

# McLeod

*magazine*

Volume 29, Issue 2, 2014



The Lomas Family  
Myrtle Beach, SC

EXPERIENCE AND EXCELLENCE.  
MCLEOD HEALTH



# Views



This year, McLeod physicians, staff and teams have received 23 top honors from Healthgrades®, the nation’s leading healthcare rating organization. These distinctions, driven by the analysis of data, are based on quality outcomes and superior performance. Additionally, the care of patients at McLeod resulted in our being honored as a Distinguished Hospital for Clinical Excellence, (Top 5% of more than 4,500 hospitals nationwide) for clinical performance and the Outstanding Patient Experience Award™ for 5 years in a row.

This recognition is more than a trophy, and more than a group of shiny awards displayed on a shelf. While it validates our efforts to provide the finest treatment and services available to the people in the 15-county region we serve, it is evidence of the dedication and hard work performed daily by our physicians and staff in creating a culture of safety and quality. We are honored that this commitment resulted in McLeod receiving these distinctions. But, more importantly, we want to always seek improved medical options, superlative treatments and provide access to the best in medicine for the benefit of our patients now and for decades to come.

We want to be the Choice for Medical Excellence for all our patients and their families. We want our people to engage each day at McLeod with a mission to serve with compassion, skill and respect the dignity of others.

We appreciate the kind words and sentiments shared in the following pages and pledge to continue to do our best to meet medical needs and surpass expectations of service. Thank you for choosing McLeod.

*Robert L. Colones*

Rob Colones,  
President, McLeod Health



### On the Cover:

Four-year-old Jayden Lomas, a McLeod Seacoast Pediatric Rehabilitation patient, is featured with his family on the cover of this issue of “McLeod Magazine” for overcoming physical obstacles. Jayden is a pediatric stroke survivor, and he inspires everyone he meets to reach to new heights, no matter what the limits may be. His story of achievement is shared on page 4.

Cover Photography: Cela Ruth Photography



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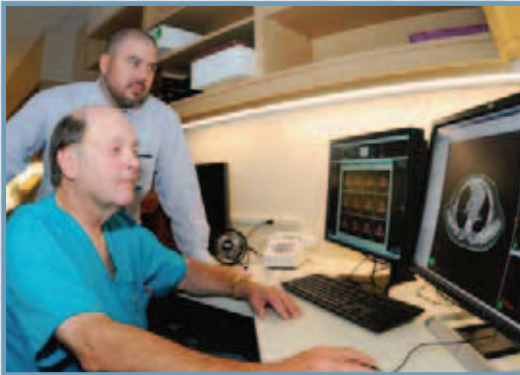
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# OVERCOMING OBSTACLES AND REACHING TO NEW HEIGHTS

by Jenna Falls Cox



At four years old, Jayden Lomas is like every other boy his age. He loves playing ball and looks up to his big brother, Tyler. But what makes Jayden so special is how far he has come in so short a time. At birth, Jayden suffered a stroke.

Doctors told his parents, Sean and Marcela Lomas, that there was a fifty percent chance that Jayden would not be able to walk or talk. Since then, he has already surpassed what healthcare professionals thought possible.

Because of the stroke, Jayden suffers from a form of cerebral palsy called hemiplegia, which is a neurological condition that weakens one side of the body. The stroke occurred on the left side of Jayden's brain, – the side that controls his speech.

Jayden's parents knew that early intervention and therapy were important. After having in-home therapy and travelling to other facilities for treatment, they enrolled Jayden in

speech, physical, and occupational therapy at McLeod Seacoast in January of 2013, when he was three years old. He and his family have felt right at home from the beginning.

"Jayden loves to come to therapy," said Jayden's mother, Marcela. "It is like his second home."

Jayden's speech has progressed immensely since starting therapy at McLeod Seacoast, according to Jayden's father, Sean. "Jayden could speak between five to eight words when he started speech therapy a year ago," said Sean. "Now, thanks to Ms. Kaye, Jayden's speech therapist, he is speaking to us in complete sentences."

"He has expanded his vocabulary tremendously," said Marcela. "For example, Jayden used to call all vehicles 'choo-choos.' He now says 'car,' 'truck,' and distinguishes between all vehicles. He even corrects us if we abbreviate a word," Marcela said jokingly.

"When he came to McLeod Seacoast a year ago, he had a difficult time identifying the words on the flashcards during speech therapy sessions. Now, he has conversations with his friends and family. Jayden's neurologist

reported during his last appointment, that this transformation in speech is unheard of in this short amount of time," said Sean.

Jayden, or "J.J." as his friends and family call him, has a deep love for baseball and basketball. One might say it is hereditary. His dad, Sean, played baseball during his college days at the University of Maryland, and is now the East Coast Director for Rawlings National Baseball Clubs. He is also an Associate Scout for the Kansas City Royals.

"Both of my sons play ball at home for hours and hours," said Sean. "Jayden is now old enough to play in a county instructional basketball league for four and five-year-olds. He is one of the youngest kids in the league and is already a standout. His passion for sports is another reason why physical therapy and occupational therapy is so important in Jayden's day to day life."

Due to the stroke, Jayden experiences weakness on the right side of his body. It is difficult for him to control his right hand. Jayden's therapists have been working on improving his range of motion during therapy sessions.



Jayden practices his speech by playing the vocabulary game, "What's in Ned's Head" with Speech Therapist Kaye Wooten.



“When Jayden started physical and occupational therapy at McLeod, his right arm was in a locked position. Now, he is able to straighten his arm, open up his hand and twist his wrist. This has greatly improved his everyday life,” said Marcela. Jayden and his therapists refer to his right hand as his “helper hand.” He can now carry a lunch tray at school and even swing a baseball bat with the use of his helper hand.

Jayden also experiences weakness in his right leg. However, by working with his therapists, he has drastically overcome this weakness. “Jayden has gone from wearing a brace that extends from his knee to his foot, to wearing just an ankle brace through the work with his physical therapist, Shelly. He is getting stronger and stronger everyday and closer to walking on his own,” said Marcela.

“What makes this place so special is that the therapists are constantly challenging Jayden. Once Jayden meets a goal, his therapists are on to the next goal. They are constantly re-evaluating him and coaching him to challenge himself. This is not only helping Jayden physically, but it is also instilling in Jayden the core values of hard work and determination that he will use for the rest of his life,” said Sean.

“The therapists are angels here and they have become part of our family,” added Marcela. “They share the same vision as we do for Jayden to succeed. They are not just doing a job. They want the best for Jayden, and that makes all the difference.”

*Jayden, along with his family, are advocates for pediatric stroke awareness. The Lomas family started the I Am Jayden Foundation to raise funds to give scholarships to pediatric stroke survivors, help with therapies and more. The I Am Jayden Foundation also works to raise awareness of pediatric stroke and educates others about the resources for children and their families.*



Physical Therapist Shelly Gardner helps Jayden strengthen his core and upper extremity, while improving his balance and coordination.



Jayden works on his coordination and using his right arm and hand by shooting basketball with Bryanna Ray, a Certified Occupational Therapy Assistant.

# CHAMPIONS *for* Wilson

by Tammy White

It was a normal school day for 14-year-old Wilson Josey, a freshman at West Florence High School, at least until Physical Education (PE) class.

“I remember running laps during PE class – then nothing until I was waking up at McLeod,” said Wilson.

Wilson collapsed while he was running. The PE teacher along with the school coach immediately responded. They began to administer CPR. An EMS Technician who was nearby also responded after hearing the 911 call. He used an automated external defibrillator (AED) in an attempt to restart Wilson’s heart.

“The school nurse called me at work asking if Wilson had a history of seizures and informed me of his collapse,” said Shand Josey, Wilson’s Mother. “Wilson has never had a seizure. I knew it was not a seizure. It had to be his heart.”

Wilson Josey is a 14-year-old student from West Florence High School whose heart went into cardiac arrest during Physical Education Class.



Due to a family history, Wilson had been previously tested and diagnosed with a heart condition.

“Wilson has a heart condition called hypertrophic cardiomyopathy,” said **Dr. Evans Holland**, an Interventional Cardiologist with Pee Dee Cardiology. “Hypertrophic cardiomyopathy is a disease of the heart where the heart wall muscle becomes thickened. The heart is still strong, but its thickness leads to

disruptions of the electrical functions of the heart. Once the heart’s electrical current is disturbed, it can’t squeeze appropriately. The heart stops pumping, and it must be shocked back into a normal rhythm.

“Wilson’s heart had gone into cardiac arrest, causing him to collapse,” continued Dr. Holland. “Cardiac arrest is an unexpected loss of heart function. It most often is a result of an electrical

disturbance in the heart that disrupts the pumping action, stopping blood flow to the rest of the body.”

Shand immediately rushed to the McLeod Regional Medical Center Emergency Department as Wilson was being transported by ambulance. While enroute to McLeod, Wilson’s heart stopped beating again. The EMS personnel worked diligently to resuscitate him.

Upon arrival at the McLeod Emergency Department, it was determined that Wilson had been without oxygen for at least seven minutes.

Dr. Holland contacted his colleague, **Dr. Rajesh Malik**, an Electrophysiologist with Pee Dee Cardiology. An Electrophysiologist is a specialist who treats the electrical system of the heart. Dr. Holland explained the situation to Dr. Malik and asked him to meet him in the Emergency Department.

“Wilson’s heart was back into a normal rhythm but he was still unconscious,” said Dr. Holland. “Dr. Malik and I determined that the best line of care for Wilson was going to be therapeutic hypothermia. This was the best option to reduce the trauma to his brain.

“At age 14, Wilson was the youngest patient we have put in hypothermia at McLeod,” said Dr. Malik. “Despite that, I had no reservations that this was going to be the best form of treatment for this young man.”

Hypothermia is performed in the McLeod Coronary Care Unit, because an extreme change in body temperature from hypothermia requires close monitoring and can result in irregular heart rhythms. It is also important that the patient is under the care of nurses skilled and trained in cardiac care. A team of nurses came down from the unit to begin the process.

Within thirty minutes of arriving at the Emergency Department, Wilson was being placed in a hypothermia state.

“Therapeutic hypothermia is a vital therapy for a survivor of cardiac arrest,” said Dr. Holland. “The goal of hypothermia is to try and slow down the body’s metabolism, allowing the brain to heal. The patient’s body temperature is lowered to thirty-three degrees Celsius using special cooling equipment. It is kept at this temperature for 24 hours then is gradually warmed back up to normal. This therapy offers important benefits to survival and neurological recovery.”

Following the initial 24 hours of cooling Wilson’s body down, it took 12 hours to warm his temperature back up to normal conditions. The outcome that remained to be seen was what damage could have been done because of the amount of time he was without oxygen to the brain.

“They began warming him up at 7:00 p.m.,” said Shand. “At 3:00 a.m., Kim, one of Wilson’s nurses, told me to come to the bed and squeeze his hand. I held his hand and said, ‘Wilson, this is Mom, squeeze my hand.’” Wilson responded by squeezing his mother’s hand. “That was the very best squeeze of my life,” said Shand. “From that point on Wilson responded to everything the nurses asked him to do.

“There is nothing in the world that can prepare a parent for watching their child fight for his life,” said Shand.

“The doctors and nurses did everything they could to save Wilson. Once he was stabilized, and I was able to stand beside him, I put my hands on his face, looked at him, and said in his ear that I was there and that he needed to fight.

“The medical team of the CCU were champions for Wilson and our family. They were there to hold us up in the middle of the night when we didn’t think we could make it any longer. They kept us informed on everything that was happening to Wilson and answered all of our questions.

“The McLeod medical team helped to give us back the gift of our son just as he was before,” added Shand.

Now that Wilson had recovered from this episode it was important that treatment be administered to prevent it from happening again. Hypertrophic Cardiomyopathy is the most common cause of heart-related sudden death in people under 30, explained Dr. Malik.

To lower his risk, Dr. Malik surgically placed an implantable cardioverter-defibrillator (ICD) into Wilson’s chest. An ICD continuously monitors the heartbeat and will deliver an electrical shock to the heart to restore normal heart rhythm when necessary.

“This is a condition that Wilson was born with,” said Dr. Malik. “He has some limitations on participating in certain sporting activities, but that is his only restriction. Wilson is doing well and I expect him to continue to do so.”

The Josey Family is grateful to the medical team of the McLeod CCU for being champions for Wilson and their family. Wilson Josey is pictured with his family. From left to right: Dad (Rainey), his brother Lane, his sister Ann Collins, and Mom (Shand).



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– Shand Josey, Wilson’s mother



# The Journey to a HAPPY ENDING

by Jessica Wall

Nancy Lopez and her husband, Laurence Smith Jr., sum up their adorable infant twins in one word: miracles.

Elated over the news that they were expecting twins, Nancy and Laurence, residents of Myrtle Beach, had no idea the struggles they would soon face. Three months into the pregnancy, Nancy began experiencing excessive bleeding. Laurence immediately rushed her to a nearby Emergency Department where doctors explained that she had a hemorrhage and diagnosed her with a threatening miscarriage.

"The doctors sent me home with an order to stay on bed rest for an entire week," said Nancy. "They told me there was nothing else they could do, and that I should hope and pray for the best."

Nancy followed the doctor's orders and within a month, her bleeding subsided. Then, as she was approaching seven months, she and Laurence planned one last vacation for the two of them before the arrival of their little ones.

"Our bags were packed, reservations made, and everything in place," explains Laurence.

On the morning that Laurence and Nancy were planning to leave, Nancy's water broke. Once again, they went to the Emergency Department, where doctors discovered that both placentas had ruptured, and her contractions were three minutes apart.



Born more than two months early, Laurence (at left) and his twin sister, Brooklyn, are thriving thanks to the excellent care they received in the McLeod Neonatal Intensive Care Unit.

Anticipating an early delivery before 30 weeks gestation, Nancy was transferred to McLeod Regional Medical Center.

"I was apprehensive when the doctors told me I was being transferred to McLeod," recalls Nancy. "I had never heard of Florence, let alone McLeod."

"When I arrived, however, my impression quickly changed. Everyone involved in my transition to McLeod was amazing."

"There were staff waiting for me on the floor, and they addressed me by name. I could tell that they were genuinely concerned about what was happening to me."

Shortly thereafter, **Dr. Gary Emerson** of McLeod OB/GYN Associates, explained to Nancy that the twins were under stress in the uterus and needed immediate delivery.

Inside the delivery room, Dr. Emerson was accompanied by a team of physicians and nurses from the Neonatal Intensive Care Unit (NICU) in preparation for the babies' transition to the unit immediately after birth.

"Although this was a very difficult and frightening moment in our journey, the physicians and nurses made the entire process seamless," says Nancy.

On January 21, at 29 weeks and six days gestation, Nancy gave birth to Brooklynn Michelle Smith-Lopez and Laurence P. Smith, III, each weighing approximately three pounds.

One of Nancy's most memorable moments throughout the entire journey was holding her twins for the first time, one week after their birth.

She explains that she was released from the hospital five days after her delivery. She traveled to her home in Myrtle Beach to gather some supplies for their stay in the McLeod Guest House, which provides a warm home environment to families outside the Florence area while their loved ones are being cared for at McLeod Regional Medical Center.

"I cried the entire time I was away from my children," recalls Nancy. "It was such a blessing to stay at the Guest House and see Brooklynn and Laurence every day, as often as I wanted."

When Nancy returned to the NICU seven days after her delivery, she experienced Kangaroo Care, or skin-to-skin contact, which involves the nurses putting Brooklynn and Laurence directly on their mother's chest.

Kangaroo Care not only promotes bonding between the mother and her baby, but also regulates the baby's body temperature and encourages a smoother transition to breastfeeding.

"I was grateful for the protection that the isolettes offered," says Nancy. "However, holding Brooklynn and Laurence for the first time, feeling their skin against mine, was an amazing experience that I will always cherish."

During their stay in the NICU, Brooklynn and Laurence received individualized care under the supervision of **Dr. Tommy Cox**, a McLeod Neonatologist.

"The biggest risk that premature infants like Brooklynn and Laurence face is breathing problems because the lungs are the last organ to fully mature during gestation," explains Dr. Cox.

Brooklynn required breathing support on a ventilator for three days, and Laurence for four days, but then

both children began to steadily progress and grow stronger. The babies were also breastfed, which was a major advantage.

"In the past five to ten years, research has proven that breast milk is one of the most important medicines for all infants, but particularly for premature infants," says Dr. Cox. "Babies who are breastfed tend to have less infection and gastric intolerances as they age, and stronger immune systems."

On February 20, almost one month after their birth, Brooklynn and Laurence were strong enough to leave the NICU, and were transferred to a hospital closer to home for continued care.

"The entire NICU team was incredibly supportive and encouraging, and Dr. Cox was always hands-on, updating us and explaining the plan of action," recalls Laurence.

"Brooklynn and Laurence truly are miracles," he continues. "On two different occasions, Nancy and I feared we would lose our twins, first with the threatening miscarriage and then with their premature delivery. We credit the incredible team of physicians and nurses at McLeod with our happy ending."

Nancy added, "We cannot say enough about the care we received. If I had to do it all over again, I would have come to McLeod first."

Laurence and Nancy shown here holding their miracle twins with McLeod Neonatologist Dr. Tommy Cox. The McLeod NICU Team contributed to their happy ending.





# A *Miraculous* RECOVERY

by Leah Fleming

It was a hot, dusty day in July. Truck hauler Ray McCutcheon and his son Jake were on their way to a flax mill in Pamplico, South Carolina, to deliver a load of flax bales. When they arrived, Ray got out of the truck to speak to the mill operator before unloading. As they talked, Ray noticed Jake had gotten out of the truck and was coming toward him. He hollered to Jake to get back in the truck and turned back to the operator.

“Is he okay?” the operator suddenly asked Ray. Ray turned around to see Jake lying on the ground with a bale of flax, weighing 1200 pounds, beside him.

Ray ran over to Jake and picked him up. He noticed Jake’s leg was severely broken and it was clear Jake was in serious pain. Ray took Jake to the truck and yelled for someone to call 911.

“When I got Jake into the truck, I laid him down,” remembers Ray vividly. “Jake just looked up at me and said, ‘Daddy, I love you’ before his eyes rolled back in his head and he stopped breathing. I started shaking him, and finally after a few minutes he took a deep breath and started moaning. After what seemed like forever, an ambulance arrived and we headed to McLeod Regional Medical Center in Florence.”

Ray called Jake’s mother, Dawn McCutcheon, to tell her what had happened. Dawn immediately headed to the McLeod Emergency Department. “They took Jake straight back,” she recalls. “He was moaning in pain. They moved him into an exam room, and when I saw him again, he was sedated and on a ventilator.”

Trauma Surgeon **Dr. Mark Reynolds** was in the McLeod Emergency Department (ED) when Jake arrived. “Jake was very badly injured and in a great deal of pain,” said Dr. Reynolds. “He was crushed by this massive bale of flax. We quickly activated the McLeod Trauma Team to report to the ED. After administering intravenous fluids to restore Jake’s blood volume, we performed a full body CT scan so we could identify his injuries.

“Jake had a number of serious injuries including fractures to his leg, spine and ribs; a concussion; contusions or bruising to the chest, head, lungs and heart, and severe damage to the artery to his left kidney. A variety of physician specialists were called in to treat Jake. I was confident we would be able to manage his injuries, but I was also

deeply concerned that he would require a lengthy recovery with potential long-term disability,” Dr. Reynolds continued.

When Dr. Reynolds told the McCutcheons about the serious nature of the injury to Jake’s left kidney, Dawn immediately asked for **Dr. Kevin O’Kelly** of Low Country Urology, who Jake had previously seen for another condition. Dr. O’Kelly was on his way to Kingstree for a clinic when he got the call from Dr. Reynolds. He immediately turned around and headed to McLeod.

“Jake had suffered a vascular injury to his left kidney that was not able to be repaired,” said Dr. O’Kelly. “Because a repair of the artery was not possible, we opted for conservative management for the treatment of Jake’s left kidney. This means we don’t operate on the injured kidney to remove it, but instead we observe the patient closely in a critical care environment and monitor the function of both kidneys.”

**Dr. Kyle Watford** of McLeod Orthopaedics was the Orthopedic Trauma Surgeon who was called in to care for Jake. “Jake was extremely sick, and we didn’t want to add to his blood loss by operating on the fractured femur,” he said. “Instead we placed an external fixator on Jake’s leg, which allows it to heal without prolonged surgeries.” An external fixator uses pins, rods and clamps to stabilize the affected bones.

**Dr. Andrew Rhea** of Florence Neurosurgery and Spine was brought in to treat Jake for his lumbar spine fracture and concussion. “We also chose to conservatively treat Jake due to the variety of medical problems he already had. His concussion required a full neurologic exam followed by regular CT scans over the next several days to make



A CT scan reveals Jake had lost blood supply to the left kidney and had a great deal of bruising to the lungs.



An x-ray shows Jake’s fractured femur along with the external fixator used to repair his leg.

sure there were no other problems we needed to treat aggressively. We treated his spinal fractures with a brace, which works very effectively on pediatric patients and allows the bones to heal very quickly with good outcomes.”

Jake also needed the expertise and care of the physicians and staff of the McLeod Pediatric Intensive Care Unit in the McLeod Children’s Hospital. “Jake required breathing assistance from a ventilator because of the significant injury to his lungs,” said McLeod Pediatric Intensivist **Dr. Nandu Raghuram**. “We kept him sedated with pain medications because of the intensity of his injuries. We also didn’t want him to try to remove any of the devices that were helping him heal.

“In addition, we worked along with specialists from various disciplines to provide his care,” added Dr. Raghuram. “It was a team effort to take care of this young man. The complexity of his injuries called for the best of the best, and I am proud to say that we, at McLeod, have these experts on staff who are readily available.”

Jake spent 11 days in the McLeod Children’s Hospital. After a week of sedation and ventilator breathing support, Jake was conscious and able to breath on his own.





Ray, Jake and Dawn McCutcheon say they are grateful for the medical care provided by the McLeod Children's Hospital.

"The physicians and nurses took such great care of Jake, but they also looked out for us as well," said Dawn. "They gave us our own room near the Pediatric Intensive Care Unit so we could rest, and they always made sure to keep us up-to-date with everything that was happening. They would also constantly check on us, and make sure we had something to eat."

"The doctors and nurses at McLeod give 150%," added Ray. "They would explain things to us in a way so we always understood what was going on."

Based on the trauma he suffered Jake's recollection of the accident is remarkable. "When I was walking around the trailer, I looked up because I heard a noise. I saw the bale of flax coming toward me, and I tried to run, but it was too late and it rolled on top of me. I then saw a man in a blue shirt and a hat standing over me. He lifted the bale of flax off of me and I saw my Daddy running toward me."

When Jake regained consciousness in the hospital, he questioned his father about the man who lifted the bale off of

him. Ray told Jake they didn't see anyone there by that description nor did they see anyone lift the bale off of him. The McCutcheons call the man Jake's Guardian Angel.

Eleven days after the accident Jake was discharged from the hospital. He was required to wear the external fixator for six weeks while his leg healed. Jake explained that he could hardly move with the device on his leg. Fortunately, Jake's best friend and cousin, Sarah Beth Lynch, helped him get around by pushing him in a wheelchair.

During the next six weeks, Jake saw Dr. Watford to make sure his leg was healing properly. "McLeod not only has two Orthopedic Traumatologists, but also a Pediatric Orthopedic Surgeon, **Dr. Al Gilpin**. This allows us as a team to address both the acute injury as well as any growth issues that may arise because of the injury. Since children grow at different rates depending on their age, it takes an experienced Pediatric Orthopedic Surgeon to counsel our other orthopedic surgeons as to whether the fracture alignment

is healing properly," explained Dr. Watford.

After a thorough follow-up, Jake was released from the care of all of the specialists except Dr. O'Kelly, who continues to monitor the existing kidney function. "Even though Jake's left kidney is no longer working, his renal function is completely normal. His existing kidney has increased in size to maintain all of the body's kidney function." Dr. O'Kelly explained Jake's only limitations are to avoid any activities that could potentially damage the existing kidney, as he could then require a transplant.

"The remarkable thing about kids like Jake is the ability to come back from almost devastating injuries," said Dr. Reynolds. "They are much more resilient than adults. It is miraculous how well this young man has recovered."

One would never know the extent of the injuries Jake suffered when watching this energetic nine-year-old play with Sarah Beth. He also recently completed third grade at Carolina Academy in Lake City and maintained straight A's and honor roll status.



Jake depended on the emotional support his best friend and cousin Sarah Beth Lynch gave him during his recovery.

# Extraordinary Care, REMARKABLE RESULTS

The extraordinary work in caring for the patient with heart and vascular disease at McLeod Regional Medical Center has reached a level of national prominence. It is through a collaborative team effort with a patient-centered focus that McLeod delivers exceptionally high quality care. The best in Heart and Vascular Care is available in our own region at McLeod.

"The McLeod Regional Medical Center Open Heart Surgery program has received top recognition by the Society of Thoracic Surgeons," said **Dr. Scot Schultz**, Medical Director of McLeod Cardiothoracic Surgery. "This recognition, based on eleven process and outcomes measures, places McLeod in the top ten percent of heart surgery programs in the entire country."

The Society of Thoracic Surgeons (STS) is an international, not-for-profit organization and the governing body representing cardiothoracic practices. The STS National Database, established in 1989 as an initiative for quality improvement and patient safety among cardiothoracic surgeons, is the most robust medical database in the world.



Dr. Scot Schultz



Cardiothoracic surgeons participating in the STS Adult Cardiac Surgery Database voluntarily report surgical outcomes to promote transparency for consumers and help engage patients and their families in shared decision-making.

“The outcomes at McLeod Regional Medical Center place us in the top tier (approximate 10%),” continued Dr. Schultz. “We have built a great team of excellent cardiologists, anesthesiologists, perfusionists, critical care team members, and cardiothoracic surgeons who work together with the patient as the primary focus.

“In doing so, we are able to provide the highest quality patient care possible because of this team approach and our patient-centered focus. We are also extremely proud of our results. Our program has an open heart surgery mortality rate which is one-half of the national average.”

Combined with the recent Healthgrades® awards, this STS award distinguishes the cardiovascular surgical program at McLeod Regional Medical Center as one of the highest quality programs in the country and well above any other health system or hospital in the region.

### A Healing Environment

The McLeod Heart and Vascular Institute provides the most comprehensive and sophisticated heart care for patients in Northeastern South Carolina and Southeastern North Carolina. The Institute includes:

- **Vascular Hybrid Surgical Suite** – McLeod Vascular Surgeons have the flexibility of performing both diagnostic and surgical procedures in one location. The hybrid suite is equipped with x-ray imaging systems mounted to the ceiling. If at any time, the patient should require surgery, the equipment can be easily moved out of the way.

- **Three dedicated Open Heart Surgical Suites** – for both elective and emergent care where surgical procedures are performed including: Beating Heart Surgery, Coronary Artery Bypass Grafting (CABG), Valvular Repair and Replacement, and MAZE, a procedure for atrial fibrillation.
- **An Intensive Care Unit** – located adjacent to the Operating Rooms, is dedicated exclusively to the care of open heart and vascular surgical patients.
- **A Coronary Care Unit** – comprised of nurses and technicians with extensive training and expertise in cardiac care.

### Cardiac Catheterization Laboratory

Cardiologists at McLeod conduct more than 3,800 heart catheterizations, angioplasties and other therapeutic procedures a year. The Cardiac Catheterization rooms are furnished with digital cardiovascular imaging systems and equipped to perform both Transradial, through an artery in the wrist, and Transfemoral catheterizations, through an artery in the patient’s leg, or more accurately in the groin.

At McLeod Loris, the technology and specially trained staff provide adult cardiac diagnostic services that allow patients to remain close to home. The Cardiac Catheterization Laboratory verifies the severity of a patient’s heart condition, enabling their physician to determine the best method of treatment or the need for transport to McLeod Regional Medical Center for advanced treatment.

### Heart Valve Clinic

The McLeod Heart Valve Clinic offers comprehensive diagnostic and treatment options for patients with heart valve disease. The clinic is led by an exceptional group of Cardiothoracic Surgeons and Cardiologists who collaborate to provide the highest quality of care.

At the McLeod Heart Valve Clinic, each patient is evaluated by our team of cardiac experts. They diagnose the type and severity of heart valve disease and develop a treatment plan specific to the patient’s condition. They work closely with referring physicians and communicate the most effective follow up and treatment options for patients. The primary care physician remains an integral part of the team throughout the evaluation, diagnosis and treatment of the patient.

### Chest Pain Center

The McLeod Chest Pain Center offers a dedicated full-spectrum emergency cardiac care program to evaluate the situation before it gets worse and in many cases, prevent a severe heart attack. The accredited McLeod Chest Pain Center is staffed 24 hours a day, seven days a week by experienced healthcare professionals who are specially trained in recognizing and treating a heart attack. The Center is located within the McLeod Regional Medical Center Emergency Department.

### Electrophysiology Services

**Dr. Rajesh Malik**, the Director of Electrophysiology for McLeod, and **Dr. Prabal Guha** are physicians at McLeod who specialize in evaluating the abnormalities of the heart’s rhythm. Patients who should have Electro-physiology (EP) studies are those with documented abnormal heart rhythms, or with symptoms of palpitations. Also included are patients with syncope (without evident cause) and anyone at high risk of sudden cardiac death due to either coronary disease or reduced ejection fraction (a measurement of how well the heart pumps out blood).

Electrophysiology studies are conducted in a dedicated, specially equipped Electrophysiology Laboratory located in the McLeod Regional Medical Center Cardiac Catheterization Laboratory.



Dr. Malik also holds a monthly Electrophysiology Clinic at the Pee Dee Cardiology office in Little River, SC.

### Heart Failure Nurse Navigator

Heart Failure is a weakness of the heart that keeps it from pumping well. It is also called congestive heart failure (CHF) or fluid on the lungs. Heart failure is a difficult disorder to manage and it can be complicated by many other additional conditions. The McLeod Congestive Heart Failure Nurse Navigator provides education and support for patients while in the hospital and for self management of heart failure at home. The Navigator also works together with nursing homes, physician offices and home health agencies to ease the transition home when leaving the hospital.

### Therapeutic Hypothermia

Therapeutic hypothermia (TH) is a procedure endorsed by the American Heart Association. It is considered an important therapy for a survivor of cardiac arrest – someone whose heart stopped beating and was restarted during cardiopulmonary resuscitation (CPR). Hypothermia works by decreasing brain function to allow the brain to rest, minimizing neurological injury after a cardiac event. The goal of hypothermia is to try and slow down the body’s metabolism allowing the body to heal. With hypothermia, the patient is

cooled down to a lower than normal body temperature for 24 hours; then is gradually warmed back up to normal. Patients under hypothermia are monitored closely by the health care team in the McLeod Coronary Care Unit (CCU).

### Cardiac Rehabilitation

Through extensive education and a monitored exercise program, McLeod Cardiac Rehabilitation can help patients recovering from heart-related illness or surgery experience a full recovery. McLeod Cardiac Rehabilitation programs are available at the McLeod Health & Fitness Center, McLeod Dillon, McLeod Loris and McLeod Seacoast.

### Critical Care Transport Team

The McLeod Critical Care Transport Team consists of McLeod Air Reach and HeartReach.

McLeod Air Reach is for all patients within a 150-mile radius of its centrally located station in Marion County, SC. The aeromedical helicopter is designed and built for patient and crew transports and equipped with the most advanced life support equipment. The McLeod Air Reach Crew is comprised of critical care trained medical professionals who care for both pediatric and adult patients.

The McLeod HeartReach ambulance provides emergency transport services to hospitals and patients throughout the 15 counties served by McLeod Health.

### Cardiac Care Excellence Award™

One of America's 100 Best Hospitals for Cardiac Care™

Top 5% in the Nation in Cardiology Services

Top 10% in the Nation for Overall Cardiac Services

★★★★★ in Treatment of Heart Attacks

★★★★★ in Treatment of Heart Failure

Vascular Surgery Excellence Award™ – 5 Years in a Row

Top 5% in the Nation in Vascular Surgery – 2 Years in a Row

★★★★★ in Carotid Surgery – 4 Years in a Row

★★★★★ in Peripheral Vascular Bypass – 2 Years in a Row

★★★★★ in Treatment of Stroke – 2 Years in a Row

healthgrades

HeartReach is equipped with cardiac monitors, defibrillators, pacemakers, a ventilator, hi-tech IV pumps, blood pressure equipment, and the capabilities for a 12 lead electrocardiogram (EKG).

While enroute to the medical facility, the unit is in constant contact with physicians.



# A LIFE-SAVING EXPERIENCE

by Tammy White

It didn't seem that serious. In fact, Glenn Mills almost didn't seek medical care, which could have been a fatal mistake.

However, a visit to the McLeod Emergency Department on January 4, 2014, for an injured hand, turned into a life-saving experience.

Glenn wounded his hand using a tire changing machine. His boss convinced him he needed treatment and brought him to the McLeod Emergency Department. His wife Carol was waiting for him when he arrived.

"Glenn will typically not go to the doctor," said Carol. "For him to call me and say he was going to the Emergency Department told me that his injury had to be serious."

While waiting to have his hand x-rayed, Glenn experienced a sudden onset of chest pain and mentioned his discomfort to Carol. Carol told the nurses she suspected her husband was having a heart attack. The staff immediately performed an EKG that confirmed the heart attack. The medical team then paged McLeod Cardiologist, **Dr. Alan Blaker**. Glenn was rushed to the Cardiac Catheterization Laboratory for a heart catheterization.

In the Catheterization Laboratory, Dr. Blaker opened the blocked heart vessel that was causing the heart attack with a balloon catheter. Based on the number of other blockages, and where

Left to Right: McLeod Vascular Surgeon Dr. Christopher Cunningham, McLeod Cardiothoracic Surgeon Dr. Michael Carmichael and McLeod Interventional Cardiologist Dr. Alan Blaker provided life-saving heart and vascular care to Glenn Mills.



they were located, Dr. Blaker believed Glenn would be better served with coronary artery bypass grafting (CABG) surgery.

During CABG, a vein or artery removed from the arm or leg is sewn onto the heart artery beyond the blockage to restore blood flow to the heart.

Dr. Blaker consulted with McLeod Cardiothoracic Surgeon **Dr. Michael Carmichael** and scheduled Glenn for immediate surgery. Glenn's heart was in such a weakened state that it needed assistance in pumping. Before Glenn was moved to the Operating Room from the Catheterization Lab, Dr. Blaker inserted a balloon pump. A balloon pump is a temporary device that supports the heart by improving the blood flow to the heart.

Yet, while preparing Glenn for surgery, his heart went into cardiac arrest. "We performed cardiopulmonary resuscitation (CPR) and defibrillated his heart to try and get it pumping again," said Dr. Blaker. "It wasn't working. As a last effort I performed another balloon procedure to clear an additional blockage with the hope we could get his heart beating again."

The balloon procedure worked and the team prepared to move Glenn to the Open Heart Operating Room where Dr. Carmichael was ready to perform the emergent CABG surgery.

"Glenn had been in cardiac arrest for 20 minutes," said Dr. Blaker. "At this point, we had no way of knowing if he had sustained any brain damage or not, but we were optimistic."

Fortunately, Glenn came through the CABG surgery without any complications. "I performed a quadruple bypass on Glenn's heart," explained Dr. Carmichael. "Once in surgery, there were no further heart issues."

After surgery, Glenn was brought to the Heart and Vascular Intensive Care Unit for post surgery care. He had



**Glenn Mills is grateful for the life-saving treatment he received from Dr. Alan Blaker and the McLeod Cardiac Catheterization Team.**

successfully come through open heart surgery, but his ordeal was not over.

Carol was in the waiting room when the nurse came to get her. "She told me that she couldn't find a pulse in Glenn's right leg," said Carol.

Six hours after bypass surgery, Glenn returned to the operating room for emergency surgery with McLeod Vascular Surgeon **Dr. Christopher Cunningham**.

"If I was in a squatting position while working for an extended period of time I would get pain in my legs," recalled Glenn. "Once I stood back up, the pain would go away so I didn't think it was anything too serious."

"Glenn had severe blockages in the blood vessels that started around his navel and went to his knee," said Dr. Cunningham. "If we did not get blood flow restored, his leg would have been removed."

Dr. Cunningham was able to clear out the blockages and then perform a bypass. Bypass surgery on the leg is very similar to the heart in that a blood vessel is taken from the left leg and sewn onto the vessel in the right leg to restore blood flow around the blockage.

"Glenn's heart was not well. What

is an amazing aspect of this case is that thanks to the high-quality life-saving cardiac care from Dr. Blaker and Dr. Carmichael, Glenn was able to sustain an even bigger surgery that thankfully saved his leg," said Dr. Cunningham.

For the injured hand that brought Glenn to the Emergency Department in the first place, **Dr. Kyle Watford** with McLeod Orthopaedics surgically repaired the injury on January 7.

Today, Glenn is undergoing therapy with McLeod Rehabilitation Services to build up the strength in his hand.

"The last thing I remember was the chest pain," said Glenn. "You can not imagine what it feels like waking up in the hospital expecting to see your hand stitched up only to learn everything else that happened to you. It was shocking. But, I am grateful to the doctors and staff for everything they did to save my life."

"It has been tough on Glenn," said Carol. "He is anxious to go back to work. Yet, he needs time to build his strength back up."

"Everyone was available and ready to care for Glenn at the exact time he needed them," added Carol. "He is truly a miracle, and I am grateful to the McLeod team for saving his life."

# Straight Talk *for Women*

by Jessica Wall



**Dr. Gary Emerson of McLeod OB/GYN Associates is changing the way women view surgical treatment options for common pelvic health conditions, such as incontinence.**



Imagine living with the constant worry of whether you might experience the loss of bladder control – the fear of an accident happening, or the embarrassment when it does.

Unfortunately, this is a real concern that millions of women face on a daily basis, often resulting in a diminished quality of life.

Yet most women suffer these symptoms in silence, believing the idea that “this is a normal part of aging.”

In fact, studies reveal that only ten percent of women with a bladder control problem seek help, and most wait an average of more than six years before doing so.

Poonkulali Suresh knew this statistic all too well. A 47-year-old mother of two, Poonkulali began experiencing bladder control problems about ten years after the birth of her second child.

“The leakage was minimal at first, occurring only when I laughed or coughed,” she said. “However, the symptoms gradually worsened to the point that I was leaking constantly, and it began to affect every part of my life, even my sleep. That was the moment I reached out to my doctor.”

In 2007, Poonkulali discussed her symptoms with her gynecologist and was referred to a urologist, where she was diagnosed with stress urinary incontinence (SUI), or involuntary urine leakage during physical movement, such as coughing or sneezing.

The urologist recommended surgery as her best option; however she was reluctant to the idea of surgery and chose instead to try medication. The medication temporarily helped Poonkulali’s symptoms, but it wasn’t a long-term solution. Then, in 2011, she met **Dr. Gary Emerson** of McLeod OB/GYN Associates.

“Dr. Emerson was wonderful,” said Poonkulali. “During my first visit with him, Dr. Emerson brought attention to the SUI diagnosis in my medical record and explained more about the condition. Then, he said he could treat it.”

Treatment involved surgery, which still made Poonkulali nervous. However, over the next few years, Dr. Emerson continued to encourage the procedure.

“Poonkulali was the perfect candidate for the suburethral sling procedure,” said Dr. Emerson. “We performed urodynamic testing in our office, which is a simple test that measures how the bladder functions. During the test, Poonkulali experienced urinary leakage, which was a strong indication that surgery was in fact her best option.”

At her appointment earlier this year in January, Poonkulali decided it was time to have the surgery.

“I had complete confidence in Dr. Emerson,” said Poonkulali. “His gentle encouragement and in-depth explanation of what to expect before, during and after the surgery convinced me to go through with it.”

“During the suburethral sling procedure, a tape-like material is placed underneath the urethra, and then each end of the material is anchored to the pubic bone,” explained Dr. Emerson. “This ‘hammock’ effect provides the support necessary to eliminate urinary leakage.”

On February 5, Poonkulali underwent surgery, which proved to be successful.

“For me, the surgery worked fantastic,” she said. “My quality of life is so much higher now. I can jump, cough, laugh, and even sleep without fear or worry.”

“Only those who have experienced bladder control problems can understand how enjoyable life is without leakage.”

Since her surgery, Poonkulali has been open about sharing her story with her friends, and to her amazement, discovered that many of them were suffering in silence with similar symptoms.

“Pelvic health is not a topic we may like to talk about, but it’s critical that we do,” she said. “Incontinence should not prevent us from leading active lives. Looking back, my only wish is that I had known Dr. Emerson ten years ago.”

In 2013, McLeod Women’s Services began an effort to raise awareness about women’s pelvic health issues. “Pelvic health” is a new phrase used among professionals in women’s health which refers to conditions such as urinary incontinence, pelvic organ prolapse, endometriosis, and more.

Research indicates that nearly half of all women will experience symptoms related to pelvic health issues at some point in their lifetime, making pelvic health conditions more common than most women realize.

“A new report by the American College of Obstetricians and Gynecologists shows that SUI affects nearly 16 percent of adult women. Among women with the condition, 77.5 percent report their symptoms to be bothersome, and of this group 28.8 percent report their symptoms to be moderately to extremely bothersome,” explained Dr. Emerson.

“The ultimate goal of McLeod Pelvic Health is to educate women on these conditions and help them see that they do not have to live with these symptoms forever,” added Dr. Emerson. “We want them to enjoy the quality of life they deserve.”

## Stress Urinary Incontinence (SUI)

- Defined as urinary leakage associated with physical movements such as a sudden laugh, cough or sneeze.
- Treatments include exercises (Kegels), bladder training, or medication. When these treatments fail to solve the problem, surgery is the next step.
- SUI is the most common cause of incontinence in younger women, often as young as 20, and the second most common (next to overactive bladder) in older women.
- Fifty percent of women will experience stress incontinence during their lifetime.
- One in three women over the age of 60 will experience some type of pelvic health problem.
- Pregnancy and childbirth, weak bladder muscles, chronic coughing, smoking, and obesity can lead to SUI.

For more information, please visit [www.McLeodPelvicHealth.org](http://www.McLeodPelvicHealth.org).







# A TEAM EFFORT ON AND OFF THE FIELD

by Christy Allsbrook

March 21, 2014 was like most other spring Friday nights at Loris High School with soccer season well underway. This particular Friday evening, the Loris Lions Varsity Soccer team was taking on the Mullins High School Auctioneers.



Olivar Ramirez

Having a less than favorable season, the Auctioneers were losing once again. But, things soon got personally worse for Forward Olivar Ramirez. With only five minutes left in the game, the 17-year-old Sophomore Auctioneer took a hard hit that left him dazed and confused. He was also unable to finish the game.

After assessing Olivar's injuries, the

Lions' Athletic Trainer immediately called Jessica Lowe, a certified athletic trainer with McLeod Sports Medicine. Jessica serves as the athletic trainer for the Mullins High School Auctioneers. During the call, she learned that Olivar had received a pretty bad hit during the game. He had a possible broken nose and was experiencing symptoms of a concussion.

"The Lions' Athletic Trainer said Olivar appeared to be disoriented and was unsteady after the hit," Jessica said. "I immediately called his coach."

Olivar's coach told her that his symptoms seemed to be worsening after the game and that he was planning to take him to the Emergency Department in Marion when they returned to school.

Jessica told the coach that she would prefer for Olivar to be seen right away and asked him to take Olivar to the Emergency Department at McLeod Loris.

"I asked the coach to take Olivar to McLeod Loris because I was unsure of the extent of his injuries. Not only was it very close by, but I knew the level of quality care he would receive," Jessica said.

Living only minutes away on Highway 66 outside of Loris, Jessica told the coach she would meet them at the Emergency Department and stay with Olivar during his examination. When Jessica arrived at McLeod Loris she found Olivar waiting with his girlfriend and her mother. He was disoriented and did not comprehend some of her questions. Jessica explained that Olivar was unsure about where he was and why.

"It was extremely busy that night with a waiting room full of patients and ambulances coming and going," said Jessica. "But, the staff quickly placed Olivar in a room. Although he seemed to be feeling a little better he was still exhibiting symptoms."

After examining him, **Dr. David Smith**, the Emergency Department physician, concluded that Olivar was suffering from a concussion and a broken nose. He ordered a CT scan to check for any signs of bleeding around his brain. Thankfully, the scan was negative.

By this time, Olivar's parents, who were extremely worried about their son and spoke very little English, had arrived. Even though he was suffering from a concussion, it seemed that Olivar was the only one translating what was happening for his parents. Fortunately, Registered Nurse Jeffery McNamee was on duty that night in the Emergency Department. Jeffery was able to communicate in Spanish, making the experience much less stressful for Olivar's parents.

"His parents were thrilled with the care he received that night. He arrived at the emergency department around 8:00 p.m. After being examined and undergoing a CT scan, Olivar was discharged just three and a half hours later at 11:30," Jessica said. "For a busy Friday night, the care he received was outstanding."

Since his visit to the Emergency Department at McLeod Loris, Olivar has been treated by an Ear, Nose and Throat Specialist for the injury to his nose. His concussion has healed and he underwent surgery on April 9 to reset his nose. The injuries also put him out for the remainder of the season. However, according to Jessica, the Athletic Trainer, he should return to the soccer field with his teammates next season with no issues as a result of this injury.

"I knew it was a very busy night, but the nurses were really good about checking on me to make sure I was okay until the doctor could see me," Olivar said. "It was also really awesome that the nurse could communicate with

my parents so I didn't have to. I would definitely go to McLeod Loris again."

As a certified athletic trainer, Jessica works daily with the athletes at Mullins High School. Her job is to prevent, treat and rehabilitate injuries and illnesses for the student athletes. Riding along on the bus with the teams, Jessica attends all Varsity and Junior Varsity (JV) football games, all Varsity basketball games, all home JV basketball games and all home Spring sports. She primarily treats ankle sprains and cuts, but adds that she may see one or two concussions each year in football and soccer.

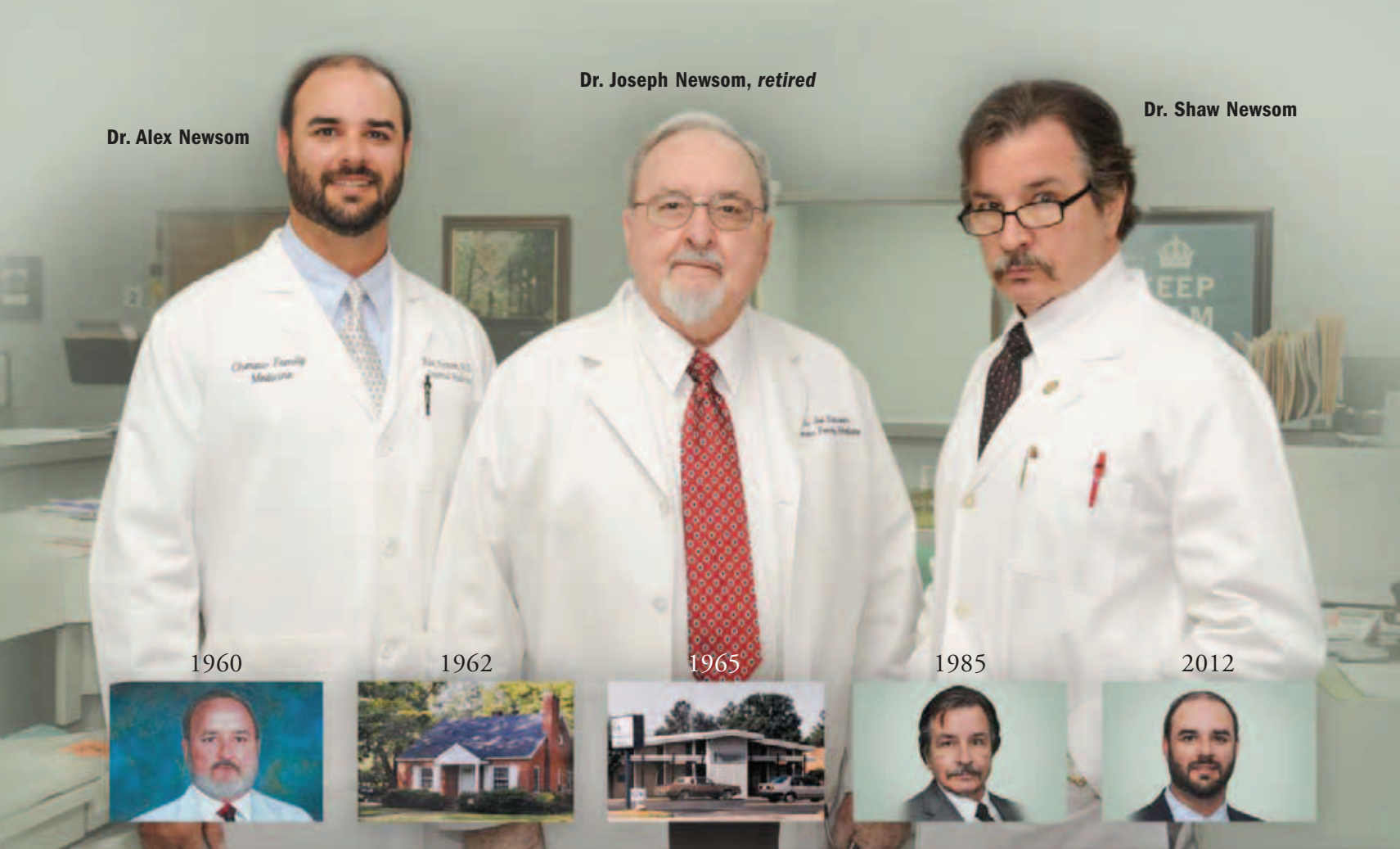
"It's not unusual for us to go the doctor with a student who has an injury like this, but because of the language barrier, it was important for everyone to understand what was going on that night," Jessica said.

"Having a nurse that spoke Spanish and the Loris High School Athletic Trainer's initial evaluation to share with the physician helped it all come together. Everyone involved in Olivar's care that night was amazing."



Olivar Rameriz is pictured with McLeod Sports Medicine Athletic Trainer Jessica Lowe on the Mullins High School soccer field.





Dr. Alex Newsom

Dr. Joseph Newsom, retired

Dr. Shaw Newsom

1960

1962

1965

1985

2012

# A HISTORY of FAMILY FOCUSED CARE

by Leah Fleming

Cheraw Family Medicine's relationship with McLeod Health has come full circle – more than half-a-century later.

The physicians and staff of Cheraw Family Medicine joined the McLeod Physician Associates team in February of 2014. "From its inception, the priority of Cheraw Family Medicine has always been to deliver the highest quality medical treatment by bringing the latest in medical advances right here to our hometown," said founding

physician **Dr. Joseph Newsom, Sr.**

Now retired, Dr. Newsom said, "Over the past 50 years, through state-of-the-art medical services and close personal relationships with our patients, we have built strong alliances with our surrounding medical community. This affiliation with McLeod Physician Associates builds

on an already solid relationship between Cheraw Family Medicine and McLeod Health."

Cheraw Family Medicine's history with McLeod Health dates back 54 years ago to 1960 when the senior Dr. Newsom completed a rotating internship at the McLeod Infirmary.

This initiated his relocation to Cheraw to care for patients. Since then, the physicians and staff have continued to work hand-in-hand with McLeod Health through physician specialist care and advanced medical procedures.

"Now that we have joined the McLeod Physician Associates team, we can bring physician specialists to Cheraw Family Medicine to hold clinics for our patients," said **Dr. Joseph "Shaw" Newsom, Jr.**, a Family Medicine physician who joined the practice in 1985. "Additionally, the McLeod Mobile Mammography Unit is bringing digital mammography technology to our practice for patients in need of a mammogram."

**Dr. William "Alex" Newsom**, an Internal Medicine physician joined the practice in 2012. "With access to the McLeod team of physicians and resources, we are able to expand our services to offer greater access to specialists and technology for our patients right here in Cheraw. We are also able to provide specialists with more complete and quicker access to

patient medical information including history and medications, for safer and more comprehensive treatment should a patient need additional care," said Dr. Alex Newsom.

McLeod Physician Associates (MPA) is a network of more than 150 physicians in nine counties across South and North Carolina. MPA physicians and their staffs provide extraordinary medical care, encompassing a large spectrum of specialties including Family Medicine and Internal Medicine; Pediatrics and Pediatric focused Orthopedics, Cardiology, Endocrinology and Diabetes Education; Obstetrics and Gynecology and Maternal-Fetal Medicine; General Surgery and Trauma Services; Cardiology, Vascular Surgery and Cardiothoracic Surgery; Oncology and Hematology; Pulmonology and Critical Care; Nephrology; Neurology; Psychiatry, and Urology.

Dr. Shaw Newsom and Dr. Alex Newsom are the sons of Dr. Joseph Newsom, Sr. They recently welcomed their sister, Patricia Moore, a Nurse Practitioner, to the practice.

"Throughout the years of my nursing career, I always liked the teaching aspect of nursing," Patricia said. "I decided to become a Nurse Practitioner so I could have an impact on patients, especially in education about their health."

Patricia is also enjoying caring for patients with her brothers. "We work very well as a team," she added.

In addition to primary care, Cheraw Family Medicine provides digital x-ray services and a lab. The physicians and staff also provide some laceration and wound repair, and eye and ear care for certain conditions.

Bonnie Morris has been a patient of Cheraw Family Medicine for more than 20 years. "The dedication of this team and the personal relationships they develop with their patients is unmatched," she commented.

Cheraw Family Medicine is accepting new patients and has also expanded their insurance network. The practice is located at 710 Chesterfield Highway in Cheraw. For more information or an appointment, please call (843) 537-2171.



Nurse Practitioner Patricia Moore inquires about Bonnie Morris' family.



# A Surgeon's CALMING SPIRIT

by Rachel T. Gainey

Having a test or procedure when you are not experiencing any symptoms often results in a certain amount of anxiety. However, knowing you are having a test because of discomfort or pain may cause your stress level to go up even higher. Brenda Tyler can attest to this fear.



Brenda Tyler is grateful for her skilled surgeon, Dr. Mamdouh Mijalli.

Following her first colonoscopy, Brenda learned there was an abnormal finding. Prior to her visit with her primary care physician, she was experiencing discomfort. “I felt pain in the bottom of my stomach and had some minor bleeding,” she said.

“I am also at the age where I am having more preventative screenings during my annual visits, which includes a colonoscopy,” Brenda said.

Dr. Mamdouh Mijalli, a general surgeon with McLeod General Surgery Dillon, said, “A colonoscopy is an important screening tool for colon cancer. Most people should get their first colonoscopy at age 50. However, if you are having symptoms such as abdominal pain, changes in bowel habits or blood in the stool, your physician may recommend a screening at an earlier age.

“This test allows a doctor to closely look at the inside of the entire colon. The doctor is looking for polyps or signs of cancer. Polyps are small growths that over time can become cancer. The doctor uses a colonoscope, a thin, flexible, hollow tube that has a tiny video camera to send pictures from the colon to a screen,” added Dr. Mijalli.

“There were two polyps found during my initial colonoscopy which was performed in the physician’s office,” said Brenda. “One polyp was in a difficult to reach location and I was told that a surgical procedure may be needed to remove it. I was referred to Dr. Mijalli to determine if surgery was necessary for removal of the polyps.”

Dr. Mijalli explained that over time some polyps can become cancer. If a large polyp is seen, as in Brenda’s case, or for a tumor or anything else abnormal, a biopsy is performed. It is then sent to a lab to be checked under a microscope

for cancer or pre-cancer cells.

Brenda had her first appointment with Dr. Mijalli on March 20, 2014. “He made me feel so comfortable. He had a warm personality, and he was genuinely concerned about me.”

“To avoid surgical intervention, I hoped to remove the polyps through a colonoscopy procedure in the Operating Room at McLeod Dillon,” said Dr. Mijalli. “For the patient, this means no surgical incision and shorter recovery time. In Brenda’s case, I was successful in removing the polyps.”

**“He made me feel so comfortable. He had a warm personality, and he was genuinely concerned about me.”**

– Brenda Tyler

Brenda was relieved. “To me, it was a miracle that he was able to get both of the polyps without having to use a surgical procedure. After the procedure was over, I had no complications and very little discomfort. Everyone that cared for me that day was friendly, comforting and understanding.”

A week after the procedure, Dr. Mijalli scheduled Brenda for a barium enema to evaluate the causes of her pain and bleeding. “These issues could be related to inflammation or structural problems of the large intestine,” said Dr. Mijalli.

Tommy Moody, Director of Radiology Services at McLeod Dillon, explained, “This diagnostic test is an

X-ray, or picture, of the large intestine that helps determine diseases or other problems.”

“Charlene Poston, a staff member in the Radiology Department, helped me feel comfortable during the test by explaining each step to me,” said Brenda. Charlene is a Radiologic Technologist in McLeod Dillon Radiology.

Brenda’s results from the tests on the polyps and the barium enema both came back normal. She will follow up in a year to repeat the colonoscopy.

“With all of the nervousness I was experiencing, I’m glad Dr. Mijalli was my doctor. He put me at ease and calmed my fears,” added Brenda.

## Regular Screening

Regular screening tools, such as a colonoscopy, can often find colorectal cancer early or prevent it altogether. When found early, some polyps, or growths, can be removed before they have the chance to turn into cancer.

If you are having symptoms such as abdominal pain, changes in bowel habits or blood in the stool, talk to your physician and they may recommend a screening.

If you are aged 50 or older, get screened now. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early.

Despite evidence showing colorectal screening can save lives and the availability of several options for patients, only about half of the U.S. population aged 50 and older has been tested recently for colon cancer.



According to the American Cancer Society, regular colorectal testing is one of the most powerful weapons for preventing colorectal cancer. Removing polyps can prevent colorectal cancer from forming, and cancers found in an early stage are more easily treated. Nine out of 10 patients, when diagnosed early, live another five years, and many will live a normal life span.



# A Mission to SERVE OTHERS

by Kristie Salvato Gibbs



Dr. Carmichael (center) welcomes the physicians visiting from China. From left to right, Dr. Phillip Song Xiaochun, Dr. Miriam Shi Tao, Dr. David Liu Peisheng, and Dr. Hannah Yang Ting.

**Dr. Michael Carmichael**, a McLeod Cardiothoracic Surgeon, spends endless hours performing open heart surgery and saving lives. His compassionate and caring nature is reflected in the care he provides to his patients and their families before and after surgery.



The Chinese physicians observed the McLeod cardiac surgery team during an open heart surgery performed by Dr. Carmichael.

Driven by his servant's heart, Dr. Carmichael also has an interest in helping others through medical mission work. It was during his residency that this interest was ignited. Dr. Carmichael was studying at the Texas Heart Institute in Houston, Texas, under the direction of Dr. Denton Cooley, a pioneer of cardiovascular surgery and founder of the Texas Heart Institute. Dr. Cooley introduced him to one of his colleagues, Dr. Jonathan Ho, a physician from Hong Kong and member of the "Friends of China."

The "Friends" is an organization that placed physicians and teachers in short-term missions to China. This was the beginning of a lifelong journey for Dr. Carmichael, when he began traveling to China in 1987 to perform open heart surgery.

In 1992, his trips transitioned into medical mission work. For more than 25 years, Dr. Carmichael has traveled to China one to two times a year to exchange medical information, educate Chinese physicians, perform heart surgery, and to share his faith.

Dr. Carmichael explains, "China is much like America in the fact that coronary heart disease is the number one killer of men. They also have many young people with heart valve disease as a result of contracting rheumatic heart disease. When we first began performing heart surgery in China, the mortality rate was around 50 percent. Twenty-seven years later, in the same hospital, they are now

performing 1,200 heart surgeries a year with a 0.7 percent mortality rate."

As a result of the medical mission trips to China, Dr. Carmichael and his team have built strong relationships with Chinese physicians and often invite them to the United States to observe medical processes. "The avenue is medicine and our purpose is to share the love of the Lord," said Dr. Carmichael.

Through Dr. Carmichael's efforts, four Chinese physicians visited McLeod Regional Medical Center in April and May of 2014. These physicians studied with Dr. Carmichael and the cardiac surgery team for six weeks. The visiting physicians included **Dr. David Liu Peisheng**, a Cardiothoracic Surgeon; **Dr. Phillip Song Xiaochun**, an Intensivist; **Dr. Miriam Shi Tao**, an Anesthesiologist; and **Dr. Hannah Yang Ting**, a Perfusionist.

"We came to McLeod to learn," said Dr. Peisheng. "As a heart surgeon, I have seen many different things done during surgery here compared to our hospital in China. I have also observed many excellent skills demonstrated by Dr. Carmichael and other members of the McLeod team. In addition, I found the off-pump heart surgery performed by **Dr. Scot Schultz** to be very impressive.

"Every time Dr. Carmichael comes to our hospital we have more and more difficult cases for him," explained Dr. Peisheng. "He has saved many Chinese heart patients. It is with his assistance and talent for teaching that we

are able to perform many types of heart surgery. We find his performance to be excellent. He is a master at heart surgery."

The primary goal of the Chinese physician visit to McLeod was to observe the style of medicine and the thought processes of the cardiac team members. "They are interested in learning how we determine who to perform surgery on, when to perform surgery, how to operate, techniques to manage anesthesia, and how to run the bypass pump," said Dr. Carmichael.

During their visit, each physician concentrated on learning more about their specialty. They were eager to focus on new skills, advanced procedures, experience the differences in technology, and the standard processes used at McLeod.

"It was a good opportunity for us to study at McLeod," said Dr. Xiaochun. "We plan to take all that we have learned back to our hospital in China and share with the teams there."

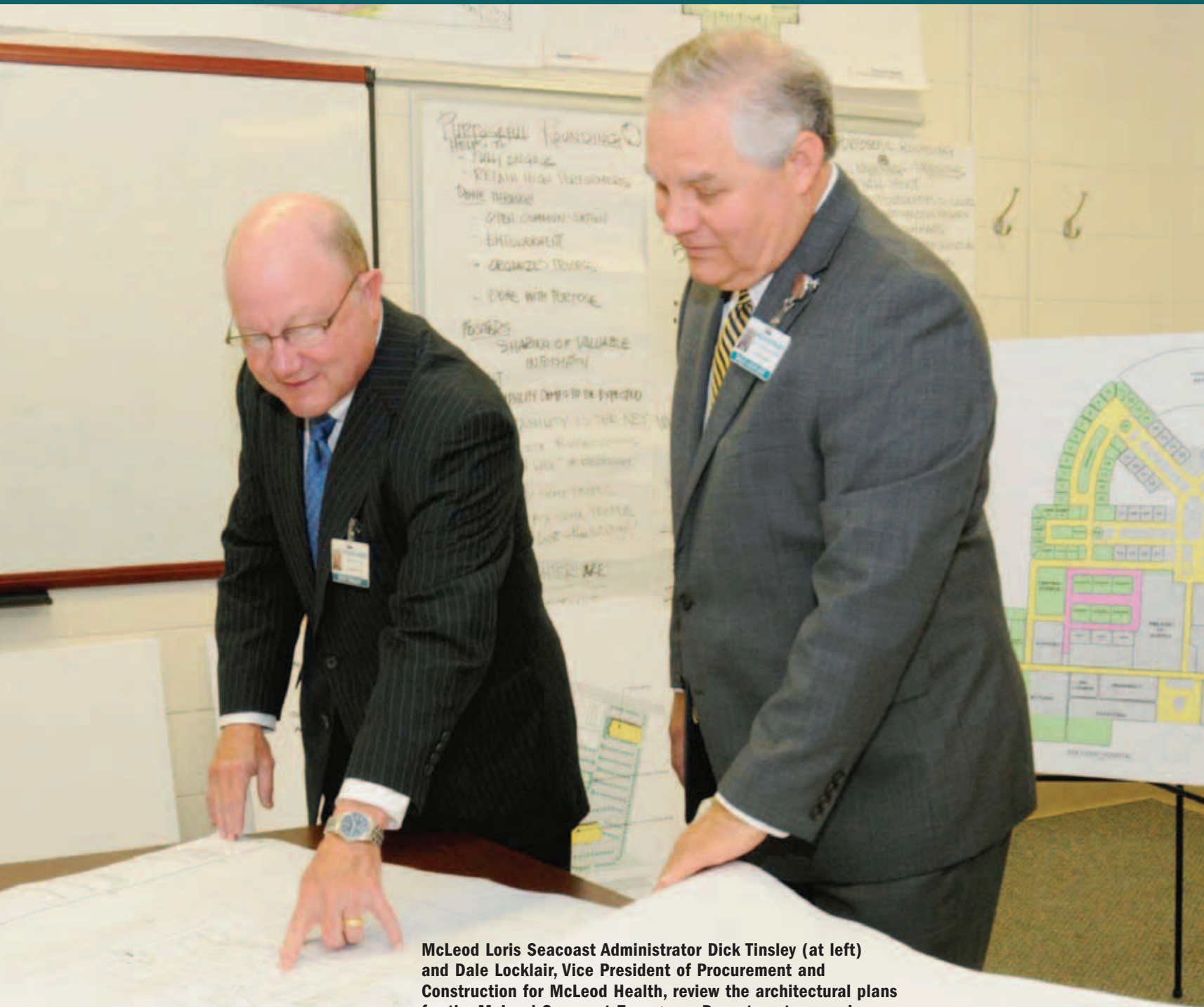
"And, we are very impressed by the hospitality and affection shown to us by the people of McLeod," added Dr. Peisheng.

"These visiting physicians are extremely dedicated to their work and caring for their patients," said Dr. Carmichael. "They are always eager to learn and do so very quickly. They come here to gain more experience and take this knowledge back to China where they will educate their cardiac teams, develop their own processes, and save lives."



# McLeod Seacoast: Expanding Access to Emergency Care

by Jenna Falls Cox



McLeod Loris Seacoast Administrator Dick Tinsley (at left) and Dale Locklair, Vice President of Procurement and Construction for McLeod Health, review the architectural plans for the McLeod Seacoast Emergency Department expansion.

As the community grows, so do the needs of its residents, especially in the area of healthcare. McLeod Seacoast understands this need and believes that the people of Horry County and surrounding areas deserve quality emergency care. To accommodate the residents, newcomers and vacationers to the coast, McLeod Health recently announced plans to expand the Emergency Department (ED) at McLeod Seacoast.

The Emergency Department expansion project will allow McLeod Seacoast to increase from 11 exam rooms to a total of 24 exam rooms, including three state-of-the-art trauma bays. The exam rooms will be private, with the latest technology and amenities in emergency care. In addition, there will also be a Fast Track area to rapidly treat less complex emergency cases, which will ease congestion and lower wait times.

“A large percentage of our admissions come to our hospitals through the Emergency Department,” said Dick Tinsley, Administrator for McLeod Loris Seacoast. “This is their first impression of our efficiency, quality, and service. This project is underway to accommodate the healthcare demands of our growing community and to provide quality healthcare when emergency services are needed.”

Population growth and tourism in Horry County and the surrounding region have continuously grown at a rapid rate in the last ten years. This growth makes the McLeod Seacoast Emergency Department expansion greatly needed. In the year 2000, when Seacoast first opened its doors, there were 14,500 ED visits that year with eight exam rooms in use. In 2013, those visits increased to a total of 23,500, with 11 exam rooms in the Emergency Department.

“This expansion will benefit us in many ways,” said Shannon Godwin, Director of the McLeod Seacoast Emergency Department. “With this growth, we will be able to increase the level of care we provide, while decreasing wait times. It will also allow us to serve a higher patient volume for years to come.”

A growing population coupled with an increase in tourism creates a possibility of increased ED visits, some of those with a higher level of urgency. This investment in emergency care will expand the hospital’s capacity and allow McLeod Seacoast to pursue designation as a vitally-needed Level III Trauma Center with adequate space and state-of-the-art technology for emergency situations.

“It is important that we provide the communities we serve with the highest quality healthcare possible through our quality principles of safety, science and

service, which is what we want to achieve in the Emergency Department expansion project,” said Tinsley.

“We are proud to be taking this extraordinary step in emergency care for all who live and visit this beautiful area,” said **Dr. Timothy Carr**, Medical Director of the McLeod Seacoast Emergency Department. “Ultimately, patient benefit drives everything we do, and clearly, this expansion will improve the ED experience for all who come to us for care.”

The McLeod Health Foundation, benefitting McLeod Loris Seacoast generates philanthropic and community support for several projects within McLeod Health. In preparation for the Emergency Department expansion, proceeds from the Sixth Annual Foundation Ball will be used to fund a portion of the project to better serve those in need of emergency care in Horry County and surrounding areas.

“With this growth, we will be able to increase the level of care we provide, while decreasing wait times. It will also allow us to serve a higher patient volume for years to come.”

– **Shannon Godwin,**  
Director of the McLeod Seacoast  
Emergency Department



# Options When There Were None

by Kristie Salvato Gibbs

Blood is the lifeline of the human body. Without it, the body would not be able to fight infection and the body's organs would cease to function. Blood is an indispensable and irreplaceable necessity.

Joseph Anderson is grateful for the medical alternatives offered through the McLeod Blood Conservation Program. He continues to remain in touch with members of the team. Joseph is pictured here with Orran Bethea, RN, Blood Conservation Program Manager, and Sue Anderson, RN, with the Blood Conservation Program.

Joseph Anderson had lost 50 percent of his body's blood in a 24-hour period of time. He was losing blood and unsure of the cause. Joseph was emergently admitted to a local hospital where a series of medical tests were performed. The reason for the bleeding could not be determined. As Joseph's health continued to decline, he was encouraged to receive blood transfusions to replenish his blood supply.

Joseph refused. "I understood the significance of the amount of blood I had lost and was advised to accept blood transfusions to increase my blood volume," said Joseph. "I knew the severity of my medical situation, but chose to not receive blood due to my faith. As I continued to bleed, the only option I was given, at that time, was to receive blood. Fortunately, a physician informed me of the Blood Conservation Program at McLeod Regional Medical Center."

Blood conservation is an advanced medical approach to patient care that reduces the need for blood transfusions or blood components. McLeod Blood Conservation uses specialized techniques to reduce blood loss, retain the patient's own blood during treatment and maximize the patient's blood production when needed.

Joseph requested to be transferred to McLeod Regional Medical Center, the only hospital in the region to offer a blood conservation program. Upon his arrival, he was admitted to the Medical Intensive Care Unit for a gastrointestinal (GI) bleed.

"Joseph's hemoglobin was at 7.3 grams when he arrived," said Orran Bethea, RN, McLeod Blood Conservation Program Manager. "The normal range for hemoglobin in an adult male is between 13.8 to 17.2 grams. His blood loss had increased from 50 percent to a loss of 75 percent."

Joseph was adamant that he would not accept blood despite the consequences.

"Through the Blood Conservation program, we offer alternative medical treatment for patients who do not want to receive blood," said Orran. "Whether it is due to their religious affiliation or their fear of donated blood, each person has the right to the options medicine offers."

"Joseph was losing blood as fast as his body was making it," said Dr. James Yarnal, a McLeod Intensivist. "The continuous bleeding caused his hemoglobin to reach a dangerous low of 3.4 grams." Hemoglobin is a protein in the red blood cells that carry oxygen to the organs and tissues in the body. The body needs blood in order for the organs to function.

"We never experienced a GI bleeding patient with a hemoglobin level that low," said Orran. "We needed to find a way to stop the bleeding."

Dr. Mike Rose, Vice President of Surgical Services and Medical Director of Blood Conservation Services, recommended a treatment of Iron, Procrit and Folate (Vitamin B-12) to boost Joseph's red blood cell production and NovoSeven, a DNA drug that helps the blood clot to stop the bleeding.

With the amount of blood loss Joseph was experiencing, it was necessary for him to be placed into a medically-induced coma. "In a medically-induced coma the patient is sedated and paralyzed and placed on a respirator," explained Dr. Yarnal. "This process was performed to give his body time to reproduce red blood cells, and help maintain oxygen to the two most vital organs – the brain and heart."

In a few days, the bleeding stopped and Joseph's hemoglobin began to rebound. Due to the seriousness of Joseph's condition his recovery was very slow. When he awoke from the medically-induced coma he was unable to walk or talk. He required an extensive amount of rehabilitation to fully recover.

"When I was told I lost 75 percent of my blood I knew my alternative was to die," said Joseph. "No one at McLeod questioned me or tried to convince me to accept blood. Instead, they looked for alternatives and found a way to care for my condition while honoring my wishes."

"This is only one example of how McLeod puts patients first. They understand the patient's needs and respect the patient's wishes. They offered me options when I no longer had any. The work done at McLeod is priceless," said Joseph.

## McLeod Blood Conservation Services

Blood conservation offers an alternative for those who want to limit or completely avoid the use of a blood transfusion in their medical or surgical treatment.

The McLeod Blood Conservation Program provides individualized options for patients with the goal of increasing the delivery of oxygen in the body by raising the red blood cell production or by minimizing red blood cell loss in the event of surgery.

Blood conservation utilizes an impeccable attention to patient preparation, very sophisticated surgical techniques, and exquisite observation of every detail post-operatively. This type of approach allows physicians to treat patients without using additional blood products in a manner where the patient retains enough of their own blood for surgery. Many medical procedures such as heart, knee, stomach, and colon surgeries can be performed without a blood transfusion.



# Making X-Rays Safer

by Jessica Wall



McLeod Regional Medical Center is the first hospital in the nation to install Samsung's latest X-ray technology, the GC80 featuring lower doses of radiation and higher quality images.

Samsung has become known throughout the world for its impressive line of “smart” electronics, from phones and computers to home entertainment systems and appliances. Recently, the company expanded its line of products to include “smart” medical devices, featuring the same level of cutting-edge technology as its electronics.

This year, McLeod Regional Medical Center became the first hospital in the United States to acquire Samsung's XGEO GC80, a “smart” X-ray room designed to significantly reduce the amount of radiation exposure patients receive during the exam.

“The GC80 is an advanced system that provides better images, lower doses, and quicker exam times,” says Tommie Moore, McLeod Diagnostic Radiology Supervisor.

“I have been working in the X-ray Department for more than 20 years, and I have yet to see any images that compare with the Samsung images.”

X-ray is the most commonly used form of medical imaging, and is often ordered by physicians to detect diseases or identify broken bones. While some individuals may have only a few X-rays over the course of their lifetime, others may have many. This does not include other imaging tests patients may undergo, such as MRIs and CT Scans.

Over time, the high volume of imaging tests can lead to unhealthy amounts of radiation exposure in patients. In an effort to reduce this risk, McLeod has partnered with Samsung to offer patients a safer X-ray system.

Located in the McLeod Pavilion, this new X-ray room was created with both the patient and technologist in mind.

Moore explains that the room's ergonomic design is pre-programmed to meet the needs of the technologist, which in turn reduces the exam time.

“Before this advancement, moving the equipment to the desired position was cumbersome, and the images were not efficient. Now, we can automatically position the equipment with the help of a handheld wireless remote control.

“This feature allows us to focus on the patient's comfort while achieving superior images that will lead to a more accurate diagnosis for the patient,” she explained.

In addition to the GC80, McLeod acquired two GU60A systems that are

located in the McLeod Pavilion and McLeod Orthopaedics Associates.

Known as the “U-arm,” the GU60A features much of the same technology as the GC80, with the exception of the table, and is especially effective for patients requiring routine chest X-rays as well as orthopedic patients.

Common to both of these systems is a feature known as “Smart Stitching.”

Stuart Poston, Lead Radiologic Technologist at McLeod Orthopaedics Associates, explains that “smart stitching” is a sophisticated process by which the equipment automatically combines multiple images into one seamless image.

Take, for instance, a scoliosis patient who undergoes imaging in four- to six-month increments.

Previously, the technologist manually stitched together two to three images of the patient's spine, which was standard, but not optimal. Now, the equipment does all the stitching and provides more accurate images and treatment.

Another important feature of this system is the lower radiation dose required to achieve these high-quality images. For scoliosis patients and other individuals who require more X-rays over the course of their lifetime, lower radiation exposure becomes a vital benefit.

“Because we see patients of all sizes and ages, it is necessary to have equipment that allows us to capture more enhanced images on even the smallest patient,” explains Poston. “With the GU60A, this is possible. The children enjoy watching the equipment's lights change colors during the X-ray, and most adults are more comfortable being able to stand while the U-arm moves around them.”

“This new X-ray system is an asset to our practice,” added Dr. Al Gilpin of McLeod Orthopaedics Associates. “The low-dose radiation and advanced options like ‘smart stitching’ allow us to provide superior care to our patients.”

Mr. Jin Park, Vice President of Samsung Healthcare Medical Equipment business, recently visited McLeod Regional Medical Center and toured the Imaging Department and McLeod Orthopaedics Associates.

Park also met with leaders of the Radiology Team to discuss the installations of the GC80 and GU60A as well as Samsung's continued commitment to quality and innovation.

“Samsung has a unique corporate culture which filters everything we do,” Park said. “Our four priorities include product innovation, detail management, integrity, and teamwork.”

“People are looking for cutting-edge technology in healthcare, and our goal is to not only provide it, but exceed the industry's expectations,” he added.



Jin Park (at left), President of Samsung Medical, speaks with Stuart Poston, Lead Radiologic Technologist at McLeod Orthopaedics Associates about the benefits of the GU60A to orthopedic patients.



# Getting Back to His Dream

by Tracy H. Stanton

After two years in California, Rashaed Rouse was living his dream. He was going to auditions in Hollywood, making his way up the ladder to reach his goal of becoming an actor. He said he was invincible – performing stunts and making appearances as Spiderman. But in an instant, his dream was taken away by a reckless driver.

Rashaed holds up the costume he wore when he made appearances as Spiderman in Hollywood, California.

On December 28, 2013, 24-year-old Rashaed was headed to his California gym on his moped when he was hit by a car. The force of the crash and the weight of the moped broke the two major bones in Rashaed's left leg.

Due to his injuries and in need of rehabilitation to regain complete use of his leg, Rashaed came back home to Darlington to recover. He also required the care of an orthopedic surgeon to ensure that his leg was healing properly. Rashaed's mom made him an appointment with **Dr. Kyle Watford**, an orthopedic trauma surgeon with McLeod Orthopaedics.

"The accident broke the femur and tibia in Rashaed's left leg," explained Dr. Watford. "This is called a floating knee injury. The surgeon in California had placed metal rods within the femur and tibia to realign the bones and hold the fractures in position. The good news is that both fractures are in the shaft of the bone and no joints are involved."

Dr. Watford arranged for Rashaed to receive rehabilitation services at McLeod Darlington. Physical Therapist Mary Kay Belissary explained that when she first met Rashaed in February he was using a walker and could not put weight on his left leg.

"We are working on increasing strength and flexibility," explained Mary Kay. "Our goal is to get him walking normally again."

The weekly rehabilitation sessions with Mary Kay have enabled Rashaed to progress from a walker to crutches to slowly walking on his own. But, he still isn't walking as well as he would like.

A highly energetic young man, the accident affected Rashaed's spirit. "You find what you want to do with your life and, Bam, it's taken away from you in a split second. I'm glad to be alive, but at times I worry I'll never get back to where I was before," said Rashaed. "However, I'm trying to get there and that is what counts."

Nearly six months after the accident, Rashaed's bones are still healing, according to Dr. Watford. "Rashaed should regain near full use of his leg. Most likely his femur will heal with more time, but his tibia may not, requiring additional surgery."

"Rashaed has worked very hard and come a long way," said Mary Kay. "He is walking almost normally and we are continuing to work with him to regain

his strength. He is young and motivated to get back to living his dream. I believe he will get there. It just takes time."

As he makes progress with his recovery, Rashaed's spirits are lifting. "I enjoy coming here and working with Mary Kay. She has helped me tremendously. I know she wants to see me meet my goal of walking and returning to California as much as I do."



Physical Therapist Mary Kay Belissary observes Rashaed Rouse's progress on the BioStep which works all the major muscle groups and simulates a natural walking motion.



# Outcomes Matter

Outcomes matter... to patients and their families. Outcomes matter... to the McLeod Health team, physicians and staff committed to quality improvement for patient care.

A number of years ago, McLeod Health embarked upon a quality journey that continues to receive state and national recognition. Most recently, McLeod physicians, staff and teams were honored with 23 top honors for 2013 and 2014 from Healthgrades®, the nation's leading online resource for comprehensive information about physicians and hospitals. These distinctions, driven by the analysis of data, are based on quality outcomes and superior performance.

"For us, this is confirmation that we are on the right path. We have not arrived, and yes, there is still more work to be done," stated McLeod Health President Rob Colones.

"We believe we can rescue health care by improving it. We can bring better value to patients and families. We have found that improvement comes not in three or four moments of huge significance, but instead comes in 10,000 little moments...one after another. The character formed in those innumerable little moments is what positions us to respond in the big moments of our service to others," added Colones.



Marie Segars (at right) addresses attendees during a news conference to announce McLeod's recognition by Healthgrades in March.

"This recognition is evidence of the dedication and hard work performed daily by our physicians and staff in creating a culture of safety and quality," said Donna Isgett, Senior Vice President of Quality and Safety. "We are honored that our efforts have resulted in McLeod receiving these distinctions, but more importantly, we want to continue to pursue excellence in quality care for the benefit of our patients."

One of the top honors McLeod received was the 2014 Distinguished Hospital Award for Clinical Excellence™ from Healthgrades. This distinction places McLeod among the Top 5% of more than 4,500 hospitals nationwide for its clinical performance.

"Top-performing hospitals share a fierce commitment to continuously improving clinical quality. Despite the fact that every hospital aims to provide the highest quality care to every patient, only some manage to achieve superior performance. McLeod stands out by exhibiting comprehensive quality care across multiple clinical specialties," said Conor Tuttle, Director of Quality Platforms with Healthgrades.

"I'm extremely proud of the medical staff and the medical center for their accomplishments in the improvement of quality," said Neurosurgeon Dr. Andrew Rhea, Chief of the McLeod Medical Staff. "Also, any success we have in our medical center with our patients

"We are pleased to receive this recognition based on the leadership of our physicians and the work of the McLeod staff who are actively seeking ways to improve quality for the patients we serve."

– Marie Segars,  
Administrator, McLeod Regional Medical Center

is due largely to our nursing teams who are on the forefront of patient care every day."

Marie Segars, Administrator of McLeod Regional Medical Center, stated, "We are pleased to receive this recognition based on the leadership of our physicians and the work of the McLeod staff who are actively seeking ways to improve quality for the patients we serve."

McLeod has also been honored with the Healthgrades Outstanding Patient Experience Award™, for 5 years in a row. This distinction ranks McLeod among the Top 10% in the Nation in providing outstanding performance in the delivery of a positive experience for patients during their hospital stay.

For its 2014 study, *American Hospital Quality Outcomes 2014*:

*Healthgrades Report to the Nation*, Healthgrades evaluated nearly 4,500 hospitals nationwide for 31 of the most common inpatient procedures and conditions, and identified the 100 best hospitals within each procedure. McLeod was further recognized as one of Healthgrades:

- America's 100 Best Hospitals for Cardiac Care
- America's 100 Best Hospitals for General Surgery
- America's 100 Best Hospitals for Spine Surgery

In addition, McLeod was honored as a recipient of Healthgrades Vascular Surgery Excellence Award™. McLeod has received this honor for 5 years in a row (2010 to 2014) and has been

ranked among the Top 5% in the Nation in Vascular Surgery for 2 years in a row (2013, 2014).

"McLeod has been honored nationally for its quality programs by a number of healthcare organizations," explained Isgett. "We compare ourselves to the nation's best in receiving measurable results and continuously strive to improve everything that relates to the care of the patient."

"This isn't about luck," added Segars. "No one person could have earned any of this recognition by themselves. Quality is a journey, not a destination. Patients come and give us their most valuable possession – themselves. We care about them in the way we want to be cared for if we were sick."



The Healthgrades honors received by McLeod were accepted by (from left to right) Dr. Andrew Rhea, Chief of the McLeod Medical Staff; Dr. Keith Player, General Surgeon; Mr. Charles Bethea, Chairman, McLeod Health Board of Trustees; Dr. Anil Om, Interventional Cardiologist; Dr. William Edwards, Spine Surgeon; and Dr. Christopher Cunningham, Vascular Surgeon.





# Skilled Hands, Sophisticated Tools



McLeod Radiation Oncologist Dr. Rhett Spencer and Neurosurgeon Dr. James Brennan talk with a patient about their plan of care prior to a stereotactic radiosurgery (SRS) treatment.

by Tracy H. Stanton

Tumor. The mere mention of the word sends chills down your spine. If you add the word ‘brain’ before tumor, the average person doesn’t hear anything else. When there is the term ‘metastasis,’ a patient’s primary cancer has spread to another organ – most often the lung, liver or brain.

In cases of brain tumors or metastasis, the first instinct after the initial fear is to fight. To help patients survive and thrive, McLeod Health now has the tools in the arsenal to care for them. Patients no longer need to leave the region or even the state to receive the highest form of treatment available.

“A brain tumor is an abnormal growth in the brain,” explained Dr. William Naso, a Neurosurgeon and partner with Florence Neurosurgery and Spine Center.

“The diagnosis of a brain tumor is obviously life-altering because the brain is who we are. It’s the center of how we

interact with people. You might say our heart and soul is actually in our brain.”

There are two basic types of brain tumors. Benign tumors, which are not cancer, and malignant tumors that include cancer cells. “Benign tumors are generally slow growing and tend to be self-contained in the sense that they do

not invade tissue around it,” said Dr. Naso. “A malignant tumor tends to grow faster and spread into nearby tissue. Another important distinction between different brain tumors is that tumors that start in the brain and grow there are described as ‘primary.’ If the tumor spreads to the brain from a cancer that started elsewhere in the body, for example in the lung or breast, then it has metastasized.”

There are approximately 70,000 new primary brain tumor cases in the United States a year. However, when looking at metastatic tumors to the brain, there are more than 150,000 cases of brain tumors that have spread from another part of the body, according to Dr. Naso.

“Part of our job as neurosurgeons is to reassure patients that this isn’t necessarily a death sentence. Tremendous progress in the treatment of brain tumors has been made in the last ten to 15 years,” he added.

This progress includes the technology available in the operating room. “At McLeod, we are very fortunate to have state-of-the-art equipment to handle most any type of surgical procedure. We have sophisticated operating microscopes, specialized equipment

including an ultrasonic aspirator, which we use to resect the tumors while leaving the normal structures in tact, as well as a high-definition endoscope.

“Prior to surgery, we obtain a CT scan or MRI of the patient’s brain. We enter this data into a computer workstation that we use for intra-operative neuro-navigation. This technology helps direct us to the right location and allows for an easier, more thorough removal of tumors,” said Dr. Naso.

In addition to the specialized technology McLeod offers, Dr. Naso said the medical center has exceptional anesthesia professionals and nurses in the operating room and in the neurosurgical intensive care unit to assist in the care of patients with brain tumors.

Dr. Naso performs surgery at McLeod with his partners at Florence Neurosurgery and Spine Center: Dr. Andrew Rhea, Dr. James Brennan and Dr. Christopher Paramore.

“Dr. Rhea, Dr. Brennan, Dr. Paramore and I will often assist each other in the more complex operations. This can be of tremendous benefit to our patients to have two neurosurgeons working together on their surgery.”

## Advanced Technology

Radiation therapy is another tool in the treatment of brain tumors. The opening of the McLeod Center for Cancer Treatment and Research this year includes installation of a new super linear accelerator. The unit involves special equipment to position the patient and precisely deliver a large radiation dose to a tumor in the brain or body, reducing the amount of time during treatment and resulting in fewer treatments. This form of radiation therapy is called Stereotactic Radiosurgery.

Radiation Oncologist Dr. Rhett Spencer has been treating patients at McLeod for 26 years. “The technological advances we have seen in the time that I’ve been practicing medicine has been astronomical. The addition of MRI, Intensity Modulated Radiation Therapy (IMRT) and three dimensional computer planning have all greatly improved the treatment of cancer.

“Now, we have four dimensional CT scans to guide us in our treatment planning. Using these scans, we conform the radiation dose to the tumor target and verify the location and shape of the tumor during treatment.



Florence Neurosurgery and Spine Center partners: (left to right) Dr. Christopher Paramore, Dr. James Brennan, Dr. William Naso and Dr. Andrew Rhea work with exceptional professionals and sophisticated technology to treat patients.



This linear accelerator also rotates in a 360 degree arc around the patient – delivering the radiation beam to any part of the body from virtually any angle,” explained Dr. Spencer.

Advantages of this linear accelerator include the degree of precision it offers, the submillimeter accuracy which minimizes harm to healthy tissue and adjacent critical structures such as the spinal cord or lungs, and a platform that will move in six dimensions to position the patient in the best possible way for treatment.

For more than ten years, **Dr. James Brennan**, a Neurosurgeon and partner with Florence Neurosurgery and Spine, has been traveling to Columbia to treat approximately 65 patients a year. He has been using another form of stereotactic radiosurgery that only treats patients with intracranial conditions located within the skull.

“I’m pleased that I will be able to treat these cases right here at McLeod and neither I nor the patient will have to travel out of town for this level of care,” said Dr. Brennan.

“This non-invasive treatment approach utilizes a set of multiple beams that intersect at a single point on the tumor. The radiation beam hits the tumor with a very high dose of radiation, but gives the brain just a low dose of radiation that it can tolerate. It literally is like taking a knife and cutting these tumors out without having to cut,” explained Dr. Brennan.

He is also looking forward to utilizing the system to treat nerve conditions such as trigeminal neuralgia and arterial venous malformations.

“We provide state-of-the-art surgical management of brain tumors at McLeod using high powered technology. With the addition of this new radiation unit, the mosaic is complete,” added Dr. Naso.

## Liver and Lung Cancer Treatment

“In addition to the treatment of brain tumors, we can also use this unit to treat primary and metastatic lung and liver cancer depending on the size of the tumor and its location,” added Dr. Spencer. “We can treat non-small cell lung cancer measuring five to seven centimeters. We can also track and freeze a tumor’s motion as the patient breathes to precisely treat the tumor in the lung and spare the normal tissue surrounding it.”

Stereotactic body radiation therapy also provides a treatment option for patients with early stage lung cancer who may not be candidates for surgery because of other medical conditions such as heart disease.

Another benefit to the patient of using this system to treat lung and liver cancer is that it requires fewer treatment sessions. This form of radiation therapy can be performed in a single treatment session or as few as three to five as opposed to 25 to 30 treatments with conventional radiation.



The McLeod Tumor Board includes oncologists, radiation oncologists, pathologists, radiologists and surgeons, who meet weekly to review all cancer cases.

## A TEAM APPROACH

Before a patient’s plan of care is decided, a number of factors determine the best course of action. “No single solution works for every patient,” said Dr. Naso.

“Whether surgery is required, how chemotherapy might be used and if stereotactic radiosurgery or radiation is appropriate is all part of the discussion among the patient’s doctors and specialists. Additionally, the tumor’s size, location and stage all effect the treatment plan decisions.”

“This is a team approach,” said Dr. Brennan. “We work together with some great radiation and medical oncology physicians. In addition, we all try to stay well read and keep up with the latest trends in treatment to provide the highest level of care to our patients.”

# McLeod News

## DR. WINKLER JOINS McLEOD HEART AND VASCULAR INSTITUTE

The McLeod Heart and Vascular Institute has been strengthened by the addition of a second Vascular Surgeon. **Dr. Gabor Winkler** has joined **Dr. Chris Cunningham** in caring for patients at McLeod Vascular Associates.

A board certified vascular surgeon, Dr. Winkler received his medical education at Johann-Wolfgang-Goethe University, Medical School in Frankfurt, Germany. He completed his General Surgery Residency at Temple University in Philadelphia, Pennsylvania, and a Vascular Surgery Fellowship at Pennsylvania Hospital, University of Pennsylvania Health System also in Philadelphia.

“I feel privileged to become a part of the McLeod Heart and Vascular Institute,” said Dr. Winkler. “I was very impressed by this team from the beginning. Part of our team approach to heart and vascular care is that we each think beyond our specialty. When a patient comes to me for care, I’m not only screening for vascular issues but considering what heart conditions may be present and referring them to a cardiologist if necessary.

“Once a patient has been diagnosed with vascular disease my job is to educate them about the risks of doing a procedure versus not doing it, and help them come to the right decision for them.”



Dr. Gabor Winkler (left) has joined Dr. Chris Cunningham in caring for patients at McLeod Vascular Associates.

## PEE DEE CARDIOLOGY EXPANDS IN SUMTER, LITTLE RIVER



Pee Dee Cardiology has expanded its cardiac services at McLeod Seacoast to include Electrophysiology care. Pictured from left to right are Cardiologists Dr. Amit Pande, Dr. Nathan Almeida, Dr. Rajesh Malik and Dr. Gavin Leask.

Pee Dee Cardiology has provided patients throughout the region with outstanding quality adult cardiovascular care for more than 25 years. A member of McLeod Physician Associates, the practice has expanded its expert cardiac services to

locations in Sumter and Little River, South Carolina.

A new addition to Pee Dee Cardiology is Cardiologist **Dr. Dale Cannon** of Sumter. Dr. Cannon is board certified in Invasive Cardiology and Nuclear Cardiology and has been a part of the Sumter community for more than 20 years. Cardiologist **Dr. Dennis Lang** also joined Dr. Cannon in caring for patients on July 1, 2014. Dr. Lang is board certified in Cardiovascular Disease and Internal Medicine.

Also in Sumter, **Dr. Alan Blaker** with Pee Dee Cardiology holds a Cardiovascular Clinic at Palmetto Adult Medicine twice a month. Dr. Blaker has more than 25 years of Cardiology experience and is board certified in Cardiovascular Disease and Internal Medicine. He also serves as the Executive Medical Director of Cardiovascular

Services for the McLeod Heart and Vascular Institute.

Pee Dee Cardiology has also expanded cardiac services at McLeod Seacoast, located in Little River, to include Electrophysiology care. **Dr. Rajesh Malik** holds a monthly Electrophysiology Clinic at the Pee Dee Cardiology office in Little River. Dr. Malik is board certified in Cardiovascular Diseases and Clinical Cardiac Electrophysiology and specializes in evaluating the abnormalities of the heart’s rhythm and electrical impulses of the heart. He also serves as the Medical Director of the McLeod Electrophysiology Program for the McLeod Heart and Vascular Institute. Cardiologists **Dr. Nathan Almeida**, **Dr. Gavin Leask** and **Dr. Amit Pande** of Pee Dee Cardiology serve the North Myrtle Beach and surrounding areas in offices located in Little River and Loris.



# McLeod News



McLeod Camp Health participant Robert Williams, Jr., takes a moment to embrace one of the horses during his visit to the Darlington farm.

## MCLEOD CAMP HEALTH BRINGS JOY TO CHILDREN

This spring, patients of McLeod Children's Hospital were invited to the Darlington farm of McLeod Pediatric Orthopedic Surgeon **Dr. Al Gilpin** to enjoy fun outdoor activities, including riding and feeding horses, meeting and learning about animals and reptiles, playing corn hole, and exploring the grounds. More than 40 children, parents, staff and physicians attended.

The event was part of McLeod

Children's Hospital Camp Health, a free and fun camp for children ages 5 to 12 who have recently been hospitalized. Each summer, the camp offers exciting opportunities for children that are both fun and educational.

Camp Health is a safe environment for children, staffed by health care professionals and specially trained volunteers. The camp is sponsored by the McLeod Health Foundation.

## MCLEOD SEACOAST MEADOW DEDICATED AT NMB PARK & SPORTS COMPLEX

The North Myrtle Beach Park & Sports Complex held its Grand Opening/Community Day in April and the dedication of the McLeod Seacoast Meadow and the Sandhills Bank Amphitheater.

**Dr. David Johnson**, of McLeod Internal Medicine Seacoast, represented the hospital during the opening ceremonies and provided blood pressure checks to the community during the festivities.

"On behalf of McLeod Seacoast, it is our privilege to be a partner with the City and be a part of this sports complex. As the local hospital, it is our mission to improve the health and well-being of patients, families, and visitors to the community.

"We see this as an opportunity to continue in the provision of preventative health, safety, and wellness. We appreciate the work of all who have championed this project for our

community," said Dr. Johnson.

The McLeod Seacoast Meadow will be a place for future festivals and shows, and will be a great place for community members to enjoy the outdoors.

McLeod Seacoast is partnering with the City of North Myrtle Beach to offer free health screenings, activities and classes at the sports complex throughout the year.

"McLeod Seacoast has been a wonderful asset to our community," said

North Myrtle Beach Mayor Marilyn Hatley. "Not only has McLeod Seacoast addressed the great health needs of our citizens, it has offered great job opportunities, as well. Since it first opened, McLeod Seacoast and the City of North Myrtle Beach have worked closely together."

*The North Myrtle Beach Park & Sports Complex is located at 150 Citizens Circle, Little River, South Carolina 29566 and the park entrance is located on the corner of Highway 90 and Robert Edge Parkway.*



North Myrtle Beach Mayor Marilyn Hatley officially dedicated the McLeod Seacoast Meadow during the ribbon cutting ceremony at the North Myrtle Beach Park and Sports Complex.

# McLeod

## Your Region's\* Most Honored Healthcare Team

McLeod is excited to share our achievements in the most recent hospital ratings by Healthgrades®, the leading online resource for comprehensive information about physicians and hospitals. With **23 top honors** for the years 2013-2014, McLeod is simply your region's most honored healthcare team. Together, our nationally recognized team continues to provide medical excellence with one primary goal: your good health and well-being.

### OVERALL CARE

Top 10% in the Nation for Outstanding Patient Experience™ - 5 years in a row  
Outstanding Patient Experience Award™ - 5 years in a row • 2014 Distinguished Hospital Award – Clinical Excellence™

### HEART & VASCULAR CARE

America's 100 Best Hospitals for Cardiac Care™ • Cardiac Care Excellence Award™  
Top 5% in the Nation in Cardiology Services • Top 10% in the Nation for Overall Cardiac Services  
★★★★★ in Treatment of Heart Attack • ★★★★★ in Treatment of Heart Failure  
Vascular Surgery Excellence Award™ - 5 years in a row • Top 5% in the Nation in Vascular Surgery - 2 years in a row  
★★★★★ in Carotid Surgery - 4 years in a row • ★★★★★ in Peripheral Vascular Bypass - 2 years in a row

### NEUROSCIENCES

★★★★★ in Treatment of Stroke - 2 years in a row

### SURGICAL CARE

America's 100 Best Hospitals for General Surgery™ • Top 5% in the Nation for General Surgery  
General Surgery Excellence Award™ - 2 years in a row • Top 10% in the Nation for Overall GI Services in 2014  
Gastrointestinal Care Excellence Award™ • ★★★★★ in Esophageal/Stomach Surgeries • ★★★★★ in Colorectal Surgeries  
★★★★★ in Treatment of Bowel Obstruction • America's 100 Best Hospitals for Spinal Surgery™  
Top 10% in the Nation for Spine Surgery - 2 years in a row • Spine Surgery Excellence Award™ - 2 years in a row  
★★★★★ in Back Surgery - 3 years in a row • ★★★★★ in Spinal Fusion Surgery - 2 years in a row

### PULMONARY (LUNG) CARE

★★★★★ in Treatment of Chronic Obstructive Pulmonary Disease (COPD) - 6 years in a row  
★★★★★ in Treatment of Pneumonia

healthgrades

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\* "Region" is Florence, SC CBSA as defined by the federal government's Office of Management and Budget



# McLeod Health

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