

McLeod

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magazine



TRANSFORMING LIVES,
EXTRAORDINARY OUTCOMES

Views



Rob Colones

At McLeod Health, our vision is to be The Choice for Medical Excellence in the eyes of our Patients, our Physicians and our People. Our Core Values of Caring, The Person, Quality and Integrity are not mere words, but a culture of dedication to an unrelenting vocation of service.

As we look forward to a New Year, McLeod Health remains committed to advancements in treatment, research, technology and specialized services, offering medical excellence to all those who entrust us with their care.

We consider it a privilege to improve the health of our communities, providing access to exceptional service and clinical excellence, from the Midlands to the Coast. Our physicians, patient care providers and healthcare professionals are dedicated to meeting the needs of the whole person on their journey to recovery.

Creating authentic relationships with those receiving care as well as with their families is an integral part of our mission. We strive daily to improve the patient experience, understanding that those who seek us deserve the best medicine, compassion and comfort.

In each issue of the *McLeod Magazine*, we recognize and pay tribute to remarkable challenges, outcomes and victories by listening to the voices and hearts of our patients. Thank you for joining us and making our McLeod family a part of yours.

Robert L. Colones

Rob Colones
President, McLeod Health



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Rob Colones
President and CEO, McLeod Health

Jumana A. Swindler
Editor, Vice President of Communications
& Public Information

Tracy H. Stanton
Co-Editor, Coordinator of Publications

Contributing Writers:
Jennifer Beverly, Julia Derrick, Kristie Gibbs,
Jaime Hayes, Jennifer Hulon, Carrie Anna Strange,
Shaw Thompson, Jessica Wall,
Tammy White and Arielle Williams

Photographers:
Sidney Glass, Chief Photographer
Doug Fraser, Megan May

Design and Printing:
Sheriar Press, Myrtle Beach, S.C.

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LIVES ARE TRANSFORMED AND EXTRAORDINARY OUTCOMES ACHIEVED THROUGH
THE CONSTANT PURSUIT OF MEDICAL EXCELLENCE AT McLEOD.

Exceptional Surgical Abilities Coupled with Enhanced Technology

ROBOTIC-ASSISTED SURGERY PROVIDES OPTIONS FOR PATIENTS

by Kristie S. Gibbs



McLeod Regional Medical Center Robotics Coordinator Juleidy Turnipseed, PAC, aligns the robotic camera scope which provides the 3-D visualization for the surgeons.

Healing comes in many forms. It can be physical. It can be emotional. It can be spiritual. Surgeons are healers of the body. Their minds are sharp and incisive and their hands are strong and steady. They use instruments and techniques to restore the body and reduce pain.

McLeod Surgeons utilize the latest surgical advances and techniques and have access to the finest in technology and surgical equipment. Their abilities evolve with the development of new instruments, procedures and processes.

Surgery, like all fields of medicine, is forever changing. There are choices for patients: traditional open surgery, minimally invasive laparoscopic surgery or robotic-assisted surgery. Today, surgeons are performing procedures that offer shorter hospital stays, smaller scars, less pain and a quicker return to normal activities.

In minimally invasive surgery, the surgeon performs the procedure through tiny incisions with the use of minimally invasive instruments. The instruments function as the surgeon's hands and a laparoscopic camera allows the surgeon to view the inside of the body. The camera's

image is projected onto a monitor in the operating room for the surgeon to view while performing the surgery.

Robotic-assisted surgery is a form of minimally invasive surgery. It allows the surgeon to perform many types of complex procedures with more precision, flexibility and control than is possible with traditional techniques.

Like minimally invasive surgery, robotic-assisted surgery is performed through a few small incisions. During surgery, the surgeon controls the robot's every move while seated at a console in the operating room. The surgeon's hand, wrist and finger movements guide the robot manipulating the surgical instruments inside the patient. The robot becomes an extension of the surgeon's hands. The surgeon views the surgical site through a high-definition 3-D camera. This magnified imagery provides enhanced

visibility and improved precision for exact treatment and greater dexterity for the surgeon.

At McLeod, robotic-assisted surgery is a team approach with a designated team of operating room staff specially trained to work with each surgeon and surgical specialty. The robotic-assisted surgical team consists of a physician assistant, operating room nurses, and surgical technologists in addition to the surgeon.

According to many surgeons, robotic-assisted surgery has taken minimally invasive surgery to the next level. This technology is exciting for both physicians and patients when this type of procedure meets the appropriate criteria for that standard of care. In all surgical cases, superlative outcomes are based on the skills and expertise through the hands of a great surgeon.

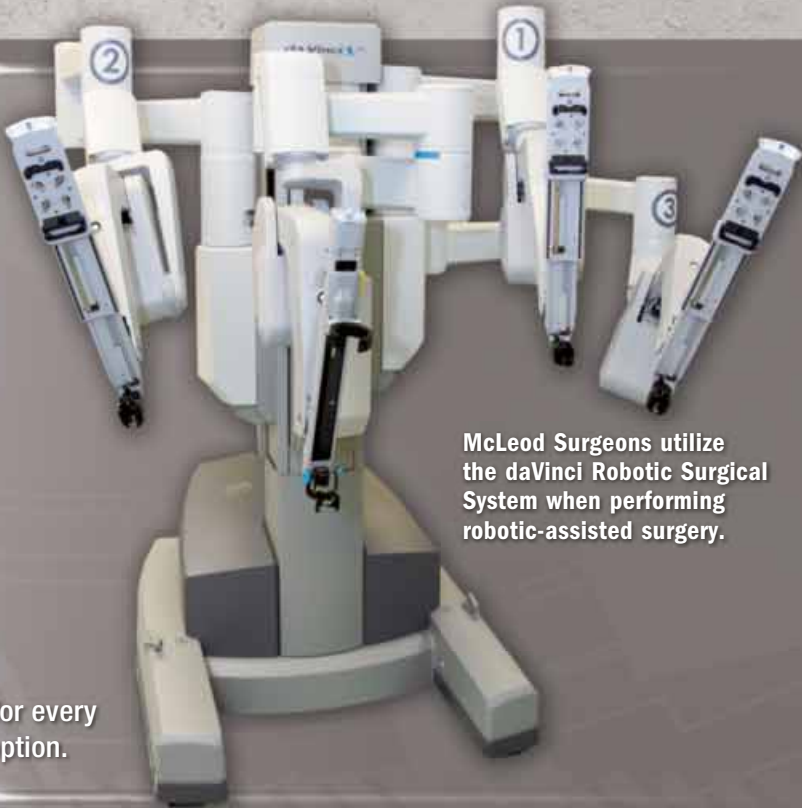
Robotic-assisted surgery provides many benefits to the patient including:

- Less Pain
- Minimal Scarring
- Shorter Hospital Stay
- Faster Recovery
- Quicker Return to Normal Activities
- Less Blood Loss

Conditions treated include:

- Hernia
- Gallbladder
- Colon Cancer
- Reflux Disease
- Prostate Cancer
- Kidney Disease
- Lung Cancer
- Esophageal Cancer
- Tumors
- Congenital or Acquired Ureter Disease
- Bladder Cancer
- Vaginal Prolapse
- Endometriosis
- Hysterectomy

Robotic-assisted surgery, like minimally invasive surgery, is not for every patient. Only a physician can determine if it is the right surgical option.



McLeod Surgeons utilize the da Vinci Robotic Surgical System when performing robotic-assisted surgery.





The McLeod Regional Medical Center robotic-assisted surgery team pictured left to right: Juleidy Turnipseed, PAC, Robotics Coordinator; Adelia Sebnick, Certified Surgical Technologist (CST); Jill Coleman, CST; Crystal McFadden, CST, June Waters-Barnes, RN; Lachesha Johnson, CST; and Lydia Bilder, RN.

Performing robotic-assisted surgery requires the expertise of a highly skilled operating room team. These well-trained teams at McLeod Regional Medical Center and McLeod Seacoast support all robotic-assisted trained surgeons during each robotic procedure. The members of the McLeod teams underwent extensive training with other robotic surgical teams. Each member worked with their respective counterparts to learn their role. Once trained individually, the group trained together to unify their expertise and work as one unit. The team supports the surgeon and the surgeon relies on the team and trusts in their knowledge and skill. Each person is valuable and essential to ensuring quality of care and safety for the patient.



The McLeod Seacoast robotic-assisted surgery team, pictured left to right: Mary Frances Stevens, Certified Surgical Technologist (CST) and First Assist; Eileen Custy, RN, Robotics Coordinator; Bob Porter, CST; and Crystal Swisher, CST.

McLeod Health expands its nationally recognized surgical program to include robotic-assisted surgery. This surgical option, like minimally invasive surgery, is an alternative to traditional open surgery and is performed by McLeod General Surgeons, Urologists, Gynecologists and a Thoracic Surgeon. All McLeod Surgeons are well trained and experienced in their field of medicine. Those who offer robotic-assisted surgery as an option for their patients have undergone additional specialized training. McLeod Surgeons perform robotic-assisted surgery at McLeod Regional Medical Center and McLeod Seacoast.

McLEOD REGIONAL MEDICAL CENTER

General Surgeons



Dr. Amy Murrell
Pee Dee Surgical Group



Dr. Craig Selander
Pee Dee Surgical Group



Dr. John Sonfield
Pee Dee Surgical Group



Dr. Nicholas White
Pee Dee Surgical Group

Gynecologists



Dr. Paul Chandler
McLeod Women's
Care



Dr. Michael Davidson
McLeod Women's
Care



Dr. Gary H. Emerson
McLeod OB/GYN
Associates



Dr. Candice Greenan
McLeod OB/GYN
Associates



Dr. Charles Tatum
McLeod OB/GYN
Associates

Thoracic Surgeon



Dr. C. Wayne Holley
McLeod Cardiothoracic
Surgical Associates

Urologist



Dr. Robert Santa-Cruz
McLeod Urology
Associates

McLEOD SEACOAST

General Surgeon



Dr. Lewis Dickinson
McLeod Loris Seacoast
Surgery

Urologist



Dr. Timothy Gajewski
Atlantic Urology Group

TCAR A BIG NAME IN STROKE CARE

Transcarotid Arterial Revascularization Procedure Now Available

by Tammy White

Stroke, a leading cause of serious, long-term disability in the United States ranks as the fifth leading cause of death in South Carolina. In an effort to decrease the risk of stroke for patients who may not be a candidate for other stroke treatments, McLeod offers a new minimally invasive procedure to treat carotid artery disease.

The carotid arteries, the main arteries to the brain, carry blood flow on each side of the neck up into the brain. Their function is to provide oxygen.

Over time, people develop problems with the arteries to their brain in the form of blockages as plaque builds up in the walls of their carotid arteries. This plaque consists of cholesterol, calcium and fibrous tissue.

As the plaque increases, the arteries narrow and eventually the build up of plaque reduces the blood flow through the arteries. If those blockages get severe enough they can cause a stroke.

Ischemic strokes account for 80 to 90 percent of strokes with an estimated 20 to 30 percent caused by disease in the carotid arteries.

Carotid artery disease is a serious issue because blood clots can form on the plaque, and if a clot or a piece of plaque breaks loose and travels to the brain it can block the blood flow to the brain.

Carotid endarterectomy, a procedure to treat carotid artery disease, is performed by the Vascular Surgeons of McLeod Vascular Associates.

McLeod Vascular Surgeons, Dr. Christopher Cunningham and Dr. Carmen Piccolo, protect the patient from suffering a stroke by temporarily reversing the blood flow from the brain into the patient's thigh during the Transcarotid Arterial Revascularization (TCAR) procedure.

During this procedure, the McLeod Vascular Surgeon exposes the carotid artery through an incision on the side of the neck. The artery, after being clamped on both sides of the blockage, is then opened to access the plaque. The plaque is removed from inside the artery and the artery then sewn back together.

"This is an effective treatment for decreasing the risk of stroke," said McLeod Vascular Surgeon **Dr. Christopher Cunningham.**

"However, some patients have medical conditions that place them at high risk for carotid endarterectomy."

For these patients, a new procedure called Transcarotid Arterial Revascularization (TCAR) is now available. During the procedure, a McLeod Vascular Surgeon (**Dr. Christopher Cunningham, Dr. Carmen Piccolo, Dr. Eva Rzuclidlo, Dr. Joshua Sibille or Dr. Gabor Winkler**) makes a very small, one-inch incision by the collarbone to gain access to the blocked artery while the patient is under local anesthesia.

"Candidates for this procedure would be patients who have a tight narrowing of the artery to their brain or who have had a previous stroke," said Dr. Cunningham. "TCAR is also a more viable option for patients who have medical conditions that would prohibit them from undergoing an open procedure like the carotid endarterectomy."

To divert any dangerous debris that may break loose during the procedure, the blood flow in the carotid artery is temporarily reversed. A soft, flexible tube, placed directly into the carotid artery, connects to a filter system that directs the blood flow away from the brain and captures fragments of plaque that may come loose during the procedure. The blood is filtered and returned through a second tube placed in the patient's thigh.

This filter system also allows stenting to be performed to clear the blockage in the carotid during the blood flow reversal process. A stent, a tiny mesh wire tube, implanted inside the carotid artery,



The McLeod Surgical Technician prepares the filtering system used during the Transcarotid Arterial Revascularization procedure.

"We were fortunate to have been selected as the first class of surgeons in South Carolina to complete the FDA training. TCAR is available to patients in the region at McLeod Regional Medical Center and McLeod Seacoast."

- Dr. Christopher Cunningham

stabilizes the blocked area. The stent stays in the artery permanently to hold the artery open. After securing the stent, the filter system is removed and blood flow to the brain resumes its normal direction.

"Recovery time for this procedure is short since the incision is so small," said Dr. Cunningham. "Because we repair the artery to the brain it is a serious procedure, but from a recovery standpoint, really very minor. It only requires an overnight stay in the hospital and most patients return to their normal activities within a week."

After the TCAR technology underwent testing and clinical trials, the results were so powerful that the FDA approved and released it to programs like the McLeod Heart and Vascular Institute,

who have an established Carotid Stenting Program and serve as members of the Vascular Quality Initiative for South Carolina. Being part of a quality initiative means McLeod compares the results of all of its vascular cases with its peers both regionally and nationally.

"We were fortunate to have been selected as the first class of surgeons in South Carolina to complete the FDA training," added Dr. Cunningham. "TCAR is available to patients in the region at McLeod Regional Medical Center and McLeod Seacoast. My partners and I are pleased to be a part of a healthcare system that cares about staying abreast of cutting edge technology to offer our patients the best in stroke and vascular care."

LIVING LIFE TO THE FULLEST

by Carrie Anna Strange

Jeremy Van Allen, a 39-year-old Sergeant with the Sumter Police Department, never thought his shoulder pain was a sign of heart trouble. He attributed his fatigue and shortness of breath while throwing the football with his son to not being as physically fit.

“Looking back, I had multiple signs that something was wrong,” said Jeremy.

Experiencing shoulder pain and back pain, Jeremy initially brushed it off as indigestion. But, to be safe, he decided to make an appointment with his primary care doctor. After examining Jeremy, his doctor ordered a stress test for the following week.

A few days later, Jeremy’s shoulder

pain intensified, and he told his wife, Gwen, “we need to go to the hospital. Something is wrong. I just don’t feel right.”

The couple quickly made their way to the Emergency Department at McLeod Health Clarendon. Immediately upon arrival, Jeremy started having severe chest pain. The Emergency Department staff rushed him back into an exam room suspecting a cardiac issue. The medical team performed an EKG and drew labs on Jeremy. The test results indicated that Jeremy had experienced a cardiac event.

Jeremy Van Allen was determined to get back in heart healthy condition to meet the physical demands of his role with the Sumter Police Department.

The McLeod Health Cypress Transport Advanced Life Support crew transported Jeremy to McLeod Regional Medical Center in Florence, South Carolina for an emergency heart catheterization.

McLeod Interventional Cardiologist **Dr. J. Scott Wolery** performed Jeremy’s heart catheterization. The procedure revealed that Jeremy’s left anterior descending artery had a 90 percent blockage and his right circumflex artery had a 70 percent blockage.

Dr. Wolery determined that Jeremy was not a candidate for a stent because of the location of the blockages. He called McLeod Cardiothoracic Surgeon **Dr. Michael Carmichael** to confer with Jeremy about surgical options.

Dr. Carmichael explained to Jeremy that he would need a coronary artery bypass graft (CABG), in which healthy blood vessels are used to bypass the blocked portions of the arteries, creating new pathways for blood to flow.

Dr. Carmichael performed coronary artery bypass graft procedures on the two blocked vessels leading to Jeremy’s heart.

After the surgery, Jeremy spent the next three days in the hospital surrounded by staff that he says “were attentive to his every need.” Dr. Carmichael also advised Jeremy to follow up with **Dr. Dennis Lang**, a Cardiologist with McLeod Cardiology Associates in Sumter.

During his follow-up appointment, Dr. Lang encouraged Jeremy to participate

in the Cardiac Rehabilitation program at McLeod Health Clarendon.

After a short recovery period, Jeremy completed 36 sessions of Cardiac Rehabilitation at McLeod Health Clarendon. Participation in the program helped him get back on his feet and rebuild his strength.

“Jeremy responded well to Cardiac Rehabilitation and exceeded his previous level of exercise tolerance,” said Betty Dukes, the Director of Cardiac Rehabilitation for McLeod Health Clarendon.

“I haven’t felt this good in ten years,” said Jeremy. Eleven months later thanks to the quick response by the staff at McLeod Health Clarendon, a change in his eating habits and the addition of exercise -- Jeremy is living life to the fullest.

He encourages others to pay attention to what their body is saying, exercise regularly and maintain a healthy diet. “Don’t ignore the signs. I’m here today because I realized my shoulder pain was more than indigestion and I sought medical care.”

“Everyone should see a physician regularly to evaluate their risk factors for heart disease,” added Dr. Lang. “These risk factors include high cholesterol, high blood pressure, being a smoker, or having a family history of heart disease.”

“Everyone should see a physician regularly to evaluate their risk factors for heart disease. These risk factors include high cholesterol, high blood pressure, being a smoker, or having a family history of heart disease.”

– Dennis Lang, MD

Signs of a Heart Attack

For both men and women, the most common signs of a heart attack include:

- Pain or discomfort in the center of the chest
- Pain or discomfort in the arms, back, neck, jaw or stomach
- Shortness of breath
- Nausea
- Feeling faint
- Breaking out in a cold sweat

If you think you are having a heart attack, call 911. Never attempt to drive yourself to the Emergency Department. Emergency Medical Services staff are trained to begin heart attack treatment right away while enroute to the hospital.

Saving the Life of **CAPTAIN HOWARD**

CAMP PEE DEE PRIDE LEADER RETURNS TO THE PACK

by Tammy White

If you were fortunate to have participated as one of the 7,000 children who attended the Florence County Sheriff's Department's Camp Pee Dee Pride over the past 20 years, then you had the pleasure of interacting with Captain Wayne Howard. A 44-year veteran of the Sheriff's Department, Captain Howard has spent 22 years of his career working with the community to help make the camp a reality for children.

Fundraising activities are vital to the existence of Camp Pee Dee Pride. In March of 2017, the camp was just weeks away from a major fundraising event when the program's dedicated leader became ill.

Captain Howard was working in his yard that Sunday afternoon in March. He suddenly began to feel hot, sweaty, and nauseous. His wife, Karen, called an ambulance to transport him to the McLeod Regional Medical Center Emergency Department.

In the Emergency Department, it was discovered that Captain Howard's potassium levels were too high and his heart rate was too low. "High potassium levels can affect the rhythms of the heart," said **Dr. Katie Jennings**, McLeod Emergency Services Physician. "We gave Captain Howard medications to help regulate these levels, but he was critically ill and needed intensive care monitoring."

Captain Howard was admitted to the McLeod Heart and Vascular Intensive Care Unit. Shortly after arriving in the unit, his heart rate dropped to zero and his heart stopped beating. The nurses responded quickly to begin chest

compressions, but Captain Howard's heart started beating again on its own.

The Cardiac Catheterization team, along with McLeod Interventional Cardiologist **Dr. Alan Blaker**, were immediately alerted. Captain Howard's heart rate was still dangerously low, which could have led into cardiac arrest at any moment. The nurses externally paced his heart through the use of an external pacemaker to bring his heart rate up until the Catheterization Team and Dr. Blaker could arrive.

"Captain Howard had come into the ED with dangerously high potassium levels, which is what caused his heart to stop," said Dr. Blaker. "Coupled with a very low heart rhythm, we needed to put in a temporary pacemaker. The temporary pacemaker served to protect his heart until such time as McLeod Electrophysiologist **Dr. Rajesh Malik** could implant a permanent pacemaker. Dr. Malik is a partner with Dr. Blaker along with eighteen other cardiologists that provide cardiac care to patients in the McLeod Cardiology Associates offices located in Florence, Sumter, Loris, Little River and Myrtle Beach.

During the procedure, Dr. Blaker also searched for coronary blockages. He located several blockages at the front of Captain Howard's heart and was able to repair one on the back of his heart with a drug-eluting stent, according to Dr. Blaker.



Captain Wayne Howard reunites with McLeod Emergency Services Physician Dr. Katie Jennings, who was part of the team providing emergent care to Captain Howard when he arrived at McLeod.

It was five days from his Emergency Department arrival before Captain Howard could remember any of these traumatic events. His first concern upon waking was his wife. The ICU nurses told him he never asked about himself, his questions were always inquiring about Karen. He wanted to make sure she was okay.

His second concern was Camp Pee Dee Pride -- making sure that everything stayed on track for a summer full of fun for the children. From his bedside, Captain Howard reached out to his assistant, Investigator James Allen,

(Continued on next page)

I can truly say I am here today because of the care I received at McLeod."

– Captain Wayne Howard

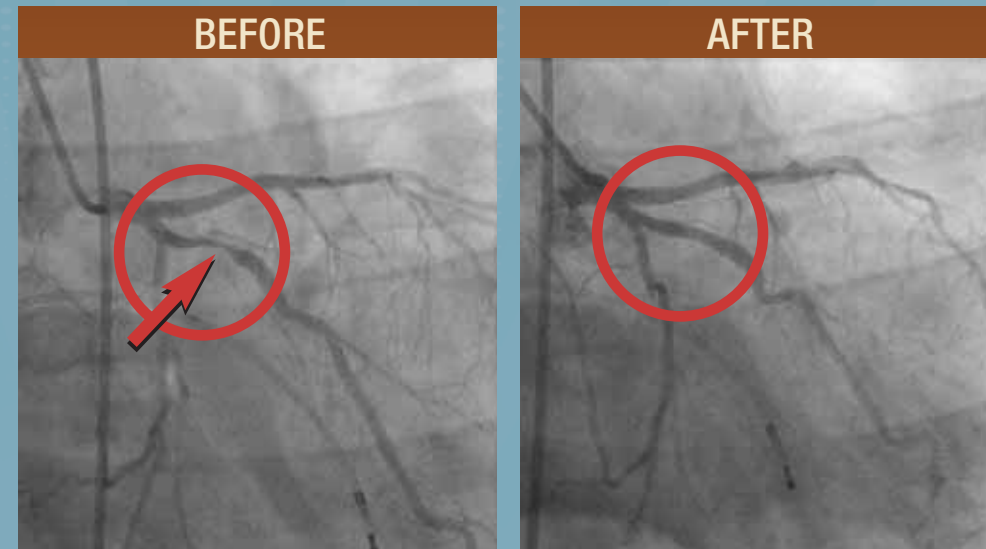
Captain Wayne Howard is pictured with some of the grateful campers from the 2017 Camp Pee Dee Pride season. From left to right: Elliott Glowe, Zachary Bennett, Jayson Flowers, Maycin Flowers and Ariel Bennett.



with the Florence County Sheriff's Department to ensure that the golf tournament taking place in three weeks was all set.

"I have been a member of the McLeod Health and Fitness Center for 15 years, exercising four times a week, so my physicians were not concerned with my overall physical fitness," explained Captain Howard. "They allowed me to delay my participation in Cardiac Rehabilitation until after Camp Pee Dee Pride as long as I didn't overextend myself, and I began a heart healthy diet. Fortunately, with the help of James and my support staff, it was another successful summer.

"This episode with my heart was very surprising. Since the 2017 camp season has ended I have been participating in



Captain Wayne Howard had a 90 percent blockage in one of his coronary arteries.

McLeod Cardiac Rehabilitation and working closely with my physicians to make sure I stay healthy. I am so appreciative of everything the McLeod

doctors and nurses did to save my life. I can truly say I am here today because of the care I received at McLeod," added Captain Howard.



Captain Howard recently visited with the nurses of the McLeod Heart and Vascular Intensive Care Unit who provided lifesaving care to him. Pictured with Captain Howard from left to right: (first row) Vajieah Shami, Meghan Wallace, Chelsea Crawford, Kayla Hewitt, and Adril O'Neal; (second row) Lauren Bailey, Priscilla Kizziar, Faith Scott, and Sandra Bazen.

Targeting Nerve Pain with Precision



Debbie Floyd plays the piano at All Saints Church in Florence. After undergoing treatment for trigeminal neuralgia at McLeod, she can finally sing with her students without experiencing any pain.

by Tracy H. Stanton

Some people live every day in fear of a sudden attack of intense pain shooting up from their jaw and across their face. Often, they turn to a dentist because their symptoms mimic a toothache. They are unaware that the source of their pain is a nerve located millimeters from the brain stem that transmits sensations from the face to the brain and controls the muscles used for chewing.

Debbie Floyd experienced this debilitating pain and the loss of her teeth over a span of nearly 30 years. She finally found relief in the form of a very precise radiation procedure that is typically used to eradicate cancer.

"In my early 20s, I began experiencing severe pain in my jaw and my face," said Debbie. "I thought it was related to my teeth so I went from dentist to dentist seeking relief. I would undergo root canals, but the pain always remained after each procedure.

"The next course of action included extracting teeth one at a time to determine which tooth was the source of the pain. Eventually, all of my teeth were extracted, replaced with dentures when I was 52, yet I still suffered from excruciating pain."

(Continued on next page)

A talented music teacher and performer on stage and in church, Debbie said the worst part was how the pain would take over her life. “It caused me to be agitated and irritable. I simply wanted to be left alone when the pain kicked in.

“As a result, I avoided socializing because I never knew when the pain would hit. At school, if the pain occurred while singing with the children I would have to stop and wait for it to subside before we continued.”

Debbie explained that anything could trigger the pain -- eating, talking, a puff of wind, brushing her hair or the water simply hitting her face in the shower could cause it to flare up. “I could sometimes go up to four or five weeks without the pain then it would return with a vengeance to the point that I could have an attack of pain every day for a month. The only time I did not feel the pain was when I was asleep.”

Debbie heard of trigeminal neuralgia during a conversation one day with someone whose spouse had experienced the same type of pain. “Once I started researching the condition, I immediately thought to myself ‘this is what is wrong with me.’”

Trigeminal neuralgia is a chronic pain condition that affects the fifth cranial nerve also known as the trigeminal. One of the most widely distributed nerves in the head, the condition causes extreme, sporadic, shock-like or sudden burning facial pain. The trigeminal nerve is one of 12 pairs of nerves that are attached to the brain. The nerve has three branches that conduct sensations from the upper, middle and lower portions of the face as well as the oral cavity to the brain.

Blood vessels pressing on the root of the trigeminal nerve are often the main cause of the condition. The pain can range from sudden, severe and stabbing to a more constant, aching, burning sensation. Attacks may increase over time and medication to control the pain can become less effective.

Debbie made an appointment with Neurosurgeon **Dr. James Brennan** to determine if she indeed suffered from trigeminal neuralgia. An MRI confirmed what Debbie had suspected. Treatment for the condition often begins with medication. Dr. Brennan prescribed Trileptal, a medication used to treat seizures, to control Debbie’s pain. After six months, Debbie returned to Dr. Brennan and told him that the

medicine only worked if she took more than he prescribed -- sometimes as many as six pills.

Dr. Brennan suggested a procedure that could ablate or block the nerve. The procedure called stereotactic radiosurgery (SRS) uses computer imaging to direct highly focused beams of radiation at the site where the trigeminal nerve exits the brain stem. The treatment causes the slow formation of a lesion on the nerve that disrupts the transmission of sensory signals to the brain.

Dr. Brennan arranged for Debbie to meet with the SRS team at McLeod Radiation Oncology to begin the planning process for the procedure. “The radiation team of **Dr. Rhett Spencer**, Physicist Tobin Hyman and Karen Jones, the nurse navigator, explained everything to me and answered all of my questions.”

“The treatment for trigeminal neuralgia requires extreme precision and accuracy because we are targeting and irradiating a nerve located only three to four millimeters from the brain stem,” said Dr. Spencer.

The TrueBeam STx linear accelerator at McLeod is specifically designed for the delivery of stereotactic radiosurgery.



The McLeod Radiation Oncology Team provides the highest level of quality and radiation safety to its patients. They are pictured with the TrueBeam STx linear accelerator specifically designed for stereotactic radiosurgery.



“I honestly thought this pain was something I would have to live with for the rest of my life. I’m simply amazed that this treatment available at McLeod ended my years of suffering.”

– Debbie Floyd

“The radiation is focused into a circular beam about the diameter of a pencil,” explained Tobin. “These eight to ten pencil beams move in an arc around the patient’s head and intersect at the same point in space, creating a high intensity area about the size of a pea. The radiation dose targets the nerve, effectively ablating it, and providing pain relief. The dose used to perform this procedure is approximately 40 times larger than the dose your typical radiation patient receives on a daily basis.”

Prior to the procedure, Karen remained with Debbie as the team attached a frame to her head to keep

her still during treatment. “I was awake during the procedure, but they gave me a medication so I would relax and keep still. After the procedure, they removed the frame and I returned home.”

Debbie was told not to expect immediate relief from the pain after the procedure because it can take up to six months for the pain to totally go away. “I had the procedure performed in November 2016, right before Thanksgiving. I started feeling much better in March,” said Debbie.

“It has now been eight months since I’ve had any pain. I went from taking four pain pills a day to two, then only one, and I stopped taking it a few weeks ago.”

McLeod offers the only active linear accelerator (LINAC) based stereotactic radiosurgery program from the midlands to the coast. Since installation in October 2014, a total of 132 patients have received intracranial stereotactic radiosurgery. Of that total, 13 patients have undergone treatment for trigeminal neuralgia like Debbie.

“I was very pleased that McLeod offered the SRS procedure and I didn’t have to leave Florence to seek treatment,” added Debbie. “I honestly thought this pain was something I would have to live with for the rest of my life. I’m simply amazed that this treatment available at McLeod ended my years of suffering.”

IN GOOD HANDS

MCLEOD SURGEONS WORK AS ONE

by Arielle Williams

On Monday, January 16, 2017, after enjoying an Atlanta Falcons playoff football game with his sons the day before, Bennettsville resident Sully Blair began experiencing severe abdominal pain during the drive back home. Sully powered through the six-hour trip and upon arriving home that afternoon greeted his wife, Erin, and then went to lie down in hopes the pain would subside.

Sully Blair enjoys spending family time with his wife Erin and their sons, Kyle and Grey.



Around 8:00 that evening, Erin grew concerned over her husband's pain and insisted that he go to the Emergency Department. However, Sully preferred to stay home and "sleep it off." He assured Erin that he would see his primary care physician if he had no relief by morning.

At 11:30 p.m., Sully woke in agony and asked his wife to take him to the Emergency Department.

"As usual, I should have listened to my wife from the beginning," said Sully.

Sully and Erin arrived at the McLeod Health Cheraw Emergency Department (ED) around midnight, and Sully was admitted within minutes.

Upon admission, Sully underwent a CT scan and received pain medication.

"Things moved so quickly," recalled Sully, who had never been hospitalized due to an illness. "Erin and I felt overwhelmed and anxious, but we knew we were in good hands."

Mike Hutson, a registered nurse in the ED, played an instrumental role in easing Sully's anxiety. With a kind and empathetic demeanor, Mike consistently communicated with Sully as the team of clinicians worked to determine the cause of his pain.

"I could only describe Mike as compassionate, kind, and intentional," said Sully. "His constant reassurance helped calm our fears."

Moments later, **Dr. Timothy Holdredge**, a McLeod Health Cheraw Emergency Department Physician, greeted the couple and examined Sully. He then reviewed the results of the CT scan.

Sully Blair recently returned to McLeod Health Cheraw to thank **Dr. Salim Ghorra** (left) and **Mike Hutson, RN**, (right) as well as **Dr. Henry Jordan** (not pictured) for their quick actions when he needed emergency surgery for appendicitis.

"Dr. Holdredge diagnosed me with appendicitis and explained that I would need emergency surgery," said Sully. "He verbally walked me through the entire process so I knew exactly what to expect."

As the surgical team prepped Sully for surgery, **Dr. Henry Jordan**, a General Surgeon with McLeod Surgery Bennettsville, spoke with him about the procedure as well as the recovery process.

"Dr. Jordan was knowledgeable and understanding with a wonderful bedside manner," recalled Sully. "His approach not only helped quell my anxiety, but also helped my wife."

During Sully's surgery, Dr. Jordan realized that what would typically be a routine appendectomy would prove to be more challenging. Due to the positioning of Sully's appendix, Dr. Jordan called in General Surgeon **Dr. Salim Ghorra**, McLeod Surgery Cheraw, to assist with the surgery. Both surgeons worked in concert to successfully remove Sully's appendix.

"My first recollection after the operation was Dr. Ghorra giving me a thumbs up in the recovery room," chuckles Sully. "I immediately felt relieved, knowing that everything would be okay."

From recovery, Sully moved to an inpatient room, where the nursing staff continued to monitor his progress for the remainder of his hospital stay. He recalls their timely rounding to check on his pain tolerance, comfort levels and what he considers the "necessary things."

"The nurses and clinical staff I encountered at McLeod Health Cheraw were some of the most compassionate, friendliest and attentive professionals I could have ever asked for," said Sully.

Prior to his discharge from the hospital, Sully received concise instructions from Dr. Ghorra regarding the benchmarks he must meet to go home.

"I followed every word of direction from Dr. Ghorra and Dr. Jordan, and especially worked through any discomfort to get up and walk around every few hours," recalled Sully. "I focused solely on returning home to my family."

Two days later, Dr. Ghorra discharged Sully.

Sully attributes a surprisingly quick recovery to rigorously adhering to the guidelines given by Dr. Ghorra and Dr. Jordan. Within four weeks, Sully returned to all his normal activities.

(Continued on next page)



"I chose McLeod Health Cheraw for its convenient location and quality care, and looking back on my experience at the hospital, I cannot say enough about the care and special attention I received as a patient," said Sully. "I also find comfort in knowing that McLeod Health Cheraw is part of a healthcare system -- McLeod Health -- which has a tremendous reputation for quality and safety."

All McLeod Health hospitals share the same mission -- to improve the overall health and well-being of people living within South Carolina and eastern North Carolina by providing excellence in health care.

"A simple thank you cannot adequately describe our appreciation for Dr. Ghorra, Dr. Jordan, Dr. Holdredge, Mike Hutson, RN, and all of the nursing staff on the Medical Surgical floor," said Sully. "I also appreciate how McLeod Health continues to invest in both of our communities -- Cheraw and Bennettsville -- with the

addition of physicians, services and enhanced facilities."

Today, Sully has a clean bill of health and enjoys the same activities as before his emergency appendectomy -- traveling, boating, and most importantly, spending time with his wife Erin and his sons, Kyle, 19, and Grey, 11.

"I also find comfort in knowing that McLeod Health Cheraw is part of a healthcare system -- McLeod Health -- which has a tremendous reputation for quality and safety."

- Sully Blair

McLeod Health Cheraw

Sully Blair, a business owner and resident of Marlboro County, experienced excellent patient-centered care from the medical teams of the Emergency Department, Operating Room and Medical Surgical Unit at McLeod Health Cheraw in January 2017.



MOVING IN THE RIGHT DIRECTION

by Jennifer Hulon

Ann Keelan, a retired medical professional, suffered from mitral valve prolapse and understood the risks involved with her condition. After moving to Surfside Beach from Maryland, she began to research hospitals in the area and was impressed by the quality and expertise of the McLeod Health physicians and staff.

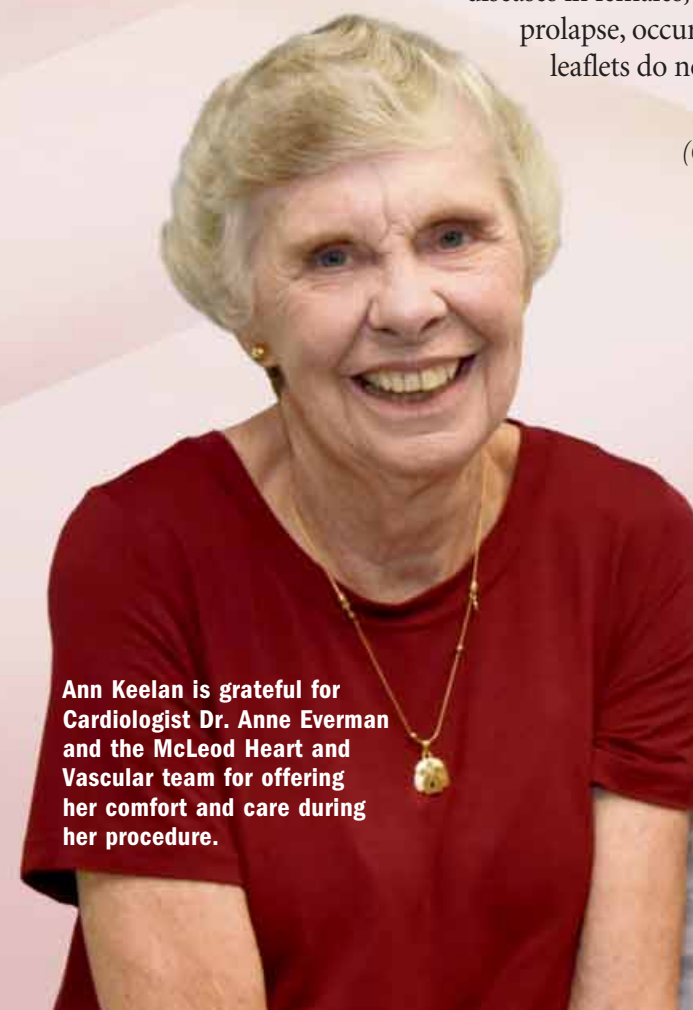
"I wanted to go to an experienced and reputable institution that could be trusted," said Ann. "I was pleasantly surprised to find a hospital system like McLeod that had an extraordinary level of quality as the forefront of their medical care this close to home."

The heart has four valves that are essentially flaps of tissue, whose job is to keep the blood flowing in one direction through the heart and body. If any of the four valves does not open or close properly, the result is heart valve disease.

One of the most common heart diseases in females, mitral valve prolapse, occurs when the valve leaflets do not seal properly.

(Continued on next page)

Ann Keelan is grateful for Cardiologist Dr. Anne Everman and the McLeod Heart and Vascular team for offering her comfort and care during her procedure.





Dr. Scot Schultz performs cardiothoracic surgery at McLeod Regional Medical Center. The McLeod Cardiac Surgery Program is rated number one in the state for medical excellence by CareChex.

Untreated leaky mitral valves can lead to chest pain, palpitations, shortness of breath, exercise intolerance, infections, dizziness, fainting, panic attacks and stroke.

After Ann established a relationship with a primary care physician, she was advised to schedule an appointment with a cardiologist to monitor her mitral valve condition. Understanding the risks involved with mitral valve prolapse, her physician wanted to ensure Ann was observed more closely. He then referred Ann to **Dr. Anne Everman** with McLeod Cardiology Associates.

Dr. Everman discussed monitoring Ann's condition in order to be proactive with necessary treatments. "When I first met Ann, we found she was at a moderate state in her mitral valve prolapse condition," said Dr. Everman. "Our goal was to get in front of the problem -- monitoring her condition closely.

"Given that initial symptoms are subtle, patients frequently pass off their symptoms as an excuse of getting older and slowing down," said Dr. Everman.

In May of 2017, diagnostic testing using echocardiography indicated to Dr. Everman that Ann may be in need of valve surgery. Her mitral valve had deteriorated and wasn't closing properly, allowing blood to flow backward into her left atrium and lungs.

Dr. Everman recommended Ann see **Dr. Scot Schultz**, a McLeod Cardiothoracic Surgeon, to discuss options for repairing the leaking valve. Dr. Schultz has experience and specializes in all types of valve repair and replacement.

"Some people, especially females, are born predisposed to this heart condition and live much of their lives with no symptoms," said Dr. Schultz. "If symptoms do appear, it is usually shortness of breath, irregular heartbeats (called arrhythmias), dizziness or even chest pain."

Mitral valve repair is unique for every patient. Successful repair requires the experience of a cardiothoracic surgeon who has an understanding of how the heart's valve and muscle structure function as one. For this reason, mitral valve repair requires the attention of the most competent heart and valve surgeons available.

After examining Ann, Dr. Schultz scheduled her for surgery at McLeod Regional Medical Center in Florence the following week.

During Ann's surgery, Dr. Schultz and his anesthesia colleagues determined a valve replacement was not necessary and felt confident a complex repair would provide a durable solution to her leaky mitral valve. When possible, valve repair is preferable to replacement as this carries a lower risk of complications.

During her recovery in the hospital, Ann developed atrial fibrillation (A-Fib), a common occurrence following heart surgery. This condition is a quivering or irregular heartbeat (arrhythmia) of the atria (top chambers of the heart) that can lead to blood clots, stroke, heart failure and other heart-related complications, if left untreated.

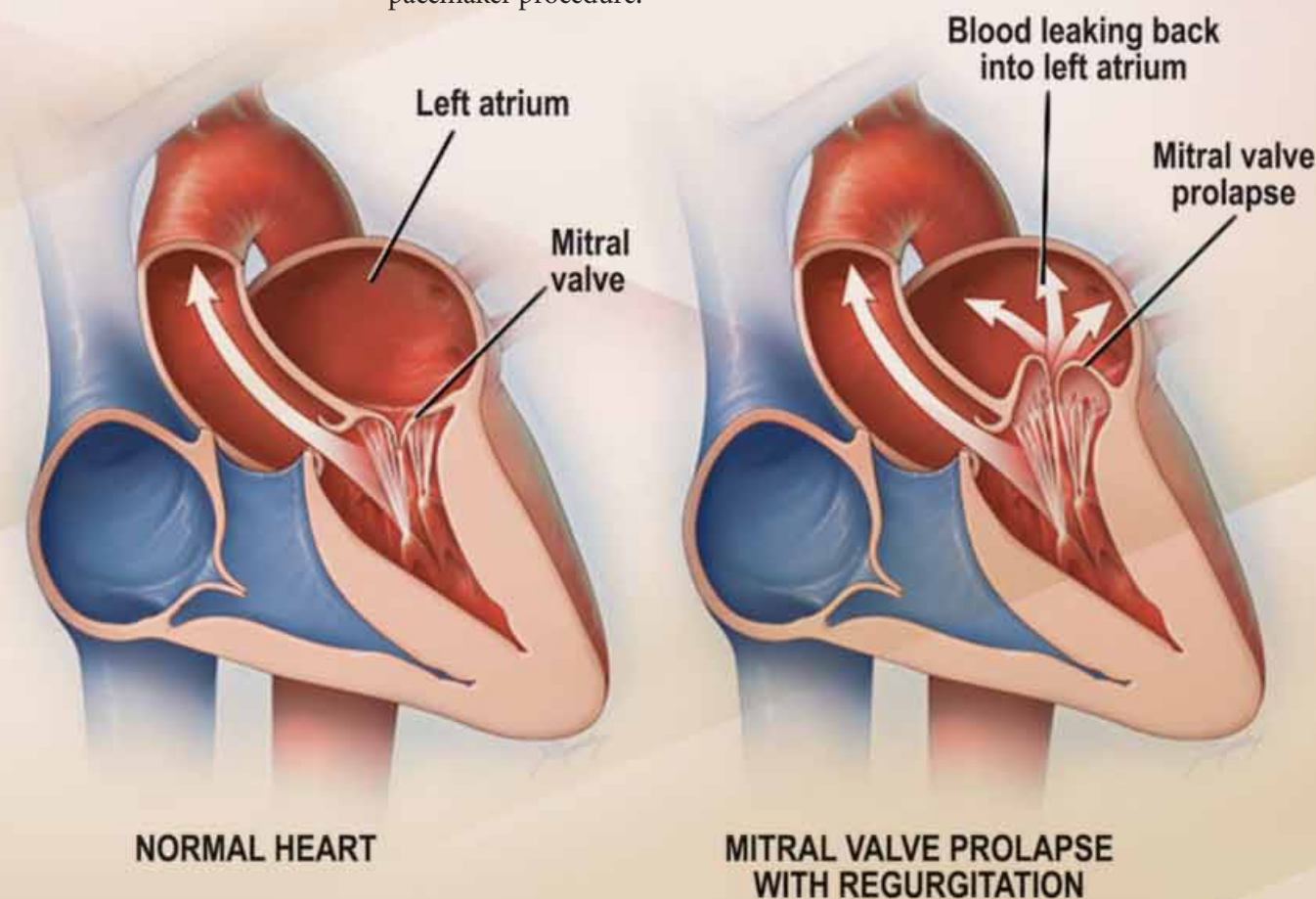
Electrophysiologist **Dr. Rajesh Malik** with McLeod Cardiology Associates, a specialist in this condition, reviewed Ann's case to determine how to alleviate her risk of A-Fib. Since Ann's A-Fib prevented a regular heart rhythm, Dr. Malik explained that an implantable pacemaker, along with medication, would assist in regulating the timing and sequence of her heartbeat.

Prior to being released from the hospital, Dr. Malik performed Ann's pacemaker procedure.

"Over the last few years, we have found novel ways to improve care for heart failure patients," says Dr. Malik. "New medications are improving a heart patient's quality of life, but the major leap has been in technology and the latest developments in implantable pacemakers."

"During my career in the medical field, I worked alongside many great medical professionals," said Ann. "McLeod Health set the bar higher than any other medical institution I've seen.

"McLeod Health also gave me renewed faith in the medical profession," added Ann. "My experience with McLeod has been amazing, and I could not have had a better experience. I've recommended McLeod Health to many people."



The mitral valve is located in the heart between the left atrium and the left ventricle. The mitral valve consists of two flaps called leaflets. Normally, the leaflets open and shut in coordinated fashion to allow blood to flow in one direction -- from the atrium to the ventricle. If the valve is not closing properly it allows blood to flow backward into the left atrium and lungs.

Cruising TO RECOVERY

by Jennifer Beverly

When Darrell Estes purchased an old 1950 Plymouth before relocating from Mt. Airy, North Carolina to Sunset Beach, he was looking forward to retirement and cruising the beach with his wife, Sally.

In November of 2016, while in the process of moving, Darrell was visiting a friend and tripped on some steps in the garage.

"I thought I was on the lower level of the steps, but when I went to step down, I fell," said Darrell. "I really felt the injury to my knee, thinking it was the only thing I had hurt."

After two weeks, Darrell's knee had healed, but his right shoulder ached and functioned poorly.

"I couldn't raise my arm, so my wife suggested that I make an appointment to see **Dr. David Lukowski** with McLeod Orthopaedics Seacoast," said Darrell. "Because she was a knee patient of his colleague, **Dr. Eric Heimberger**,

Sally knew that Dr. Lukowski specialized in treatment of the hand and arm."

On the day of his appointment, Dr. Lukowski examined Darrell and suspected that he had a torn rotator cuff.

"Darrell was visibly in pain, but to be 100 percent sure of the diagnosis, I sent him to McLeod Seacoast for an MRI," said Dr. Lukowski.

When the MRI confirmed a complete tear of two muscles in his rotator cuff, Dr. Lukowski recommended an outpatient surgical repair of the rotator cuff to help eliminate the pain.

On the morning of January 20, 2017, Darrell arrived at McLeod Seacoast for surgery. Performing an arthroscopic repair, Dr. Lukowski inserted a tiny camera, called an arthroscope, into Darrell's shoulder joint through a small incision in the skin. The camera is connected to a video monitor in the operating room and produces images that allow Dr. Lukowski to examine and repair the tissue. The procedure is less invasive with smaller incisions and does not require separating muscle layers, which results in less pain following the surgery.

"Dr. Lukowski did an outstanding job," said Darrell. "The outpatient surgery team and anesthesiology staff were also fantastic and discussed everything with me before the procedure."

Dr. Lukowski released Darrell six weeks after surgery, which was followed by physical therapy. "Rehabilitation plays a vital role in getting you back to your daily activities," said Dr. Lukowski. "Physical therapy helps patients regain shoulder strength and motion."

Darrell worked with Physical Therapist Deborah Jones at

McLeod Seacoast to rehabilitate his shoulder. "Deborah was tough and I needed that," joked Darrell. "She would fuss at me for using my arm when I shouldn't."

A complete recovery of a rotator cuff repair usually takes several months. Darrell gained functional range of motion and strength four months after his surgery. His commitment to Deborah's plan of care and physical therapy helped with his successful outcome.

"I was impressed by the knowledge and professionalism of the McLeod Seacoast Rehabilitation team," said Darrell. "They are really special people and I value their profession."

Since his recovery, Darrell has been enjoying the little things in life again. "I wasn't able to drive my Plymouth because it was a straight drive," said Darrell. "It sat in the driveway for almost a year until I could use my arm again."

Now that his arm and shoulder have healed, Darrell and Sally love to take the Plymouth out for drives and to visit car shows.

"As a retired pharmacy director of a small community hospital, I have nothing but compliments for the physicians and staff at McLeod Seacoast and the excellent care I received during my surgery and rehabilitation," added Darrell.

"As a retired pharmacy director of a small community hospital, I have nothing but compliments for the physicians and staff at McLeod Seacoast and the excellent care I received during my surgery and rehabilitation."

- Darrell Estes

McLeod Orthopaedics Seacoast



McLeod Orthopaedics Seacoast offers high-quality orthopedic surgery services using the latest procedures and techniques. Many of these procedures can be performed with minimally invasive technology. The physicians, nurses, physician assistants, rehabilitation specialists and various medical support personnel work with each patient to develop a treatment plan specifically for that patient. Their number one goal is getting the patient moving better, faster.

The physicians of McLeod Orthopaedics Seacoast, pictured above from left to right: Dr. David Lukowski, Dr. Peter Lukowski, Dr. Christopher Walsh, and Dr. Eric Heimberger, are highly trained and provide an extensive range of medical services including general orthopedics, hip and knee reconstruction, anterior hip replacements, complex revision joint replacement, osteoarthritis, hand and upper extremity surgery and sports medicine.

McLeod Orthopaedics Seacoast welcomed its newest member to the team, Dr. Christopher Walsh, in August 2017. Dr. Walsh specializes in adult reconstructive surgery and is trained in the minimally invasive anterior hip replacement.

"I chose to specialize in orthopedics because I enjoy being able to restore a patient back to normal function," said Dr. Walsh. "Getting someone back to doing what they love is my reward."



Darrell and Sally Estes enjoy cruising in their 1950 Plymouth and spending their days on the beach.

A B R O A D E R S C O P E

McLeod Digestive Health Centers Offer Innovative Diagnostics and Specialized Care

by Shaw Thompson

Of the many health concerns facing the people of northeastern South Carolina and southeastern North Carolina, gastrointestinal (GI) conditions are some of the most common. Gastroenterologists are specially trained physicians who treat patients with these diagnoses. To bring quality physicians, collaborative approaches and the most innovative tools to combat these concerns, McLeod Health and McLeod Physician Associates have established the McLeod Digestive Health Center in Florence and the McLeod Digestive Health Center Seacoast in Little River.

The physicians of McLeod Digestive Health Center and McLeod Digestive Health Center Seacoast care for patients in Florence and Little River. From left to right, Dr. Veeral Oza, Dr. Deepak Chowdhary, Dr. Timothy Spurling, Dr. Jeffrey Dorociak, Dr. John Wolford, Dr. Davinderbir Pannu, and Dr. Khaled Elraie.

The McLeod Digestive Health Center in Florence follows the merger of two existing physician practices and the arrival of newly recruited interventional physicians to the area. The six physician team is comprised of Dr. Deepak Chowdhary, Dr. Jeffrey J. Dorociak, Dr. Veeral Oza, Dr. Davinderbir Pannu, Dr. Timothy Spurling, and Dr. John Wolford. Dr. Khaled Elraie serves patients in Little River at McLeod Digestive Health Center Seacoast.

“McLeod Physician Associates is committed to providing physicians to meet the healthcare needs of the people in the communities we serve,” said Dane Ficco, Senior Vice President for McLeod Physician Associates. “We know that the treatment of gastrointestinal conditions is a great need in the region, and our McLeod Digestive Health Centers ensure that physicians are available to care for these patients.”

As board certified gastroenterologists, these physicians treat conditions affecting the esophagus, stomach, small intestine, colon, liver, pancreas, and gallbladder. The conditions treated include Hepatitis,

Reflux, Peptic Ulcer Disease, Colitis, Gallbladder and Biliary Tract Disease, Irritable Bowel Syndrome (IBS), and pancreatitis. These gastroenterologists are also leaders of teams fighting cancer of the colon, intestine, and GI tract.

The most common procedures

performed to diagnose and treat these conditions are called endoscopy -- tests that allow the physician to look inside the body by inserting instruments through the mouth or anus without making incisions. For many patients these procedures, especially a colonoscopy, means staving off cancer before it strikes.

“The gold standard for diagnosis of colon cancer is colonoscopy. There are other tests available but they are not as reliable or effective as colonoscopy,” said Dr. Chowdhary. “I know that it is not on anyone’s list of things to do for fun, but it does save lives. In fact, it is one of the few diagnostic procedures known to save lives. During the procedure polyps may be removed. Usually by looking at the polyps at the time of the test, we can tell how advanced they are and how likely they are to be cancerous. Most of the time, the polyps are small and can be removed during the colonoscopy before they can become cancerous.”

(Continued on next page)



Using techniques such as EUS (endoscopic ultrasound), Dr. Oza and Dr. Pannu can safely and effectively diagnose pancreatic cysts that could lead to cancer.



THE EVOLUTION OF CANCER CARE at McLeod

by Tracy H. Stanton

The history of cancer care at McLeod dates back to the 1930s. During this decade, Dr. James McLeod, the son of McLeod founder Dr. F. H. McLeod, and Dr. Leonard Ravenel conducted research on a possible new treatment for inoperable and incurable cancer. In addition, the State Aid Cancer Clinics were established at five hospitals including McLeod.

Today, the McLeod Center for Cancer Treatment and Research offers patients the highest level of treatment -- from stereotactic radiosurgery to eradicate brain tumors in a single treatment to the management of a patient's care through the use of immunotherapy and targeted precision medicine. The number of oncologists caring for patients has also grown from one radiation oncologist in the 1970s and one medical oncologist in the early 1980s to 11 board certified physicians today.

The development of the cancer program began to take shape in July of 1981 with the arrival of **Dr. Michael D. Pavy**. Dr. Pavy came to McLeod after completing a fellowship in Medical Oncology at Johns Hopkins Hospital in Baltimore, Maryland.

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The treatment of gastrointestinal conditions is a great need in the region, and the McLeod Digestive Health Centers ensure that physicians are available to care for patients.

team of general and interventional gastroenterologists offers patients a full spectrum of services including some procedures that were not previously available in the region.

"Before McLeod committed to providing these advanced procedures, patients who needed EUS or ERCP had to travel to medical centers in other areas, sometimes more than one hundred miles from home," added Dr. Oza. "With our McLeod Digestive Health Center and the collaboration of physicians throughout our system, we can provide quality care for those patients close to home."

With the arrival of two interventional gastroenterologists, Dr. Oza and Dr. Pannu, advanced endoscopic procedures such as EUS (endoscopic ultrasound) and ERCP (Endoscopic Retrograde Cholangio-Pancreatography) can now be performed at McLeod Regional Medical Center. Using these advanced techniques, the physicians can evaluate stages of cancer and other chronic conditions as well as study abnormalities or tumors in organs like the gallbladder, pancreas and liver.

"Endoscopic ultrasound allows a doctor to obtain images and information about the digestive tract and the surrounding tissue and organs," said Dr. Pannu. "During EUS, a small ultrasound device is installed on the tip of a lighted flexible tube, or endoscope, with a camera attached. By inserting the endoscope and camera into the upper or the lower digestive tract, the doctor is able to obtain high-quality ultrasound images of organs using sound waves. Because the

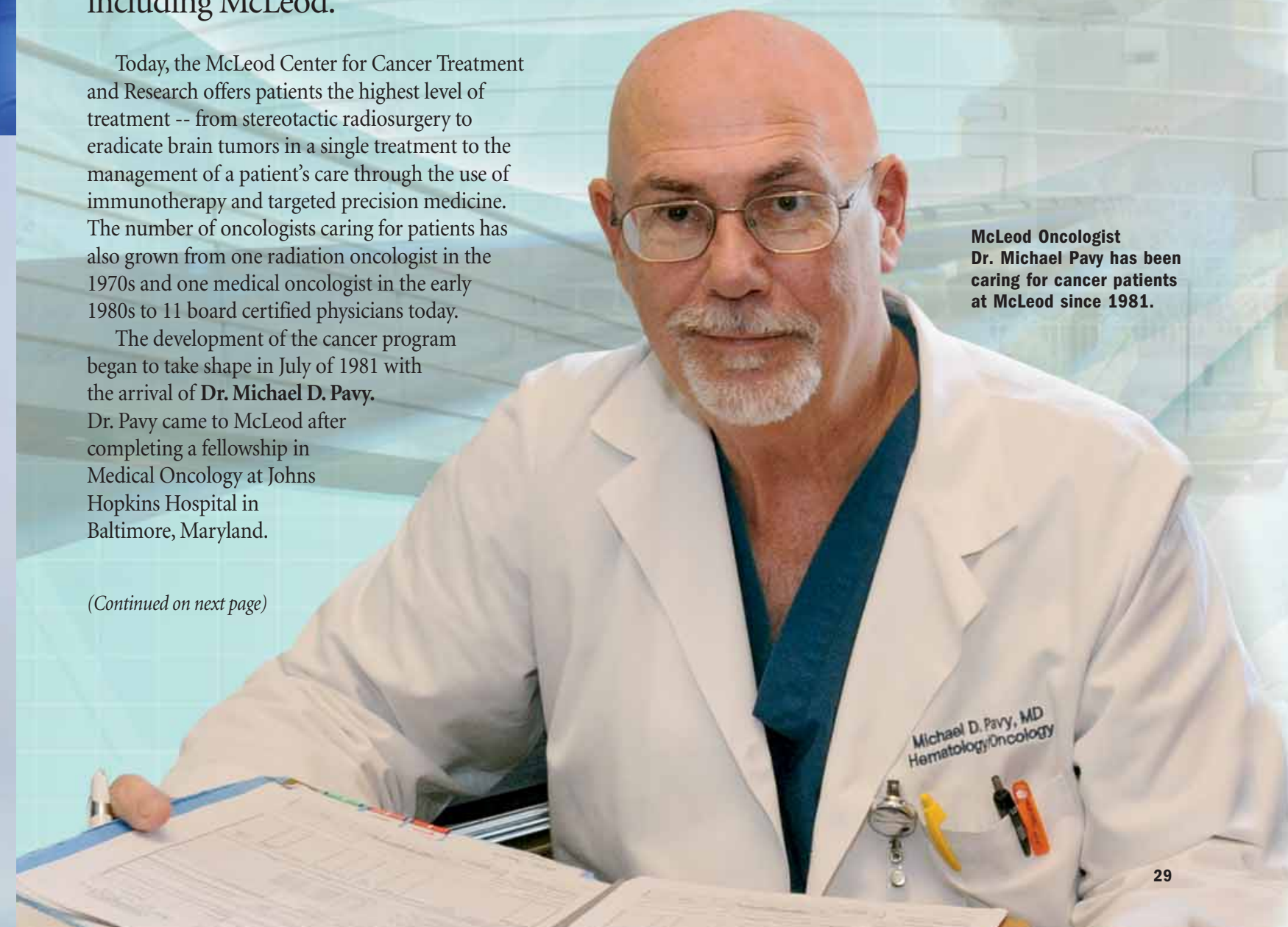
endoscopic ultrasound can get close to the organ(s) being examined, the images are more accurate and detailed than those provided by traditional ultrasound."

One of the most critically needed procedures now available at McLeod is Endoscopic Retrograde Cholangio-Pancreatography, or ERCP.

"ERCP is a diagnostic procedure performed by a specially trained gastroenterologist to examine the esophagus, pancreas, and bile ducts," explained Dr. Oza. "Under light anesthesia, an endoscope about the thickness of your index finger is placed through the mouth and into the stomach and first part of the small intestine. Dye is injected, and X-rays and computer imaging help guide the physician in diagnosing and removing bile duct stones, inserting stents, clearing blockages, and treating or removing polyps or tumors."

The presence of this coordinated

**McLeod Oncologist
Dr. Michael Pavy has been
caring for cancer patients
at McLeod since 1981.**



Dr. Pavy explained that when he arrived at McLeod, the cancer program consisted of the Cancer Registry, the Cancer Clinic and Radiation Oncology. “The hospital received accreditation from the American College of Surgeons’ Commission on Cancer in 1977, but at a different level than the hospital has achieved now. We also did not have chemotherapy certified nurses, and chemo was only administered in the Cancer Clinic,” said Dr. Pavy.

“The first thing we did was establish the inpatient oncology unit on the third floor,” explained Dr. Pavy. “The nurses were not trained in oncology, so I brought a nurse from Johns Hopkins to teach them how to deliver chemotherapy. I also sent Adele Hewitt, a McLeod IV Therapy nurse, to Hopkins to receive training in apheresis, a process that collects blood, separates it into platelets and plasma and returns the healthy parts of the blood back into the body.”

After Dr. Pavy began caring for patients at McLeod in the early 1980s, cancer research efforts were developed, a support system for patients and their families strengthened with hospital social workers assigned to cancer patients, and

the hospital added hospice care and an apheresis program. As medical director, Dr. Pavy set about building upon existing services and establishing many new ones to form the McLeod Cancer Center that now exists.

Dr. Pavy chose oncology as his medical specialty because he was drawn to treatment that involved clinical trials and drug-related therapy. Having a passion for research, Dr. Pavy also started the cancer research program at McLeod in the mid-1980s. The McLeod Cancer Research Department continues to offer national state-of-the-art cancer research trials for the prevention and treatment of cancer to eligible patients in the northeastern region of South Carolina. Currently, the research department includes two research nurses who work with more than 70 patients involved in 15 cancer trials at McLeod.

“The radiation oncology program which began at McLeod in the 1970s has also expanded greatly over the years,” said Dr. Pavy. “In 1988, Radiation Oncologist **Dr. T. Rhett Spencer** arrived at McLeod joining **Dr. John Ravita** in practice. A year before Dr. Spencer’s arrival, the hospital had installed the

most advanced linear accelerator in the state.”

In his nearly 30 years of caring for patients at McLeod, Dr. Spencer has been instrumental in many treatment advancements including Intensity Modulated Radiation Therapy (IMRT), the use of four dimensional CT scans to guide the team in treatment planning and the delivery of Stereotactic Radiosurgery (SRS) to treat brain tumors.

As “the cancer hospital” for the region, Dr. Pavy said “the oncology team was pleased that McLeod Health made the commitment to unify and improve upon the care of their patients by opening the McLeod Center for Cancer Treatment & Research in early 2014. The Cancer Center serves as a focal point for the next generation of cancer care in our region, providing patients and their families with the highly sensitive, sophisticated and personal care they expect and deserve. It offers additional space with the patient’s comfort in mind, expanded access to preventative medicine, individualized treatment focusing on each patient’s diagnosis, care and recovery, as well as state-of-the-art technology.”



The latest linear accelerator in the McLeod Cancer Center is capable of treating lung and liver cancer in fewer treatment sessions.

Advancements in Oncology

Reflecting on 35 years of scientific advancements in the field of cancer, Dr. Pavy said, “The advancements in the treatment of cancer are taking place at a rapid pace. In 1998, we saw the development of precision or targeted therapy in the treatment of Chronic Myeloid Leukemia (CML). Researchers determined that chromosome number nine produced a protein that drives CML. They found a drug that fights that protein called Gleevec.

“A surgeon sent a patient to me around that time who had been diagnosed with breast cancer but her white blood cell count was 150,000. I diagnosed her with CML and sent her to MD Anderson in Texas because I knew this doctor had just started using Gleevec. She got on the experimental protocol and I still care for her today 18 years later. This is precision targeted medicine at work.”

In addition to targeted medicine, Dr. Pavy explained that they now better understand immunotherapy. This is a

treatment designed to boost the body’s natural defenses to fight cancer. It uses substances or cells made by the body, or treatments created in a lab to improve or restore immune system function.

“In a healthy person, the immune system works to identify and eliminate abnormal or diseased cells. When normal cells become cancerous, the immune system responds because these cells appear different. However, cancer cells have a way of hiding from the immune system. They put a cloak over themselves so the immune system can’t see them. Now, with immunotherapy we have a way of decloaking the cancer cells so the immune system can see these cells, attack and kill them.”

One type of immunotherapy is called checkpoint inhibitors. “They recognize the cell is foreign and attack it,” said Dr. Pavy. “An example of a checkpoint inhibitor is Keytruda. Many people are aware that former President Jimmy Carter developed a melanoma to his brain in 2015. He went to Emory University Hospital in Atlanta where

they were experimenting with Keytruda and his tumors went into remission. Now, this medicine is being used to treat patients with non-small cell lung cancer with good results.”

Today, oncologists have checkpoint inhibitors, precision targeted medicine and immunotherapy, according to Dr. Pavy. “We also understand the human genome -- what mutations it has and we select a specific drug for that mutation.

“Cancer is never going to be eliminated. It is a balance between mutations and immune surveillance. As you age, your cells create more mutations and eventually you are going to develop a cancer. However, my hope is that in the next 20 to 30 years the treatment of cancer will be managed as a chronic condition like diabetes or high blood pressure.”

Dr. Pavy added, “What we know now about cancer is so much more complex than what I knew in the 1980s, and it is amazing.”



McLeod Research Nurses Jo Capotosti and Dorie Sturgill work with patients who participate in clinical trials through the McLeod Cancer Center.

GIVING PATIENTS A TRUE HOPE

"When I was diagnosed, it never crossed my mind that a man of my stature could have cancer," said Ronald Brown. "You look at yourself and say, 'I'm strong and I'm able...I can move around.' But, I tell everybody that cancer will whip your butt."

Ronald was diagnosed with stage four laryngeal cancer on November 21, 2016. His cancer journey began with ten treatments of radiation followed by chemotherapy in January of 2017.

"I said to myself 'how are you going to get back and forth for all of this.'" Ronald did not have income or someone who could transport him from his home in Hartsville to McLeod in Florence for each treatment. Fortunately, Tara Pierce, the McLeod Cancer Clinic Coordinator, explained to Ronald about the HOPE Fund and how it serves to assist patients in need.

Countless cancer patients like Ronald have benefitted from the establishment of the HOPE (Helping Oncology Patients Everyday) Fund since October of 2014.

Services covered by the HOPE Fund include transportation to treatments, assistance with medication for pain and nausea, educational supplies for the newly diagnosed, assistance with wigs and head coverings, as well as an immediate needs fund to assist individual patients with specific needs.

"Treating cancer patients is not just about the technology we have, the clinical staff or the great physicians or medications," explained Judy Bibbo, Vice President of Cancer Services at McLeod. "There are other things that help support the patient and make that care much more well-rounded. When you provide those services also it helps to make the program much stronger and much more complete."

Guided by an advisory group of community members who have been touched by cancer -- either as a patient or caregiver -- the HOPE Fund continues to grow. In 2016, the committee funded the position of a HOPE Fund Coordinator and hired Lauren Snipes.

Having a personal point of contact in the McLeod Center for Cancer Treatment and Research to ensure all cancer patients are made aware of the resources available to

them was a dream come true for the committee.

Located within the HOPE Resource Center, Lauren meets with each new cancer patient on their first day of treatment. In addition to offering guidance and answering any questions or concerns they may have, she secures resources for patients such as transportation, medication or nutrition assistance.

"The HOPE Fund committee wanted someone who was available to every patient and who truly was a resource," explained Judy. "Lauren understands the importance of this role and the connection she is making with each patient. She is here just for them to have a more successful journey and one that is filled with hope."

According to Ronald, the HOPE Fund took a great deal of stress off of him. "When organizations like McLeod reach out and say we are going to help you that means a whole lot.

"To the people who have given that I have never met and might never meet, your generosity and the kindness of your hearts to me it means the world. This kind of hope you are giving people is a true hope," added Ronald.

AN EVENING OF HOPE AND INSPIRATION

McLeod Health celebrated cancer survivors and its oncology staff during *An Evening of Hope* to benefit the McLeod Center for Cancer Treatment and Research in September. The McLeod Health Foundation's 18th Annual Cancer Benefit underwritten by Wells Fargo raised a record breaking \$103,000 to benefit the HOPE Fund.

Proceeds from the evening are designated to the HOPE Fund which provides transportation and nutrition

support for patients with few resources as well as educational manuals and supplies.

The evening highlighted Portraits of Hope representing survivorship and courage. These testimonials were shared in video and through audio and pictures between the live performances. The Portraits of Hope included: John Braddy, Jane Blum, Leslie Denton, Anne Kirby, Conni Singletary, Jocie Patterson, Robby Roberson, Stephanie Benjamin and Harry Cantey.

The 2017 event also featured talented performers and regional artists paying tribute to loved ones touched by cancer. Performers for the evening included: Singers Ray and Jordan Taylor, Dancer Scout Hamrick, Violinist Yuri Lvovsky accompanied by Robin Thompson, Pianist DaQuan LaSane, Musician Brandon Goff, Singer Kristin Hardaway, Dancer R.J. Lee, The Rod Brown Jazz Quartet, and a musical performance by Tippi Harwell, Jumana Swindler and Rebecca Thompson.

PORTRAITS OF HOPE:

Listen to these individuals share their personal experiences about compassionate and exceptional cancer care at McLeod.



Stephanie Benjamin



Jane Blum



John Braddy



Conni Singletary



Leslie Denton



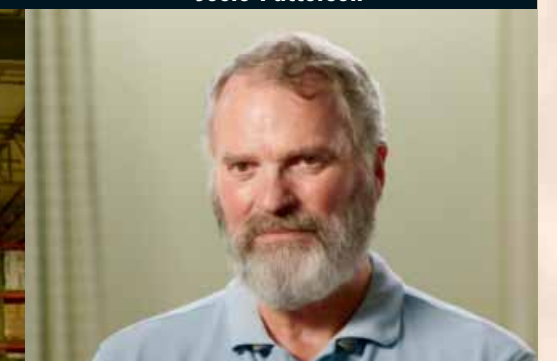
Jocie Patterson



Anne Kirby



Robby Roberson



Harry Cantey



Ronald Brown



To watch these encouraging testimonials, visit www.McLeodHope.org

McLeod Exceeds Quality Standard for Colon Cancer Treatment

At McLeod Regional Medical Center, there are greater than 100 new cases of colorectal cancer diagnosed and/or treated annually. As treatment for colorectal cancer continues to improve, McLeod remains committed to providing the highest quality of care to patients in the region.

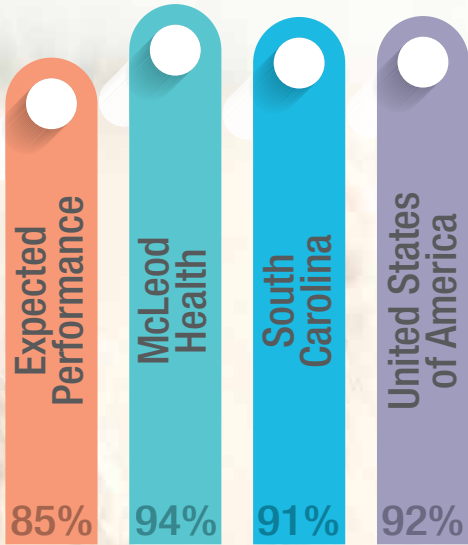
McLeod Regional Medical Center (MRMC) is nationally accredited by the American College of Surgeons' Commission on Cancer as a Community Comprehensive Cancer Program. This means that MRMC meets or exceeds standards of care and quality metrics defined by the Commission on Cancer as essential to the provision of high quality cancer care.

For colon cancer, the American College of Surgeons' Commission on Cancer has set a very specific measure

related to colon cancer and surgical resections. Evidence supports that best practice for colon cancer surgery is that "at least 12 lymph nodes are removed and pathologically examined for resected colon cancer." The American College of Surgeons' Commission on Cancer has set an expected performance rate for this guideline as 85 percent compliance.

For the most recent complete year of data collection, calendar year 2015, results from the National Cancer Data Base quality reporting tool indicate that the performance rate for McLeod Regional Medical Center is 94 percent. This is greater than South Carolina's cumulative performance rate of 91 percent and the national performance rate of 92 percent.

COLON CANCER PERFORMANCE GUIDELINE COMPARISON



Reference: <https://facs.org>
(American College of Surgeons' Commission on Cancer)



Colon cancer is the third most common cancer in men, after prostate and lung cancer and second most common in women, after breast cancer. This form of cancer has consistently been the fourth highest incidence of cancer diagnosed at McLeod with more than 130 new cases each year.

Colon cancer is considered a silent disease because often there are no symptoms.

The symptoms that people may experience include:

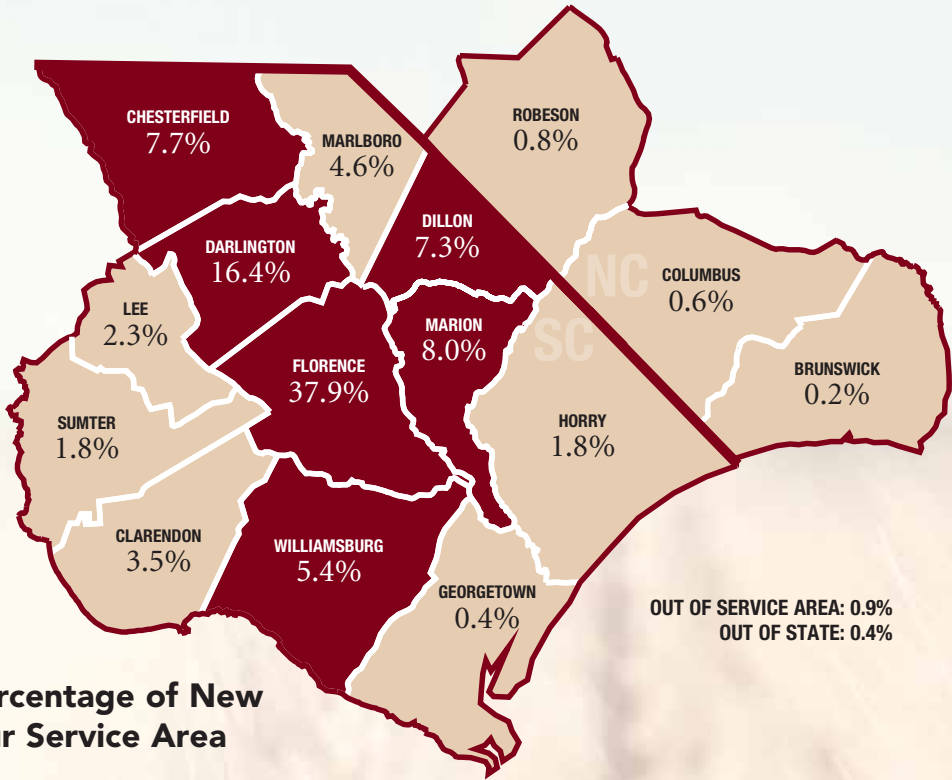
- Change in bowel habits
- Abdominal pain
- Blood in the stool
- Weight loss

To prevent colon cancer, individuals should have a colonoscopy on a regular basis. It is one of the few diagnostic procedures known to save lives. On average, individuals should start being screened at age 50. People who are at high risk, because of family history or because they have other health conditions that predispose them to develop colon cancer, should be screened at an earlier age.

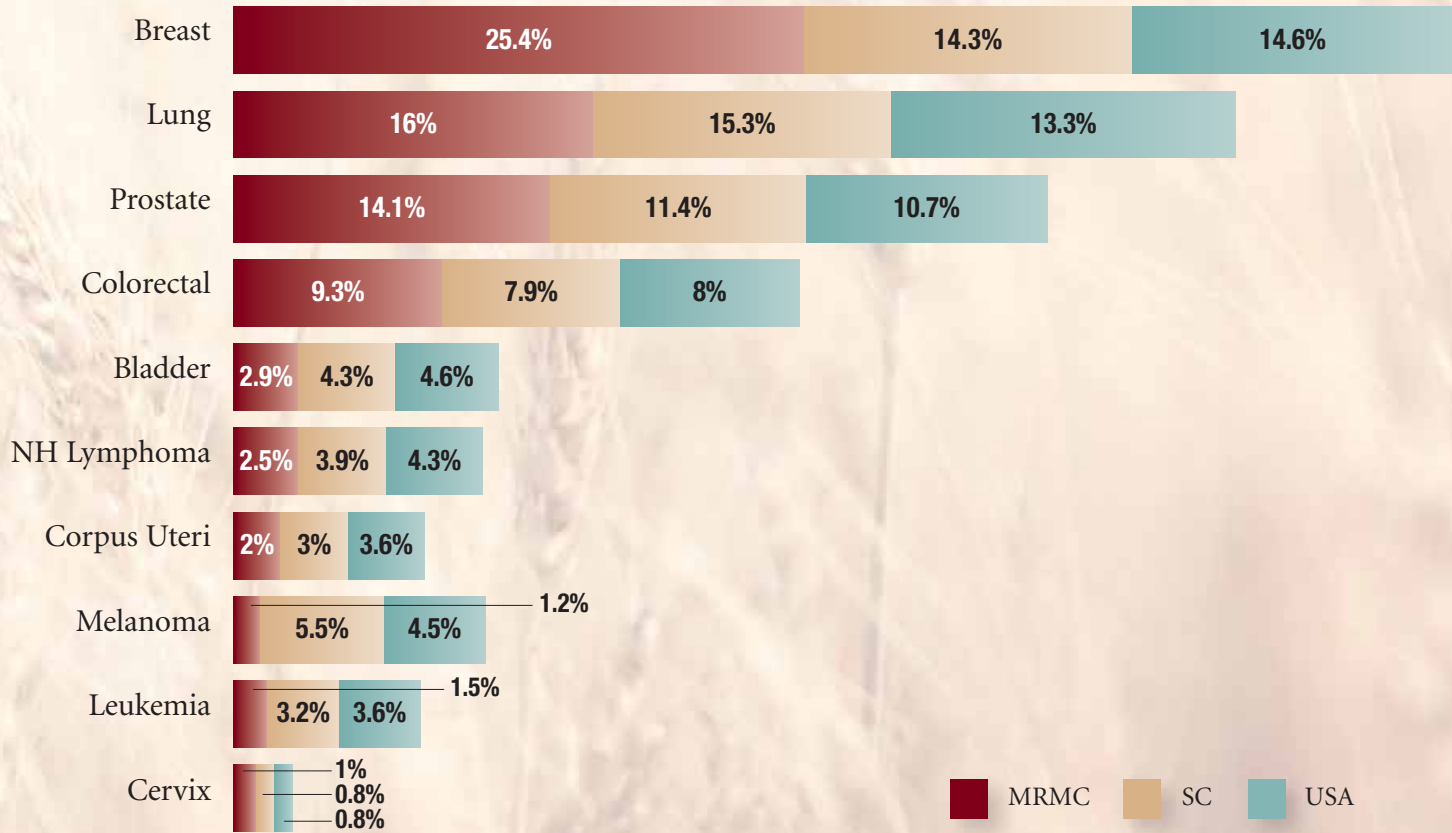
Five Leading Cancer Sites
Diagnosed at McLeod in 2016

Site	Cases
Breast	350
Lung	220
Prostate	194
Colorectal	125
Urinary System	102

Total Cases: 994



10 Most Prevalent Cancer Sites Source: American Cancer Society "Cancer Facts and Figures 2016"



MANY KEY PLAYERS, ONE COMMON GOAL

by Julia W. Derrick

The wear and tear on an athlete's knees is often the result of years of playing high-impact sports like football or basketball.

Bob Wilson, an Athletic Director for Florence School District One, underwent his first knee surgery for a damaged ligament and torn meniscus at McLeod Regional Medical Center in 1979. He was playing basketball for Francis Marion College, now Francis Marion University, when he sustained the injury.

Bob's initial procedure occurred before arthroscopic surgery, minimally invasive surgery of the knee, became available in the area. At the time, recovery from his

injury and subsequent surgery included a week's stay in the hospital and six months of physical therapy before release to resume normal activity.

Since Bob's initial surgery 38 years ago, he has undergone four arthroscopic procedures on his left knee and two arthroscopic surgeries on the right knee. Arthroscopy, when appropriate, is often performed on the knee to

alleviate meniscus and cartilage damage.

A long-time patient of McLeod Orthopedic Surgeon **Dr. Patrick Denton**, Bob trusted Dr. Denton's advice to have a total knee replacement. After extensive history of knee surgeries as well as conservative methods and bracing, Bob's knee appeared "bone on bone" and very little cartilage remained.

"To think today you can have a total knee replacement, spend one night in the hospital and then participate in physical therapy several days later, is incredible," said Bob. "I have been watching McLeod Health progress over many years. It amazes me to see the dedication to advanced medicine."

Dr. Denton, a partner with Pee Dee Orthopaedic Associates, added, "Since starting my career as an orthopedic surgeon, I have seen tremendous developments in the materials used in knee replacements, and also in the medications and anesthesia we give -- particularly in the past four years. With these advancements, medical teams are able to decrease the pain, nausea, and use of narcotics, resulting in a quicker recovery from surgery. Combining these advances with a team of professionals dedicated to the patient's well-being creates a very favorable outcome."

With more than 36 years of experience in athletics, Bob professes to using sports analogies for every situation in life. When Dr. Denton started discussing replacement for his left knee, he viewed himself as an athlete getting ready for next season and those he entrusted with his care as players on his team.

"Planning ahead is integral to the success of sports, and a joint replacement is no different."

– Bob Wilson

"Planning ahead is integral to the success of sports, and a joint replacement is no different," said Bob. With surgery scheduled for May of 2017, Bob set a goal to perform all of his duties as the Athletic Director for South Florence High School by August, in time for football season.

Dr. Denton often tells his patients, "I perform the surgery, but your part is even bigger. For the best outcome with your replacement, you must prepare ahead of time, as well as push yourself after the surgery."

Numerous people played specific roles in Bob's journey before, during, and after surgery. Dr. Denton and his staff, Nurse Practitioner Meredith Banner and Medical Assistant Michelle Jones, helped prepare Bob by guiding him through the process of scheduling and pre-surgical testing.

Bob also took advantage of the Total Joint Replacement Class offered to orthopedic patients prior to surgery. The class informs patients about what to expect during their hospital stay and recovery period. The Joint Replacement Class, taught by Orthopedic Navigator Melissa Brock, eased some of Bob's apprehension and prepared his family for his care at home, as well as details on transportation to appointments.

"As a coach, I've pushed athletes beyond their comfort zone because I knew they needed that encouragement to reach their personal goals," said Bob. "McLeod Physical Therapists Matt Ferguson and Liz Parrish pushed me beyond my comfort

zone, but at the same time understood my limitations."

One day at South Florence High School, McLeod Sports Medicine Certified Athletic Trainer Sarah Shaeffer noticed swelling on Bob's knee and referred him to Erika Rowe, a McLeod Lymphedema Specialist. Lymphedema, or swelling of the joint, frequently occurs after a total joint replacement. Lymphedema therapy reduced the swelling in Bob's knee in only two sessions.

When Bob was not in physical therapy, Eric Schwab, a Certified Athletic Trainer at South Florence High School, assisted him with stretching and flexibility.

Once released from physical therapy, Bob resumed working out every morning at the McLeod Health & Fitness Center, where he has been a member since 2001.

"I would advise anyone preparing for surgery to control what you can and plan. Obtain as much information about the procedure as possible to prepare for the entire process. This includes many small details such as transportation to physical therapy and other appointments. Staying active is also a vital part of the preparation process although that part has to become a lifestyle habit," Bob said.

"My wife Peggy, my daughter Kayla, and I got to really know the McLeod teams," continued Bob. "There were many people involved, but we all had the same goal. We ended with a very 'successful season' and I'm grateful for each member of the team."

Bob Wilson and his team demonstrate a hand stack huddle. From left to right: Sarah Shaeffer, Peggy Wilson, Kayla Wilson, Eric Schwab, Dr. Patrick Denton, Bob Wilson, Matthew Ferguson, Erika Rowe, Liz Parrish, and Melissa Brock.

ENHANCING THE EMERGENCY EXPERIENCE

by Jaime Hayes

Building a culture of people first, whether it is the patient or a staff member, ensures the future quality and growth of all businesses. That includes healthcare. Consumers have decision making power about where they seek care and McLeod wants to be that choice for medical excellence.

Exceeding patients' expectations and enhancing staff morale through quality improvement has been a major focus for the leadership and staff of the McLeod Dillon Emergency Department. Streamlining processes and communicating more with patients has improved the patient experience as well as decreased wait times and the total time spent in the department. This has all been achieved even as the volume in the Emergency Department has grown significantly.

During the past decade, the Emergency Department at McLeod Dillon has continued to experience a steady growth in volume. In 2010, more than 26,000 patients were treated in the Emergency Department. By 2016, the number of visits climbed to more than 35,000.

Responding to an increase in demand, McLeod Dillon opened the doors to a new Emergency Department (ED) in 2010. The multi-million dollar addition included 17 exam and treatment rooms, a decontamination area and staff support areas. A helicopter pad was also added, allowing for transport of trauma patients.

"Today, the volume of patients using the Emergency Department continues to increase," stated Mary Canady, Director of Critical Care Services at McLeod Dillon. "We need to meet growing demands as well as provide more access and timely care for patients in the area."

In the past few years, the McLeod Dillon primary service area has expanded over the North Carolina border into Robeson County -- a key area to McLeod growth. In 2016, 27 percent of Emergency Department discharges were from Robeson County.

"Growth across the border aligns with the McLeod Health mission to improve the overall health and well-being of people living within South Carolina and eastern North Carolina," said Mary.

To advance the patient experience in the Emergency Department, an Operational Effectiveness project was implemented in Emergency Departments throughout the McLeod Health system during the summer of 2017. Operational Effectiveness is a quality initiative driven by efforts to remove the burdens of work, take away the unnecessary steps, and allow more time to focus on "value added" work. Operational Effectiveness has been implemented out of respect for people, both patients and employees.

The Emergency Department project was designed to streamline the intake process, a key factor in decreasing wait times and length of stay. During the hours of 9:00 a.m. and 9:00 p.m. each day, the intake process sorts patients' acuity upon presentation and places them with the appropriate provider to expedite their care.

Since the project was implemented, McLeod Dillon has seen an increase in its patient satisfaction scores. "The biggest improvement appears to be Total Time Spent in the Emergency Department, which is a reflection of the new intake process and communication with the patients," says Alice Todd, Service Excellence Process Manager.

During the initiation of the project, Alice made rounds on patients in the Emergency Department. "I visited with patients and explained how we were working together as a team to improve their experience in our Emergency Department," she said.

The feedback she received proved the process was working. "The patients' experiences were exceeding their expectations, and that is the outcome we wanted to achieve."

Dr. Kievers Cunningham was named the Medical Director of the McLeod Dillon Emergency Department in July of 2017. "We have been successful in sustaining this new process because we are all part of it. We have all bought into it," he explained.

Dr. Cunningham added that the new process has also improved department morale. "The staff is happier, and the patients can see and feel that," he said. "In turn, the patients are having a better experience, and we have seen a dramatic increase in patient satisfaction scores."

Lisa Byrd is the Associate Vice President of Quality and Safety at McLeod Dillon. "The Operational Effectiveness initiative that we have implemented is part of a multi-tiered approach to improvement," she said.

"Everything we do at McLeod is rooted in our Core Values (Caring, Person, Quality and Integrity). The principles of Operational Effectiveness fully align with each of our Core Values. We are continuing to improve the Quality of our services, honoring and respecting the time and capabilities of each Person on our staff, increasing our capacity for Caring for our patients and each other, and ensuring that the utmost in Integrity is upheld in everything we do."

Dr. Kievers Cunningham joined the Emergency Department at McLeod Dillon in 2012. Previously, he practiced medicine at McLeod Family Medicine Center in Florence, South Carolina, and served as a faculty member for the McLeod Family Medicine Residency program. In this capacity, he also oversaw the coordination of the residents' rotations. Dr. Cunningham received his medical degree from the Medical University of South Carolina in Charleston in 2003. He completed his family medicine residency at McLeod Regional Medical Center where he served as the Chief Resident for the McLeod Family Medicine Residency Program from 2005 to 2006. Dr. Cunningham has experience caring for people of all ages, from infancy to those at the end of life.

New Cardiac Device Installed at McLeod Dillon



The Lucas 2 Chest Compression System, a life-saving medical device that offers high quality, automated chest compressions on patients in cardiac arrest, has been installed at McLeod Dillon.

An electrically powered life-saving medical device that offers high quality, automated chest compressions on patients in cardiac arrest has been installed at McLeod Dillon. The device, called the Lucas 2 Chest Compression System, is the first system of its kind to be used in Dillon County.

"The Lucas 2 is an exceptional piece of equipment," said Mary Canady, Director of Critical Care Services at McLeod Dillon. "It is specifically designed to deliver high quality chest compressions during CPR, giving patients in need of resuscitation an even greater chance of survival over manual compressions alone."

The Lucas 2 provides an extra set of hands to caregivers, allowing them to carry out other critical tasks more timely and efficiently during a life-saving situation. It was developed for use by first responders, transport teams and hospital Emergency Departments.

The purchase of the Lucas 2 was made possible by a grant received from the McLeod Foundation. "The generosity of the McLeod Foundation demonstrates a commitment to our community by providing us with the absolute best in life-saving equipment," added Mary.

Dr. Kievers Cunningham was named Medical Director of the McLeod Dillon Emergency Department in July of 2017.

McLeod TeleHealth: Reinventing the Doctor's "House Call"

by Jessica Wall



Pilot Stephen Kill experienced ease and efficiency using McLeod TeleHealth.

Consumers demand more of the healthcare industry than ever before. In their effort to manage hectic schedules and focus on staying healthy, they expect greater access to care in a convenient, cost-effective manner.

To date, nearly 400 consumers have accessed the McLeod TeleHealth app for their healthcare needs. Many of these consumers include busy professionals, parents with young children, or perhaps a visitor or tourist.

Stephen Kill, a resident of Fort Worth, Texas, benefited greatly from the McLeod TeleHealth app during his annual family vacation earlier this year.

Originally from South Carolina, Stephen looked forward to spending time with his family at Myrtle Beach. In an effort to be with his family, Stephen pushed hard to meet his work demands as an airline pilot.

As he made his way to South Carolina, Stephen began to develop a sore throat.

"With any family vacation, there is most always one person who becomes sick, and this time it was me," says Stephen.

His sister, who lives in Columbia, recommended the McLeod TeleHealth app.

"I had never heard of anything like a doctor-on-demand before," says Stephen.

To expedite his care and ensure he was being evaluated by a credentialed physician Stephen downloaded the app and followed the prompts to sign in.

Three minutes later, a doctor appeared online and Stephen explained his symptoms.

"At first, I anticipated an awkward experience, but once I met the doctor, I immediately felt comfortable, as if I were in his office," recalls Stephen. "After looking at my throat and asking various questions, he called in an antibiotic to a

local pharmacy approximately one mile from our vacation home. By the end of the next day, I felt human again.

"This convenient option allowed me to enjoy an uninterrupted vacation with my family," continues Stephen. "I definitely plan to keep the app on my phone in the event I need it again while visiting South Carolina."

McLeod TeleHealth

As the healthcare landscape continues to evolve, McLeod Health consistently evaluates the needs and expectations of consumers to provide the highest quality consumer experience.

Recent research shows that one of the most important healthcare features for consumers involves seeing a doctor within 24 hours of feeling sick. Yet, consumers wait on average three to four weeks to see the doctor.

As a result, a growing trend among consumers involves seeing a doctor over video, also known as telehealth.

Earlier this year, McLeod Health implemented McLeod TeleHealth, which provides quality healthcare online by a physician anytime, from anywhere -- a laptop, phone or tablet. Available for use in both North Carolina and South Carolina, McLeod TeleHealth serves consumers throughout the hospital's entire system.

"In a way, McLeod TeleHealth reinvents the doctor's house call," explains Dr. Bryon Frost, McLeod Emergency Physician. "Traditionally, consumers have accessed health care by seeing their physician in the office. McLeod TeleHealth allows them to access a physician on their terms.

"We understand the difficulties

consumers face in their daily lives. They need to access health care or see a physician, yet their busy schedules often prevent it. McLeod TeleHealth allows a person to access a physician anywhere, anytime 24/7 online," continues Dr. Frost.

McLeod TeleHealth providers include experienced, board-certified family doctors, emergency medicine, or urgent care physicians who have an interest in caring for consumers via telehealth. Both McLeod physicians as well as physicians connected to the program's national telehealth provider offer care.

Best suited for healthy consumers with minor illnesses, McLeod TeleHealth physicians can diagnose and treat common conditions, including but not limited to: cough/cold, sore throats, ear infections, urinary tract infections, viral infections, pink-eye, allergies, rashes, flu and more.

To access McLeod TeleHealth, consumers simply use their Android or Apple device to download the free app from the App store or Google Play. With its user-friendly design, the app offers easy-to-read screens with prompts to walk consumers through the process, step by step.

There is no cost to sign up for McLeod TeleHealth, and each E-Visit costs only \$49.

An additional benefit of the app includes the visit summary each consumer receives upon completion of their visit. They have the option to save, print, or

email the visit summary and share it with their primary care physician or keep for their personal records. Consumers can also log into the McLeod TeleHealth portal to access their visit summary any time.

"McLeod Health strives to bring value to each consumer we serve, and McLeod TeleHealth delivers secure, high-quality care while eliminating the need to make a doctor's appointment," explains Matt Reich, Associate Vice President of McLeod TeleHealth.

Recent data indicates that McLeod TeleHealth provides both value and positive experiences for the consumer.

Of those who rated McLeod TeleHealth's online care, 95 percent of consumers rated the care as four or five stars.

Nearly 90 percent of consumers rated the experience with five stars.

In addition, more than 90 percent of consumers gave a five-star rating for their experience with a McLeod TeleHealth physician.



McLeod News

MCLEOD PROVIDES GREATER ACCESS TO SERVICES WITH REGIONAL CLINICS



McLeod Health Carolina Forest Medical Office Building Two is located on 107 McLeod Health Boulevard at the intersection of Highway 31 and International Drive, Myrtle Beach, SC.



McLeod Medical Park Sumter is located at 540 Physicians Lane, Sumter, SC.



McLeod Medical Park Hartsville is located at 1319 South Fourth Street, Hartsville, SC.



Through regional office locations and rotating providers, McLeod specialty clinics offer appointments to patients in the communities where they live. Located in Carolina Forest, Cheraw, Dillon, Hartsville, Manning and Sumter, McLeod Specialists provide care in Cardiology, Electrophysiology, Nephrology, Otolaryngology (ENT), Urology, General Surgery and Vascular Surgery.

McLeod Health Carolina Forest

McLeod Health recently opened the second building in the 43-acre expansion designed to provide services to meet the healthcare needs of residents within and around the Carolina Forest area. With the completion of this two-story facility, the McLeod Health Carolina Forest campus offers physician services in cardiology, family medicine, neurology, otolaryngology (ENT), urology, general surgery and vascular surgery. Seven facilities will comprise the Carolina Forest campus, providing access to primary care and specialty medical services.

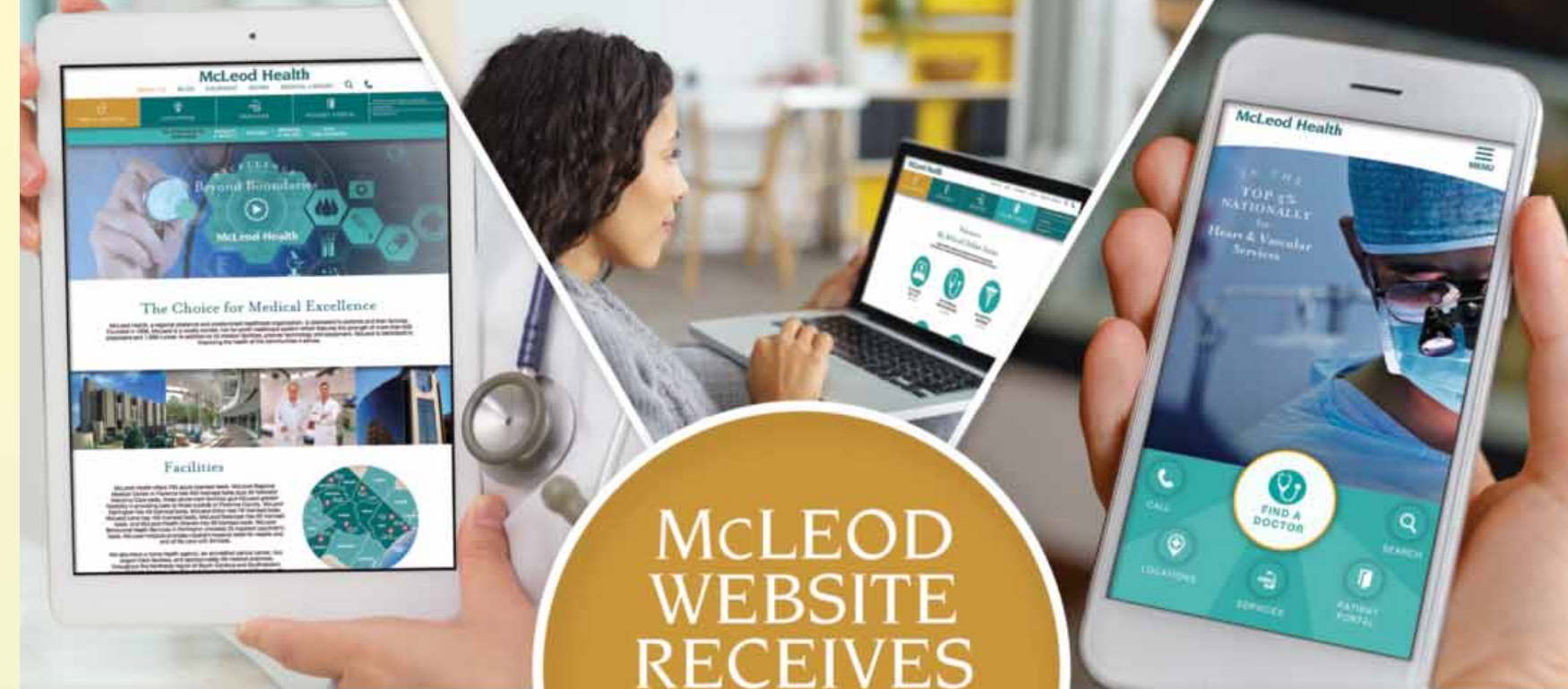
McLeod Medical Park Sumter

McLeod Medical Park Sumter was established in 2016 with the relocation of McLeod Cardiology Associates. The spacious and centrally located facility allows residents of Sumter, Clarendon, and Lee counties to receive care from specialists in cardiology, general surgery and urology.

McLeod Medical Park Hartsville

In January of 2018, McLeod Health will establish McLeod Medical Park Hartsville located at 1319 South Fourth Street in Hartsville. Services will include physical therapy and rehabilitation services through McLeod Sports Medicine and Rehabilitation, as well as rotating physician appointments in Cardiology, Vascular, and Orthopedics and future subspecialties.

For more information or to search for physicians in your area, visit www.mcleodphysicians.org.



MCLEOD
WEBSITE
RECEIVES
NATIONAL
HONORS

McLeodHealth.org Excellence Re-imagined. Excellence Awarded.

McLeod Health is committed to excellence in everything we do and our award-winning website is an example of that commitment. Launched earlier this year, the completely re-imagined look comes alive with captivating video, patient stories, immersive graphics, enhanced "find a doctor" functionality, responsive mobile design and other innovative elements. Whether browsing on your laptop, phone or tablet, it delivers an exceptional user-experience that engages you at each level.

2017 WEBAWARD INTERNATIONAL COMPETITION

Best Mobile Website | Outstanding Healthcare Website

2017 MARCOM INTERNATIONAL AWARDS

Platinum - McLeod Health Mobile Website | Platinum - McLeod Health Website
Gold - McLeod Excellence Streaming Video | Gold - McLeod Excellence Web Video | Gold - Cancer Center Webmercial
Honorable Mention - Heart & Vascular Institute Webmercial

2017 IAC INTERNATIONAL AWARDS

Outstanding Healthcare Website

2017 ASTER AWARDS

Gold - McLeod Children's Hospital Commercial | Bronze - McLeod Excellence Video

McLeod Health

McLeod Health

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