

McLeod

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magazine

Andrea and Courtney Kelly

EXCELLENCE BEYOND
BOUNDARIES

Views



Rob Colones

For 110 years, McLeod has been dedicated to medical excellence in care and service.

The mission of McLeod is to improve the health of people in our region by providing quality care in a safe and comforting environment. McLeod is distinguished nationally by taking the lead in quality and safety initiatives.

We have been noted for our excellent patient outcomes, patient satisfaction, exceptional patient experience, and significant advancements in medical care and treatment of patients. These recognitions include A and Five Star ratings from Leapfrog,

Healthgrades and Professional Research Consultants. And, we continuously strive to improve daily. As the healthcare environment changes, new treatments become available, and families are embracing healthier lifestyles, we must seek better ways to deliver care. We never arrive but must evolve in our pursuit of excellence.

In addition to having a Mission for our work, we have a Vision that I believe inspires and motivates us. At McLeod, our Vision is to be the choice for medical excellence among our patients, our staff and our physicians, as well as making meaningful contributions to the community we serve. It is with purpose and passion that we serve and improve, and continue to focus on providing the best in what people need and deserve to be healthy.

Our work family of more than 7,000 employees, 750 physicians, hospitals and hundreds of volunteers throughout our organization consider it a privilege to serve at McLeod Health and to call the communities from the midlands to the coast home.

I thank you all for helping us continue to make McLeod the Choice for Medical Excellence, and celebrate our 110 year Anniversary. Our dedication to excellence goes well beyond boundaries.

Please join us as we continue our journey of compassion and care at McLeod Health, reflected in the voices of victory and recovery throughout our spring edition of the *McLeod Magazine*.

Robert L. Colones

Rob Colones,
President, McLeod Health



On the Cover:

Andrea, at right, and her twin sister Courtney Kelly, both of Sanford, North Carolina, are featured on the cover of this issue of *McLeod Magazine* at Luther Britt Park in Lumberton, North Carolina. Andrea's life was saved in October 2015 by Dr. Kenneth Mincey and the Emergency Team at McLeod Seacoast after she nearly drowned in the flooding waters outside her father's home in Little River, South Carolina. Her story of survival is shared on page 4.



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Just a Breath Away

by Jennifer Hulon

The weekend of October 2, 2015, a storm system of epic proportions stalled over South Carolina drenching the entire east coast of the state with massive amounts of rain. This same weekend, 14-year-old Andrea Kelly and her twin sister Courtney arrived in Little River from their home in Sanford, North Carolina, to visit their father, Bobby Kelly.

Andrea Kelly (at left) and her twin sister, Courtney, have formed an even closer bond since the accident.



The Kelly's front yard was covered in water, like most areas two days after the torrential flooding rain. On Sunday, October 4, the rain subsided long enough for Andrea, Courtney, and their step-sister, Olivia, to head outside with their floats to play. As the girls waded in the yard, they moved into the trench closer to the road. The rain had filled this area and the water was running into the culvert at a steady speed, giving the effect of a lazy river.

Having a reprieve from the soaking rain, the girls were enjoying themselves in the sunshine. Bobby watched as his daughters played, offering an occasional warning about being alert to their surroundings and possible dangers.

"I was apprehensive about allowing the girls to head out, but the rain had stopped. This provided them some time to enjoy the outdoors," said Bobby. "And, I kept a close eye on them."

At one point, Bobby warned Andrea that she was getting too close to the culvert, which could pull her under with the quick swiftness of the water flow. Andrea listened and tried to stand to move further away, but she got tangled in her float. The vacuum effect of the culvert pulled her under the water trapping her body partially inside the drain under the driveway. Andrea disappeared.

Frantically, her father and sisters ran to grab her. Bobby was able to grab Andrea's foot under the water and pulled, praying for strength to help his daughter.

However, the water was moving at a high speed, resisting his effort.

"When I saw Andrea go under the water, I feared I was not going to be able to free her. I was desperate to help her," said Bobby.

Andrea knew she was in trouble and tried grabbing anyone and anything to free herself. "As I was under the water, I kept praying to God to help me. I knew my family was desperately trying to help, and I was frantically doing all I could to free myself," said Andrea.

At this point, neighbors heard the screams and cries and rushed out of their homes to help. Lisa Collins, a passerby and registered nurse, stopped to find out what was going on and then jumped into action. **Dr. Kenneth Mincey**, a General Surgeon with McLeod Loris Seacoast, lived a very short distance away, and she went to enlist his help.

The Kellys finally freed Andrea, but she was unconscious and not breathing. Bobby quickly began CPR. His previous CPR training enabled him to quickly react. As he began mouth to mouth resuscitation, Dr. Mincey and Lisa appeared. Lisa explained that both of them were in the medical field and they would take over from there. They immediately began chest compressions and breathing into Andrea's airway.

"They came out of nowhere, like angels," said Bobby.

Dr. Mincey and Lisa performed CPR on Andrea tirelessly trying to bring life

back into her body. Their perseverance finally paid off. Andrea coughed up water, and began to breathe.

"When I heard about the accident from Lisa, I immediately wanted to help in any way I could," said Dr. Mincey. "By the time we arrived, Andrea had been pulled from the water and her father was performing CPR. She was unresponsive, so I stepped in and continued CPR, intensely trying to bring life back into her body. After a few moments, her airway cleared as she choked up the water."

"This was an incredible moment. As I understand, she had been submerged for a lengthy amount of time, so brain deficit from lack of oxygen became one of the primary concerns. I left the scene as the ambulance arrived and headed towards McLeod Seacoast to inform the emergency team to be prepared for Andrea's arrival."

The ambulance pulled up at McLeod Seacoast and the Emergency Department team immediately began evaluating the severity of Andrea's condition.

Dr. Timothy Carr, Medical Director of the Emergency Department said, "Because of the quick actions of bystanders, Dr. Mincey and our emergency team, Andrea's life was spared. When she arrived, our team stabilized her on the ventilator and confirmed that her neurological activity had not been affected. In the life of a physician, we see many patients, and this is one I'll remember forever."

(Continued on page 6)

"That day was the most traumatic moment in my life, and it could have been much worse if Dr. Mincey and Lisa had not appeared. I am amazed at the selflessness of everyone that day."

- Bobby Kelly

After the accident, Andrea returned to her home in North Carolina where she lives with her mother, Valerie Kelly. She has struggled to recover from some complications that were a result of the accident but her family reports that her health is improving. Now 15-years-old, Andrea has returned to school part-time -- determined to get back her normal lifestyle.

“A straight A student and Beta Club President, Andrea is very disciplined and pushes herself,” said Bobby. “We are so proud she is still a part of our lives.

“I know Andrea would not be alive today if it was not for Dr. Mincey and the McLeod Seacoast Emergency Team,” added Bobby. “That day was the most traumatic moment in my life, and it

could have been much worse if Dr. Mincey and Lisa had not appeared. I am amazed at the selflessness of everyone that day. I cannot say thank you enough to everyone that God put in place that Sunday afternoon to save Andrea.”



Bobby Kelly is grateful to Dr. Kenneth Mincey for saving his daughter's life.



Some of the sweetest moments in life are watching a precious one sleep. Making sure babies are safe when they sleep is more important than you may know, as unsafe sleep practices can result in injury or even death. Always remember that babies should sleep alone, on their back, in a crib.

In 2014, sleep-related infant deaths claimed the lives of 31 infants in South Carolina, according to the South Carolina Department of Health and Environmental Control. Despite continuing progress in reducing infant mortality and Sudden Infant Death Syndrome (SIDS) in South Carolina, sleep-related infant deaths remain a significant problem.

Following a 1992 recommendation by the American Academy of Pediatrics to place babies on their backs to sleep, deaths from SIDS began to drop. Unfortunately, the number of South Carolina infant deaths due to sleep-related suffocation or entrapment in the beds doubled in a six-year period beginning in 2004.

Safe Kids Worldwide reports that nearly 75 percent of suffocation infant deaths are due to choking or strangulation in bed. For children under age one, unintentional suffocation is the leading cause of injury-related deaths. Babies aged two to four months are most at risk.

Awareness of this epidemic has become vital to decreasing the occurrences of SIDS and sleep-related infant deaths. As a result, McLeod Health and McLeod Safe Kids have joined statewide efforts to educate parents on safe sleep.

Protecting babies when they sleep is as simple as ABC.



alone

Babies should never sleep in an adult bed. The same holds true for sleeping on a chair or couch. Instead, put the baby's crib nearby or in the parent's bedroom (also called room sharing or co-rooming).

Remove pillows, stuffed animals, bumpers, wedges, quilts, comforters and blankets from the crib.



back

Place babies on their back when sleeping to reduce the chances of their mouths and noses becoming buried in bedding. Babies have poor muscle strength and head control after birth, so placing them on their backs to sleep keeps their airways open so they can breathe safely.

Babies can get plenty of “tummy time” when awake, playful and monitored by an adult or a trained sitter.



crib

Always place babies flat in a crib or safe sleep environment every time they sleep -- during the day or night. Babies should sleep in a safety-approved crib with a firm mattress and tight-fitting sheet. Other approved sleeping furniture includes a bassinet or pack-n-play.

pass it on

Share the ABC's of safe sleep with family, friends, church groups, daycare employees, babysitters and anyone else who may care for an infant. The American Academy of Pediatrics reports these startling statistics: one in five infant deaths occur when the infant is being cared for by someone other than a parent, and an infant who usually sleeps on his or her back but is mistakenly placed on their stomach to sleep, is 18 times more likely to suffer a sleep-related death. **For more information on safe sleep, please call (843) 777-5021 or visit www.McLeodWomen.org.**

Talented Women, *Exceptional Care*

by Tammy White

Cardiologist Dr. Nicolette Naso (center), who has been caring for McLeod patients for nine years, welcomes fellow female physicians, McLeod Vascular Surgeon Dr. Eva Rzutidlo (right) and McLeod Cardiothoracic Surgeon Dr. Samantha Kwon (left), to the McLeod Heart and Vascular Team.



The number one killer of women in this country is heart disease. At McLeod, there are three physicians dedicated to the treatment of heart disease who understand this statistic well. McLeod is fortunate to have a strong female force of healthcare professionals who are experts in the care and treatment of heart disease, from early intervention and vascular procedures to cardiothoracic surgery.

These caregivers include McLeod Cardiologist **Dr. Nicolette Naso**, McLeod Vascular Surgeon **Dr. Eva Rzutidlo** and McLeod Cardiothoracic Surgeon **Dr. Samantha Kwon**. Dr. Naso has been caring for heart patients at McLeod for nine years. Dr. Rzutidlo and Dr. Kwon joined the McLeod Heart and Vascular Team in 2016.

Dr. Eva Rzutidlo

Dr. Rzutidlo's interest in Florence was peaked while attending a national vascular conference. At the time, she was astonished to learn that Florence, South Carolina, had the highest rate of amputation in the country. When she and her husband began looking for a warmer climate to relocate to from New Hampshire, she remembered this Southern town.

Dr. Rzutidlo felt she could help make a difference for Florence by working with the community and vascular patients to change this devastating designation. She further believed that with the expertise of her partners at McLeod Vascular Associates and the state-of-the-art facilities available at the McLeod Heart and Vascular Institute, there would be tools to achieve this goal.

Becoming a vascular surgeon was not Dr. Rzutidlo's original plan. "I was on track to be a cardiothoracic surgeon," said Dr. Rzutidlo. "There are not many female cardiothoracic surgeons, and I thought my work could make an impact in the field. As a second year resident, I was allowed to perform open heart bypass surgeries with the assistance of the cardiothoracic staff surgeons."

However, after Dr. Rzutidlo met her mentor Dr. Frank LoGerfo of the New England Deaconess Hospital in Boston, Massachusetts, she changed her mind about what specialty to pursue. Drawn to his style of teaching, his abilities as a surgeon and his research interests, Dr. Rzutidlo became involved in vascular research work in Dr. LoGerfo's laboratory.

"The technology and disease complexities of a vascular operation, as well as being able to work closely with my patient in their follow-up care was very appealing to me," said Dr. Rzutidlo. "I also like focusing on education with my patients, spending time talking to them when they come to me seeking medical advice. Educating our patients about their disease will hopefully allow them to better care for themselves and prevent progression of disease."

When Dr. Rzutidlo began her Vascular Fellowship in 2000 at Dartmouth - Hitchcock Medical Center in Lebanon, New Hampshire, she was the first female fellow accepted in the program. She later became the first female vascular surgeon on medical staff at Dartmouth.

Today, only six percent of the vascular surgeons in the United States are women. In the state of South Carolina, there are only two women board certified in vascular surgery -- Dr. Rzutidlo and a surgeon located in Greenville.

A passion for performing complex vascular operations drives Dr. Rzutidlo. "At one time a very sick patient could not undergo an operation," she said. "Now with the changes in technology, we are able to help more people by performing

procedures that historically would have been inconceivable."

Dr. Rzutidlo added, "I enjoy my work here in South Carolina and with McLeod. I have never seen the types of cases of vascular disease as I have here. I hope my work and that of my partners with McLeod Vascular Associates can make a difference for the people in our region."



McLeod Vascular Surgeon Dr. Eva Rzutidlo, one of two board certified female vascular surgeons in the state of South Carolina, displays a passion for her patients.

Dr. Samantha Kwon

For Dr. Kwon, recruited to McLeod for her skills in cardiac robotic surgery, her goal is to build a robotic surgery program at McLeod to benefit lung cancer patients and cardiac patients.

Board certified in general surgery, cardiothoracic surgery and plastic and reconstructive surgery, Dr. Kwon trained at several prestigious universities and hospitals including: The New York Hospital - Cornell University - Medical Center Department of Surgery; University of California, San Francisco Division of Plastic and Reconstructive Surgery; Manhattan Eye, Ear and Throat Hospital, New York University; and the University of Pittsburgh Medical Center, Heart, Lung and Esophageal Surgical Institute.

Dr. Kwon received her robotics training under the direction of Cardiothoracic Surgeon Dr. Randolph Chitwood at the East Carolina Heart Institute of East Carolina University in Greenville, North Carolina. Dr. Chitwood, highly respected in his field, performed the first mitral valve repair surgery in the United States using robotics in 2000.

"I had an opportunity to choose anywhere in the country to practice," said Dr. Kwon. "But, I wanted a partnership with a hospital committed to advancing the field of cardiac care and making compassionate care of the patient a priority."

"When I interviewed with McLeod, I could see that they were driven to deliver high quality, compassionate care. The testimonies of the other physicians with the McLeod Heart & Vascular Institute validated my impressions," she stated.

Dr. Kwon finds all areas of both cardiac and thoracic surgery extremely interesting. This specialty involves prolonging life and preservation of the heart and lungs, which are vital to life, according to Dr. Kwon.

"The function of the heart, and my ability as a cardiothoracic surgeon to intervene on a sick heart and extend the



One of a select group of surgeons in the country with expertise in minimally invasive and robotic cardiothoracic surgery, Dr. Samantha Kwon had an opportunity to choose anywhere in the country to care for patients. She chose McLeod and its team because of their commitment to advance the field of cardiac care while making compassionate care of the patient a priority.

life of a patient is truly rewarding," said Dr. Kwon.

Her greater interest is in valvular surgery, repairing and replacing the function of the heart's valves. Dr. Kwon believes valvular surgery is one of the most amazing reconstructions that can be performed. Her advanced training in plastic and reconstructive surgery helps her to restore the function and form of the valve to assure it moves and operates properly.

To build a robotic program for McLeod requires the selection and training of a highly skilled team. Once assembled, the team will train with other robotic surgical teams, each member working with their respective counterparts -- anesthesia coaching anesthesia, surgical technicians teaching surgical technicians, etc. At the completion of their individual education, the groups will come back and train together to function smoothly as one robotic team.

"With this team, our objective is to have a nationally recognized robotics

program at McLeod," said Dr. Kwon. "Once the training is complete, they will operate in-sync as one unit, important to help manage time, quality and safety for the patient."

In addition to Vascular Surgeon Dr. Rzucidlo, Dr. Kwon is one of the few female cardiothoracic surgeons in the United States. "In 2011, the 200th female cardiothoracic surgeon became board certified in fifty years," said Dr. Kwon. "However, the number of women who are going into the field remains in the single digits."

Dr. Kwon is also one of a select group of surgeons in the country with expertise in minimally invasive and robotic cardiothoracic surgery.

Motivated by the love for her patients and wanting to provide what is best for them, Dr. Kwon added, "It brings me great joy to care for patients at such an impressive health care organization as McLeod. Together, we all work as a team to benefit the health of the community, and I am proud to be part of this team."

New Emergency Department Opens at McLeod Seacoast

by Jenna Falls Cox and Jennifer Hulon

Two large nursing stations located across from the trauma rooms allow nurses to have a clear view of each patient.



Kelvin Oakley, a Nursing Educator in the Emergency Department, shares details about the new state-of-the-art equipment and technology available in the patient rooms to McLeod Seacoast staff members.

McLeod Health opens the new McLeod Seacoast Emergency Department this summer. The 9,600 square-foot Emergency Department nearly doubles the size of the existing space, allowing for more streamlined services, including new exam rooms and state-of-the-art trauma facilities. This is the first of many enhancements to McLeod Seacoast Hospital.



The open floor plan of the new Emergency Department creates a comfortable environment for patients and their families, and supports efficiency to aid in patient flow.



McLeod Seacoast Emergency Department Supervisor Mary Ann Batten explains the open floor plan to a group of staff members during an open house for employees.

New Seacoast Emergency Department

The expanded Emergency Department features 23 spacious exam rooms with advanced diagnostic equipment, including three trauma areas and two triage rooms. The open floor plan creates a comfortable environment for patients and their families, and supports efficiency in patient flow.

“A large percentage of our admissions to our hospitals arrive through the Emergency Department,” said Dick Tinsley, Administrator for McLeod Seacoast and McLeod Loris Hospitals. “This is their first impression of our efficiency, quality and service. This new Emergency Department accommodates the healthcare demands of our growing area and provides access to quality healthcare when emergency services are needed.”

The new addition also offers an OB/GYN exam room, designated for OB/GYN emergency cases. The enhanced

waiting area, divided into four separate sections, offers a warm and intimate environment for visitors. A private family consult room also allows for providers to meet with family members. Additionally, adjacent parking for Emergency Department visitors and patients offers convenience and ease of entry.

“With the new Emergency Department, McLeod Seacoast has answered the community’s call and allows us to serve twice as many patients, while continuing to offer quality care,” said Cindy Hyatt, Vice President of Patient Services. “Last year, the Emergency Department treated more than 27,000 patients. This expansion enables us to serve more patients and decrease wait times. McLeod Seacoast is projected to have 35,000 emergency cases in 2016. We are ready to meet that need and committed to growing our services for communities we serve.”

The second phase of construction offers six fast track rooms to rapidly treat

less complex emergency cases, which supports easing congestion and lowering wait times. The second phase follows, with completion in Fall of 2016.

The Emergency Department expansion is the first phase in an overall construction plan that includes a new inpatient tower and operating rooms as well as an expanded same-day services suite. The addition of a concourse highlights the most visible renovation for the public. The concourse changes the appearance of McLeod Seacoast and offers a public thoroughfare at the hospital entrance for ease of navigation to services and access.

“McLeod Seacoast is committed to improving and expanding its services and medical treatment available to families and residents who entrust us with their care,” said Tinsley. “The Emergency Department is just the first step in our promise to offer quality medical care to our community.”

McLeod Seacoast Unveils New Emergency Department at Chamber Event

McLeod Seacoast hosted a North Myrtle Beach Chamber After Hours event in the new McLeod Seacoast Emergency Department in March. This was the first time the doors of the 9,600 square foot addition were opened for public viewing. Business leaders across Horry, Brunswick and Florence counties were in attendance for the unveiling.

Anticipation of the new Emergency Department opening is growing among McLeod Health staff as well as the community. This event offered a preview of the commitment McLeod Health has made to meet the healthcare needs of this growing area.

North Myrtle Beach Chamber members toured the new state-of-the-art facility and had the opportunity to view the new patient exam rooms, including an OB/GYN room for women’s services, an orthopedics room, bariatric room, triage rooms, and trauma areas.

Emergency Department staff members guided visitors throughout the department offering details about each area. The modern architectural design of the Emergency Department gave everyone the opportunity to freely explore the facility. Reflecting this level of transparency of the new Emergency Department shows the assurance McLeod Health holds in this investment.

McLeod Health critical care transporters, McLeod Air Reach and McLeod HeartReach were also on hand to reflect the multiple facets of patient convenience and care McLeod Health personifies. They offered the members an opportunity to ask questions and see inside these mobile intensive care units that are used to transport critical patients quickly and safely when seconds count. The Critical Care Transport team provides ready access to all McLeod Health care facilities, ensuring the continuum of care



Dr. Dwayne LiVigni and Horry County Police Captain Robert E. Carr discuss the features of the new Emergency Department during the Chamber After Hours event.

needed in emergency cases.

“The new Emergency Department is going to allow us to continue providing quality care to our growing community,” said **Dr. Timothy Carr**, Medical Director of the McLeod Seacoast Emergency Department. “The expanded facility will also help in lowering wait times because we will have the capacity to serve the growing population along the strand.”



Senator Greg Hembree attended the North Myrtle Beach Chamber After Hours event. He is pictured with Dick Tinsley, Administrator of McLeod Loris Seacoast.



Dr. Timothy Carr, Medical Director of the McLeod Seacoast Emergency Department, speaks to guests during the North Myrtle Beach Chamber After Hours event.

SEALING OFF VEIN DISEASE

First Procedure of its Kind in South Carolina

by Tammy White

Healthy leg veins contain valves that open and close to assist the return of blood back to the heart. When someone experiences symptoms of venous disease, such as: pain, aching, cramping, swelling, heaviness, fatigue, skin changes, rashes, ulcers or open wounds, it could be a sign that the vein valves are not working properly.

Dr. Carmen Piccolo and the team with McLeod Vascular Associates were the first in the state of South Carolina to treat patients with venous disease using the VenaSeal Closure System.



Common types of venous disease include varicose veins, spider veins, superficial venous thrombophlebitis (SVT), venous ulcers and the more serious deep venous thrombosis (DVT).

“Varicose veins to some people are a cosmetic issue, meaning they simply don’t like the way their legs look,” said McLeod Vascular Surgeon **Dr. Carmen Piccolo**. “However, varicose veins can also be a symptom of an underlying problem in the veins. Only a vascular specialist can make that determination.”

The Vein Center at McLeod Vascular Associates specializes in the treatment of venous disease. The center includes a team of vascular physicians, nurses and specialized vascular technicians. This group can help relieve symptoms, improve cosmetic appearance and assist in avoiding more serious medical complications.

Treatment options available for valves that do not function include closing or removing the damaged vein and then redirecting the blood flow to healthy veins.

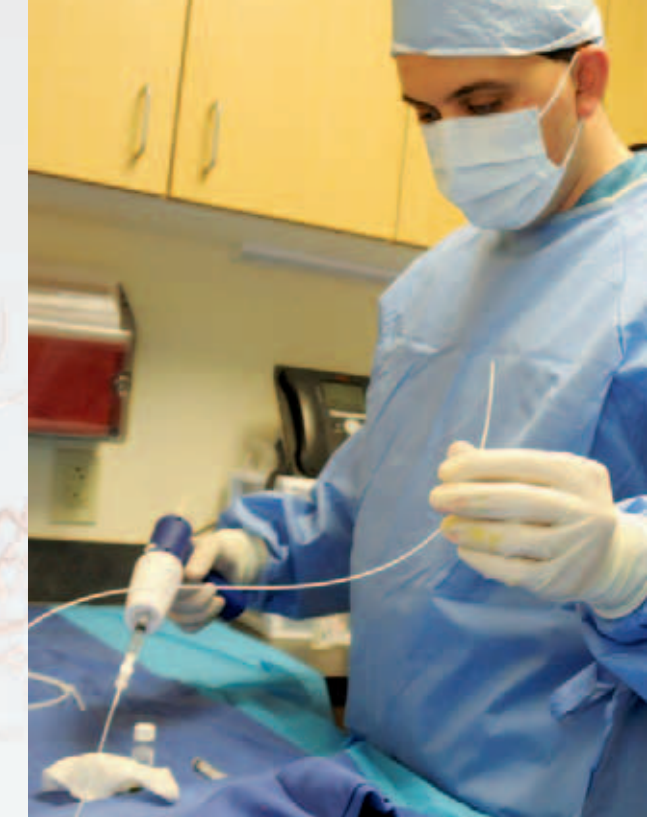
The newest treatment option available for venous disease is the VenaSeal Closure System. In the offices of McLeod Vascular Associates, Dr. Piccolo and his team recently performed the first VenaSeal procedure in the state of South Carolina.

The VenaSeal Closure System works by delivering a small amount of specially formulated medical adhesive to permanently close down the diseased vein.

Unlike other treatments, the VenaSeal does not require multiple injections of a local anesthetic allowing patients to rapidly return to normal activities immediately following the procedure.

“Patients also report having minimal bruising since there is only one injection site,” said Dr. Piccolo. “Another factor that pleases patients about this procedure is that it does not require the use of compression stockings.”

To perform the procedure, a syringe filled with the medical adhesive is inserted into a dispensing device that is attached to a catheter. The catheter is



McLeod Vascular Surgeon Dr. Carmen Piccolo inserts the medical adhesive into a catheter attached to the dispensing device.

advanced into the diseased vein under ultrasound guidance. Once the catheter is in place in the diseased vein, the vascular surgeon delivers the medical adhesive to the vein.

“With VenaSeal, we can repair the underlying vein problem quickly and safely with minimal discomfort,” said Dr. Piccolo. “Patients should experience relief from some of their symptoms very early and have overall improvement in the cosmetic appearance of their leg over the next several weeks.

“Venous disease is very common. It affects more than 80 million people in the United States. In around 80 percent of patients someone else in the family is also suffering from vein disease. We see a significant number of patients in our practice with venous disease symptoms. I am pleased we can offer these patients this new treatment option that can quickly relieve their pain and swelling and get them back to their daily living,” added Dr. Piccolo.

For more information on the McLeod Vein Center, please call 1-888-825-7143.



The first patient, who underwent the VenaSeal procedure, suffered from bulging varicose veins on the inside of his left calf.



Approximately two weeks later a remarkable difference can be seen on the patient's leg.

A Return to ACTIVE LIVING

by Rachel T. Gainey

“When I come to see physicians in Dillon, South Carolina, I feel like I am visiting family,” says Wanda Blue of Fairmont, North Carolina. “It makes a difference when you walk into a practice and are greeted by name.”

Wanda sees providers at Dillon Internal Medicine for her primary care needs. She has also been under the care of **Dr. Michael Sutton**, McLeod Orthopaedics Dillon, since 2011.

“I was having pain in my knees and was under the treatment of another orthopedic physician for years, but the pain was not getting better,” said Wanda. “I was talking with a relative one day and shared that I needed to find another orthopedic physician. She worked at McLeod Dillon and told me about Dr. Sutton’s great reputation. I’m so glad she recommended him to me.”

Dr. Sutton identified the pain that Wanda was experiencing as arthritis. “Arthritis is an inflammatory disease that causes pain, stiffness and swelling in the body’s joints,” explained Dr. Sutton. “More than 31 million people of all ages suffer from some form of arthritis.

Pain and stiffness can affect a person’s life, sometimes making daily activities impossible.”

A retiree, Wanda was no longer able to participate in the activities she most enjoyed, such as coaching a little league baseball team, walking on the Fairmont Community Park Walking Trail, or fishing.

“To relieve pain and stiffness,” said Dr. Sutton, “Wanda tried pain relievers and steroid injections, which involves injecting a steroid directly into the problem area. These are often very effective ways for treating the inflammation that causes pain.”

During a visit with Dr. Sutton in December of 2012, Wanda informed him that she was ready to have knee replacement surgery on her right knee, which was in worse condition than her left knee. The surgery was scheduled for January 15, 2013.

“Dr. Sutton’s staff was very helpful in talking me through the procedure,” said Wanda. “I was at ease with my decision. I knew from my experiences that the staff at McLeod Dillon was going to take care of me, and they would do all they could to help me.”

During her pre-admission visit, Wanda attended the joint education class led by the physical therapy team at McLeod Dillon. “The class was very helpful,” said Wanda. “It covered all of the information in the patient guide I received from Dr. Sutton’s office. It also helped get me ready for every aspect of the experience -- from preparing for my upcoming surgery through recovery. I knew what to expect when I arrived at the hospital the morning of my procedure and during my hospital stay.

“The morning of surgery, the staff made sure I knew everything I needed to know about what was going to happen. Dr. Sutton also visited with me that morning and told me he was going to take care of me. He was very reassuring,” said Wanda.

After surgery, Wanda said the nurses

were excellent and kept her pain under control. “I actually walked down the hall the first day. The nursing and therapy staff cheered me on as I walked and told me that I did well.”

Wanda remained under Dr. Sutton’s care as she recovered from her right knee replacement and received treatment for the pain she was experiencing in her left knee.

As time went on Wanda realized over-the-counter medications and steroid injections only offered minimal relief and the swelling was noticeably worsening in her left knee. Wanda’s left knee would also lock up and give away on her. After falling, Wanda knew surgery was the next logical step.

“I was very happy with the results of my right knee replacement. I knew others that had traveled out of the area for knee replacement surgery who were not having the same positive results that I was experiencing. I felt very comfortable with Dr. Sutton’s recommendation, and I underwent knee replacement surgery on my left knee in December 2015,” said Wanda.

Wanda explained that she had the same excellent outcome and recovery as she did during her previous surgery at McLeod Dillon. The reassurance of Dr. Sutton and the staff also meant a lot to Wanda. “I loved my nurses, both in surgery and those that cared for me after surgery.

“Zipporah Farmer was one of the nurses who prepared me for surgery and made me feel at ease. The next day, Zipporah visited me and said, ‘I had to come by and check on you Mrs. Wanda.’ That made such an impression on me. I would not trade anything for the staff at McLeod Dillon,” Wanda said.

Today, Wanda continues to recover from her left knee replacement surgery. She is also helping coach a little league baseball team of nine and ten year olds in Fairmont. Additionally, she can now go fishing or walking by herself without worrying that her knee will lock up on her.

Besides sports, Wanda finds the most joy in spending time with her seven grandchildren.

“I thank Dr. Sutton and McLeod for helping me get back to the things that I enjoy doing most,” said Wanda. “I also tell everyone about my experiences in Dillon, and I have highly recommended Dr. Sutton to many of my friends and family members.”

Wanda Blue of Fairmont, North Carolina, can now enjoy fishing again thanks to Orthopedic Surgeon Dr. Michael Sutton with McLeod Orthopaedics Dillon.

Dr. Michael Sutton offers the highest quality care to his patients at McLeod Dillon.

Keeping The Faith

by Jenna Falls Cox

Carolyn Bellamy is known for her strength and positive outlook on life. Anyone she comes in contact with walks away a little happier. Carolyn has worked in Nutrition Services at McLeod Loris for 20 years. As part of the staff at McLeod Loris, she is accustomed to taking care of sick patients and their families, comforting them with kind words. This is what she likes most about her job. But, the day Carolyn learned she had Stage 2 breast cancer, she was the one who needed encouragement.

Carolyn's husband, Elton Bellamy, was her rock during this experience. They shared that their love and faith in God helped them through it.



Carolyn's journey began when she performed a self-examination on her left breast. "In my heart, I knew that something was not right," said Carolyn. "When I performed the self exam, I noticed that my breast was swollen. I knew I needed to make an appointment to get it checked out."

Carolyn made an appointment at McLeod Loris Primary Care to see Nurse Practitioner Wanda Grainger. "After a thorough examination and many questions, Wanda recommended that I get a mammogram. She noticed in my file that I was overdue," said Carolyn. "She immediately called the Radiology Department at McLeod Loris and made me a same-day appointment for a mammogram. I could tell Wanda thought it was urgent that I get a mammogram that day."

The mammogram results were abnormal, so an appointment was made for Carolyn to see McLeod Surgeon **Dr. Amanda Turbeville** the next day. After examining Carolyn, Dr. Turbeville ordered an ultrasound guided biopsy.

"When the biopsy results came back, Dr. Turbeville told me that I had a mass that was Stage 2 breast cancer," explained Carolyn. "My oldest son, Neil, was with me when I received the news. He was trying to be strong for me, but

I could tell he was upset. I did not panic when I found out. I knew the Lord had a plan."

Carolyn was scheduled to have surgery the following week. Prior to surgery, she met with Dr. Turbeville for a pre-surgery consult. "Dr. Turbeville was very detailed during my consultation, and I appreciated it. She showed me on a diagram what was going to happen during surgery and where the mass was located in my breast. It made me feel better that she was direct and clear. She told me, 'No worries, you are going to be okay.'



Carolyn Bellamy and Dr. Amanda Turbeville, a physician with McLeod Loris Seacoast Surgery, formed a special relationship as a result of Carolyn's breast cancer journey.

And, she was right."

"Carolyn underwent breast conservation surgery which allows a woman to keep her breast," said Dr. Turbeville. "As part of this surgery, a lumpectomy is performed, which is a procedure that involves selective removal of a tumor from the breast. This differs from a mastectomy, which involves the removal of the entire breast. A sentinel lymph node biopsy was also completed during surgery, where dye is injected into the breast. This precautionary procedure was performed to ensure the remaining lymph nodes did not need to be removed."

Following Carolyn's outpatient lumpectomy, she said her experience and results were excellent. "The same-day services staff was amazing," said Carolyn. "They put me at ease, and I knew that God was guiding Dr. Turbeville and her team. I could not have asked for any better care."

Carolyn was out of work three to four weeks after surgery. "I had very little pain after surgery. I followed Dr. Turbeville's instructions on recuperating, but I was determined to get back to work quickly. Working at the hospital is therapy for me. Helping others is what got me through this experience," explained Carolyn.

"Carolyn is such an optimistic person with a strong faith in God's plan," said Dr. Turbeville. "She accepted her diagnosis with grace and has fought through this journey with a smile on her face."

Today, Carolyn continues receiving chemotherapy treatment at Coastal Cancer Center in Loris. "Dr. Emily Touloukian and the team there are amazing," said Carolyn. "They worked around my schedule and made sure chemotherapy did not conflict with my everyday life."

Carolyn now has time to get back to focusing on what is important in her life: God, family and friends. She is active in her church, where her husband, Elton, has been the pastor for 15 years. She also enjoys spending time with her three-year-old grandson, Micah.

Ultimately, Carolyn's faith and determination enabled her to survive this journey. "The Grace of God is what saved me and placed me in Dr. Turbeville's hands. I lost my hair and my appetite, but I never lost faith. I want to be a witness for others facing this same journey that you can beat it. I also want to remind women that early detection is vital."

Targeting Tumors with Precision

by Tracy H. Stanton

Anne Elliott describes her radiation treatment for a brain tumor as “just a little blip in the road.” Thanks to advanced technology at McLeod and an excellent medical team, the tumor on Anne’s brain was destroyed in only one treatment.

Anne Elliott is pictured with Dr. Rhett Spencer, Oncology Navigator Karen Jones and Medical Physicist Tobin Hyman by the stereotactic linear accelerator that eradicated Anne’s brain tumor in one treatment.



In 2014, Anne suffered from severe back pain as a result of complex spinal issues. Having undergone surgery for this condition previously, Anne returned to **Dr. James Brennan**, a Neurosurgeon with Florence Neurosurgery and Spine, for treatment. Dr. Brennan determined that Anne needed additional surgery to alleviate her pain.

After a MRI before the procedure, Anne was surprised to hear from

Dr. Brennan the day prior to the scheduled surgery. “Because a mass had been found on my kidney, he said he would be unable to perform my surgery. He immediately made an appointment for me to see a urologist the same day.”

After meeting with the urologist and undergoing further testing Anne learned that her left kidney needed to be removed because of the tumor’s size. A month after the kidney procedure, Anne finally

underwent surgery for her back condition. Following the two operations, Anne sought the care of McLeod Oncologist **Dr. Sreenivas Rao** for treatment of the kidney cancer.

“Dr. Rao began running tests before I started on chemotherapy because an earlier scan also revealed there were small spots on my lungs. I had actually volunteered for a cancer research program at McLeod which involved additional detailed tests.

That is when the spot on my brain was found.”

Dr. Rao sent Anne to Dr. Brennan to discuss removal of the brain tumor. Dr. Brennan explained to Anne that the tumor could be easily removed with the use of the new state-of-the-art radiation unit at McLeod.

Fortunately for Anne, she had the opportunity to receive the advanced services McLeod provides in its Center for Cancer Treatment and Research. The program includes a newly installed TrueBeam STx linear accelerator, which is specifically designed for the delivery of Stereotactic Radiosurgery (SRS) treatments. These treatments require extreme precision and accuracy to deliver large doses of radiation to the treatment site, reducing the amount of time during treatment and resulting in fewer treatments.

“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.

McLeod Radiation Oncologist **Dr. Rhett Spencer** has been treating patients at the hospital for 28 years. “Today, we have four dimensional CT scans and stereotactic MRIs 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. 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. In addition, the treatment table is designed to move in six different directions, and the machine is equipped for image-based adjustments during treatment.”

Prior to treatment, a stereotactic protocol MRI is performed which involves

double the contrast traditionally given, allowing the tumor to appear even more enhanced than it would on a conventional MRI.

“This means we are scanning the brain every millimeter not every five millimeters which is the standard with a conventional MRI so five times as many images through the brain are produced. As a result, we frequently find tumors that were not previously seen,” said Dr. Spencer.

Key to stereotactic radiosurgery is the planning required to map out the patient’s treatment. This involves a medical physicist who engineers the treatment plan and radiation dose required to precisely ablate the tumor while minimizing harm to healthy tissue around the lesion. Treatment is scheduled once the radiation oncologist and neurosurgeon approve the plan and ensure that everything is set to match up perfectly when the patient is on the table.

Karen Jones, the McLeod Neuro-Oncology Nurse Navigator, prepares patients like Anne for the day of treatment. She explains to them what to expect and answers any of their questions. Prior to the procedure, Karen remains with the patient as they are immobilized to keep their head from moving during treatment. This requires either a frame that is bolted to their head with four pins or the application of a special face mask.

“The mask was uncomfortable, but I did not have to be put to sleep or undergo surgery,” said Anne. “I did not feel anything during the procedure. When it was complete they removed the mask and I got up to leave. There was simply nothing to it. I walked out feeling the same way I did when I walked in. When I arrived home I rode around on my golf cart and watched my grandson pick up pine cones like I would on any other day.”

Anne added there was also no recovery time to deal with following the treatment -- which would not have been the case if she had required brain surgery.

Anne has been among a total of

57 patients treated with intracranial stereotactic radiosurgery by the McLeod Neuro-Oncology Team since October 2014. This includes ten patients suffering from trigeminal neuralgia, a painful nerve condition that requires the team to radiate a nerve located only four millimeters from the brain stem.

Karen says there are many other successful patient experiences like Anne’s. “Some patients with metastatic lesions that we have treated have other disease processes that affect their overall outcome, but we have achieved good success with the treatment of their brain tumor. For these patients, our goal is not only extension of life but to preserve quality of life.”

McLeod offers the only active linear accelerator (LINAC) based stereotactic radiosurgery program from the midlands to the coast. “The next closest comparable treatment program is the cancer center at Duke in North Carolina,” said Dr. Spencer. The hospital is currently installing a second linear accelerator capable of performing stereotactic body radiation therapy. The Radiation Oncology team will begin using this unit to treat patients this summer.

“I am grateful that I did not have to go away to receive my treatment. I literally came down the road from my home to McLeod,” said Anne.

Since her procedure in April 2015, Anne has undergone four MRIs that have all been clear with no evidence of any new tumors.

Today, Anne reports that she is doing well with plans to marry her high school classmate, Gerald Kirby, in July. The couple reconnected at their 50th high school reunion and are looking forward to spending their golden years together.

Anne gives credit for her excellent outcome to God and the extraordinary care and services she receives from her medical team, especially Dr. Rao, Dr. Brennan and Dr. Spencer. She remains under Dr. Rao’s care for the treatment that is keeping the tiny tumors in her lungs from growing. Each day is another victory.

Picture Perfect RECOVERY

by Rachel T. Gainey

It was a Tuesday unlike any other for Randy Rouse, a native of Dillon, South Carolina. He describes February 23, 2016 as a “regular workday.” After leaving work, Randy attended rehearsal at the Performing Arts Center in Florence, South Carolina, where he plays the trumpet with the Francis Marion University Concert Band.

He arrived at his home in Latta around nine in the evening. As he sat in the driveway, Randy was gathering his instrument and backpack, along with a few things from work.

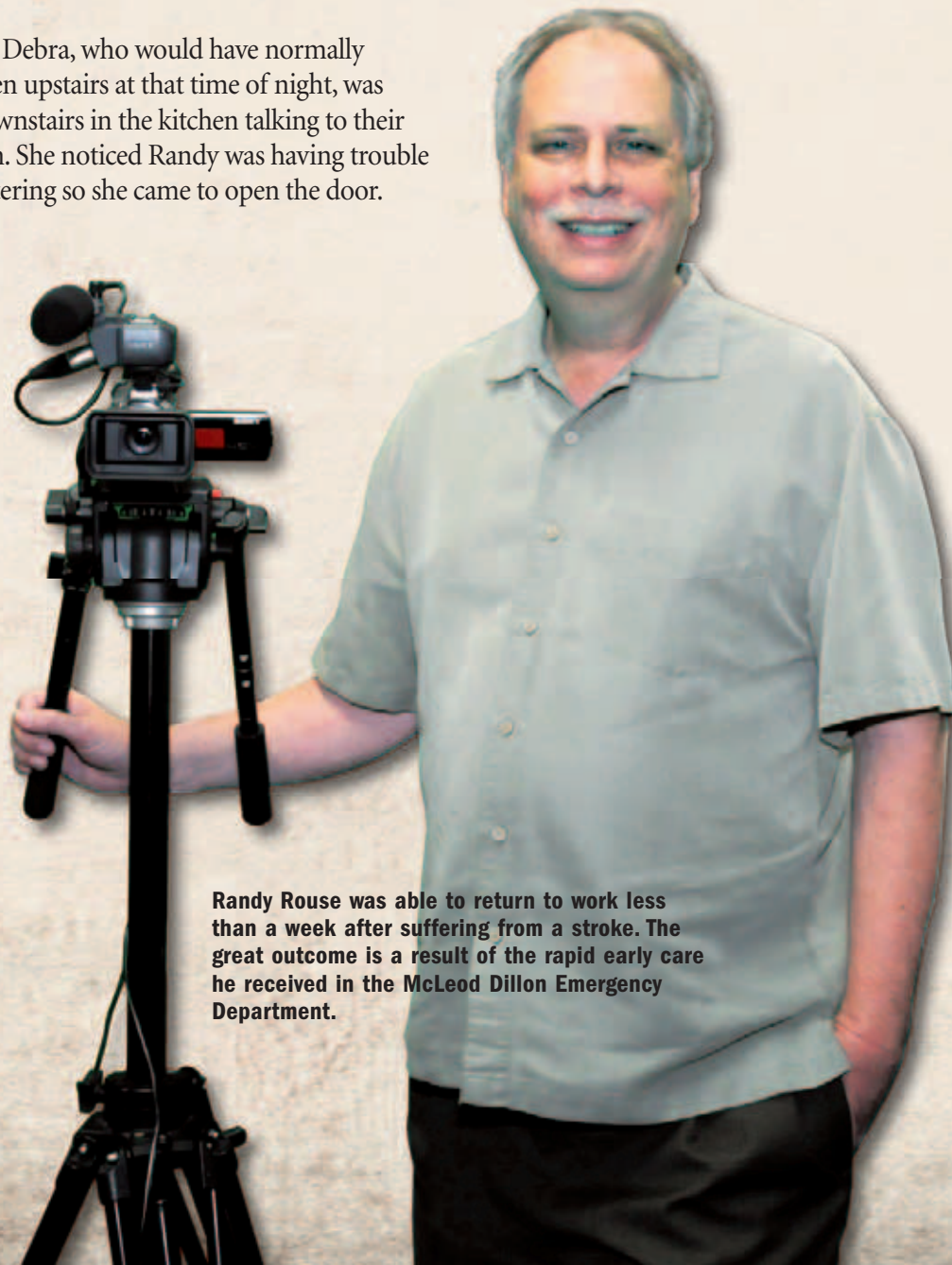
“I did not notice anything out of the ordinary until I got out of the car,” recalled Randy. “I was having trouble getting my items organized to bring into the house. I believe that was the beginning and first noticeable symptom of the stroke I experienced.

“I could not seem to get my things together, so I decided to take half of the items in and then go back for the remainder.”

The symptoms and confusion continued to worsen as Randy attempted to open the door to his house.

“When I got to the door, I remember trying several keys in the lock to unlock the door. At the time, this did not strike me as odd. By that point, my mind was totally disorganized in its thought process,” said Randy. “Not once did I think ‘I have to put the right key in the door.’ Luckily, I could see my wife, Debra, through the window talking on the phone.”

Debra, who would have normally been upstairs at that time of night, was downstairs in the kitchen talking to their son. She noticed Randy was having trouble entering so she came to open the door.



Randy Rouse was able to return to work less than a week after suffering from a stroke. The great outcome is a result of the rapid early care he received in the McLeod Dillon Emergency Department.

All of the medical professionals involved in Randy’s care credited his superlative, positive outcome to the treatment he received in the McLeod Dillon Emergency Department.

Randy recalled the interaction they had, “She spoke to me, but when I spoke back to her my speech was beginning to slur. Debra immediately called 911. Within a few minutes, a police officer came by to check on me and the ambulance arrived shortly.

“I remember the ambulance ride completely,” said Randy. “During the ride, I started experiencing problems on my right side. My right hand and arm went numb, but I was not experiencing any pain. I had an overwhelming sensation that things were just slowing down. Shortly after arriving at the McLeod Dillon Emergency Department (ED), I began to feel nauseated, and I got sick.”

There was a quick response by the emergency providers awaiting Randy’s arrival in the ED. “The last thing I remember about that night was the staff rushing to care for me after one of the tests showed bleeding on my brain,” said Randy.

The calm of the emergency technicians in the ambulance, the speed of the receiving nurse at the McLeod Dillon ED door, the responsiveness of all

the nurses and staff, and the processes that were followed mimicked “a symphony of care” for Randy that evening.

“This was a frightening experience for my wife as she stayed by my side and began to understand the severity of the stroke,” said Randy. “Debra was comforted by the genuine compassion and care shown by those caring for me that night. She found confidence in their reassurance and communication about quick, lifesaving decisions that were being made. She knew they were making choices that were best for me.”

All of the medical professionals involved in Randy’s care after that point credited his superlative, positive outcome to the treatment he received emergently in the McLeod Dillon ED.

Randy is the Part Owner and Station Manager for HomeTown TV8 in addition to the Financial Administrator and Media Pastor for Dillon Church of God. Steve Johnson, Vice President of Operations and Advertising and also Part Owner of HomeTown TV8, was shocked when Randy was back at work on Monday -- only days later.

“I could not believe as critical as he was less than a week before that he had recovered to the point of returning to work,” said Steve. “We know that the care and intervention he received in Dillon was the reason his symptoms disappeared almost as quickly as they had appeared. I am grateful for the lifesaving services and high quality medical care McLeod Dillon provides.”

Randy worked limited hours the following week as he continued to rest and regain his strength.

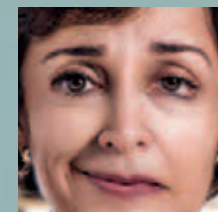
Today, Randy is under the care of his primary care physician, **Dr. Granville Vance** at Dillon Family Medicine. “I still notice a little forgetfulness here and there,” admitted Randy. “Dr. Vance has explained that my memory will continue to improve over the next few months.”

Going forward, Randy is taking medication that will better control his high blood pressure, which was a contributing factor to his stroke.

“I am blessed and highly favored,” added Randy.

Stroke Awareness

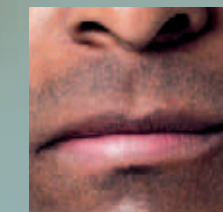
Stroke is the number one cause of preventable disability and the fifth leading killer in the nation. One out of every six people will develop a stroke in his or her lifetime. But there is good news: Stroke is largely preventable, treatable and beatable, if you recognize the symptoms. Learn F.A.S.T. -- an easy way to remember the common symptoms of a stroke:



FACE
DROOPING



ARM
WEAKNESS



SPEECH
DIFFICULTY



TIME
TO CALL 911

EVERY SECOND COUNTS

by Julia W. Derrick



Lorenzo McFadden is alive today and back on the sidelines thanks to the combined efforts of individuals who performed CPR and the application of the AED by Certified Athletic Trainer Heide Burgin.

Cardiac arrest can occur anytime, anywhere. When the unexpected happens, every second counts.

On October 16, 2015, the Georgetown High School football team hosted Lake City High School during what seemed to be a typical Friday night under the lights. An intense contest of athleticism, Lake City beat Georgetown by one point to win the game with a final score of 34 to 33.

Immediately after the game, as coaches, athletic trainers and athletes were preparing to leave, Lorenzo McFadden, the Lake City High School Defensive Line Coach, began feeling dizzy and collapsed.

McLeod Sports Medicine Certified Athletic Trainer Heide Burgin, along with several healthcare professionals, rushed to Lorenzo's aid. They quickly determined that he was in sudden cardiac arrest.

The team began CPR, and Heide prepared the Automated External

Defibrillator (AED) that all McLeod Athletic Trainers carry with them at sporting events.

AEDs are critical lifesaving tools that can assist in the event of sudden cardiac arrest by administering a shock to an individual's heart to reestablish a normal rhythm. Users of the AED must act quickly. Each minute the heart is not pumping blood the individual's survival rate decreases by ten percent. Attaching an AED within three minutes of cardiac arrest increases the individual's survival rate to nearly 70 percent. Although AEDs have become more user-friendly for the public, CPR must be performed after an AED shock to keep blood flowing to the heart.

For Lorenzo, the combined efforts of CPR and application of the AED saved his life. "It was a blessing to be surrounded by people who knew what to do. Although an ambulance was there that night, they were almost out of the parking lot. By the time they made it back through the crowds to get to me, it could have been too late."

"Having access to an AED was a matter of life and death for Coach McFadden. I am grateful I was close by with one when he collapsed," said Heide. "While you hope you never have to use it, you are certainly glad that you have it."



Heide Burgin, a McLeod Sports Medicine Certified Athletic Trainer for Lake City High School, sits on the sidelines of the school's football field holding an AED.

"The need for Athletic Trainers in high schools and on the sidelines is crucial," explains Adam Ploeg, McLeod Sports Medicine Athletic Training Supervisor. "Athletic Trainers are highly skilled and trained healthcare professionals who are able to prevent injuries from occurring, assess and treat injuries when they do occur, and also perform rehabilitation to assist in recovery."

Certified Athletic Trainers are state licensed and board certified. They are required to keep up-to-date lifesaving certifications such as CPR, and they are trained to handle all types of injuries and emergencies. While some injuries can be treated with ice, tape, or other modalities, there are times, like in Lorenzo's case, when an Athletic Trainer must apply an AED.

McLeod Certified Athletic Trainers provide medical care to 23 facilities in Chesterfield, Darlington, Dillon, Florence, Horry, Marion, and Marlboro Counties. Clients include 18 high schools, Francis Marion University, Florence Darlington Technical College, the Florence Red Wolves, and McLeod Health and Fitness Centers. The trainers also serve as a source of information in the region by providing resources and education to athletes, parents, coaches, administrators and community members.

"Having access to an AED was a matter of life and death for Coach McFadden. I am grateful I was close by with one when he collapsed. While you hope you never have to use it, you are certainly glad that you have it."

- Heide Burgin

A MOTHER'S GIFT

by Jessica Wall



Eddie and Amy Powers made the selfless decision to donate Amy's breast milk to give other critically ill and premature infants a fighting chance.

Eddie and Amy Powers of Effingham, South Carolina, were ecstatic to learn that they were expecting their first child, a baby boy. Amy experienced a normal pregnancy until Saturday, June 13, 2015, eleven weeks before her due date, when she began having contractions. Amy was admitted to McLeod Regional Medical Center on June 15 and developed a fever the next day, indicating a possible infection in the baby, so her physicians induced labor.

On June 16, Amy gave birth to Jackson Alan Powers. Nearly three months premature, Jackson weighed three and a half pounds and measured approximately 15 inches long.

He was immediately transferred to the McLeod Neonatal Intensive Care Unit (NICU).

"Everything was so unexpected," recalls Amy. "Jackson had so many difficulties from the very beginning. He suffered from seizures, anemia, and an infection, among other things."

Doctors then discovered that Jackson had an underdeveloped brain and brain stem as well as severe gastrointestinal complications that interfered with his ability to swallow and digest milk.

On July 5, three weeks after Jackson's birth, physicians briefly removed his breathing tube and gave him oxygen through nasal prongs.

"This was the first, and only, time we heard Jackson cry," says Amy. "It was a beautiful sound."

Forty-five minutes later, physicians re-intubated Jackson.

During Jackson's entire stay in the McLeod NICU, Amy supplied breast milk for his feedings.

"I had not intended to breastfeed, but because of Jackson's critical condition, I knew that my milk was the best medicine for him," says Amy. "Although I was never able to breastfeed Jackson because of his feeding tube, I pumped as much as I could because I knew that was the best thing I could do for him."

Five weeks into his stay in the McLeod NICU, Jackson continued to experience complications. On July 22, he was transferred to another hospital, where he stayed for another five weeks.

August 25 is a day that Amy and Eddie will hold dear forever. It was the first time they saw Jackson open both his eyes.

"I cried as I watched him look up at me like that," recalls Amy. "I had been waiting for this moment for more than two months."

However, shortly after this happy moment, Jackson developed Necrotizing Enterocolitis, a serious infection that primarily affects premature babies and babies with very low birth weights, for the third time.

Jackson could fight the infection no longer.

genetic disorder which affects brain development and often leads to severe complications.

Because of Jackson's gastrointestinal problems, he was unable to use much of the milk Amy pumped, so when she learned that McLeod Regional Medical Center was a depot site for the Mother's Milk Bank of South Carolina, she decided to donate her extra milk.

"Eddie and I saw firsthand the importance of human milk, and we wanted to give other babies a fighting chance," recalls Amy. "We hope that by donating this milk, Jackson's milk, we can help other babies."

On November 4, 2015, Amy became the first milk donor to the McLeod Regional Medical Center Depot Site. With Eddie by her side, Amy donated 322 ounces of human milk.



"Eddie and I saw firsthand the importance of human milk, and we wanted to give other babies a fighting chance. We hope that by donating this milk, Jackson's milk, we can help other babies."

— Amy Powers

In a hospital, premature infants are vulnerable and exposed -- through their skin, lungs, and digestive system -- to a very unnatural environment where complications can occur. However, a mother's milk is a vital component for increasing the infant's immunity to those potential infections or diseases. For this reason, many neonatologists today treat human milk as a "medication" instead of a source of nutrition.

"We lost Jackson on Saturday, August 29, 2015, at 12:30 p.m.," says Amy. "He was in my arms when he passed, and we have been heartbroken ever since."

"I wish my milk had worked the miracles I was counting on, but God had other plans," she continues.

After Jackson's passing, genetic tests revealed that he suffered from pontocerebellar hypoplasia, a rare

"This is a special moment for us," says Eddie. "We do this in honor of Jackson."

Any mom interested in donating her excess milk to McLeod Regional Medical Center should visit www.McLeodWomen.org or call the McLeod Lactation Coordinator at (843) 777-8377 for more details.



McLeod Neonatologist Dr. Douglas Moeckel played an instrumental role in establishing both the state's first human milk bank and the McLeod Regional Medical Center Depot Site.

Human Milk Initiative

In 2011, McLeod established the Human Milk Initiative, a collaborative effort aimed at providing human milk to premature infants weighing less than 1500 grams (or three pounds five ounces) within the first week of life.

Dr. Douglas Moeckel, a McLeod Neonatologist with MEDNAX National Medical Group, played an instrumental role in establishing the state's first human milk bank, located in North Charleston.

As a member of the Executive Council of the Mother's Milk Bank of South Carolina, Dr. Moeckel helped create the state guidelines for providing human milk to very low birth weight babies.

"Any baby born weighing less than 1500 grams in the state of South Carolina is

now exclusively fed human milk until they reach 34 weeks post-conceptual age, or after 30 days of treatment, whichever is longer," explains Dr. Moeckel. "A mother's own milk is always the first and preferred food for her baby. However, there is often a physiologic delay in a mother's own milk production. Some mothers are too sick to pump and others simply cannot make enough milk despite their best efforts. Donor milk allows very low birth weight babies to be fed a safe food early, while the mother is working to produce her own milk."

McLeod Regional Medical Center is one of several depot sites for the Mother's Milk Bank of South Carolina.

Dr. Moeckel explains that each depot site receives milk from its local donors, which is gathered and sent to the Mother's Milk Bank. The donated milk is then tested for infection, pasteurized, tested for infection again, and analyzed to assure quality. The milk is then batched and frozen.

Every one to two weeks, shipments of the donor milk are sent back to each of the Regional Perinatal Centers in South Carolina, including McLeod Regional Medical Center.

"In just one year we are already meeting the needs of all the very low birth weight babies at the Regional Perinatal Centers, and we hope to continue expanding the supply of donor milk to babies in need," says Dr. Moeckel.

Thumbs Up For A HEALTHY LIFESTYLE

by Jennifer Beverly

When Cathy Oakley was diagnosed with Stage 2 breast cancer in 2007, she decided to retire from her teaching position in Colonial Heights, Virginia, and move to North Myrtle Beach, South Carolina, with her husband to enjoy the beach life.



Cathy Oakley works out several times a week to maintain a healthy lifestyle.

Following a mastectomy and reconstruction along with chemotherapy, Cathy decided to focus her efforts on keeping a healthy lifestyle. She began working out three to four times a week.

“I joined the North Myrtle Beach Aquatic and Fitness Center to help stay active and fit,” said Cathy. “My fitness routine includes cardio, weight training and group classes.”

Over the course of time, Cathy began noticing a sharp pain in her right hand starting at her thumb. She was also having difficulty gripping the machines and weights during her work-outs. One day, before leaving the aquatic and fitness center, Cathy stopped by to see Brian Lowe, a McLeod Sports Medicine Athletic Trainer, for a sports injury screening.

Brian checked over Cathy’s hand and recommended that she see an orthopedic surgeon who specialized in hand and upper extremities.

“I had a wonderful experience and would definitely recommend Dr. Lukowski to all of my family and friends.”

– Cathy Oakley

Cathy took Brian’s advice and made an appointment to see **Dr. David Lukowski** with McLeod Orthopaedics Seacoast the following week. Dr. Lukowski specializes in hand and upper extremity surgery and is board certified by the American Board of Orthopedic Surgery. He has also earned an additional Subspecialty Certificate in Surgery of the Hand.

Dr. Lukowski examined Cathy’s right hand and diagnosed her with osteoarthritis of the carpometacarpal (CMC) joint of the thumb. The cartilage at the base of Cathy’s thumb joint was wearing away to where bone was rubbing against bone causing her severe pain.

“When I first began treating Cathy, she received cortisone injections to help control her pain,” said Dr. Lukowski.

“She was hoping that the injections would be the answer, but my experience has shown that injections are usually only a temporary solution.”

Eventually the injections were only lasting two to three weeks. Dr. Lukowski explained to Cathy that the best option was surgery. He recommended performing a Ligament Reconstruction and Tendon Interposition (LRTI) procedure which is the most common surgical technique to treat thumb arthritis.



Orthopedic Surgeon Dr. David Lukowski, with McLeod Orthopaedics Seacoast, specializes in hand and upper extremity surgery.

McLeod Occupational Therapist Bryanna Ray performs therapeutic exercises to Cathy’s hand to help strengthen the muscles.



“Most patients achieve complete pain relief and mobility equal to that of a healthy thumb,” said Dr. Lukowski.

Cathy knew she would have to wear a cast for four weeks and attend occupational therapy after the cast was removed. She left Dr. Lukowski’s office that afternoon to think about her decision and how it would affect her lifestyle.

“I had decided not to have the surgery,” said Cathy. “I thought I could deal with the pain, but after thinking about it overnight, I called McLeod Orthopaedics Seacoast and scheduled the surgery.”

Cathy said her outpatient surgery and recovery at McLeod Seacoast was an

exceptional experience. After the cast was removed, Dr. Lukowski referred Cathy to the McLeod Occupational Therapy Hand Center for rehabilitation.

“I did not realize how limiting it is to not be able to use your hand,” said Cathy. “After my husband tried to fix my hair for me, I was even more eager to attend occupational therapy to speed up my recovery.”

Cathy and her therapists focused on therapeutic exercises and manual therapy to help her regain motion, strength and ability.

“I went twice a week for 10 weeks to the McLeod Occupational Therapy Hand Center,” said Cathy. “The therapists were very supportive and

were always a delight to be around.”

After completing occupational therapy, Cathy eagerly returned to her normal routine of working out and staying healthy.

“As a breast cancer survivor for more than nine years, it is important for me to take care of myself, exercise and stay active,” added Cathy. “Today, my hand is pain-free, and I’m thankful to Dr. Lukowski and the staff at the McLeod Occupational Therapy Hand Center for guiding me through this process. I had a wonderful experience and would definitely recommend Dr. Lukowski to all of my family and friends.”

READY FOR ADVENTURE

by Jessica Wall

On May 13, 2015, Brett and Shawn Burroughs of Whiteville, North Carolina, welcomed their second daughter, Indiana, into the world. Named after the infamous character *Indiana Jones*, Indiana showed all signs of a healthy baby girl.

“Compared to our first child, Piper, Indiana was much calmer and slept more,” recalls Shawn.

Two weeks later, during a routine check-up, Indiana’s pediatrician Dr. Erin Smith discovered a heart murmur.

“As a high school coach, I am around many students who have heart murmurs, so Shawn and I were not too concerned at first,” explains Brett.

Dr. Smith immediately referred the Burroughs to **Dr. Charles Trant**, McLeod Pediatric Cardiologist.

Board certified in pediatric cardiology, Dr. Trant treats children with congenital and acquired heart disease. He conducts evaluations of heart murmurs, chest pain, syncope, palpitations, and arrhythmias. He also performs and interprets pediatric echocardiograms, electrocardiograms, tilt table tests and stress tests.

At the appointment, Dr. Trant performed an EKG and echocardiogram in his office.

The diagnostic testing indicated that Indiana had a Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), and Patent Ductus Arteriosus (PDA).

“Dr. Trant brought us in and explained that there were a few problems,” recalls Brett. “Shawn and I became very fearful at that point.”

Dr. Trant explained that the heart has two upper chambers (atria) and two lower chambers (ventricles). The right side of the heart -- the right atrium and right ventricle -- pumps blood to the lungs, and the left side of the heart -- the left atrium and left ventricle -- pumps blood to the rest of the body.

Atrial Septal Defect is a heart defect where there is a hole in the upper chamber of the heart. As a result, the heart pumps extra blood to the lungs. Similarly, Ventricular Septal Defect is a heart defect where there is a hole in the lower chamber of the heart, which also results in extra blood being pumped to the lungs.

Patent Ductus Arteriosis is a congenital heart defect where the blood vessel that connects the heart’s two major arteries does not close after birth and allows blood to flow into the lungs. This adds stress to the heart and if left untreated, can lead to congestive heart failure.

“Children born with heart defects have either Ventricular Septal Defect or Atrial Septal Defect coupled with the Patent Ductus Arteriosus, but having all three is much less common,” says Dr. Trant. “What hurt Indiana most was that these conditions could cause problems individually, yet all three were contributing to congestive heart failure (CHF).”

“At the initial visit, Indiana looked good, but infants with heart defects frequently do at such an early stage. Most infants do not show signs of CHF until approximately six to eight weeks after birth.”

Brett and Shawn continued to monitor Indiana over the next two months and remained diligent with feedings every two hours and frequent weighing.

Indiana gained approximately three pounds in that time, but then her growth stalled for a couple of weeks. Shawn also noticed Indiana grunting during her feedings.

Concerned over these symptoms, Brett and Shawn called Dr. Trant, and he recommended they bring her in for another evaluation, as these were the initial symptoms of CHF.

“Feeding problems are typically the first place we see issues in children with heart problems,” says Dr. Trant. “Drinking a bottle is about the most vigorous exercise for a baby. If the heart is not working well, feedings become more difficult.”

Dr. Trant put Indiana on two medications to treat the CHF, and her condition improved for a short time. When Indiana’s weight stalled again, he slightly adjusted her formula and medications to “buy more time” before considering surgery.

“I try to be appropriately aggressive and medically manage my patients for as long as possible,” explains Dr. Trant. “The benefits of surgery do not always outweigh the risks, so we must ensure a high benefit and low risk to justify open-heart surgery.”

On September 16, 2015, Indiana met what is called “maximum medical benefit,” meaning Dr. Trant did everything he could from a medical standpoint to keep her going, but this was now a surgical problem.

“From the beginning, Shawn and I prepared ourselves for the possibility of surgery, but we were still crushed,” recalls Brett. “Yet, in the midst of what felt like defeat, we understood that this was the best option for Indiana.”

Indiana was transferred for the repair of her Atrial Septal Defect, Ventricular Septal Defect, and Patent Ductus Arteriosus to a facility where these types of specialized surgeries are performed. She tolerated the surgery extremely well and no longer suffers from heart failure.

“She has recovered like a champ,” says Dr. Trant.

Today, Indiana has a clean bill of health and enjoys the same activities as



Providing quality and compassionate care for more than twenty years, Dr. Charles Trant, McLeod Pediatric Cardiologist, continues to make a difference in the lives of children born with heart disease like Indiana.

most one-year-olds -- crawling, playing with balls and anything Minnie Mouse, eating yogurt melts, and playing with her big sister, Piper.

“Thank you cannot adequately describe our appreciation for Dr. Trant,” says Brett. “His compassion and concern for Indiana meant a great deal to us. We had complete trust in him, and he will always be a part of our life.”

“We also find comfort in having these quality services available to us so close to home.”

Indiana will require long-term follow-up with Dr. Trant, even into adulthood, since adult cardiologists in general do not have training in congenital heart disease.

“Shawn and I consider this entire journey a blessing, and we know this is part of God’s plan for Indiana’s life,” recalls Brett.

Today, the family looks forward to all the adventures in store for Indiana.

Born with three serious heart conditions and enduring open-heart surgery, Indiana Burroughs has fully recovered and awaits the many adventures ahead of her.

A TEAM YOU CAN TRUST

by Heather H. Newsom



Dr. Michael Hoffman, at left, recently joined Dr. David Bersinger in caring for patients at McLeod OB/ GYN Cheraw.

The health of women is so important to **Dr. David Bersinger** and **Dr. Michael Hoffman** that they consider it their calling.

“A specific moment with an OB/GYN patient in medical school made me realize this was the field of medicine I wanted to be in for the rest of my life,” said Dr. Hoffman, who recently joined McLeod OB/GYN Cheraw.

During his early medical school career, Dr. Bersinger considered becoming a urologist. After participating in his first delivery of a baby, he was also drawn to the field of OB/GYN.

Dr. Bersinger and Dr. Hoffman bring an impressive 60 years of combined experience and knowledge to the McLeod OB/GYN Cheraw team.

“We pride ourselves on providing outstanding care as well as an ability to convey our knowledge and share compassion with our patients,” said Dr. Hoffman.

The two physicians also have a special interest in helping women with infertility issues. “I was fortunate to study under Dr. Georgeanna S. Jones and Dr. Howard W. Jones who pioneered in-vitro fertilization,” said Dr. Bersinger. “This experience expanded my knowledge and understanding of infertility so I could help my patients understand their options.”

When addressing pregnancy, Dr. Bersinger is quick to say “birth is truly a miracle.”

For those women who wish to become pregnant within the next year, the physicians encourage patients to start taking folic acid a year before becoming pregnant, maintain your best weight, ensure your blood pressure is under good control, and make sure your blood sugar levels are in a safe range.

“In following this advice, a woman places herself in the best position to have a healthy baby,” said Dr. Hoffman.

In addition to providing outstanding obstetrics care, these physicians are also deeply committed to gynecologic care. “It is important for women to have annual wellness exams which includes screenings for cervical and breast cancer, discussion of weight control, and a review of their family medical history,” explained Dr. Bersinger.

“At some point in the lives of many women, they may also need to undergo a hysterectomy to remove the uterus and/or ovaries,” said Dr. Hoffman. “In these cases, we can perform this procedure right here at McLeod Health Cheraw.”

Both physicians also utilize laparoscopic surgical techniques, which not only minimizes pain and scarring but also reduces the length of time spent in the hospital.

“The women in our area are fortunate to have this experienced physician team to guide them through the many stages of a woman’s life,” said Claudia McCollum, RNC-OB, Director of Women’s Health for McLeod Health Cheraw.

Dr. Hoffman received his medical degree from the Medical University of South Carolina in Charleston. He completed his residency at Greenville Memorial Hospital in Greenville, South Carolina. He and his wife Carol Ann enjoy spending quality time with their children and grandchildren.

Dr. Bersinger received his medical degree from Eastern Virginia Medical School in Norfolk, Virginia. He completed his residency at Riverside Regional Medical Center in Newport News, Virginia. Dr. Bersinger and his wife Robin are very involved with the local arts and also enjoy traveling.

For an appointment with Dr. Bersinger or Dr. Hoffman, please call McLeod OB/GYN Cheraw at 843-921-1211.



“The women in our area are fortunate to have this experienced physician team to guide them through the many stages of a woman’s life.”

– **Claudia McCollum**
Director of Women’s Health
for McLeod Health Cheraw

McLeod News

McLEOD HEALTH HOSPITALS AND PHYSICIANS RECOGNIZED FOR EXCELLENCE IN HEALTHCARE

McLeod Health hospitals and physicians were recently recognized for providing excellence in healthcare by national healthcare research leader Professional Research Consultants, Inc. (PRC). The awards were presented during PRC’s 2016 Excellence in Healthcare Conference in May.

The honors received by each hospital include:

McLeod Cheraw

Gold Achievement Award for project: “Getting to Know Us”

5-Star HCAHPS Award for “Communication About Medications”

McLeod Darlington

Top Performer Award for HCAHPS “Total HCAHPS Score”

Top Performer HCAHPS Award for “Communication with Doctors”

Top Performer HCAHPS Award for “Communication with Nurses”

Top Performer HCAHPS Award for “Hospital Environment”

5-Star HCAHPS Award for “Communication about Medicines”

5-Star HCAHPS Award for “Discharge Information”

5-Star HCAHPS Award for “Pain Management”

5-Star HCAHPS Award for “Responsiveness of Staff”

5-Star HCAHPS Award for “Overall Rating”

McLeod Dillon

Gold Achievement Award for project: “Care Transitions”

5-Star HCAHPS Award for “Communication about Medicines”

5-Star HCAHPS Award for “Communication with Doctors”

5-Star HCAHPS Award for “Discharge Information”

McLeod Seacoast

4-Star Emergency Department Award for Overall Quality of Care

McLeod Regional Medical Center

Gold Achievement Award for project: “Improving Heart and Vascular HCAHPS”

Dr. James C. H. Smith, a McLeod Oncologist, and **Dr. Gavin Leask**, a McLeod Cardiologist, were recognized as Top Performers for Overall Quality of Physician Care. They were ranked at or above the 100th percentile which equates to the highest scoring physicians in the nation. The following nine McLeod physicians were also honored for being ranked in the top ten percent in the nation as 5-Star recipients:

Dr. Chris Cunningham, Dr. David Horger, Dr. Marie LiVigni, Dr. Chris McCauley, Dr. Alex Newsom, Dr. Anil Om, Dr. Sreenivas Rao, Dr. Weave Whitehead and Dr. Gabor Winkler.

“McLeod Health hospitals and physicians are incredibly deserving of these National Excellence in Healthcare Awards,” said Joe M. Inguanzo, Ph.D., President and CEO of PRC. “McLeod Health is committed to driving improved scores and

making their hospitals a better place to work, a better place to practice medicine and a better place for patients to be treated. It takes true dedication, determination and hard work to achieve this level of excellence in healthcare.”

“It is exciting that our patient satisfaction survey results have earned our hospitals and physicians such prestigious recognition,” said Cathy Lee Frederick, Vice President of Service Excellence for McLeod Health. “However, scores are not the true reason we celebrate. What makes these awards meaningful is the fact that our doctors, nurses and staff make the needs of our patients, their number one priority. The survey scores simply reflect that patient-centered philosophy.”

For 16 years, PRC’s annual Excellence in Healthcare Conference has brought together hundreds of healthcare leaders to focus on transforming the patient experience. The awards recognize organizations and individuals who achieve excellence throughout the year by improving patient experiences, healthcare employee engagement and/or physician alignment and engagement based on surveys of their patients.



McLeod News

McLEOD OFFERS AN ALTERNATIVE TO BLOOD THINNING MEDICATION

McLeod Regional Medical Center in Florence is the only hospital in the region to offer patients with non-valvular atrial fibrillation an alternative to long-term blood thinning medication with the newly approved WATCHMAN Left Atrial Appendage Closure (LAAC) Implant.

For patients with atrial fibrillation who are considered suitable for blood thinning medications by their physicians but who have reason to seek a non-drug alternative, the WATCHMAN LAAC Implant is an alternative to reduce their risk of atrial fibrillation-related stroke.

The WATCHMAN Implant closes off an area of the heart called the left atrial appendage to prevent harmful blood clots from entering the blood stream and potentially causing a stroke. By closing off the left atrial appendage, the risk of stroke may be reduced and, over time, patients may be able to stop taking blood thinning medications.

People with atrial fibrillation have a five times greater risk of stroke. Atrial fibrillation can cause blood to pool and form clots in the left atrial appendage. For patients with non-valvular atrial fibrillation, the left atrial appendage is believed to be the source of the majority of stroke-causing blood clots. If a clot forms in the left atrial appendage, it can increase one’s risk of having a stroke. Blood clots can break loose and travel in the blood stream to the brain, lungs, and other parts of the body.

“The new WATCHMAN LAAC Implant provides physicians with a breakthrough stroke risk reduction option for patients with non-valvular atrial fibrillation,” said **Dr. Rajesh Malik**, Director of Electrophysiology Services



McLeod Electrophysiologist Dr. Rajesh Malik explains the implanting of the new WATCHMAN device to members of the news media.

for the McLeod Heart and Vascular Institute.

“For those patients who are seeking an alternative to blood thinning medications, the WATCHMAN Implant offers a potentially life-changing stroke risk treatment option which could free them from the challenges of long-term blood thinning medication therapy.”

Implanting the WATCHMAN device is a one-time procedure that usually takes about one hour. Following the procedure, patients typically need to stay in the hospital for 24 hours.

About Atrial Fibrillation

Atrial fibrillation is a heart condition where the upper chambers of the heart (atrium) beat too fast and with irregular rhythm (fibrillation). Atrial fibrillation is the most common cardiac arrhythmia, currently affecting more than five million Americans. Twenty percent of all strokes occur in patients with atrial fibrillation, and atrial fibrillation-related strokes are more frequently fatal and disabling.

The most common treatment to reduce stroke risk in patients with atrial

fibrillation is blood-thinning warfarin medication. Despite its proven efficacy, long-term warfarin medication is not well-tolerated by some patients and carries a significant risk for bleeding complications. Nearly half of atrial fibrillation patients eligible for warfarin are currently untreated due to tolerance and adherence issues.

The WATCHMAN Implant is designed to close the left atrial appendage in order to keep harmful blood clots from entering the blood stream and potentially causing a stroke for higher risk patients with non-valvular atrial fibrillation. The WATCHMAN Implant has been approved in Europe since 2005 and is FDA-approved in the United States. It has been implanted in more than 10,000 patients and is approved in more than 70 countries around the world.

For more information on the WATCHMAN Implant, please visit www.mcleodheart.org or watchmanimplant.com. To find out if you are a candidate for the WATCHMAN device, call McLeod Cardiology Associates at (843) 667-1891.

McLeod News



Dr. Kimberley Drayton, at center, cuts the ribbon to officially open McLeod Primary Care Tabor City. Pictured from left to right: Cynthia Nelson, Cynthia Parent, Tara Godwin, Heather Wright, Dr. Kimberley Drayton, Sharon Cox, Krista McDowell, Pam Norris, Mayor Royce Harper, Whitney Hughes and Marylou Molina.

MCLEOD HEALTH EXPANDS REACH INTO COLUMBUS COUNTY, NORTH CAROLINA

McLeod Seacoast has expanded its reach into Columbus County, North Carolina, with the addition of McLeod Primary Care Tabor City.

More than 50 community members and city officials were in attendance for a ribbon cutting and open house in April to show their support for the newly opened office, in Tabor City, North Carolina.

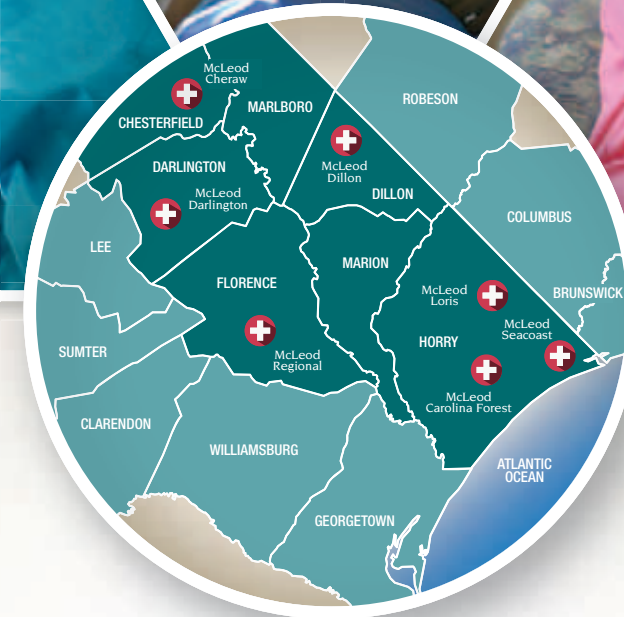
Dr. Kimberley Drayton is the physician in the new practice. “Caring for families in my community is and has always been my passion. I want to be situated to provide that service to the best of my ability,” said Dr. Drayton.

Dr. Drayton has cared for patients at McLeod Loris Primary Care in Loris,

South Carolina, since 2011. She received her medical degree from Ross University School of Medicine, in Portsmouth, Dominica. She completed a residency at the Advocate Lutheran General Hospital Family Medicine Residency Program in Park Ridge, Illinois.

“I am very happy to be in Tabor City, and I look forward to getting to know the people in this area. My team and I are also pleased to offer our services to the families in this community by providing excellent medical care,” added Dr. Drayton.

Dr. Drayton is accepting new patients. For more information or to schedule an appointment, please call (910) 377-3293.



MCLEOD BREAST HEALTH CENTER ACHIEVES RE-ACCREDITATION

The McLeod Breast Health Center has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. McLeod has received this prestigious acknowledgement of the quality of care it offers to breast cancer patients since 2010 -- the first breast program in the region to receive this designation.

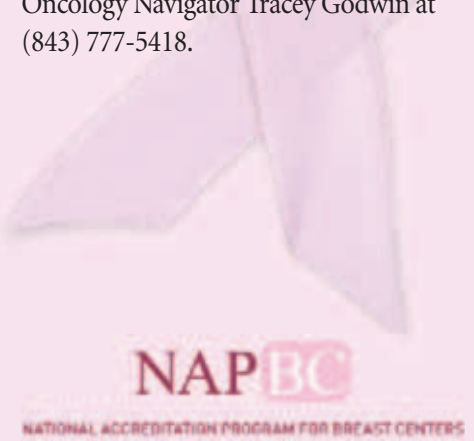
Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance.

“Annually, breast cancer is the most commonly treated cancer at McLeod Regional Medical Center. Because a tremendous volume of breast cancer patients are cared for at McLeod, the hospital, staff, and physicians have put considerable effort into ensuring state-of-the-art care for women with breast cancer and that the NAPBC standards are met or exceeded,” explained Dr. Amy P. Murrell, McLeod Breast Surgeon and McLeod’s Cancer Liaison Physician to the American College of Surgeons.

“We also understand that every woman with breast cancer is different and must be treated as such. It is critical to have the correct treatment, in the correct

sequence to optimize survival. McLeod has a first class breast cancer program and we continually strive to be even better.”

For more information about the McLeod Breast Health Center, contact Oncology Navigator Tracey Godwin at (843) 777-5418.



EXCELLENCE BEYOND BOUNDARIES.

For medical excellence, McLeod Health is the region’s healthcare destination. Our excellence extends from the Midlands to the Coast. As medical needs grow – we grow, expand, and improve our facilities and services. No matter where you go within the McLeod Health network, excellence follows.

Heart & Vascular Care | Cancer Treatment | Orthopedic Specialists | Advanced Surgery
Intensive Care and Trauma | Children’s Hospital | Women’s Services
Emergency Services | Home Health & Hospice

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Learn more at www.McLeodHealth.org

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