

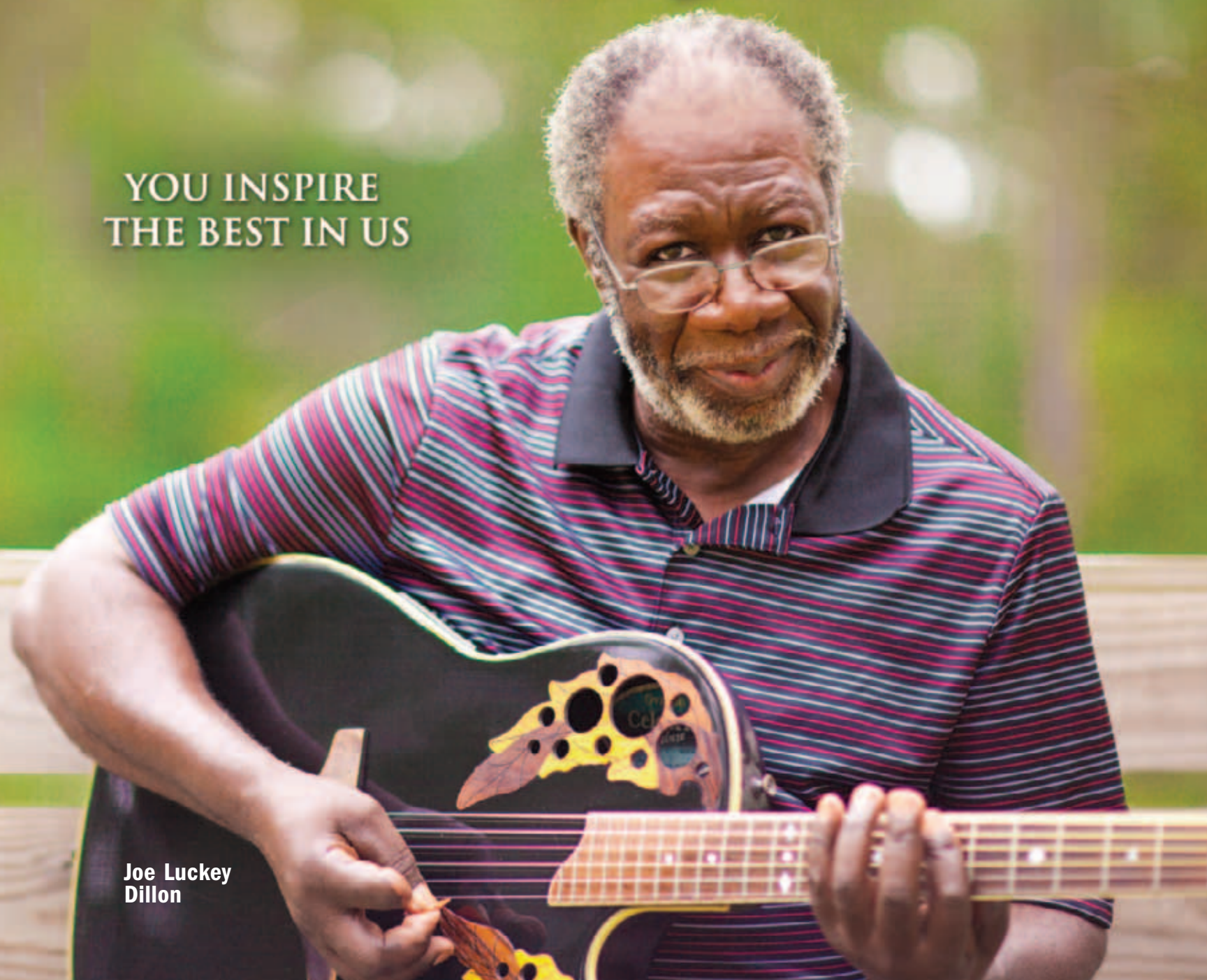
McLeod

Volume 30, Issue 3, 2015

magazine

YOU INSPIRE
THE BEST IN US

Joe Luckey
Dillon



Views



At McLeod Health, we value faithfulness and commitment that reflect a servant’s heart. We celebrate steadfastness to our mission of service. We challenge each other daily -- sometimes moment by moment -- to embrace wisdom, strength and dedication in caring for others when they are most vulnerable and in need of comfort and treatment.

We are committed to the values of Caring, The Person, Quality and Integrity, striving to improve the health of people who live in the 15 counties we serve and beyond.

Our McLeod team of nurses, doctors, medical personnel, support services and volunteers are faithful to this work, diligent to seek new processes that lift the standards of medical care higher, both in touch and technology.

Our patients and their families are constant reminders that the vocation of medicine isn’t about business; it’s about relationships and being faithful to our community. We consider it a privilege to be a partner in your health care and appreciate so very much your choice to seek us for your needs.

We have excellence in our name, a standard by which we measure each outcome. Many of these “success stories” are reflected in the following pages which document and pay tribute to the courage demonstrated by both caregivers and patients. You are invited into the very personal accounts of real people who have shared their victories and their journeys within our Fall issue of *McLeod Magazine*.

We are grateful for your faithfulness as our guests.

Robert L. Colones

Rob Colones,
President, McLeod Health



On the Cover:

Joe Luckey is a member of the McLeod Dillon Cardiac Rehabilitation Program. A resident of Lake View, SC, Joe suffered an abdominal aortic aneurysm in 2005. Years later, he was left paralyzed from the waist down after experiencing a thoracic aortic aneurysm.

In June 2014, Joe agreed to a very risky procedure to repair the aneurysm. Following a successful surgery and physical therapy, he was wheelchair bound. He then began the Cardiac Rehabilitation program at McLeod Dillon to strengthen his heart and regulate his blood pressure through an exercise regimen. While he was still dependent on a walker and a cane when he began the Cardiac Rehabilitation program, his body has strengthened.

Today, he can walk independently and spends 30 minutes on the treadmill as part of his exercise routine at McLeod Dillon. Cardiac Rehabilitation has played a significant role in Joe’s recovery.



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EXCEPTIONAL CARE WITH COMPASSION

by Kristie Salvato Gibbs

Severe abdominal pain, fever, chills, nausea, vomiting -- these symptoms affect everyone at one time or another. They can be associated with the flu, stomach bug, and even food poisoning. When symptoms occur suddenly and severely with no apparent reason, it may signal a more serious condition.

For Joyce Preest, of Florence, the sudden onset of severe abdominal pain accompanied by nausea, vomiting and a fever, triggered an alarm. Her symptoms progressed and she knew they required immediate attention.

"It came upon me all of a sudden," said Joyce. "My husband, Dan, was out of the country for business, and I was too sick to help myself. The only thing I could do was call 911."

Transported to the McLeod Regional Medical Center Emergency Department, Joyce underwent an evaluation and a series of medical tests. She required hospitalization for further testing to determine the cause of her illness.

"I felt extremely ill and unaware of the activity around me," said Joyce. "Then, a gentleman dressed in a suit walked in. He placed his hand on my shoulder and said, 'I am going to take care of you. Everything is going to be fine.' His calm nature and reassurance comforted me." That gentleman was McLeod General Surgeon **Dr. Reginald Bolick** with Pee Dee Surgical Group.

Joyce was diagnosed with Diverticulitis, an infection and inflammation of pouches that had formed on the colon wall.

"Diverticulosis is a small bulge or pouch that forms on the colon wall at an area of weakness. It can go undetected because most people are not aware they have the condition. When diverticulosis becomes infected, the result is diverticulitis. Between ten to 25 percent of people with diverticulosis develop diverticulitis," explained Dr. Bolick.

The symptoms of diverticulitis include: severe abdominal pain, fever, chills, nausea and vomiting. Diverticulitis can be very painful, as the pain is usually located in the lower left abdomen.

"For most healthy people, antibiotics by mouth and bowel rest may be enough to resolve the infection and inflammation for mild cases of diverticulitis," continued Dr. Bolick. "The more severe cases may require hospitalization with intravenous (IV) antibiotics. Some cases are so severe that immediate colon resection surgery is required."

Joyce did not require immediate surgery. She remained in the hospital for one week and received a strong dose of antibiotics to treat the diverticulitis attack. She needed colon resection surgery, but at a later date.

"It was essential to get the infection and inflammation under control prior to performing surgery," explained Dr. Bolick. "A colon resection is a fairly common surgery. The majority of the time the surgery is performed laparoscopically. During the surgery, the diseased portion of the intestines is removed and the two healthy sections are reattached."

In June 2010, Dr. Bolick performed laparoscopic colon resection surgery and removed several inches of Joyce's colon. Following the surgery, Joyce returned to a normal diet. Five years later, she has not experienced any further symptoms of diverticulitis.

"There is something special about Dr. Bolick," smiled Joyce. "He has a kind and compassionate spirit that puts you at ease. His promise to take care of me stood true."

Joyce's surgical care with Dr. Bolick did not end there. A few years after the colon surgery, she acquired Whooping Cough. The coughing happened so violently that it caused a hernia to emerge at the top of the colon surgery scar.

Joyce returned to Dr. Bolick, and he determined hernia repair surgery was necessary.

"I had no question as to where to go for surgical treatment," said Joyce. "Dr. Bolick, his nurse Dee Sebnick, and the physicians and staff at Pee Dee Surgical Group are outstanding. They care deeply about their patients and treat them with courtesy and respect. I have been in hospitals in Ohio and Indiana and have never experienced the level of caring and kindness that was shown to me at McLeod."

Joyce Preest is grateful for the exceptional and compassionate care she received from Dr. Bolick and the staff at McLeod. In appreciation, she donates her time and talents as a McLeod Volunteer. Joyce can be found working in the McLeod Health Foundation office and supporting functions of the McLeod Volunteer Auxiliary. Joyce is pictured here with Dr. Reginald Bolick.



Dr. Reginald Bolick performs surgery with his surgical assistant of 40 years, Dee Sebnick, by his side.



Pee Dee Surgical Group

Since 1975, the board certified surgeons of Pee Dee Surgical Group have been dedicated to providing the highest standard of surgical care, the most current surgical techniques, and a commitment to patients throughout their entire surgical experience. The group of ten highly skilled and experienced surgeons offers a full scope of surgical care from neonates and newborns to pediatric surgery, colorectal surgery, advanced laparoscopic surgery, endocrine surgery and robotic-assisted surgery. They also lead a nationally accredited breast health center for all phases of cancer surgery and offer a state-of-the-art dialysis vascular access center. Additionally, they are recognized for their expert Level II Trauma Surgery and Surgical Intensive Care management of more than 1,000 trauma patients annually. The surgeons of Pee Dee Surgical Group include: Dr. Reginald Bolick, Dr. Cary Brewton, Dr. John Gause, Dr. Ed Lee, Dr. Amy Murrell, Dr. Joseph Pearson, Dr. Keith Player, Dr. Mark Reynolds, Dr. Craig Selander and Dr. John Sonfield.

A NEW NORMAL



The love of a mother and son is especially evident between Adriane and Landen.

by Tracy H. Stanton

Thirteen years ago, everything about Adriane Poston's life appeared normal. At 25, she was blessed with a loving husband, a beautiful three-month-old son and a career as a nurse. Then one morning she found a lump under her left arm. After a visit to her physician and a biopsy later, Adriane received the news no woman wants to hear, "you have breast cancer."

"I was diagnosed with non-invasive breast cancer, stage zero," explained Adriane. "Dr. Ed Lee with Pee Dee Surgical Group performed a lumpectomy to remove the tumor. After surgery, I underwent six weeks of radiation treatments. I bounced back from surgery and radiation and went on with my life."

Following her diagnosis and treatment, Adriane had mammograms every six months. In 2004, a mammogram detected what Adriane hoped was a scar calcification from her previous surgery or radiation treatment. "My mom was with me for the biopsy in Breast Imaging," recalls Adriane. "She asked the Radiologist, 'what does cancer look like?' He pointed at the screen and said, 'like this.'"

Adriane's diagnosis was the same as it had been the two years before -- breast cancer, stage zero. However, this time the treatment included a mastectomy of her left breast and a breast reconstruction procedure that involved moving tissue and muscle from the abdomen to the chest. "It is not easy to recover from this type of reconstruction surgery, and especially not with a two year old running around," explained Adriane.

Over the next several years, Adriane remained in remission and under the care of Dr. Michael D. Pavy with McLeod Oncology and Hematology Associates. She routinely underwent MRIs and mammograms, and the results indicated no evidence of cancer. Adriane was also closing in on the five-year mark -- a goal for many cancer survivors.

Three months before achieving that milestone, Adriane found a very large lymph node on top of her collar bone. "I went to see Dr. Pavy in March of 2009 and he told me this is probably not good. He prescribed a round of antibiotics, but after two weeks, the lump was still there."

Dr. Pavy wanted the lymph node removed. Prior to surgery, Dr. Lee sent

Adriane for the standard pre-operative tests: an EKG, chest X-ray and lab work. During the chest X-ray, the technician mentioned that Adriane had fluid in her left chest cavity. "This came as a surprise to me because I had been exercising and didn't notice any change in my lung function. I could continue talking with friends while walking on the treadmill."

Adriane returned to the hospital for the diagnostic scans. Two hours after she arrived home Dr. Pavy called. "He explained that my left lung was completely collapsed and I needed to come back to the hospital for a thoracentesis. During the procedure, they pulled a liter of fluid off my left side for the lung to inflate, and there was still a half to three fourths of fluid remaining."

Following the surgery to remove the lymph node, the lab results came back positive for cancer. Dr. Pavy immediately ordered a CT, MRI and a bone scan to determine if the cancer had spread further. The bone scan revealed three lesions on Adriane's spine.

"When Adriane's cancer returned in 2009, it was unclear at first if it was ovarian or breast cancer," said Dr. Pavy. "After some scans were performed, we found cancer around her lung and in her bone. Unlike her previous cancer diagnoses, this tumor was HER2 positive and estrogen positive. In addition, the cancer was now at stage four."

Dr. Pavy ordered a strong regimen of six rounds of chemotherapy every three weeks to attack the cancer in Adriane's body. After placement of an implantable port in her chest, Adriane began receiving chemotherapy. She also underwent routine chest X-rays to see if the fluid in her lung was decreasing.

"After the second round of chemo the fluid was still there. It was decreasing but not enough. At this point my prayer warriors united and began praying even harder. When I went back for follow up

"I don't consider myself a survivor. I'm a thriver -- which means that I live every day with no regrets."

— Adriane Poston

after my third treatment, the fluid was gone. Dr. Pavy looked at me and said, 'I've been praying this for you.'"

Today, women diagnosed with HER2 positive breast cancer are treated with Herceptin, a form of immunotherapy, according to Dr. Pavy. "Herceptin has been around 18 years now. Women who were on the first experimental treatments with Herceptin are still in remission. We believe it has a suppressive effect. Adriane will stay on this drug for an indefinite period of time, or until a drug is developed that will potentially cure this disease."

Adriane completed the prescribed rounds of chemotherapy and had an appointment with McLeod Radiation Oncologist Dr. T. Rhett Spencer to discuss treatment for the lesions on her spine. "I was very apprehensive about this treatment because it would require having radiation delivered through my throat which meant my voice box could be affected. I'm a nurse -- I need to be able to communicate with my patients. I also had a then six-year-old little boy who needed to see me as normal as possible. He had already watched me lose my hair.

(continued on next page)

“However, Dr. Spencer felt this treatment was the only way to stabilize the lesions. He also informed me that I might lose some of my voice. I asked him for one more set of scans to see if the chemo had worked on those areas. He agreed and I underwent the whole scan process again. This time the MRI looked closer at the lesions on my spine. When I returned to see Dr. Spencer, he said, ‘the lesions on your spine are scarred over like you’ve already had radiation.’

“I thought to myself, ‘that is Jesus.’ There is no other way,” said Adriane.

Adriane is now in remission. “She takes Tamoxifen, a hormone therapy drug, every day. She has also received infusion treatments every three weeks for the past six years of Zometa, a bone hardener, and Herceptin,” said Dr. Pavy.

To further protect Adriane from the cancer returning Dr. Pavy recommended she undergo a hysterectomy to remove her ovaries, which she did in 2011.

Today, Adriane still sees herself as a cancer patient. “I don’t consider myself a survivor. I’m a thriver -- which means that I live every day with no regrets. I love Jesus no matter what kind of phone call I get that day. I appreciate my life and my time with my family.”

Adriane sees Dr. Pavy every four months. “He has a heart for helping cancer patients. He also stays updated on his research. I truly love him.”

Adriane’s son Landen is now 13. “It is hard to believe he was three months old when I was first diagnosed with cancer. There was a time when I didn’t think I was going to see his first birthday.

“In 2009, when cancer returned the third time, I remember telling Dr. Pavy ‘we are going to do everything we can so this little boy doesn’t have to watch his mama die.’

“I’m here because it is God’s will. He is amazing to me. There is a reason that I’m here and undergoing treatment every three weeks. Maybe someone is watching me who needs encouragement,” added Adriane.

When asked if he ever thought 30 years ago he would have a patient like Adriane living with stage four cancer in remission, Dr. Pavy said, “I was hoping, but I didn’t know that I would.”

Adriane is his poster child for recovery. She celebrated six years of thriving in 2015.

Adriane has been a newborn postpartum nurse at McLeod for 18 years. She and her husband Charlie also celebrated their 17th wedding anniversary in August. “Charlie is my rock. I work full-time, I’m a mom, wife and daughter, and I love it.

“Cancer is part of our life now,” added Adriane. “We’ve made it a new normal for us over the last 13 years.”

Adriane and Dr. Michael Pavy have a unique bond built on caring and trust.

Expanding Quality Care to Cheraw & Bennettsville



Dr. Gabe Simpson, Medical Director of the McLeod Health Cheraw Emergency Department, reviews a patient's test results with Sherry Harrington, RN.

by Shaw Thompson

McLeod Health assumed operations in June of the former Chesterfield General Hospital as an acute care hospital, now operating as McLeod Health Cheraw. Only a 15-minute drive from Bennettsville, the 59-bed facility joins five other McLeod Health not-for-profit hospitals, serving a 15-county region with advanced heart, vascular, cancer, women’s and children’s services.

In an effort to maintain health services for two regional communities, McLeod Health has also acquired or opened a number of medical practices in Bennettsville to strengthen family-focused health services in this community. These include an existing pediatrics practice, a general surgery practice, and an existing primary care practice. Physicians are being recruited for the primary care, obstetrics and gynecology practices.

“Our services in Cheraw and Bennettsville are consistent with our not-for-profit mission,” said Rob Colones, President and CEO of McLeod Health. “The changing healthcare landscape makes it considerably more difficult for all hospitals, especially those in rural areas, to operate successfully. We believe that this affiliation allows McLeod Health the best way to continue serving the health needs for families in those communities, otherwise, both hospitals may have closed for good in April.”

McLeod Health Cheraw, located in Cheraw, South Carolina, provides both inpatient and outpatient care, diagnostics and emergency treatment.

“As a physician and a partner with McLeod Health, I am delighted to be a part of this effort to provide excellent care to area families. I welcome the expansion of patient services and physician practices to our community.”

– **Alex Newsom, MD**
McLeod Cheraw Family Medicine

McLeod officials note a number of reasons this decision is good for these communities and for McLeod. The transition to the McLeod Health medical system brings many resources to the hospital and communities, including consolidating acute care to Cheraw for better financial stewardship while strengthening health services in both communities.

Cheraw native and McLeod Health

Board of Trustees member Mary D. Anderson shares the views of many who call Chesterfield or Marlboro County home.

“The mission of McLeod is to improve health and encourage the prevention of illnesses and injuries,” said Anderson. “As a teacher, I see how many families need to be reached by that mission, and it is indeed an honor and privilege to be a part of that calling.

“McLeod has an excellent reputation for quality, service and commitment to patients, and I look forward to seeing the impact of the outstanding physicians, medical professionals, community resources and technology that McLeod will bring to our area.”

The expansion of healthcare services in Marlboro and Chesterfield Counties also includes the addition of Certified Athletic Trainers for the area high schools. The athletic trainers with McLeod Sports Medicine are providing care to athletes at Marlboro County High School and Cheraw High School. Their goal is to prevent injuries and provide timely access to care to help keep athletes participating in their sport. Additionally, they manage day to day sport injuries. These trainers also serve as a source of information to these communities by providing resources and education to athletes, parents, coaches, administrators and community members.

This expansion of care is not limited to services, technology, and facilities. As part of the commitment to the region, McLeod Physician Associates has forged physician partnerships with highly skilled and established physicians who have been serving the people of Chesterfield and Marlboro counties for many years. Six new physician practices have been formed, and plans for new practices and physicians are in development.

Dr. Alex Newsom of McLeod Cheraw Family Medicine joined McLeod Physician Associates in 2014. “As a physician and a partner with McLeod Health, I am delighted to be a part of this effort to provide excellent care to area families,” said Dr. Newsom. “I welcome the expansion of patient services and physician practices to our community.”

Established Providers of Excellent Care

McLeod Physician Associates is pleased to announce partnerships with leading physician practices in Chesterfield and Marlboro counties. These well known and respected physicians provide a range of services including primary care, pediatrics, obstetrics and gynecology, general surgery and cardiology to the people of Bennettsville, Cheraw and the surrounding areas. Each of these providers are accepting new patients and are willing and able to meet your healthcare needs. For more information or to schedule an appointment, please call the office numbers provided.

PRIMARY CARE:

McLeod Cheraw Family Medicine

(843) 537-2171

Joseph K. (Shaw) Newsom, MD

William A. (Alex) Newsom, MD

Patricia N. Moore, FNP

710 Chesterfield Hwy.

Cheraw, SC 29520-7001

McLeod Primary Care Bennettsville

(843) 479-5890

Julia V. James, FNP

Sharon Gullede, ANP/FNP

1076 Marlboro Way, Suite 1

Bennettsville, SC 29512-2494

SPECIALISTS:

McLeod Surgery Cheraw

(843) 320-9086

Salim G. Ghorra, MD

721 South Doctors Drive

Cheraw, SC 29520

McLeod Cardiology Associates Cheraw

(843) 921-2080

Jana M. Hoffmeister, MD

715 South Doctors Drive, Suite C

Cheraw, SC 29520-7113

OB/GYN & PEDIATRICS:

McLeod OB/GYN Cheraw

(843) 921-1211

David E. Bersinger, MD

721 Chesterfield Hwy.

Cheraw, SC 29520-7002

McLeod Pediatrics Bennettsville

(843) 479-0483

Francis V. Acaylar, MD

Julia V. James, FNP

1076 Marlboro Way, Suite 3

Bennettsville, SC 29512-2494

McLeod Pediatrics Cheraw

(843) 537-9360

Jude M. Thomas, MD

Meredith O. Atkinson, PNP

723 South Doctors Drive

Cheraw, SC 29520-7108

“PRAY FOR MY MOM”

by Tammy White

Jackie Smith fell to her kitchen floor in pain. With no strength to call out, Jackie used her cell phone to summon her 16-year-old daughter Savannah from her bedroom. Savannah rushed to her mother's side. Jackie gasped out in agony, suspecting a heart attack. Savannah immediately called 911. She then called her father and informed him that EMS Transport was enroute.

Savannah is grateful to all of her friends who prayed for her mom.

While riding up front in the ambulance on the way to the McLeod Emergency Department, Savannah texted messages to her friends, asking them to “pray for my Mom.”

“I felt a great deal of pain,” recalled Jackie. “I pleaded with God not to take me.”

Jackie is a patient of Cardiothoracic Surgeon **Dr. Michael Carmichael** with McLeod Cardiothoracic Surgical Associates. She had seen Dr. Carmichael four months prior to this episode for an aneurysm they had been following.

An aneurysm is an enlarged, balloon-like bulge, and weakened section of a blood vessel. Most aneurysms occur in the aorta, the largest blood vessel out of the heart which provides blood to the rest of the body.

Size and location of the aneurysm determines treatment. Surgery is usually not recommended for aneurysms that are not causing problems or are small enough in size to not threaten the patient's health.

Nurse Practitioner Allison McNamara with McLeod Cardiothoracic Surgical Associates met Jackie in the Emergency Department.

“I knew Jackie's medical history and suspected the situation was more serious than a heart attack,” said Allison. “I quickly determined from my medical assessment that she had suffered a dissection, which is a large tear in the aorta.

“Jackie was experiencing excruciating back pain. When I checked the carotid arteries in her neck with my stethoscope, she had a Carotid Bruit, which is a systolic sound due to low blood flow. Jackie also had a loud heart murmur, indicating her heart valve had been affected. She also lost circulation to her left leg,” added Allison.

“I could not feel anything when Allison touched my left foot,” recalled Jackie.

A dissection meant Jackie required emergency surgery. Allison contacted Dr. Carmichael. Jackie was transported to the McLeod Heart and Vascular Intensive Care Unit to prepare for surgery while they awaited Dr. Carmichael's arrival.

“The aorta is made up of three layers of tissue,” said Dr. Carmichael. “When it dissects, the inner layer tears away from the outer layer. When Jackie's aorta tore, the dissection was so large it affected the blood flow starting from the heart to the carotid artery in her neck down through the abdominal aorta to her left leg. Repairing the damage is a very complex operation, achieved by securing the wall of the aorta back together with special tissue glue and replacing the site of the tear with a synthetic material.”

To accomplish the surgical repair, all blood circulation in the body must be stopped. This is performed by placing the

patient in a hypothermic circulatory arrest where the body temperature is cooled down to sixty degrees using intravenous fluids with the Heart Lung Machine.

“An aortic dissection is the highest risk procedure we perform,” said Dr. Carmichael. “It is a true open heart surgery emergency. If you don't operate, the patient won't live. Many patients with dissections don't even make it to the hospital. Since I have been with the McLeod Heart and Vascular Institute, I have performed ten dissection surgeries.

(continued on next page)



McLeod Cardiothoracic Surgeon Dr. Michael Carmichael (at left), McLeod Vascular Surgeon Dr. Gabor Winkler (at right), and Nurse Practitioner Allison McNamara led the medical team that saved Jackie Smith's life when her aortic aneurysm ruptured.



Jackie Smith is pictured with her family, appreciative of the lifesaving care of Dr. Michael Carmichael and Dr. Gabor Winkler at McLeod Health.

“I also had to replace Jackie’s aortic valve. The aortic valve prevents blood from flowing from the aorta back into the heart,” added Dr. Carmichael.

Prior to starting the surgery, Dr. Carmichael contacted **Dr. Gabor Winkler** with McLeod Vascular Associates. He sought the expertise of a vascular surgeon to return the blood flow to Jackie’s left leg.

As Dr. Carmichael completed his repair work, Dr. Winkler began a bypass procedure from a blood vessel in Jackie’s right groin to a blood vessel in her left groin. This would bypass the damaged area and return blood flow to Jackie’s leg.

“It was seamless work,” said Dr. Winkler. “We perform simultaneously

as a surgical team whenever needed. In this situation, it kept Jackie from needing two consecutive operations.”

Jackie recovered from her surgery in the Heart and Vascular Intensive Care Unit. She remained one week at McLeod and returned home on her husband Doug’s birthday.

“It was the best birthday present I have ever received,” said Doug. “I am extremely grateful for Jackie’s care and everything McLeod did to save my wife.

“One memory that will stay with me forever occurred prior to surgery. All the nurses gathered with Dr. Carmichael in Jackie’s room. They all held hands and Dr. Carmichael led them in prayer. I knew this was a serious operation.

Fortunately, all of our prayers were answered.”

A few months later, Jackie underwent further treatment from Dr. Winkler. “As a consequence of the dissection, the right carotid artery going to her brain was partially blocked,” said Dr. Winkler. “This put Jackie at a significant risk for stroke. I performed a surgical procedure to bypass the blocked artery. The procedure successfully detoured the damaged area of the carotid and decreased her risk for stroke.”

“I am so grateful for every day of my life,” said Jackie. “I love my husband, and my children, Savannah and Joseph. I’m truly happy to still be here for them.”

Serving the Community BY GROWING MEDICAL CARE

by Jennifer Hulon

With the growth of McLeod Seacoast, the need for medical professionals also increases. The mission of McLeod Health is to improve the overall health and well being of people living within South Carolina and eastern North Carolina by providing excellence in health care. To further its mission, McLeod Health is pleased to announce the arrival of two medical professionals who are dedicated to serving Horry County, Brunswick County and surrounding areas: **Dr. Sara Camarata** and **Dr. Jason Harrah**. These new members of McLeod Family Medicine Seacoast possess advanced technological practice skills and a commitment to their vocation.



Dr. Jason Harrah, at left, and Dr. Sara Camarata chose to join McLeod Health because of the organization’s commitment to quality care and family.

Jason Harrah, MD



Dr. Jason Harrah's family keeps him grounded. He is pictured with his wife, Lauren, daughter Sophia, and step-son Badyn, on their front porch.

McLeod Seacoast recently welcomed **Dr. Jason Harrah** to its team of physicians. Dr. Harrah cares for patients with **Dr. Catherine Rozario, Dr. Raymond Holt** and **Dr. Sara Camarata** at McLeod Family Medicine Seacoast in Little River, South Carolina. Dr. Harrah has been providing compassionate, professional care for more than 15 years in the coastal region of the state.

"Family medicine appealed to me because it is always challenging, and it allows me to build long-term relationships with my patients," said Dr. Harrah. "Family Medicine also gives me the chance to care for adults and children from a true cross section of

life in our region. I appreciate the opportunity to participate in the care of such a diverse population.

"Additionally, I regard my relationship with patients as a partnership where I provide education, resources, and advice with the ultimate goal of providing the patient a platform to launch themselves in the world of wellness. I am a huge advocate for personal responsibility," said Dr. Harrah.

Dr. Harrah earned his medical degree from Marshall University School of Medicine in Huntington, West Virginia. He completed his residency at Bayfront Family Medicine Residency Program in St. Petersburg, Florida.

"McLeod Health has a strong presence in this area of the state and their concentration in growth is notable. I chose McLeod because of their commitment to provide quality healthcare and their strong sense of responsibility toward every patient," says Dr. Harrah. "I could also tell how much they valued me and my expertise in the medical field."

Dr. Harrah and his wife Lauren enjoy spending time outdoors with their children, Badyn, 11, and Sophia, one.

"Our kids are the light of our lives, and our extended family keeps us grounded," added Dr. Harrah.

Dr. Sara Camarata comes to McLeod from Owosso, Michigan, where she provided outpatient medicine and urgent care. She has experience in treating patients of all ages, and especially enjoys caring for families: children, parents, and grandparents.

Dr. Camarata is eager to establish her practice and reach patients on the coast. "I enjoy getting to know the families I treat, and I want them to feel comfortable talking to me about their issues," she explained. "A close patient relationship opens dialogue for education and prevention."

Growing up in a small town in Michigan, Dr. Camarata understands

the unique atmosphere of a coastal community. Her family also enjoys spending time together outdoors and on the beach. "My husband Joe and our son Brady are all excited to be in South Carolina," she added.

"I chose to join McLeod because when my family and I came to visit, I felt like they were not only interested in making my medical practice a success, but they genuinely cared about my family," said Dr. Camarata.

"Everyone at Seacoast was so friendly and took an active role in really talking with not only me, but also my family. In addition, the hospitality that was provided to us helped with our transition

from Michigan to South Carolina. My family is the most important thing in my life, and I wanted an employer that not only wanted me, but valued my husband and son. McLeod turned out to be that place."

Dr. Camarata received her medical degree from Michigan State University – College of Osteopathic Medicine in East Lansing, Michigan. She completed her residency at McLaren Bay Region in Bay City, Michigan.

The physicians with McLeod Family Medicine Seacoast are accepting new patients. For appointments, please call (843) 390-8320.

Sara Camarata, DO



Dr. Sara Camarata enjoys spending time with her family outdoors. She is pictured here with her husband Joe, and son Brady, on the Conway River Walk.

A NEW LEADER IN ONSITE HEALTH CARE

by Tammy White



McLeod Nurses Eric Wooten, RN, and Tasha Broach, NP, provide medical coverage for the onsite clinic at Honda under the direction of Dr. Jeniqua Duncan (at center).

McLeod Occupational Health Services works closely with area businesses and industries to support the overall health and well being of their employees. Their goal is to ensure injured employees can remain at work and safely perform productive jobs.

To support the local workforce, McLeod Occupational Health provides Registered Nurses or Nurse Practitioners in 15 industries throughout Florence, Darlington and Horry County.

The Occupational Health department assigns nurses to partner with industries to supply ongoing medical care, implement employee wellness programs, and offer direction on workplace safety.

Dr. Jeniqua Duncan, Medical Director of McLeod Onsite Services, oversees this dedicated team of nurses. As the Medical Director, Dr. Duncan provides physician leadership for the McLeod Onsite Medical Industry Clinic partners, focusing on workplace injuries, acute sickness and long-term wellness.

Dr. Duncan joined McLeod in 2011, when she became a member of the faculty of the McLeod Family Medicine Residency Program. “As I visited McLeod during my interview and interacted with the residents and physicians, I realized that McLeod was a hospital whose goal truly was to provide the best health care for the community,” recalled Dr. Duncan. “I wanted to be part of this mission.”

In her role as Medical Director of Onsite Services, Dr. Duncan goes out into the community to work alongside the 24 McLeod Occupational Health Nurses who provide the medical coverage for each of the 15 clinics. The Onsite Health Clinics are designed to manage and treat employees with injuries or work related illnesses.

One of the clinics with whom Dr. Duncan works closely is Honda of South Carolina in Timmonsville, a partnership since 1998. The Honda



Dr. Jeniqua Duncan discusses with Honda Staff Engineer Matt Joseph the importance of exercise and eating healthy while Nurse Practitioner Tasha Broach checks his blood pressure.

Health Center has grown and expanded over the years to provide occupational health and wellness services to its 800 associates and their dependents.

McLeod Registered Nurses Kathleen Sinclair and Eric Wooten and Nurse Practitioner Tasha Broach operate the onsite clinic at Honda. They provide urgent, primary, occupational and wellness care to employees and dependents.

“Dr. Duncan is very strategic in her approach and seeks to understand her customer’s needs,” said Aaron Robinson, Assistant Manager, Honda of South Carolina Human Resources. “She works closely with our onsite McLeod Nurses and employees to execute their plan of care and provide follow-up as needed.”

Dr. Duncan received her medical degree from Kansas City University of

Medicine & Biosciences in Kansas City, Missouri. She completed her Residency at Florida Hospital East Orlando in Orlando. Dr. Duncan is also Board Certified in Family Medicine.

“Our industry clients and partners understand the importance of maintaining a healthy workforce,” said Octavia Williams-Blake, Associate Vice President, McLeod Occupational Health.

“The benefits of having a McLeod Onsite Clinic include a reduction in direct health care costs, increased productivity, fewer lost work hours, improved employee job satisfaction and morale, and lower turnover rates. Dr. Duncan works closely with each of our industry partners in achieving these benefits.”

BACK IN FULL SWING

by Julia Derrick

Following arthroscopic surgery and physical therapy, Edwin Branch has been able to return to his favorite pastime, playing golf.

Living on a golf course in Manning, South Carolina, Edwin Branch enjoys playing golf. The ability to keep playing is a top priority for him.

In January 2014, Edwin experienced a strange tingling in his left arm and sought medical treatment.

Edwin started with physical therapy, but the sensation grew worse the more he exercised his upper body. Finally, the tingling subsided, only to be replaced by pain between his shoulder blades that radiated down into his back at times. He eventually could not play golf since the pain limited him to chipping and putting.

Edwin lived with the pain for months, but after speaking with **Dr. David Woodbury** at a local American Legion meeting in Manning, he decided to schedule an appointment. He had been a patient of Dr. Woodbury's with a different orthopedic condition a few years earlier and knew that he would receive excellent care.

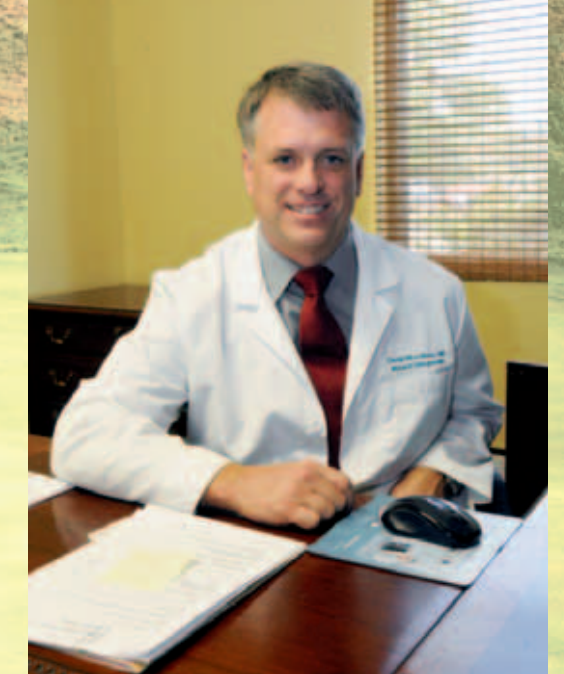
A Board Certified Orthopedic Surgeon with McLeod Orthopaedics, Dr. Woodbury cares for patients in the Florence and Sumter offices. He also has additional qualifications in Sports Medicine. Dr. Woodbury ordered an MRI (Magnetic Resonance Imaging) and discovered Edwin had a torn rotator cuff. The rotator cuff is comprised of four muscles and tendons that stabilize the shoulder. A tear can not only cause pain, but mobility issues.

Dr. Woodbury recommended arthroscopic shoulder surgery to Edwin. "Arthroscopy is a minimally invasive surgery that involves a tiny camera called an arthroscope. The arthroscope is inserted through a small incision in the skin and is connected to a video monitor in the operating room allowing us to examine the tissues inside and around the shoulder joint. The amount of stiffness a patient experiences and the amount of muscle pulled away is significantly less with arthroscopic surgery."

Edwin understood that the condition would not heal by itself over time. Since his shoulder affected his quality of life, Edwin decided to follow Dr. Woodbury's recommendation to undergo surgery.

"I wanted to delay the surgery even more, but I missed playing golf," said Edwin.

He underwent surgery in February 2015. Once in surgery, Dr. Woodbury found bone spurs on Edwin's shoulder blade and also torn labral cartilage that had to be repaired in addition to the rotator cuff tear. Post-surgery, Edwin had very little pain and healed fairly quickly. He completed physical therapy twice a week for six weeks and performed stretch band exercises in a home exercise program.



A Board Certified Orthopedic Surgeon with McLeod Orthopaedics, Dr. David Woodbury cares for patients in the Florence and Sumter offices.

Dr. Woodbury monitored Edwin's range of motion and his strength during his post-operative appointments. At his last follow-up appointment two months after surgery, Dr. Woodbury informed Edwin that he could begin playing golf again as both his strength and range of motion were restored.

In early June, Edwin reported that he was able to fully swing the golf club. "I worked hard to get back into the swing of things after not being able to play for a long time, and it was all worth it," he added.

For appointments with Dr. Woodbury, please call McLeod Orthopaedics in Sumter at (803) 433-5633 or (843) 777-7900 in Florence.



"I worked hard to get back into the swing of things after not being able to play for a long time, and it was all worth it."

– Edwin Branch

PREPARING FOR THE UNEXPECTED



McLeod employee Cletus Sawyer uses a survey meter on a volunteer patient during the emergency drill while Dustin Hayes documents the findings. The survey meter is used, after the patient goes through the decontamination process, to verify that the patient does not have external contamination on the body.

by Kristie Salvato Gibbs

Hurricanes, tornados, floods, earthquakes -- a disaster can happen at any time. The question is: Are you prepared?

McLeod Regional Medical Center, McLeod Darlington and McLeod Dillon recently participated in Southern Exposure 2015 -- a full-scale federal nuclear power plant exercise coordinated by the Department of Energy, the Federal Emergency Management Association (FEMA) and the Nuclear Regulatory Commission. McLeod Health also served as the first hospital to participate in a federal drill of this size and received recognition as the pilot hospital.

The largest federal drill held in the United States, the three-day exercise in July evaluated local and state responders' abilities to respond to a large-scale nuclear incident, simulated at the H.B. Robinson Nuclear Plant in Hartsville, South Carolina. The drill allowed organizations and government agencies to demonstrate their ability to conduct response and recovery activities during a nuclear power plant incident. The scenario also included federal agencies and resources from neighboring states. McLeod Regional Medical Center, McLeod Darlington and McLeod Dillon joined the exercise on day two.

"The reason we participate in disaster training is to be prepared for any type of situation that would affect our community," said Randy Propps, McLeod Director of Security.



Mike Puckett and Randy Propps confer at the conclusion of the emergency drill while Andrew Chancellor with FEMA observes this unique planning exercise.



McLeod Staff Members simulate decontamination procedures during the national Southern Exposure 2015 drill.

"With McLeod being the Choice for Medical Excellence, I feel it is the expectation of the community that we are prepared to provide medical care in the time of a disaster. Disaster drills help us evaluate our processes, tests our plans and prepare our staff to be ready so we can provide essential medical care for the community in a time of need, regardless of the situation."

Throughout the radiological exercise drill, McLeod evaluated the emergency management processes of hospital lockdown and traffic control, evacuation, transportation of patients, decontamination station establishment and conducting decontamination, handling of an influx of patients and staff as well as food and water plans to support 96 hours of lockdown.

"Our participation in Southern Exposure 2015 was voluntary," said Propps. "We viewed this as an opportunity to test our training and decontamination procedures."

Mike Puckett, the McLeod Emergency Management Coordinator, explained, "As the largest hospital in the region, McLeod Regional Medical Center is where people will come in the event of a disaster. The hospital must prepare for thousands of patients. The overall plans we currently have in place are outstanding, but we will continue to refine our process and procedures. You can always learn more and improve."

Prior to the Southern Exposure 2015 Emergency Drill, McLeod hosted the Radiation Emergency Assistance Center and Training Site (REAC/TS) from the Oak Ridge Institute for Science and Education to provide radiation training for staff. "REAC/TS is an internationally known organization dedicated to helping people manage radiation accidents," said Tobin Hyman, a McLeod Physicist. "They educate medical professionals on radiation emergency management response and help strengthen the medical response by providing support during a radiological incident. The REAC/TS organization provided our staff with an opportunity to grow in terms of what they know and how to respond."

The Federal Emergency Management Association (FEMA) also served onsite at several locations throughout the three-day exercise to observe the performance of the various participating organizations. Although McLeod was not formally graded, FEMA remained in place during all phases of the exercise to assess the hospital's performance against exercise objectives and to provide valuable feedback.

"Other sites were graded on their performance and did not have a choice to participate," said Andrew Chancellor with FEMA. "McLeod had a choice and chose to become involved. I see that as a commitment to protect the people of the communities you serve."

Straight Talk

ABOUT PELVIC REHABILITATION



Taylor Holmes, a Physical Therapist with the McLeod Pelvic Rehabilitation Program, demonstrates a specialized technique called biofeedback which monitors a patient's pelvic muscle activity.

by Jessica Wall

Imagine always searching for the nearest restroom or stopping at each restroom in sight “just in case.” The constant fear and worry over having an accident can be debilitating; however, this is the reality for individuals suffering from urinary incontinence.

One of the most common medical conditions seen by primary care physicians, urinary incontinence affects approximately half of adult women. One in three women over the age of 60 will experience some type of pelvic health

problem. Yet, studies indicate that only ten percent of women suffering from incontinence seek treatment and they often wait an average of more than six years before finally getting help.

Many women consider these

conditions too embarrassing to discuss with their physician, or they believe it is “just part of growing old.” As a result, women suffer in silence and allow incontinence to compromise their quality of life.

There are three major types of urinary incontinence, or the involuntary loss of urine. Stress incontinence is urine leakage during normal activities such as coughing, sneezing, laughing, or exercising, which may increase abdominal pressure. Urge incontinence occurs when the individual feels a strong need to urinate, even though the bladder may only contain a small amount of urine. Often the individual is unable to reach the bathroom in time. Mixed incontinence is a combination of both stress and urge incontinence.

Although commonly seen in women, the condition affects men and children as well. Ironically, young, athletic women may also experience stress incontinence. Their level of exercise may cause the bladder to move downward, pushing slightly at the bottom of the pelvis, where the muscles cannot control the flow of urine.

Urinary incontinence is the result of weak pelvic muscles. Childbirth, pelvic organ prolapse, infection, prostate surgery, medications, hormonal changes, trauma, constipation, abdominal surgery, urinary tract infections, and some neurological diseases often contribute to weakened pelvic muscles.

McLeod Regional Medical Center is the only healthcare provider in the area to offer physical therapy as a treatment for urinary incontinence and pelvic floor dysfunction. The goal of physical therapy is to help patients strengthen their pelvic floor muscles as well as educate patients on bladder retraining. Contrary to other forms of treatment, such as medications or invasive surgical procedures, physical therapy focuses on behavioral techniques such as Kegel exercises, bladder retraining, education, and nutritional guidelines.

Dr. Charles Tatum of McLeod OB/GYN Associates considers physical therapy as a conservative, non-surgical option for his patients who suffer from pelvic floor dysfunction.

“For some patients, physical therapy can improve the muscle structure of the pelvic floor, resolving the patient’s symptoms and need for surgery,” says Dr. Tatum. “As with any muscle in the body, the stronger the pelvic floor muscle, the better it will function.

“While some women may not respond to physical therapy, we generally expect to see a significant improvement of symptoms in 30 to 40 percent of patients, possibly avoiding the need for surgery,” he adds.

The McLeod Pelvic Rehabilitation Program consists of approximately eight, one-hour physical therapy sessions, depending on the severity of pelvic muscle weakness and leakage.

Taylor Holmes, McLeod Pelvic Floor Physical Therapist, works with patients who suffer from pelvic floor dysfunction. She explains that the initial session involves a thorough evaluation of the patient through dialogue and examination as well as information on biofeedback.



Dr. Charles Tatum of McLeod OB/GYN Associates provides options to women about pelvic health during a Straight Talk Lunch and Learn.

Biofeedback is a technique that uses a special sensor probe inserted by the patient to monitor the patient’s pelvic muscle activity. The sensors are attached to a computerized instrument which displays the pelvic muscle activity on a color screen so that both the patient and physical therapist can see how the muscles are working. The patient remains fully clothed during the biofeedback technique.

From this technique, Holmes determines the severity of the patient’s pelvic muscle weakness and prescribes a personalized exercise regimen designed to target those particular muscles.

“Biofeedback allows the patient to see how much she can relax her pelvic floor muscles and how long she can hold a strong contraction of these muscles, enabling her to perform the home exercise program with confidence,” says Holmes.

“The combination of pelvic floor training and biofeedback can improve stress incontinence by 50 to 85 percent,” continues Holmes. “Also, the treatment sessions are not only about Kegels. Patients gain valuable knowledge concerning their anatomy, daily habits and strategies to decrease urinary leakage when performing daily activities.”

Holmes adds that urinary incontinence is not a normal part of aging; it can be prevented. In addition, she states that women, especially after childbirth, should begin Kegel exercises to prevent weakened pelvic muscles.

If you or someone you know suffers from urinary incontinence, consult with your physician to determine if you are an appropriate candidate for pelvic rehabilitation. For questions regarding pelvic rehabilitation, please call McLeod Outpatient Rehabilitation at (843) 777-3199.

GETTING BACK TO THE NFL

by Heather H. Newsom

The McLeod Physical Therapy team in Cheraw is working with Tariq Edwards so he can return to playing for the Miami Dolphins.

When Marlboro County native Tariq Edwards was drafted to play in the NFL for the Miami Dolphins, the entire community celebrated. Edwards, who was a star football player at Marlboro County High School, always had a bright future in football. Upon graduating from high school, he attended Virginia Tech to play outside linebacker for the Hokies. Following a successful career in college, his NFL dreams were realized when he was drafted in the spring of 2015 to play for the Miami Dolphins.

As fate would have it, Edwards sustained an injury during training camp just prior to his debut in a preseason game against the Atlanta Falcons.

“I was really looking forward to that game because my cousin, Cliff Matthews, plays for the Falcons,” Edwards stated.

After learning that his complex leg injury would prevent him from playing in the 2015 season, he then turned his focus to finding a physical therapy center that could meet the rigorous rehabilitation needs that he required.

In that search, he learned that McLeod Physical Therapy in Cheraw could meet his therapy needs and get him back on the playing field quickly, prompting his return to his hometown.

After arriving home, Edwards reported to McLeod Physical Therapy in Cheraw to begin rehabilitation with Yolisa Smith who is a Physical Therapy Assistant and a Certified Personal Trainer.

“Tariq walked in the door on the first day with crutches and unable to bear weight on his leg. In a week and a half, we had him off of crutches completely,” said Yolisa.

The 24-year-old football player was highly motivated and demonstrated his commitment to his rehabilitation program each day.

“We started working on corrective exercises, muscle balance, endurance, and sports related drills that helped with his specific position on the field,” Yolisa added.

Yolisa also began using a therapy

known as Electro Therapeutic Point Stimulation (ETPS) on his site of injury to aid in minimizing scar tissue and increasing his range of motion. This modality involves an electrical current to stimulate weaker muscles to contract during therapy to help improve strength and relieve pain.

“McLeod Physical Therapy of Cheraw has been wonderful and has done a great job of getting me ready mentally and physically to go back to the NFL,” said Edwards.

He will be returning in March of 2016 to attend spring training with the Miami Dolphins. “The grind never stops, so I keep going,” Edwards added.

He is extremely grateful for the support of his hometown team, McLeod Health Cheraw.



“McLeod Physical Therapy of Cheraw has been wonderful and has done a great job of getting me ready mentally and physically to go back to the NFL.”

– Tariq Edwards

The Heart of a Woman



by Rachel T. Gainey

A mother of four daughters, Marguerite Turner of Dillon, South Carolina, has always been an example of strength to her family. Today, at the age of 92, she continues to be a role model. “There are many things that I cannot do because of weak eyesight and poor balance, but there are still things I CAN do that make life interesting,” said Marguerite.

Georgia Pernell, a McLeod Dillon Cardiac Rehabilitation Staff member, has been helping Marguerite meet her exercise goals since she began the program in 2003.

“All of my life, I’ve been in good health. The years rolled by unnoticed,” said Marguerite. “I worked as a book-keeper and as a caregiver to my mother and aunt. Years slipped into decades. In the Spring of 2003, I became aware of my lack of energy and stamina when we were closing my husband’s business after his death. I did not give it another thought.

“Later in the year, I still did not feel like moving around or doing anything that required energy. I thought ‘maybe this is how age eighty is supposed to feel!’ This is when I began to blame symptoms such as tiredness, shortness of breath and tightness in my chest on my age.”

It was in October of 2003 that Marguerite’s doctor became aware of her symptoms. “I was dressing to go to my regular check-up with my doctor when I noticed the tightness in my chest was heavier than it had previously been,” recalled Marguerite. “When I arrived at the office, I called the nurse from my car to help me in. After my examination, I had additional testing at McLeod Dillon and was then sent to McLeod Regional Medical Center for a catheterization that revealed two blockages in my arteries, one of which was 99.9% blocked,” recalled Marguerite.

Following a double bypass surgery performed at McLeod Regional Medical Center in Florence, Marguerite returned home and became a patient of the McLeod Dillon Cardiac Rehabilitation program. Having always enjoyed an active lifestyle, Marguerite said, “The McLeod Cardiac Rehabilitation program gave me the energy I once lost, and I was able to once again do the things I loved.

“After my open heart surgery, I told my daughters that God did His part; the doctors and medical staff did their part; and McLeod Cardiac Rehabilitation is my part. If I don’t do it, it is ‘shame on me,’ since others have worked so hard to add many happy years to my life,” said Marguerite.

“This program touches many lives, and I am grateful McLeod offers this service to our community. I always feel so much better when I leave than when I walk in.”

– Marguerite Turner

“The McLeod Cardiac Rehabilitation program is helping Marguerite improve her health and physical performance. A member of the Cardiac Rehabilitation program since 2003, Marguerite encourages others in the program to stick with it and tells them her story of recovery and renewal,” said Abby Lambert, RN, Supervisor, McLeod Dillon Cardiac Rehabilitation.

“When I first came to Cardiac Rehabilitation after surgery, I was so weak that I had to stop twice and sit down on my walker when walking from the door to the desk at the far end of the gym,” recalled Marguerite. “The staff developed a work-out plan and set goals with me. They were so encouraging.

“The patients and staff are all working together towards better health. We help and support each other,” said Marguerite. “Work-outs are marked by gentle humor and encouragement. During the past twelve years, I have met and made many new friends. We are like one large, mischievous family.”

Each year, Cardiac Rehabilitation helps hundreds of heart patients increase their ability to perform desired activities and live a more productive life. The staff works with individuals to ensure that they are exercising safely and effectively with appropriate progression of activity.

“People who can benefit from Cardiac Rehabilitation include those who have had a heart attack, coronary bypass surgery, angina, balloon angioplasty, stent placement, congestive heart failure, or a diagnosis of coronary heart disease,” said Abby. “People with

high risk factors for heart disease may also be in the maintenance program.”

Beyond the physical component, the McLeod Cardiac Rehabilitation Program also features education about the various risk factors that contribute to cardiovascular disease and how to obtain a healthier, heart-friendly lifestyle.

“Before going through this experience, Marguerite’s risk factors for cardiovascular disease included diabetes and high blood pressure, which run in her family,” said Abby. “Family history plays a significant role in risk factors for heart disease. However, Marguerite did not suffer from all the risk factors, which also include high cholesterol, physical inactivity, smoking and being obese or overweight.”

According to the American Heart Association, an estimated 43 million women in the U.S. are affected by heart disease and stroke. “Heart disease and stroke claim more women’s lives each year than the next five leading causes of death combined,” said Abby. “Yet, 80 percent of cardiac events can be prevented with education and healthy lifestyle choices.”

Today, Marguerite is loyal to her commitment to exercise regularly. “Because of the Cardiac Rehabilitation program, my blood pressure and blood sugar are better controlled than ever. I have also been able to decrease the medications I take for these issues.

“This program touches many lives, and I am grateful McLeod offers this service to our community. I always feel so much better when I leave than when I walk in,” added Marguerite.

STRAIGHT TO THE “Needle” POINT

by Jennifer Beverly

From chronic pain to muscle aches, many people suffer ongoing symptoms that limit their mobility and reduce their quality of life. Fortunately for these patients, McLeod Seacoast now offers a new form of Physical Therapy treatment called, ‘Trigger Point Dry Needling,’ providing patients with pain relief.

Experiencing a headache for more than a month, Mae Drezek of Calabash, North Carolina, knew something had to be done. The pain affected her active lifestyle.

“When it’s not too hot outside, I stay active by playing golf three to four times a week, gardening and enjoying a game of water volleyball,” said Mae.

Familiar with McLeod Seacoast as a recent patient of Neurologist **Dr. Kimberly Monnell**, Mae returned to the hospital and visited the Interventional Pain Clinic.

Finally free of pain, Mae has returned to playing golf.

Through further examination, the staff determined that Mae’s pain originated in her neck and shoulder muscles. The Pain Clinic referred her to McLeod Seacoast Physical Therapy for evaluation. Mae’s visits to McLeod Seacoast had been successful and instilled confidence that physical therapy would be the remedy.

“When I first started physical therapy, the therapists used traction combined with stimulation or muscle therapy to help ease my headache,” said Mae. “After a few sessions, Physical Therapist Coreen Konopka suggested trying ‘Trigger Point Dry Needling.’”

‘Trigger Point Dry Needling’ is defined by the American Physical Therapy Association (APTA) as a skilled intervention performed by a physical therapist using a thin filiform needle to penetrate the skin and stimulate underlying sensitive spots in the muscles called myofascial trigger points.

The objective of ‘Trigger Point Dry Needling’ is to elicit a twitch response, releasing muscle tension and pain. It is proven as an effective treatment with very few side effects.

“By eliminating trigger points in the muscles, dry needling heals pain such as head and back pain, which are often mistakenly blamed on more serious causes,” said Scott Montgomery, Director of Physical Rehabilitation at McLeod Loris Seacoast.

“Incorporating ‘Trigger Point Dry Needling’ into physical therapy sessions has considerably reduced patient treatment time, meaning they get well faster.”

‘Trigger Point Dry Needling,’ combined with physical therapy, has been shown to help with the following conditions:

- Acute and chronic tendonitis
- Athletic and sports-related overuse injuries
- Post-surgical pain
- Post-traumatic injuries, motor vehicle accidents and work-related injuries
- Chronic pain conditions
- Headaches and whiplash
- Lower back pain

Desperate for complete relief from her headache, Mae agreed to the use of ‘Trigger Point Dry Needling.’ Coreen performed the needling procedure on Mae’s shoulder area. “I felt the muscle twitch with each treatment,” said Mae.

“The twitch that Mae experienced involves a release and deactivation of the tense and painful trigger point band in the muscle. It’s like hitting a restart button on your neuromuscular system,” said Scott.

“Within one hour, my chronic headache, shoulder and neck pain were completely gone,” said Mae. “Coreen knew exactly what muscle area caused my pain due to the large amount of tension on my left side throughout my shoulders. The procedure and fast results truly impressed me.”

One misconception about ‘Trigger Point Dry Needling’ is that it’s a form of acupuncture. However, ‘Trigger Point Dry Needling’ is performed by Western medical practitioners using acupuncture-type needles to treat the musculoskeletal and nervous system based on modern neuro-anatomy science. Acupuncture falls within the scope of traditional Chinese medicine.

‘Trigger Point Dry Needling’ is one of many techniques that physical therapists use to help patients. “The trigger point procedure is part of a comprehensive treatment plan to improve muscle function and range of motion,” added Scott. “Our physical therapists examine each individual patient and develop a treatment plan to reduce pain and restore function for a healthier and more active lifestyle. For Mae, the treatment plan included muscle therapy and ‘Trigger Point Dry Needling.’”

Today, Mae is enjoying her active lifestyle again. “I would still be dealing with pain if I had not received treatment at McLeod Seacoast,” said Mae. “I am also back on the golf course multiple times a week and enjoying my life living on the coast.”

Coreen Konopka, a Physical Therapist at McLeod Seacoast, performs the Trigger Point Dry Needling procedure on Mae Drezek’s shoulder to ease her headaches.

McLeod News

MCLEOD STROKE UNIT RECOGNIZED FOR PATIENT CARE

The McLeod Stroke Unit received the American Heart Association/American Stroke Association's Get With The Guidelines – Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll.

This award recognizes the hospital's commitment and success ensuring that stroke patients receive the most appropriate treatment. **Dr. William Boulware**, Chairman of the McLeod Clinical Effectiveness Stroke Committee, thanked the team for making patient care better. "It's all about the work of the stroke team," said Dr. Boulware. "We appreciate their diligence, hard work and dedication in helping us achieve this recognition."



Pictured from left to right: **Vicky Pigate**, Stroke Program Coordinator and Director of the McLeod Stroke Unit; **Dr. Timothy Hagen**, Medical Director of Neurology Services for McLeod Regional Medical Center; **Teresa Anderson**, McLeod Vice President of Patient Services; and **Dr. William Boulware**, Chairman of the McLeod Clinical Effectiveness Stroke Committee.

MCLEOD HEART & VASCULAR INSTITUTE RECEIVES PLATINUM ACHIEVEMENT AWARD

The McLeod Heart and Vascular Institute has received the American College of Cardiology's NCDR ACTION Registry-GWTG Platinum Performance Achievement Award for 2015. McLeod is one of only 319 hospitals nationwide to achieve this honor.

A celebration was held for the team members where the award was presented to **Dr. Alan Blaker**, Executive Medical Director of McLeod Cardiovascular Services; **Jack O'Connor**, Vice President of Cardiovascular Services, and **Debbie Whisenhunt**, Cardiovascular Outreach

Coordinator, by **Sheryl Love**, Senior Director of Development, American Heart Association.

"This award is a proud achievement for McLeod," said Dr. Blaker. "It reflects the hard work and dedication of the staff who care for some of our most seriously ill patients and their families. The implementation of these guidelines requires successful coordination of the cardiovascular team and emergency personnel and is a critical step in saving lives and improving outcomes of heart attack patients."



Dr. Ruth Wieland, at center, cuts the ribbon to officially open **McLeod Sunset Beach Internal Medicine**.

McLeod Seacoast has expanded its reach into Brunswick County, North Carolina, with the addition of **McLeod Sunset Beach Internal Medicine**.

McLeod News

STUDENT MUSICIANS SHARE THEIR TALENT

Volunteer student musicians shared their talent this summer in the McLeod Center for Intensive Care lobby located on the McLeod Concourse. The students performed each week day between 11 a.m. and 1 p.m. on the grand piano which was donated by **Dr. Andrew Rhea** in memory of his son, **William Rhea**.

The McLeod Health "A Classical Touch" program was created by **McLeod Volunteer Services**. **Linda Boone**, Director of Volunteer Services, reached out to local schools and piano teachers to recruit students to provide a soothing interlude for visitors and staff.

Boone reported that many of the students were honored to play on such a fine instrument. They are also looking forward to returning to play during the holidays.

The student performers included: **Jessica Butler**, **Victoria Brown**, **Abigail Donato**, **Melinda Dersh**, **Stephanie Dersh**, **Savannah Gaymon**, **DeQuan LaSane** and **Camryn Weber**.

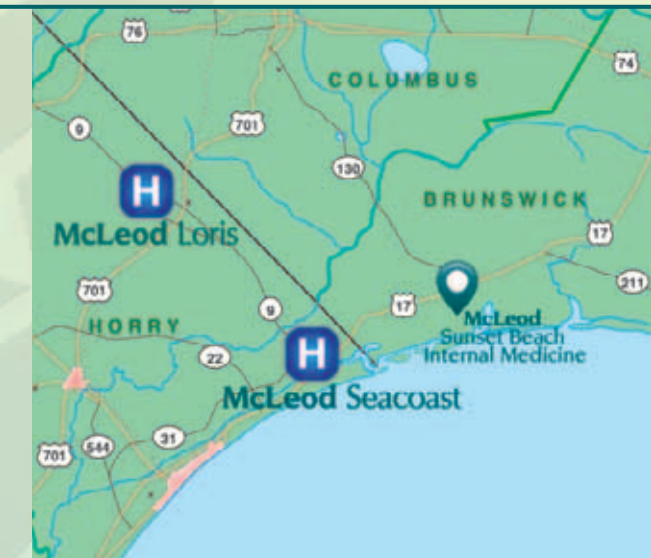


DeQuan LaSane plays the piano for visitors and staff walking through the **McLeod Center for Intensive Care**.

MCLEOD SEACOAST EXPANDS REACH INTO BRUNSWICK COUNTY, NC

More than 40 community members were in attendance for a ribbon cutting in late July to show their support for the newly opened office, in **Sunset Beach, North Carolina**.

Dr. Ruth Wieland, Board Certified and specializing in adult internal medicine, works closely with patients to diagnose and treat many conditions including COPD, high blood pressure and diabetes. She also provides personalized lifestyle plans to help patients achieve their health care goals.



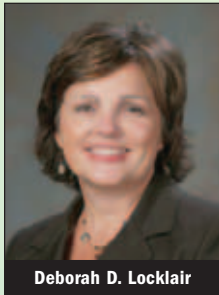
McLeod Sunset Beach Internal Medicine will also offer opportunities for medical specialists to provide routine clinics in the future.

McLeod News

MCLEOD NAMES NEW ADMINISTRATORS

McLeod Health is pleased to announce the following new appointments to its leadership team. Deborah D. Locklair has been promoted to Senior Vice President of McLeod Health and Regional Administrator for McLeod Health Dillon and McLeod Health Cheraw.

Meriba “Mib” Scoggins has been appointed as the Administrator of McLeod Health Cheraw and Joan O. Ervin has been named the Administrator of McLeod Health Dillon.



Locklair most recently served as the Interim Administrator of McLeod Health Cheraw. She also served as

Administrator for McLeod Health Dillon and a Vice President of McLeod Health since 2005.

Locklair began her career at McLeod in 1989 as a Social Worker and Discharge Planner. In 1992, she was named Director of Discharge Planning, a position she held

until 1994 when she assumed leadership as the Administrator of McLeod Health Darlington and Vice President of McLeod Health.

Locklair received her Bachelor of Science degree in Health Science from Furman University in Greenville, SC. She also completed her Master of Education degree specializing in Counseling from Francis Marion University in Florence.



Scoggins recently served as the Project Lead Coordinator for Chesterfield General Hospital's transition to McLeod Health.

Prior to this role, she was the Patient Experience Manager for Service Excellence. Scoggins previously served as the Director of Organizational Learning for McLeod Health from 1998 to 2012. She returned to McLeod Health in 2014 after two years as the General Manager for Human Resources with the Georgiou Group in Perth, Western Australia.

Scoggins received a Bachelor of Arts degree in English and History with Honors from Randolph-Macon Woman's College in Lynchburg, VA. She also completed the Harvard Business School's Authentic Leadership Development Course.



Ervin has served as Associate Vice President for Quality and Safety at McLeod Dillon since 2006. In this role, she was also the Patient

Safety Officer and on-site Risk Manager. She also most recently served as the Interim Administrator of the hospital. Ervin's career with McLeod Health began in 1980 as a staff nurse at McLeod Regional Medical Center.

Ervin received a Bachelor of Science in Nursing at the Medical University of South Carolina (MUSC) in Charleston and a Master of Science in Nursing from the University of South Carolina in Columbia. She also completed the Amy V. Cockcroft Nurse Leadership Program in 2006.

MCLEOD LORIS PHYSICIAN PRACTICES MERGE

McLeod Physician Associates announces the merger between two medical practices in Loris, SC.

Barrett Internal Medicine and Loris Family Health Center are joining together to create McLeod Loris Primary Care. McLeod Loris Primary Care is located in the same building as Barrett Internal Medicine and Loris Family Health Center.

For many years, the physicians at Barrett Internal Medicine and Loris Family Health Center have served Loris and the surrounding areas and intend to continue to provide excellent health care.

McLeod Loris Primary Care is located on 3109 Casey Street, Loris, SC. For more information, please contact McLeod Loris Primary Care at 843-756-9292.



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