

Jim Balserek, M.D., FACS

Personal / Professional Statement

As a patient, choosing a surgeon is very important when making a decision that can affect your life and your health indefinitely. I have been in practice at present for 13 years (as of April 2008) and am the senior partner in Southwestern Surgery Associates. My biography speaks mostly about my professional life.

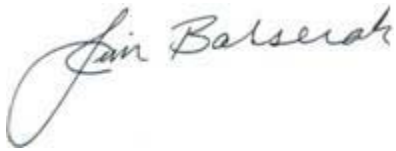
While I still perform a great deal of general laparoscopic surgery, I have taken an interest over the last 10 years in endocrine surgery, namely thyroid, parathyroid and adrenal surgery. I believe I can safely say that I do a good part of the majority of those cases in the Tucson area for several reasons. First, I have developed and refined minimally invasive endocrine surgical techniques that enhance outcomes and expedite recoveries compared to more conventional surgery. Despite what you may read on the internet by some who claim to have invented such procedures, the technique is developed as the surgeon gains experience. Almost all of my thyroid, parathyroid and adrenal surgeries are performed as an outpatient procedure (with some exceptions). Secondly, my referring physicians, as I would like to believe, have faith and confidence in my ability to provide quality surgical care. I cannot take care of every patient with a particular problem, but when you become my patient, I will take excellent care of you. In my area, I have been blessed by having some of the finest endocrine specialists within the United States. I will thoroughly explain your surgery, answer each and every question you may have, both before and after surgery. My case numbers in thyroid, parathyroid and adrenal surgery attest to my experience and expertise within the field. I could quote numbers, but suffice it to say that I lost count after the first thousand endocrine cases, and that was a while ago. Not to sound arrogant or self-inflated, I do not believe that there is a surgeon anywhere that can perform the procedures that I perform any better than I do. Equally as good I believe possible, but certainly not any better, despite what any website might imply. I practice compassionate, cost-efficient and technically correct surgery and have good outcomes.

I enjoy surgery, and feel there is an artistry that should be applied to the practice of surgery and medicine. With endocrine surgery specifically, I truly love performing it and I believe that mentality improves the outcome.

No surgeon, who performs enough surgery can honestly say that he/she has never had a complication or an outcome that is less than perfect. If they do, you are being misled. That should be a warning sign to any patient when a doctor implies that they are perfect. The human body is far from perfect, surgery is often excellent but never without exception even in the best of circumstances. But in my practice, outcomes following surgical procedures are typically uneventful and without complication.

Medical technology continues to advance but the application of some technologies does not necessarily imply that it makes a procedure better. In many instances the use of such technologies with some procedures only adds to the cost of the procedure but does nothing to improve the outcome. In turn, that is why experience is important. So remember, when your doctor is using every elaborate bell and whistle to accomplish a desired outcome when the end result will be no different, it is important for you to remember that it also may be a sign of uncertainty, a lack of self-confidence and true knowledge on his/part of some aspect of medicine or surgery. Bigger is not a sign of necessarily being better. I use technology when I believe it will shorten the length of a procedure, lessen post-operative morbidity and expedite recovery, be in the patient's best interest and improve the outcome. I have used all forms of modern endocrine surgical technology and simply because they exist does not imply that if not used, that the procedure is any less effective or modern. Most of the current surgical literature supports that the success of parathyroid and thyroid surgery rests with the experience of the surgeon and not the technology used. For example, when a preoperative Sestamibi study localizes the parathyroid adenoma, I have never been unable to find it intraoperatively with minimally invasive surgery and therefore the use or non-use of the navigator wand does not lessen the length of the incision required, but only adds time and cost to the procedure in most cases. In my opinion, if you require a wand to find a parathyroid adenoma in each and every case, then you have a surgeon that does not do the procedure very often. Current surgical literature also supports that the use of radio-guided surgery, in the presence of a positive Sestamibi localization study performed pre-operatively, is not necessary. I do use the wand (radio-guided surgery) in select cases however when appropriate and indicated.

I will make certain that when you as a patient engage in a professional relationship with me, that I will make every effort to take excellent care of you and provide you with the best surgical procedure and outcome possible. I make it a point to call you personally the day after surgery to check in with you, review your surgery and answer any questions you may have. With surgeries that require it, I also call you personally when I receive your pathology report (microscopic examination of the specimen removed). My goal is to make sure that you understand every aspect of your surgery from start to finish which includes pre-operative consultation, surgery and even beyond the post-operative visit when necessary. I truly believe that if you speak to one of my former patients, that they will attest to these statements. I will do my best to provide you the best surgical care available anywhere.

A handwritten signature in cursive script that reads "Jim Balsarak". The signature is written in a dark ink and is positioned below the main body of text.

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