many patients waiting for a kidney as there are donors or donated kidneys.

In 2015, there were 30,973 organ transplant surgeries in the United States — 58 percent were for a kidney, 23 percent for a liver, 8 percent for a heart, and 7 percent for a lung.

Harland said celebrity and financial status are not considered in organ allocation and there is no charge to the donor or the donor's family.

"More people are deciding to become donors each year. We are all more likely to end up an organ donor than a recipient," he said.

Dr. Harland has more than 20 years of experience in organ and multi-organ transplantation.

Info on becoming a donor: donatelifeaz.org.

**Dr. David Neal**

"Beyond Antacid and Pills: Surgical Treatment for Heartburn"

Gastro Esophageal Reflux Disease (GERD) is a digestive disorder that affects the lower esophageal sphincter, which is a ring of muscle between the esophagus and the stomach.

About 20 percent of
people in the U.S. have the condition. Symptoms may include a burning sensation in the esophagus, regurgitation, a chronic cough, hoarseness and pulmonary fibrosis.

GERD may be determined by an upper endoscopy with a biopsy of the upper gastrointestinal tract is done to determine GERD. A patient may also be diagnosed by wearing a catheter-free device called a Bravo Capsule that measures pH levels for two days. In many cases, GERD can be treated with diet and lifestyle changes; some patients may require medication or surgery.

Patients with GERD are advised to abstain from alcohol, caffeine, carbonated beverages, chocolate and late-night meals. Antacids may help. For more severe cases surgery is suggested with Laparoscopic Nissen fundoplication now considered the standard surgery for treatment of severe GERD.

Neal said 90 to 95 percent of GERD patients are symptom-free or markedly improved after surgery.

Dr. Neal specializes in advanced laparoscopic surgeries including cholecystectomies (gallbladder removal), appendectomies, colectomies and hernia surgery.

Dr. James McClenathan

"Changes in Surgery Over 40 Years"

Gallbladder surgery, traditionally done with a large incision and two to five days in the hospital, is now done laparoscopically as an outpatient.

About 50,000 such surgeries are done in U.S. now with ultrasound being the gold standard.

"Breast surgery and mammography is so much better than it was 40 years ago. Breast cancer is detected much earlier now. Self-breast exams, stereotactic biopsies and today's mammography give women significant survival rates vs. 40 years ago.

"In 1972, about 99 percent of women had a modified radical mastectomy and some lymph node removal. Chemotherapy wasn't available," McClenathan said of the advances.

Colonoscopies are now done with a flexible scope vs. a rigid scope when he was in medical school.

Skin surgery for melanoma now involves less skin being removed and narrower margins.

Summarizing surgical advances he named laparoscopy, videoscopy, fiberoptic endoscopy, antibiotics and newer chemotherapy techniques.