

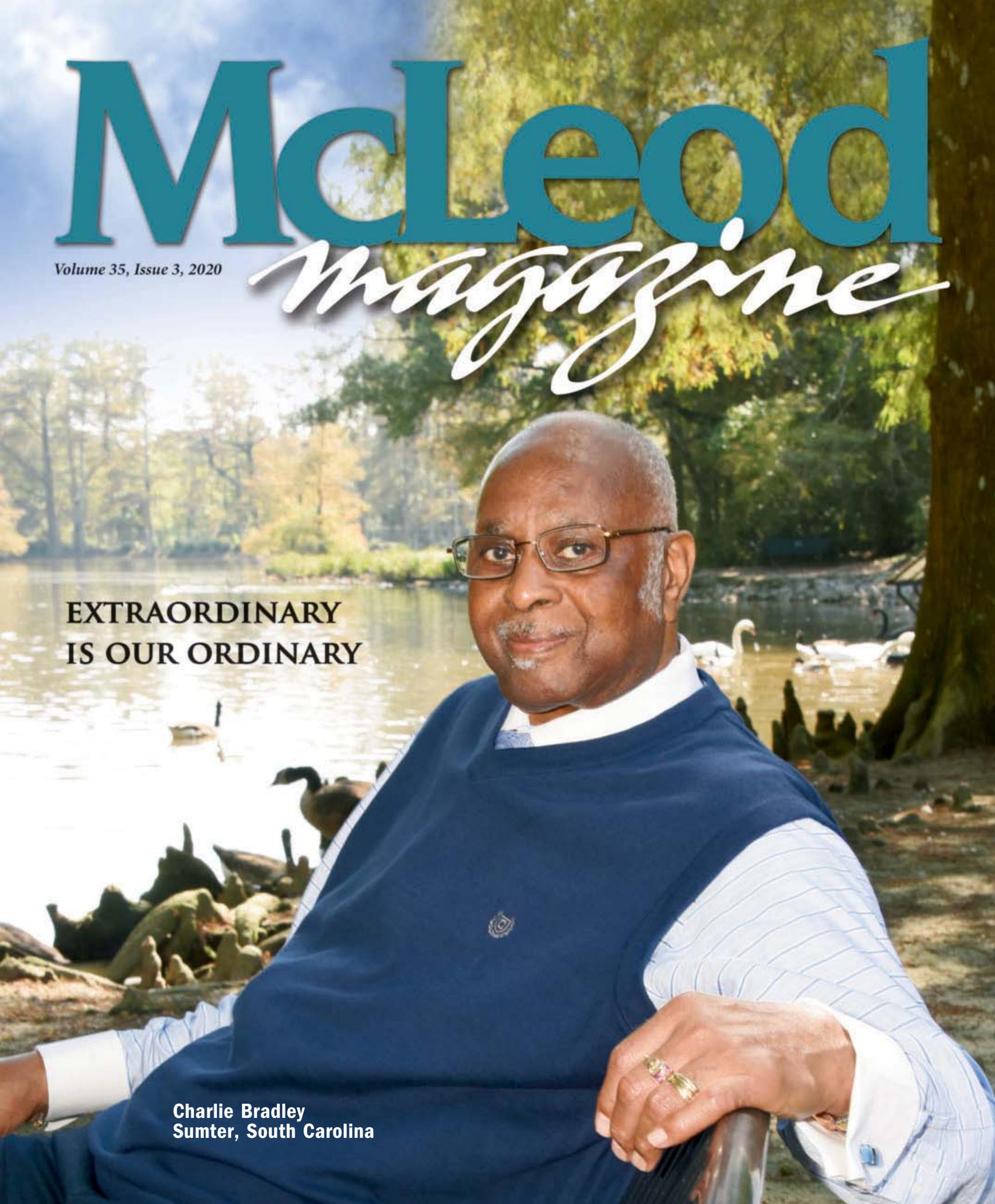
McLeod

Volume 35, Issue 3, 2020

Magazine

**EXTRAORDINARY
IS OUR ORDINARY**

**Charlie Bradley
Sumter, South Carolina**



Views



Rob Colones

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

We are committed to the values of Caring, The Person, Quality and Integrity, striving to improve the health of people who live in the 18 counties we serve and beyond. Our McLeod team of doctors, nurses, medical personnel, support services and volunteers are faithful to this work, diligent to seek new processes that lift the standards of medical care higher, both in touch and technology.

Our patients and their families are constant reminders that the vocation of medicine isn't about business; it's about relationships and being there for the communities we serve. We consider it a privilege to be considered as a partner in your health and appreciate so very much your choice to seek us for your medical needs.

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

We are grateful for your confidence in our services and extraordinary people. Thank you for entrusting us with your care. Quality and compassion are at the heart of our work -- past, present and future.

Robert L. Colones

Rob Colones
President, McLeod Health



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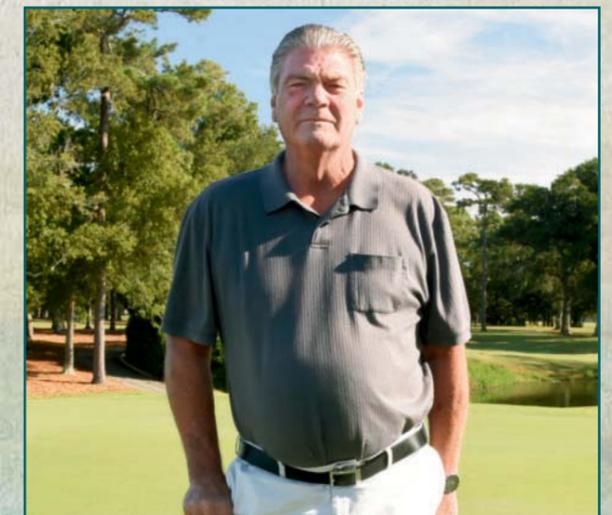
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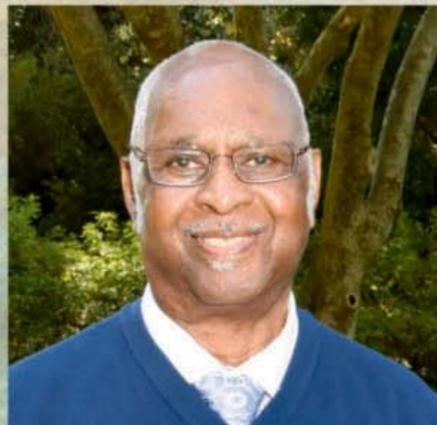
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ON THE COVER:

For more than one year, Sumter resident Charlie Bradley experienced debilitating hip pain that affected every area of his life, including his favorite activities -- walking and riding his bicycle. He eventually needed the assistance of a cane to walk. Everything changed when he met Orthopedic Surgeon Dr. Rodney Alan. Dr. Alan's assessment led to a quick diagnosis and treatment plan, which involved a total hip replacement at McLeod Health Clarendon earlier this summer. Today, Charlie can walk without any assistance and looks forward to the pain-free days ahead. The cover photo was taken at Swan Lake in Sumter, South Carolina.



HEART RHYTHM EXPERTS

by Jennifer Hulon & Tammy White

Electricians for the heart. This is not a formal definition but the description you are likely to hear if you ask an Electrophysiologist to describe their role in medicine.

The heart pumps blood throughout the body and its electrical system controls the pumping action. When your electrical system becomes faulty you need the services of an Electrophysiologist.

There are approximately 2,700 Certified Electrophysiologists in the United States with only 90 newly trained physicians entering the workforce annually, according to the American Board of Internal Medicine.

With such limited resources to recruit there are many heart programs that do not offer Electrophysiology services. However, McLeod recognizes the need for these services as an important component of their heart and vascular program and recently recruited two Electrophysiologists, **Dr. Cyrus Kocherla** and **Dr. Kishore Subnani**, to join **Dr. Prabal Guha** at McLeod Cardiology Associates.

Dr. Kocherla and Dr. Subnani are now part of a team of 18 physicians with McLeod Cardiology Associates who care for heart patients in Florence, Cheraw, Clarendon, Sumter, Loris, Little River and Myrtle Beach.

“McLeod Health has offered Electrophysiology Services since 1993,” said **Dr. Alan Blaker**, Executive Medical Director of the McLeod Heart and

Vascular Institute. “As our heart and vascular program has grown, we saw a need to expand our physician staff both at McLeod Regional Medical Center and at McLeod Health Seacoast. All three of our Electrophysiologists are highly qualified and skilled individuals who specialize in the management of electrical issues of the heart.”



Dorothy Isgett from Florence has been a patient of Dr. Prabal Guha for eight years, working with him to help manage her atrial fibrillation.

■ Meet Dr. Prabal Guha

Dr. Guha's patients are his priority. He can be found between cardiac floors of the hospital at McLeod Regional Medical Center to the Electrophysiology Laboratory (EP Lab) to perform procedures, to his office at McLeod Cardiology Associates -- wherever he needs to be to address the needs of his patients.

For Dr. Guha the decision to become a physician was simple. Growing up in a family where the practice of medicine goes back six generations, Dr. Guha always knew he would follow family tradition. More specifically Dr. Guha realized early on what field of medicine he wanted to pursue -- Cardiology and Electrophysiology.

“I had always found Electrophysiology impressive, being fascinated by the pacemaker and other similar devices used in this field,” said Dr. Guha. “I knew what my specialty would be upon entering medical school whereas many students make that decision later as they get exposed to the different specialties.”

Dr. Guha never deviated from that path. After completing a Cardiology Fellowship, he joined McLeod Cardiology Associates in 2003 and then in 2009 went on to complete an Electrophysiology Fellowship.

“With Electrophysiology, many patients experiencing very complex, irregular heart rhythms can be cured,” said Dr. Guha. “I find this aspect of Electrophysiology very rewarding.”

“As our heart and vascular program has grown, we saw a need to expand our physician staff both at McLeod Regional Medical Center and at McLeod Health Seacoast.”

– **Dr. Alan Blaker**
Executive Medical Director of the
McLeod Heart and Vascular Institute



Dr. Cyrus Kocherla appreciates the highly skilled, dedicated Electrophysiology Team at McLeod Regional Medical Center who are there to support him and Dr. Prabal Guha with all Electrophysiology studies and procedures.

Dr. Guha distinctly recalls one patient he treated several years ago, who suffered from an extremely weak heart muscle, leaving him barely able to walk any distance.

“This patient had complex irregular heart rhythms that took several ablations to repair,” said Dr. Guha. An ablation is a procedure to remove extra electrical pathways within the heart that cause the irregular heart rhythm. Today, the patient's heart muscle function is back to normal.

Dr. Guha's scope of care also includes patients in need of Electrophysiology services in Sumter at the office of

McLeod Cardiology Associates along with Cardiologists **Dr. Dennis Lang** and **Dr. Ryan Garbalosa**.

“We offer this service in our Sumter office so patients can receive quality Electrophysiology care close to home,” said Dr. Guha.

“With the support of the other specialists in the McLeod Heart and Vascular Institute we can provide the most advanced heart and vascular procedures, restoring quality of life for our patients,” added Dr. Guha.

■ Meet Dr. Cyrus Kocherla

Dr. Kocherla considers himself very privileged to join a program as prestigious as the McLeod Heart and Vascular Institute.

“I am pleased to be a part of this group of highly regarded specialists,” said Dr. Kocherla. “The Heart and Vascular team works together cohesively to provide coordinated, high quality patient care.”

Dr. Kocherla's interest in health care sparked when he was a teenager while volunteering at the hospital where his parents worked.

(Continued on next page)



Dr. Subnani performs an ablation in the McLeod Health Seacoast Electrophysiology Lab.

surgeon father allowed him to see the reward of helping improve one's quality of life.

"During my Cardiovascular Fellowship program, I saw the need for Electrophysiology in the hospital setting," said Dr. Subnani. "It is not an area of heart care many cardiologists migrate to, so I considered this and chose Electrophysiology because of the high need of this specialty."

Dr. Subnani's first exposure in working with the McLeod Heart and Vascular team was at MRMC. While there, he had the privilege to work alongside his cardiology colleagues and learn the technologies and services the hospital offered.

"McLeod offers a compassionate environment with a collegial and superb quality of staff," said Dr. Subnani.

Understanding the needs of the communities McLeod Health serves, Dr. Subnani had the opportunity to care for patients at McLeod Health Seacoast. The Coast is home to many retirees over the age of 65 who have the highest risk of heart failure.

McLeod Health Seacoast recently completed construction on a state-of-the-art EP Lab, Cath Lab as well as a new Hybrid Operating Room (OR).

"The EP Lab offers a space to study and perform heart procedures involving Electrophysiology," said Dr. Subnani. "The Hybrid OR is home to the most advanced imaging technology, making it an optimal space for specialized procedures."

"The attractive environment of Myrtle Beach appeals to many retirees," said Dr. Subnani. "This older demographic is the largest population of my specialty, so I saw the need for this area of service on the Coast. With the strength of our cardiology team, I am pleased to add Electrophysiology to the practice, broadening the available services to the community."

■ Meet Dr. Kishore Subnani

Reflecting on his childhood, Dr. Subnani knew he was going to be a physician one day. Growing up with a

He observed procedures in the Cath lab, receiving encouragement from the cardiologists and lab staff to pursue a career in Cardiology. The seeds of his future career aspirations in Electrophysiology were planted at the age of fourteen.

As he progressed through his medical training, Dr. Kocherla felt drawn even further to the field of Electrophysiology.

"The procedural techniques and surgical technology in this field are advancing at such a rapid pace, and here at McLeod our team is at the forefront," said Dr. Kocherla.

"I am also grateful for our highly trained and experienced Electrophysiology Team. They are committed to excellent patient care and are true patient advocates, routinely going above and beyond the call of duty.

Steve Dodd, RVT; Mary Allyson Gamble, RN; Kelley Harris, RN; Candice Hill, RN; Brittany Housand, RN; and Paul Micale, RN are invaluable assets during complex procedures."

Dr. Kocherla has always felt a strong desire to serve the community by meeting the Electrophysiology needs of patients.

"Many of our patients are highly symptomatic due to heart rhythm disorders, and I want to take part in helping them feel better. With the outstanding facilities and exceptional team of the McLeod Heart and Vascular Institute, we can treat these patients effectively and get them back to what they love doing," added Dr. Kocherla.

A World of POSSIBILITIES

by Tracie Foster

Danielle Douglas is 21 years old and the apple of her mother's eye. When first meeting Danielle, she may appear shy and reserved. But, after a few moments, her joyful and loving personality shines bright. The one thing that does not define Danielle is having Down Syndrome.

"As a high functioning adult with Down Syndrome, Danielle is able to participate in everyday activities. She helps with common chores around the house and has a job at our local hospital," said LaSheena Douglas, Danielle's mother.

An employee of McLeod Regional Medical Center's Laundry Services,

Danielle's co-workers recognize her as someone who works hard, has initiative and takes pride in her job. "With her physicians and friends working at McLeod, Danielle grew up being exposed to the McLeod Health environment. She would often express a desire to work there," said Douglas.

In her senior year at South Florence High School, Danielle was selected to participate in the Project SEARCH program, which provides real-life work experience combined with training. The program helps young people with special needs make the transition into productive adult life as contributing

members to the workforce. Students work closely with skill trainers, job coaches and department liaisons to determine which positions best fit their individual talents.

Florence One Schools, in partnership with McLeod Health, offers this program to eligible local high school seniors who are on an Individual Education Program (IEP), a program or plan developed to ensure that a child with an identified disability receives specialized instruction and related services.

"I was nervous for the first couple of weeks when Danielle started her job at McLeod," recalled Douglas. "I worried if she would be able to find her way from Laundry Services to the cafeteria and back.

"This program has helped Danielle find her independence and shown our entire family what she is capable of accomplishing. One thing I encourage other parents who have a child with special needs is to not put boundaries on them. I stand here today beside my daughter who has overcome so much. She has a job and new friends, and she knows her way around this campus. I am so proud of Danielle," added Douglas.

For more information about Project SEARCH, please call 843-777-5351.



LaSheena Douglas hopes Danielle's story inspires other families to see the endless possibilities open to their loved one with special needs.

BACK ON THE APPROACH AND HITTING HER MARK



Lavel Price makes her approach with confidence.

by Leslie A. Mikell

After months of managing pain in her left ankle, Lavel Price, a Hartsville resident and avid bowler, knew it was time to seek more permanent treatment.

Lavel noticed a gradually increasing pain in her left ankle about two years ago. She underwent three months of physical therapy at a local medical facility, along with the support of an orthopedic walking boot, but the pain kept getting worse.

As an assistant manager of the Southgate Bowling Center in Florence and operator of its Southgate Grill, Lavel experienced painful sensations in her ankle that made it challenging for her to work, stand for long periods of time, and bowl.

Lavel was then referred to Dr. Jason O'Dell, an orthopedic surgeon with McLeod Orthopaedics who specializes in foot and ankle conditions.

"The Achilles tendon can tear, rupture, or degenerate. Achilles tendon degeneration, also known as tendinitis, occurs from repeated stress or overuse of the tendon," explained Dr. O'Dell.

"Lavel's X-rays and MRI clearly showed degeneration of her Achilles tendon. With her current treatments not working effectively, I knew it was time to consider surgery."

"Based on my results, Dr. O'Dell explained that my pain would continue to worsen. He recommended the Achilles reconstruction surgery," Lavel recalls. "I was ready to do whatever it took to get my life back."

Before her ankle began giving her trouble, Lavel enjoyed traveling. "I would go to my grandson's baseball games in Georgia and travel with my bowling league. Once I started having ankle issues, traveling became difficult, and I had to stop bowling." In addition, because Lavel's job required prolonged periods of standing, she eventually had to cut her days back due to the pain.

The largest tendon in the human body, the Achilles tendon helps individuals walk, run, and jump.

Often a minimally-invasive procedure, Achilles reconstruction surgery involves several small incisions instead of one large incision. During Lavel's procedure, Dr. O'Dell removed the damaged part of her Achilles tendon and reinforced it with some of the tendon from her big toe.

"I could not have asked for anything better than the treatment I received at McLeod. From day one, everyone I encountered -- the staff both at the hospital and at the doctor's office -- were wonderful, and Dr. O'Dell was the absolute best," remarks Lavel.

"I could not have asked for anything better than the treatment I received at McLeod. From day one, everyone I encountered -- the staff both at the hospital and at the doctor's office -- were wonderful, and Dr. O'Dell was the absolute best."

- Lavel Price

"I was in a lot of pain before the surgery, and he made me comfortable again."

Lavel's recovery went smoothly as well. "I really only noticed pain the first two days. I completed my physical therapy at McLeod Medical Park Hartsville three days a week and was back to my old self in no time."

Word of Lavel's surgery spread quickly in the bowling community. "Someone else at Southgate had the same surgery as me one month after I

did, so I shared my experiences with her. She saw how well I recovered, and I helped her understand what to expect and how to manage her recovery. I told her that you can ask any question and Dr. O'Dell will be there for you."

Lavel recommends anyone experiencing similar pain and limitations from their ankle to consider seeing an orthopedic foot and ankle surgeon.

"McLeod took wonderful care of me. This surgery gave me my life back -- I am bowling again and doing what I love," added Lavel.

Dr. Jason O'Dell and Lavel are pictured together during a follow-up visit at McLeod Medical Park Hartsville.



HOPE & HEALING

During the Fight of a Lifetime

by Kelly Hughes

“He who has health, has hope; and he who has hope, has everything.”

~ THOMAS CARLYLE

In years to come, the history books will share the story of 2020 -- the year of the COVID-19 pandemic. For many, this year has been a time of uncertainty and change, but for some it has been a lesson in the value of hope.

Hermiginildo Macalincag, Jr., “Hermie,” works full-time at the McLeod Health Carolina Forest Emergency Department (ED) as a Respiratory Therapist and part-time at another rehabilitation facility. Like all of the McLeod Health staff, Hermie works tirelessly to do his part taking care of patients during the height of the crisis. As a Respiratory Therapist, he is a frontline healthcare worker and a critical member of the team of specialists treating COVID-19 patients.

Hermie was in Charleston with his wife, Esperanza, and their two sons, Kyle and Jolo in early July. Kyle attends the College of Charleston, and Jolo is a senior at Socastee High School.

During their trip, Hermie noticed fatigue, a mild back ache and a cough beginning to develop. He did not think too much of it at first -- he had been working long hours recently and thought it may just be exhaustion.

When they returned from Charleston, Hermie still felt ill, so he and his wife decided to get tested for COVID-19. His wife tested positive for COVID-19, but she remained asymptomatic. Hermie tested negative but knew he may still have COVID-19.

As his symptoms quickly worsened, Hermie immediately recognized the need to isolate himself from his family and seek medical care. He returned to

McLeod Health Carolina Forest, but this time as the patient.

Dr. Daniel Baker, Emergency Medicine physician, and his staff went to work diagnosing their friend and colleague.

“I asked Dr. Baker to show me the chest X-ray,” said Hermie. “When I saw it, I knew I had COVID-19.”

Often, patients who test positive for COVID-19 have a chest X-ray that presents with unique characteristics.

After a combination of medications and treatments, Hermie felt better and wanted to go home. Dr. Baker urged Hermie to be admitted to the hospital, but Hermie believed he could manage his medications and treatments at home.

“Every night I would be lying on my stomach in the prone position and my oxygen would drop into the low 80’s. Every night I would pray and ask the Lord to please send his Holy Spirit. I would see a light and have a peace that made me feel stronger and gave me hope to continue to fight.”

– Hermie Macalincag, Jr.



Hermie is cheered on by staff as he is discharged from McLeod Health Seacoast.

“That was a mistake,” recalled Hermie. “Two days later I started feeling a lot worse. I knew my shortness of breath had worsened and when I saw my lips turning blue, I told my wife to take me back to the ED.”

Hermie was admitted to the McLeod Health Seacoast COVID Unit on July 14. He was transferred to the Intensive Care Unit (ICU) two days after being admitted, as his symptoms had progressed.

“I was relieved to move to the ICU. I know most everyone on that team because of my work as a Respiratory Therapist,” said Hermie. “Since my family could not be with me, it was like being with my second family.”

While the staff continued to monitor his progress and manage his treatment, Hermie watched his oxygen saturation numbers decline. As a Respiratory Therapist he knew these levels indicated that he may need to be placed on the ventilator soon to help his lungs heal.

Hermie also knew the value of proning, or positioning a patient on their stomach so they are lying face down. Proning helps the lungs to expand and, in some patients, improves oxygen saturation.

“Every night I would be lying prone and my oxygen would drop into the low 80’s,” said Hermie. “I began to pray and ask the Lord to please send his Holy Spirit.

I would then see a light and have a peace that made me feel stronger and gave me hope to continue to fight.”

During his hardest days in the ICU, Hermie’s “second family,” his co-workers, showered him with their love and prayers.

“Their support strengthened and encouraged me deeply,” said Hermie. “My director and co-workers would pray with me in my room, and Carole Bailey, ICU Director, stopped by every morning to cheer me on.”

“Caring for one of your own ‘work’ family members who is very sick weighs heavily on your heart,” said Bailey. “I am so proud of our McLeod Health team. They have and continue to provide excellent care to all of our patients.”

Hermie’s team of physicians treated him with a combination of medications including Remdesivir, steroids and antibiotics. He also received a transfusion of convalescent plasma therapy -- blood donated by someone who tested positive for COVID-19 antibodies. These antibodies can boost the patient’s ability to fight the virus.

“Two days after I received the plasma, I told the doctors I was finally feeling better,” said Hermie. “I did not know if it was the plasma, but for the first time, I felt like I was going to make it.”

After seven days in the ICU, Hermie was transferred back to the COVID Unit.

While his family still could not visit him inside, they found another way -- through the window of his first-floor room in the COVID unit.

“They would come and see me at the window, and we talked by phone,” said Hermie. “It meant so much just to be able to see my family.”

Committed to getting home to them as soon as possible, Hermie focused on his breathing and oxygen levels.

“Sitting in the bed truly gives you a new level of empathy for the patient and what they experience,” said Hermie. “Going through this gave me a new perspective.”

On August 4, Hermie was discharged from McLeod Health Seacoast.

“The staff lined the halls and cheered for me as I was leaving the hospital. I almost cried,” said Hermie. “I was so happy seeing those nurses from the ICU and COVID Unit waving goodbye. It was one of the happiest days of my life.”

After a few weeks of recovering at home and building his endurance, Hermie returned to work at the McLeod Health Carolina Forest Emergency Department and continues to do what he does best -- take care of others.

“Hermie is very outgoing and loves people,” said George Christmas, Director of Respiratory Care Services. “We are so glad to have him and his smile back at work.”



McLeod Health Seacoast Respiratory Therapist Hermie Macalincag, center, is grateful for the specialized care his colleagues and friends provided during his battle with COVID-19. Here, he is joined by some of the Intensive Care Unit nurses who were part of his care team: left to right, Clark Eckert, Penny Eckert, Carole Bailey and Cora Mullins.

A Miracle from God

by Jennifer Beverly

“For this child I prayed and the Lord has granted the desires of my heart.”

~ 1 SAMUEL 1:27

Not long after Keith and Lauren Rogers of Little River, South Carolina, married, the couple embarked on a long journey to welcome a baby into their family. For six years, their struggle with getting pregnant included continuous physician appointments, long nights of research and feelings of anger and failure.

McLeod Obstetrics and Gynecology Physician **Dr. Chris McCauley** of McLeod OB/GYN Seacoast guided Lauren every step of the way.

“Dr. McCauley has been a blessing to us,” said Lauren. “He is an advocate for my family and has provided me with the utmost respect and dignity.”

In 2015, Dr. McCauley diagnosed Lauren with endometriosis and a double uterus.

“A double uterus is a rare congenital abnormality,” said Dr. McCauley. “In a female fetus, the uterus starts out as two small tubes. As the fetus develops, the tubes normally join to create a larger, hollow organ.

However, if the tubes do not join together, a thin wall of tissue can divide the uterus into two separate openings.”

Knowing there was still a possibility for conception, Dr. McCauley referred Lauren to a fertility clinic for more extensive testing and evaluation. As a patient at the clinic, Lauren tried four rounds of IVF (In Vitro Fertilization) and all were unsuccessful. The doctor told Lauren that she did not have the protein needed to help the embryos attach to the wall of the uterus and would never be able to carry a child.

After receiving the news of infertility, Lauren scheduled a hysterectomy, recommended by Dr. McCauley, to help relieve her ongoing pain and severe bleeding cycles. Devastation could not even begin to describe how Lauren felt.

In May 2019, Dr. McCauley performed Lauren’s hysterectomy at McLeod Health Seacoast. Her procedure and recovery went well, but Lauren continued to struggle both emotionally and spiritually.

Miracle baby Kagney Lauren Rogers was born on May 29, 2020, at McLeod Health Loris.

McLeod Health OB/GYN
Dr. Chris McCauley supported Lauren and Keith Rogers throughout their six-year journey to meet their daughter, Kagney.

“I questioned myself as a person, my faith and God,” said Lauren. “I discovered my prayers were out of anger, but I received continuous encouragement from my family and friends to change my prayer, letting it be God’s will and His timing.”

Keith and Lauren decided not to give up on their dream of having a baby and looked into alternative options, including gestational carriers. A gestational carrier is a woman who carries an embryo created through the process of IVF. The baby has no genetic link to the gestational carrier.

“Many friends and family members offered to be the gestational carrier, but I thought it would be a little difficult for someone close to us to carry our baby,” said Lauren.

Lauren began sharing their story with everyone she encountered. As a hair salon owner and stylist, she saw many people daily. One afternoon, a client came to Lauren’s salon for a haircut and after a long conversation offered to be the gestational carrier.

“I told my client that I appreciated the offer, but asked her to think longer about the decision before she committed,” said Lauren. “A few days later, the woman called back and confirmed she wanted to help. God blessed us with the most generous gift, our gestational carrier.”



Lauren and Keith were overwhelmed with excitement. They had prayed for this miracle during many sleepless nights.

“Medical records were examined, tests were performed, mental evaluations were passed, and legal documents were signed,” said Lauren. “The gestational carrier, Keith and I were all medically cleared and ready to move forward with the IVF process.”

The next step included the embryo transfer, and it worked on the first attempt. For the next nine months, Lauren and the gestational carrier went to every doctor’s appointment together and became a part of each other’s lives.

On May 29, 2020, the gestational carrier delivered Kagney Lauren Rogers at McLeod Health Loris. The newborn weighed 7.53 pounds and measured 21 inches in length.

“Keith and I were overjoyed and immediately in love,” said Lauren.

“We went into another room in the Labor and Delivery Unit and began skin-to-skin with our new baby girl.”

Minutes later, a nurse noticed that Kagney made a wheezing sound as she breathed. Alarmed, the nurse whisked her away to the nursery to be examined.

“Kagney’s oxygen levels were low and the nurse placed an oxygen mask on her,” said Lauren. “Terrified, we anxiously waited for an update.”

After Kagney received treatment, the nurse brought her back into the room without the oxygen mask. Kagney’s stats were normal. She stayed an extra night in the hospital to be monitored and was released the following day to go home.

“In an already unique situation and at the height of the COVID-19 pandemic, the physicians, nurses and staff at McLeod Health were true heroes,” said Lauren. “The support we received was immeasurable, especially since our family was not allowed to visit the hospital. Our six-year long journey to meet our baby could not have been possible without the encouragement from everyone we encountered at McLeod Health.”

“Our six-year long journey to meet our baby could not have been possible without the encouragement from everyone we encountered at McLeod Health.”

– Lauren Rogers

Able to Breathe Again

by Arielle Williams Miles



Combatting the onset of a sudden fever and infection, Phillip Caulder, a recently retired funeral home owner and lifelong Chesterfield resident, found himself on a ventilator and battling for his life in critical care.

It was a normal weekend for Phillip and Yetive Caulder, a little over one year ago. They had just arrived at home from a birthday party and Phillip felt fine. The evening played out as usual -- Phillip falling asleep in his recliner while watching television as his wife went to bed for the night.

When Yetive heard her husband making strange noises in the other room during the early morning hours, she just assumed that he was up early getting ready for church.

As she entered the living room, she was startled to find Phillip curled up in the fetal position, unresponsive, feverish to the touch and gurgling. Every one of the blankets he had fallen asleep under were thrown all over the floor during the night.

Knowing that something was obviously very wrong with her husband, Yetive quickly called her daughter to come pick them up and take them to the Emergency Department (ED) at McLeod Health Cheraw.

"When we arrived at the ED, **Dr. Gabe Simpson** knew exactly what was going on as soon as he saw my husband. Phillip was showing signs of sepsis, and they immediately started working to save his life."

Later that day, he was admitted into the Intensive Care Unit by McLeod Hospitalist **Dr. Benjamin Weston** and then intubated which allowed him to breathe.

Phillip was diagnosed with pneumonia, acute hypoxic respiratory failure and sepsis all while being in remission from Lymphoma, a rare form of cancer.

His body was about to endure an uphill battle with an already weakened immune system.

Phillip remained unconscious for the next five days while the ventilator breathed for him. His doctors worked to fight off the pneumonia and sepsis with powerful antibiotics and administered medication to keep his blood pressure up at a healthy level.

"I do not remember any of my time in the Intensive Care Unit, but my wife certainly does," said Phillip. "Soon after our family posted about my condition on social media, prayers started coming in from all over, and I believe they went straight to heaven."

The Respiratory Therapy team at McLeod Health Cheraw worked daily to help him breathe. On the third day, they attempted to remove Phillip from the ventilator, but to no avail.

"We had always made our wishes clear to the medical teams that Phillip never wanted to be put on life support, but if the situation arose where there was a chance that he could improve in the short term, we would go that route," said Yetive.

With their window of opportunity quickly narrowing to meet this goal, the medical teams were doing everything they could to get Phillip breathing on his own as fast as possible.

On day four, they tried removing Phillip from the ventilator again with no success.

However, on the fifth day, the Respiratory Therapists weaned him off of the ventilator completely and Phillip was finally able to breathe on his own.

The first thing Phillip remembered after regaining consciousness was telling the doctor that he wanted to go home. Though Phillip was not ready to leave the hospital, Dr. Weston transferred him to a regular patient room on the Medical/Surgical floor.

"We could not have asked for more attentive nurses," said Yetive. "They were willing to answer any of the questions that I had about Phillip's condition and the doctors were wonderful. Dr. Weston was extremely nice and even prayed with us at the bedside during our time at the hospital. Dr. Simpson was wonderful as always and our family physician **Dr. Travis Novinger** was there working alongside them as a team to help Phillip recover."

Phillip added another aspect of his care that blew him away were the Patient Sitters at McLeod Health.

An often overlooked role, Patient Sitters are invaluable as they provide a much-needed respite for weary family members waiting alongside their hospitalized loved ones. This service allows them to go home, rest and take care of obligations outside of the hospital with the peace of mind that comes from knowing that their loved ones are in excellent hands.

"Yetive and I were unaware of this service until we needed their help during my hospital stay," recalled Phillip. "I was never alone during the whole time I was there."

Phillip's hospital experience far exceeded their previous expectations for care in Cheraw. From the Emergency

Department to the ICU and Nutrition Services to Security, the Caulders enjoyed a consistently excellent and compassionate experience for the duration of their stay.

Finally, Phillip's condition began to improve. After being hospitalized for nearly two weeks, Phillip received the good news that he was going home on September 19, 2019.

One year later, the Caulders continue sharing the story of their excellent experience at McLeod Health Cheraw.

"We were blown away with the outpouring of love, support and prayers from our community, friends, family and the caregivers at McLeod Health Cheraw," said Phillip. "We really had no idea how many people truly cared about us and how connected we are to each other in our tight-knit communities."

"I thank God for hearing the numerous prayers from all over the county and working through fine physicians like Dr. Simpson, Dr. Novinger and Dr. Weston, to heal me."

Today, the Caulders have been enjoying their much-deserved retirement with their grandchildren between Chesterfield and their vacation home on Lake Tillery in North Carolina. They are grateful for every breath that Phillip takes and are looking forward to a healthy future together.

In Fall 2019, Cheraw physicians (left to right) Dr. Travis Novinger, Dr. Daniel "Gabe" Simpson and Dr. Benjamin Weston worked hand-in-hand to help Phillip Caulder recover from a life-threatening battle with sepsis and pneumonia.



Phillip and Yetive Caulder are thankful for answered prayers and the clinical teams at McLeod Health Cheraw for saving Phillip's life one year ago.

Dr. Nehru Joins McLeod Oncology and Hematology Associates

The McLeod Center for Cancer Treatment and Research recently announced the addition of **Dr. Vijeyaluxmy “Viji” Motilal Nehru** to the cancer team.

Dr. Nehru joins **Dr. Rajesh Bajaj, Dr. Michael Pavy, Dr. Sreenivas Rao, Dr. Jamie Smith, Dr. Karim Tazi and Dr. Ravneet Bajwa** in serving patients at McLeod Oncology and Hematology Associates, a division of McLeod Regional Medical Center.

A native of Sri Lanka, Dr. Nehru comes to McLeod following the completion of her Fellowship in Hematology and Medical Oncology at the University of Illinois at Chicago. She received her medical degree in 2013 from Ross University School of Medicine in Portsmouth, Dominica, and completed her Internal Medicine Residency in 2016 at Staten Island University Hospital in Staten Island, New York.

As a medical oncologist and hematologist, Dr. Nehru provides care for the full spectrum of cancer diagnoses using chemotherapy as

well as targeted and biological therapy. Areas of special interest include hematologic malignancies and oncology research.

Particularly passionate about medical research, Dr. Nehru was pleased to learn that McLeod offers patients access to clinical trials through the McLeod Cancer Research department.

She explains that research has led to multiple advancements in care especially in the treatment of breast cancer. “As a result, there are more chemotherapy agents and targeted treatments to help women, such as immunotherapy, which involves using the patient’s immune system to attack the cancer cells.

“For example, in late 2017, the Food and Drug Administration (FDA) approved the use of the targeted therapy, Perjeta, in combination with Herceptin and chemotherapy after surgery to treat women with early-stage HER2 positive breast cancer. This type of breast cancer is considered to have a high risk of recurrence,” said Dr. Nehru. “Perjeta and Herceptin work against HER2 positive breast cancers by blocking the cancer cells’ ability to receive growth signals. When combined, these drugs are improving survival in women with high-risk, early-stage HER2 positive breast cancer as well as those diagnosed with HER2 positive metastatic breast cancer.”

In the treatment of triple negative breast cancer, Dr. Nehru explained that recent clinical trials have led to the approval of three new drugs.

“For patients with metastatic disease whose tumor expresses the PD-L1 protein, the addition of immunotherapy drug Tecentriq,

an anti-PD-L1 antibody, used in combination with the chemotherapy drug Abraxane improved survival. This was also the first FDA-approved regimen for breast cancer to include immunotherapy.”

Dr. Nehru added that there are now two other targeted therapies, Lynparza and Talzenna, known as PARP inhibitors that are effective for patients with triple negative breast cancer who have inherited BCRA1/2 gene mutations. A woman carrying these mutated genes has a markedly increased risk of breast cancer. “These oral medications have been shown to be more effective and better tolerated as compared to traditional chemotherapy.”

Research has also led to another new class of medicines -- Ibrance, Kisqali and Verzenio -- which are now the standard of care in patients with certain types of metastatic breast cancer when combined with hormone therapies, according to Dr. Nehru. “These targeted therapies were the first CDK4/6 inhibitors approved by the FDA. CDK stands for cyclin-dependent kinase, an enzyme that is important for cell division. CDK4/6 inhibitors interrupt signals that stimulate the rapid growth of cancerous cells. The addition of CDK4/6 has been shown to increase survival compared to hormone therapy alone.

“Thanks to cancer research, the discovery of new drugs continues to change the lives of patients tremendously and improve survival. It is an exciting time in the field of oncology and hematology. We have the opportunity to make a difference in our patients’ lives and give them hope,” said Dr. Nehru.

For information about scheduling appointments with Dr. Nehru, please call 843-777-7951.

Five Leading Cancer Sites

Diagnosed at McLeod in 2019

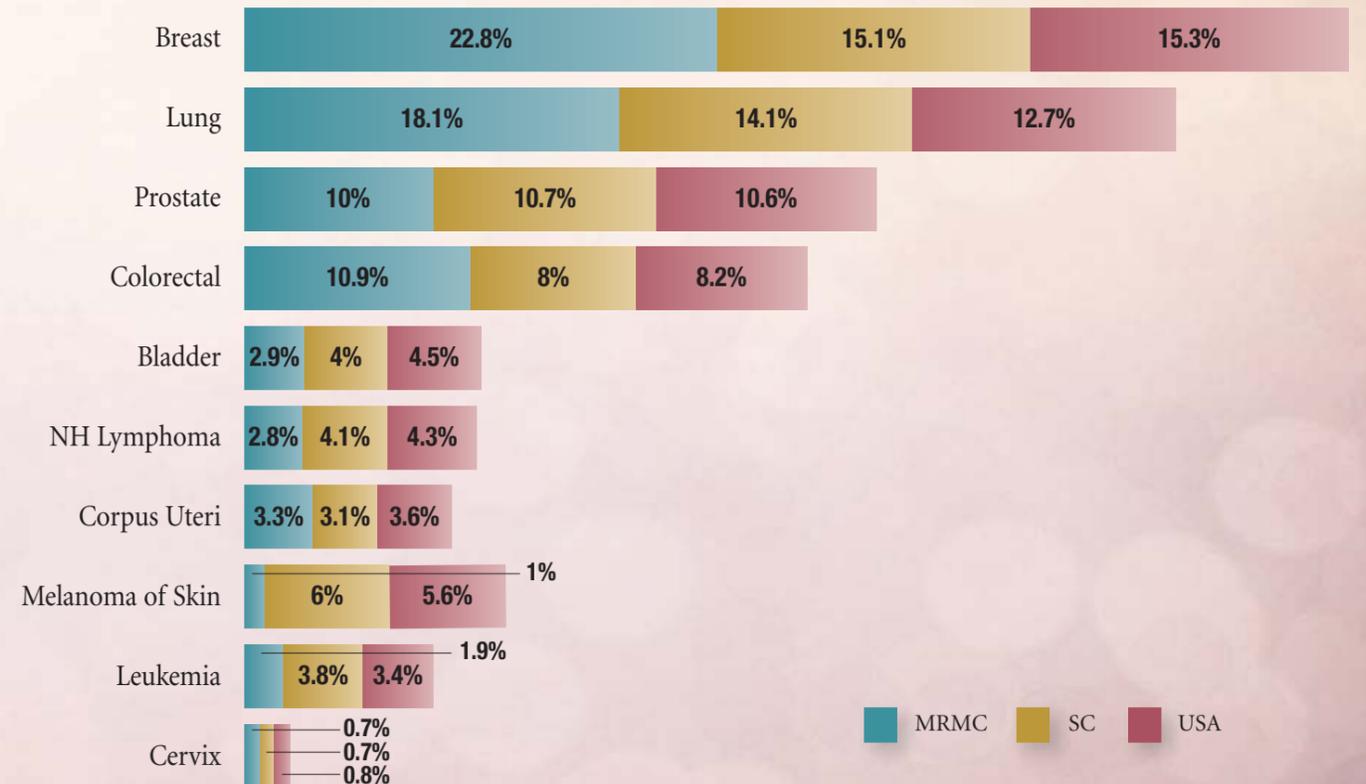
Site	Cases
Breast	348
Lung	277
Colorectal	167
Prostate	153
Urinary System	93

Total Cases: 1,038 (68%)



10 Most Prevalent Cancer Sites

Source: American Cancer Society “Cancer Facts and Figures 2019”



Dr. Vijeyaluxmy “Viji” Motilal Nehru

McLeod Cancer Research Team Offers Opportunities for Hope

Discovering new ways to treat and prevent cancer is the goal of medical research. At McLeod, cancer research efforts were first developed nearly 40 years ago with the arrival of Oncologist **Dr. Michael Pavy**. Today, the McLeod Center for Cancer Treatment and Research offers patients access to three dedicated cancer research nurses -- Pam Worthy, BSN, OCN, Jennifer Floyd, RN, and Michelle Gandy, RN.

This team is supported by the Principal Investigator for McLeod, **Dr. Rajesh Bajaj**, and his partners in Medical Oncology: **Dr. Michael Pavy, Dr. Ravneet Bajwa, Dr. Jamie Smith, Dr. Sreenivas Rao, Dr. Karim Tazi, and Dr. Viji Motilal Nehru.**

Drawn to treatment that involved research and drug-related therapy, Dr. Pavy started the cancer research program at McLeod in the early 1980s by partnering with the Piedmont Oncology Group at Wake Forest University's Bowman-Gray School of Medicine in Winston-Salem, North Carolina.

In 1987, the Southeast Cancer Control Consortium (SCCC) was established with McLeod as one of the 11 charter members. Now known as the Southeast Clinical Oncology Research Consortium, SCOR is comprised of a group of community hospitals in North Carolina, South Carolina, Georgia, Virginia and Tennessee, who offer research protocols to their patients under this National Cancer Institute Sponsored Community Clinical Oncology Program.

McLeod also collaborates in research with national alliances and research centers including:

- National Cancer Institute (NCI)
- Southwest Oncology Group
- Sun Coast Community Clinical Oncology Program
- The Alliance for Clinical Trials in Oncology
- Comprehensive Cancer Center of Wake Forest University

- NRG which consists of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG)
- Cancer Trials Support Unit
- The University of Rochester Cancer Center

Through these collaborations, the McLeod Cancer Research Department offers patients national state-of-the-art cancer research trials for the prevention and treatment of cancer. Currently, the research department has 75 patients involved in cancer studies and approximately 31 protocols that are either open for patient enrollment or closed for enrollment but the patients are still being followed. Areas of cancer clinical research available at McLeod include: Brain Cancer, Breast Cancer, Head and Neck Cancer, Leukemia, Multiple Myeloma, Pancreatic Cancer, Prostate Cancer, Sarcoma, Small or Non-Small Cell Lung Cancer and smoking cessation.

Most recently, the McLeod Cancer Research Department along with the McLeod Infectious Diseases and Critical Care teams supported the national clinical trial led by the United States Government and Mayo Clinic to determine if convalescent plasma collected from patients with COVID-19 would help in the treatment of patients critically ill with the virus. Approximately 250 patients at McLeod were part of the 101,000 patients who participated in the plasma trial. As a result of these patients' participation in research, the emergency use of convalescent plasma was authorized by the Food and Drug Administration (FDA).

If you are interested in learning more about research, please call the McLeod Cancer Research Team at 843-777-6387 or 843-777-6385.

Featured in this 2019 image is the McLeod Cancer Research team of Michelle Gandy, RN; Pam Worthy, BSN, OCN; and Jennifer Floyd, RN.



New Radiation Option for Prostate Cancer Cuts the Treatment Time in Half

*Larry D. Grubb, MD
McLeod Radiation Oncologist*

Prostate cancer is the most common cancer diagnosed in men in the nation. Nearly 191,930 new cases will be detected in the United States in 2020, according to the American Cancer Society. Prostate cancer is also the third leading cause of cancer deaths in men behind lung cancer and colorectal cancer. Fortunately, prostate cancer mortality rates have been decreasing since the mid-1990s in both African American and Caucasian men. This decrease is often attributed to our improved ability to detect and then treat the disease in its early stages.

Treatment for prostate cancer often involves surgery (a radical prostatectomy to remove the prostate) or radiation therapy.

As Radiation Oncologists, we treat prostate cancer using IMRT or intensity modulated radiotherapy, a special form of external-beam radiation therapy. With IMRT, we are able to precisely deliver the dose of radiation directly to the prostate, minimizing harm to the surrounding organs including the bladder, the rectum, the femoral heads and the small bowel. In addition, IMRT has been shown to be beneficial in reducing long-term side effects of prostate cancer.

Advancements in technology, treatment planning and imaging has also led to new innovations in radiation treatment such as hypofractionated radiation therapy for localized prostate cancer which we now offer at the McLeod Center for Cancer Treatment and Research.

Hypofractionated treatment involves delivering the radiation dose in larger, more powerful portions (fractions) over fewer treatment visits. It also offers the same survival and risk of toxicity as traditional radiation, yet the amount of time a patient needs to undergo treatment is considerably



The Radiation Oncologists caring for patients at McLeod include from left to right: Dr. Larry Grubb, Dr. Virginia Clyburn-Ipock and Dr. Rhett Spencer.

shorter and the patient's quality of life is not compromised.

Conventional treatment for prostate cancer with radiation involves 40 to 44 days of treatment or 25 days of treatment and a radioactive seed implant performed in an operating room. With hypofractionated treatment we can offer treatment in 20 to 28 days. This means a man would undergo five weeks of treatment as opposed to nine weeks.

At McLeod, we utilize three TrueBeam linear accelerators to deliver this form of treatment. Advantages of these linear accelerators include the degree of precision offered, the submillimeter accuracy which minimizes harm to healthy tissue and adjacent critical structures such as the spinal cord or lungs, and a platform that moves in six dimensions to position the patient in the best possible way for treatment.

Not only do these linear accelerators allow for improved images of the tumors and normal organs but they also offer faster treatment times. For example, using conventional linear accelerators it can take 15 to 20 minutes to treat men with prostate

cancer, while the TrueBeams provide the capability to treat men within five minutes.

Featuring advanced imaging capabilities such as cone-beam CT, an image-guided radiotherapy (IGRT) tool for the verification of patient position, these linear accelerators also allow the team to conform the radiation dose to the tumor target, verify the location and shape of the tumor and make adjustments during treatment. Additionally, precise patient set up and tumor targeting is accomplished through IGRT.

There is no one treatment option that is better for all men. The most appropriate treatment for prostate cancer should be based on the man's age, life expectancy, other medical problems, as well as the stage and aggressive nature of the cancer.

If you are diagnosed with prostate cancer, have a thorough discussion with your physician on the treatment options available so you can decide together which one is best suited for you.

Dr. Larry D. Grubb has been caring for patients at the McLeod Center for Cancer Treatment and Research since 1992.

EXCEEDING EXPECTATIONS

by Jaime Hayes

On the morning of February 16, Johnnie Luehrs awoke to shooting pain on the entire left side of her face. “The awful pain extended from my chin to my forehead,” she said.

Scared and uncertain as to what could be causing the pain, Johnnie and her husband, Don, made the short drive from their home in Latta to the Emergency Department at McLeod Health Dillon.

“From the moment we walked through the front door, I knew I would be in excellent hands,” said Johnnie. Greeted by Monica Bryson and triaged by Beth King, RN, Johnnie was seen by **Dr. Amid Hamidi**.

Dr. Hamidi, Medical Director of Emergency Services at McLeod Health Dillon, quickly diagnosed her with shingles.

“Johnnie presented to the Emergency Department with severe pain and a rash along the left side of her face,” said Dr. Hamidi. “The rash came within a fraction of an inch of her eye, which was concerning. She made a good call to seek medical attention.”

“Dr. Hamidi and the staff showed me a great deal of compassion,” added Johnnie. “He even shared his personal bout with shingles during medical school, so I knew that he understood the pain I was experiencing.”

While in the Emergency Department, Dr. Hamidi ordered a numbing medication from the pharmacy and applied it to Johnnie’s face. “Once I received my prescriptions for the local pharmacy, my nurse Elizabeth Hunt explained the medications and instructions for use,” said Johnnie.

“When we walked out of the Emergency Department, both my husband and I felt confident.

“All of our questions had been answered and our concerns addressed,” she added.

To top off an excellent experience, Dr. Hamidi reached out to Johnnie after her visit. “Dr. Hamidi actually called to check on me later that afternoon and said that he would be praying for my recovery. These days, that is not very common,” said Johnnie. “Don and I remain impressed about the care we received that day. Dr. Hamidi and his Emergency Department staff exceeded all of our expectations.”

Johnnie shared her experience with her sister-in-law who lives in Florida.

“She commented how unusual that was,” recalled Johnnie. “Don and I simply responded, ‘Not for McLeod.’”

Each day the Emergency Department team faces many challenges, and most of them are unexpected. “I know how busy the Emergency Department can be,” said Johnnie. “Of course, there were other patients seeking care that day, yet Dr. Hamidi and Elizabeth gave me their undivided attention.

“The compassionate care I received at the McLeod Health Dillon Emergency Department calmed the frightful experience that led me there,” she added.

“Dr. Hamidi actually called to check on me later that afternoon and said that he would be praying for my recovery. These days, that is not very common. Don and I remain impressed about the care we received that day. Dr. Hamidi and his Emergency Department staff exceeded all of our expectations.”

- Johnnie Luehrs

What Is Shingles?

Shingles is a viral infection that causes a painful rash. It is caused by the varicella-zoster virus -- the same virus that causes chicken pox.

If an individual has had chicken pox, the virus can lie dormant for years and reactivate as shingles.

Usually shingles occurs on one side of the torso or face. Common symptoms include pain, itching, rash and blisters that break open. Some individuals may only suffer from the pain of shingles with no rash outbreak.

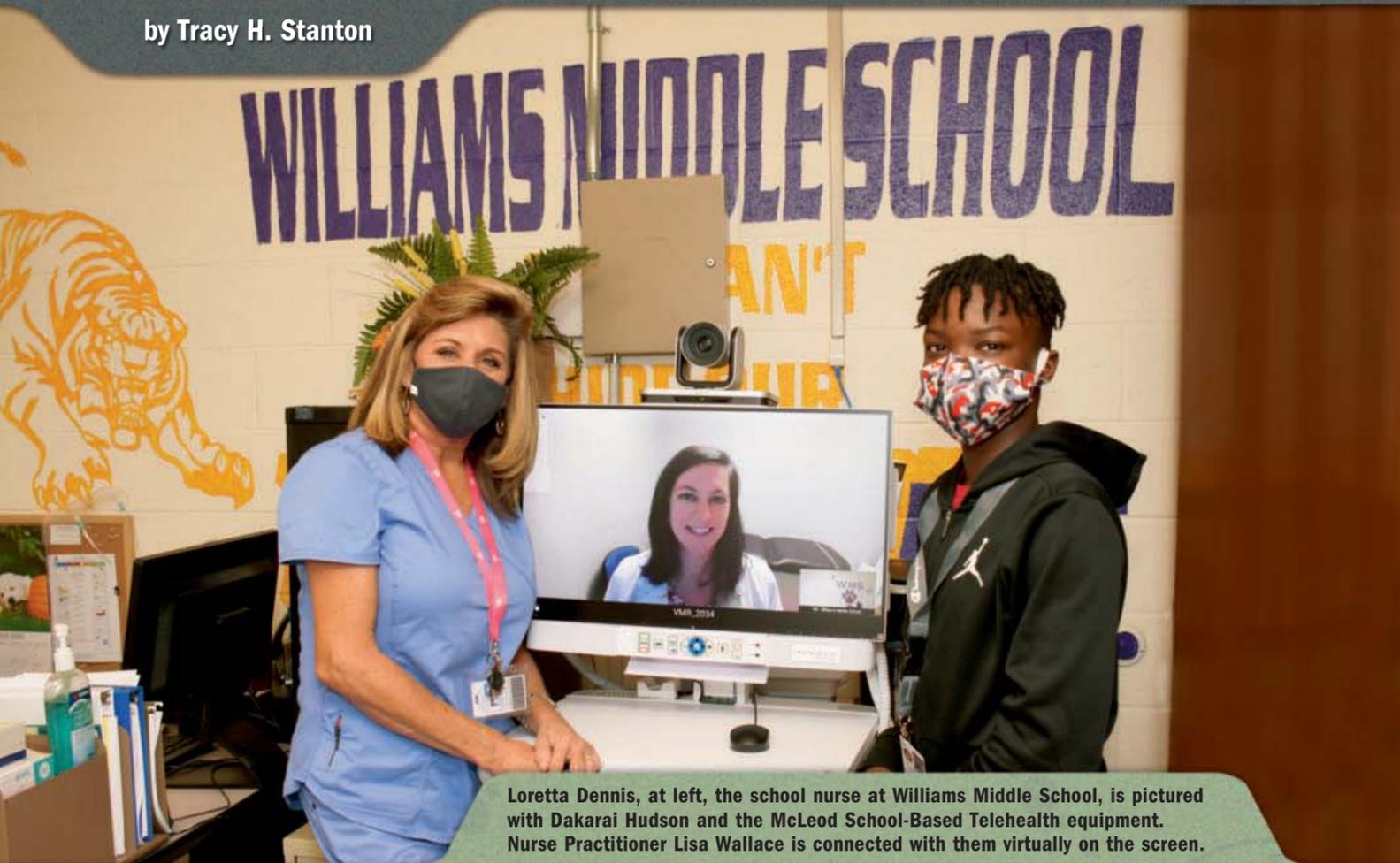
It is important to see a doctor if you believe you have shingles. Several antiviral medications are available to treat and shorten the severity of the outbreak.

Shingles is most common in older adults and those with weakened immune systems. Currently there is a shingles vaccine available to those over age 50.

Johnnie Luehrs is grateful for the care she received from Dr. Amid Hamidi and the Emergency Department staff at McLeod Health Dillon.

CONNECTING STUDENTS with Care At School

by Tracy H. Stanton



Loretta Dennis, at left, the school nurse at Williams Middle School, is pictured with Dakarai Hudson and the McLeod School-Based Telehealth equipment. Nurse Practitioner Lisa Wallace is connected with them virtually on the screen.

During the 2019-2020 school year, Dakarai Hudson, a seventh-grader at Williams Middle School in Florence, went to see the school nurse because he wasn't feeling well. Fortunately, thanks to a new program at the school offered by McLeod Health, Dakarai received a quick diagnosis virtually as well as the medicine he needed to get well and return to school.

The School-Based Telehealth Program (SBTP) offers an option for non-emergency medical care through McLeod TeleHealth visits with a McLeod Provider. McLeod provided each of the participating schools with telehealth

equipment including a computer, monitor, camera and other devices such as a remote stethoscope and otoscope.

When Dakarai came to Loretta Dennis, the School Nurse, he complained of a headache and sore throat. She also

noticed his glands were swollen, and he had nasal discharge. Dennis immediately set the wheels in motion for Dakarai to have a telehealth visit with McLeod.

During the virtual visit, the school nurse sends the McLeod Provider information on the student's condition and their age, weight and vitals. A McLeod TeleHealth appointment is then scheduled, and the parent receives an email link to connect to the visit. The McLeod Provider talks with the student about how they are feeling and gets input from the parent on the student's medical history. The school nurse facilitates the exam using peripheral aids so that the provider can listen to the heart and lungs; check the ears, nose and throat; evaluate a rash or ask the nurse to swab for flu. Before the visit ends, the McLeod Provider checks to see if the parent has any questions or concerns and sends necessary prescriptions to the family's regular pharmacy.

In Dakarai's case, Dennis tested him for flu and strep and sent the rapid results to the McLeod Provider to review while they were all connected. Dakarai tested positive for strep resulting in a prescription for an antibiotic from McLeod and an excuse from school until he was no longer contagious.

Dakarai's mother, Kimberly Robinson, said the program saves a lot of time. "The convenience of the virtual visit was very helpful. I would recommend it to other families, especially those who work or have a large family. Dakarai rarely gets sick, but I signed him up again this year for the program just in case he does."

In August of 2019, McLeod Health announced a partnership with Florence 1 Schools and The King's Academy (TKA) to offer the School-Based Telehealth Program. The hospital system recently expanded the program to Florence County School District Two – Hannah-Pamplico Elementary/Middle School and Hannah-Pamplico High School.

"It is amazing what we can do within our school health rooms using the state-of-the-art equipment provided by McLeod. The telehealth visits have saved our parents time and, more importantly, our students have not lost instructional time."

– Dr. Richard O'Malley
Superintendent, Florence 1 Schools

Florence 1 Schools Superintendent Dr. Richard O'Malley explained that the School-Based Telehealth program has been very beneficial for the district's families. "At any point during the school day, our students can visit their school nurse and connect remotely to quality healthcare with a local provider," O'Malley said. "It is amazing what we can do within our school health rooms using the state-of-the-art equipment provided by McLeod. The telehealth visits have saved our parents time and, more importantly, our students have not lost instructional time. We appreciate the opportunity to work with McLeod to provide our students with timely access to quality care."

SBTP is offered at four locations within Florence 1 Schools --North Vista Elementary School, Wallace Gregg Elementary School, Williams Middle School and South Florence High School.

"Florence County School District Two is excited about the availability of this program to students in our school district," said Superintendent Dr. Neal Vincent. "We look forward to the convenience telehealth offers our families while keeping our students in the classroom as much as possible."

This will support our motto of 'healthy children learn better.'"

Cathy Parnell, the School Nurse for The King's Academy, said, "The School-Based Telehealth Program provides a great opportunity to partner with our TKA families and keep our students healthy. It is exciting to be part of a program that utilizes current technology to provide early intervention for treatment of minor illnesses. This partnership gives students access to an entire team of skilled healthcare professionals all working towards a common goal of reducing school absences and returning them to optimal health as soon as possible."

"The School-Based Telehealth Program offers many benefits for our children and community," said Lisa Wallace, a McLeod Nurse Practitioner. "In addition to providing a rapid diagnosis and treatment, our goal is to also increase access to better health care for every student. This will reduce risk of infection and the use of the Emergency Department for non-emergent medical situations. However, this service is not designed to replace a student's primary health care that is provided by their pediatrician or family physician."

Other McLeod Providers working with the School-Based Telehealth Program include Dr. Focell Jackson-Dozier; Allison Slice, FNP; and Brandi Powell Russ, NP.

McLeod
TeleHealth

BREAKING FREE OF THE CANE

by Carrie Anna Strange

Charlie Bradley of Sumter, South Carolina, started experiencing pain in his hip more than a year ago. Walking, standing and daily activities grew painful for Charlie as time progressed.

“The pain in my hip significantly restricted my ability to do things I enjoyed such as ride a bicycle and walk,” said Charlie.

Charlie’s physician began with a non-surgical approach by referring him to interventional pain management to lessen the severity of Charlie’s pain.

“In 2019, I received steroid injections and physical therapy in hopes of alleviating the pain in my left hip. These therapies relieved my pain for a short time, but not long term. Despite these efforts, the pain gradually worsened, and I eventually needed the assistance of a cane to walk,” Charlie recalled.

A pain management physician with McLeod Regional Medical Center referred Charlie to Orthopedic Surgeon **Dr. Rodney Alan** at McLeod Orthopaedics Sumter. Dr. Alan also cares for patients at McLeod Regional Medical Center in Florence and McLeod Health Clarendon in Manning.

Charlie Bradley enjoys pain-free walks again thanks to the care he received from Dr. Rodney Alan.

During Charlie’s appointment, Dr. Alan conducted a comprehensive evaluation. Due to the integrated nature of the patient’s electronic medical record at McLeod Health, Dr. Alan was able to review medications, labs, office records and all of Charlie’s previous diagnostic testing performed across the entire McLeod Health system. This enabled him to quickly diagnose Charlie with osteonecrosis of the left hip.

Osteonecrosis is a condition that occurs when the blood supply to the head of the femur (thighbone) is disrupted. Because bone cells need a steady supply of blood to stay healthy, osteonecrosis can ultimately lead to the deterioration of the hip joint and severe arthritis.

“Dr. Alan recommended that I undergo a total left hip replacement,” said Charlie. “He explained why I needed the procedure as well as what I could expect during the surgery and recovery process.”

On the morning of July 28, 2020, Charlie underwent a posterior hip replacement at McLeod Health Clarendon. John Carpenter, a Physician Assistant with McLeod Orthopaedics, assisted Dr. Alan during the surgery.

Dr. Alan made an incision in the back of Charlie’s hip and moved the muscles connected to the top of the thighbone to expose the hip joint.

“Using a posterior approach allows better exposure for complex hip replacement surgeries with significant deterioration of the bone,” said Dr. Alan. “During the procedure, a portion of the

femoral head, the top part of the thigh bone, is removed and replaced with an artificial hip prosthesis. The cartilage in the hip socket, or acetabulum, is removed, and the socket is reshaped to fit the “cup,” also known as the acetabular component. Replacing both the ‘ball’ and ‘socket’ of the hip are what make a total hip replacement.”

“When I woke from surgery, I did not feel pain in my leg. The incision discomfort was nothing compared to the pain I had been living with for many months prior to surgery. Shortly after surgery, the McLeod Health Clarendon Rehabilitation team had me up and moving with minimal assistance,” said Charlie.

The McLeod Health Total Joint Replacement Program facilitates the coordination of care between McLeod Rehabilitation, Case Management and McLeod Orthopaedics Clarendon, ensuring that Charlie was prepared for discharge with medications, durable medical equipment and expectations for recovery.

“I was discharged from the hospital the same day of my surgery. When I left the hospital that evening, I could put full weight on my leg right away,” recalled Charlie. “I used a walker around the house for the first few weeks of recovery. After that, I started using my cane again while regaining my strength.

“After six weeks of physical rehabilitation, I can now walk without any assistance,” said Charlie. “I recently saw Dr. Alan for my follow-up appointment and was told I do not have

“I was discharged from the hospital the same day of my surgery. When I left the hospital that evening, I could put full weight on my leg right away.”

– Charlie Bradley



McLeod Orthopedic Surgeon Dr. Rodney Alan performs total hip replacement surgery at McLeod Health Clarendon.

to return to see him for a year. Everything looks good, and healing is going well. Dr. Alan said I should be feeling better and stronger each week. I have already noticed a difference in these first few weeks.”

Looking back on his experience, Charlie noted two things that impressed him the most. The first was the immediate relief from hip pain after surgery. Secondly, Charlie was surprised by how steadily his condition improved during his rehabilitation.

“Each day, I could tell that I was getting better,” he added. “My range of motion and ability to walk normally improved noticeably from one day to the next. I am grateful to Dr. Alan and his team for restoring my quality of life. To celebrate, I recently joined the local gym. I look forward to many pain-free days ahead.”

The Vascular Care YOU NEED NOW

by Jennifer Hulon & Tammy White



McLeod Vascular Surgeons Dr. Eva Rzcudlo, left, and Dr. Joshua Sibille, right, deliver life-saving vascular care to patients from the midlands to the coast.

Vascular disease will not get better on its own. Patients owe it to themselves to get the best and most timely care possible to preserve their health. Bert Mays and Robert Bang share their stories of how they learned firsthand how delaying care can potentially cost more than you are willing to lose.

BERT MAYS

Who does not love having a brand new pair of shoes? But when those new shoes cause blisters and lead to sores that will not heal that feeling quickly dissipates especially when they are a linchpin to potentially losing your foot.

Hartsville resident Bert Mays can attest to what happens with slow-healing wounds. Bert had worn new shoes that gave him blisters. The blisters never healed and developed into ulcers; therefore, he sought help at a wound care center in Hartsville. The center worked with Bert for one month trying to heal the multiple ulcers on his foot. After recognizing his wounds needed care from a wound specialist, the center referred Bert to McLeod Vascular Surgeon **Dr. Eva Rzcudlo**.

A Vascular Surgeon treats diseases of the blood vessels and veins that make up the blood flow of the circulatory system.

Conditions such as blood clots or blockages can obstruct the blood flow within the circulatory system to or from any part of the body. The risk for amputation rises as these conditions prolong without treatment.

Amputation is the surgical removal of all or part of an extremity such as a leg, foot or toe. Approximately 1.8 million Americans are living with an amputation, with the leg being the most frequent amputation surgery. Poor circulation from damage or narrowing of the arteries called Peripheral Arterial Disease becomes the most common reason for amputation. There are approximately 18 million Americans suffering from Peripheral Arterial Disease with 160,000 related amputations performed annually.

Bert made an appointment to see Dr. Rzcudlo at her McLeod Vascular Associates office located at McLeod Medical Park Hartsville.

“Dr. Rzcudlo explained to me that the limited blood flow kept my wounds from healing,” said Bert. “By the time I got to her it was too late for her to save my big toe. She had to remove it to keep the gangrene from spreading to the rest of my foot.”

“Bert is a miracle patient,” said Dr. Rzcudlo. “At the point he came to see me, he was at a high risk of losing his leg. I needed a clear blood vessel to bypass the blockages in his leg to restore the blood flow to his foot. His test results showed several blockages, which left only one, two-millimeter blood vessel that could be used for the bypass in order to save his leg.”

The difficult six-hour surgery became Bert’s only chance to keep his leg. At the completion of the operation his foot was properly warm and pink to the touch and over the next several weeks it continued to heal.

“Recent blood work revealed Bert also has diabetes,” said Dr. Rzcudlo. “Diabetics are at increased risk for Peripheral Arterial Disease and have a higher risk for developing foot ulcers. Anyone with wounds slow to heal should talk to their physician about a referral to a vascular surgeon to avoid the possible risk for amputation.”

Bert remains under Dr. Rzcudlo’s care for monitoring of his circulation, which Dr. Rzcudlo reports continues to look clear.

“Dr. Rzcudlo and I have a good relationship,” said Bert. “I can talk freely with her and she answers all of my questions. She is the angel who saved my leg. I put myself in the position of almost losing my leg, but Dr. Rzcudlo got me out of it.”

At 72 years young, retirement is not in Bert’s vocabulary as he works full-time at Brown’s RV in McBee and spends his remaining spare time with his five grandchildren. And, thanks to Dr. Rzcudlo, Bert says, “I would not be where I am today if it was not for Dr. Rzcudlo and McLeod.”

(Continued on next page)



Thanks to the care he received from McLeod Vascular Surgeon Dr. Eva Rzcudlo, Bert Mays will have more days like he had with his grandchildren (left to right) Jordan Mays, Ian Mays and Eva Mays at a recent family wedding.

ROBERT BANG

When Robert Bang, originally from Queens, New York, retired to Pawleys Island, South Carolina, he looked forward to spending days by the beach and enjoying his favorite hobbies. Robert keeps a busy schedule as a member of a bowling league and plays golf a couple of times each week.

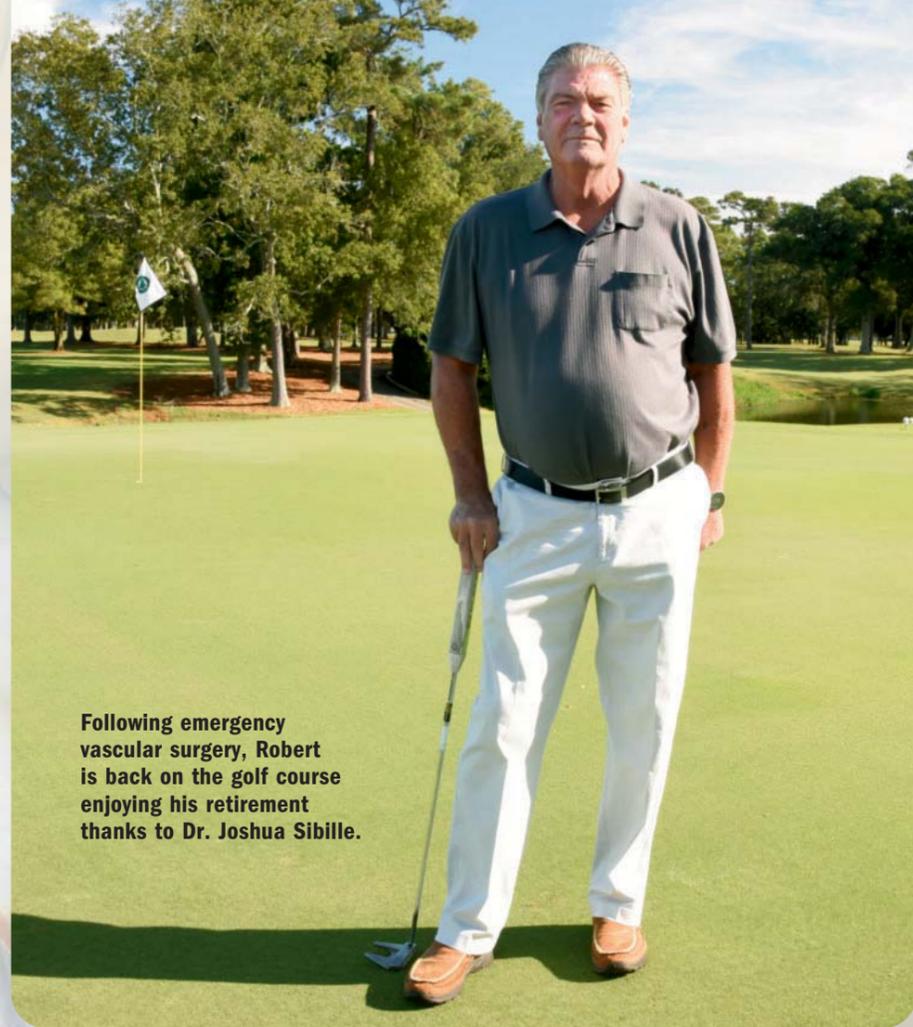
One July morning, Robert joined his team at the local bowling alley. The next day, he experienced soreness in his leg. Robert took some ibuprofen and went to bed. Upon waking the next day, his leg continued to hurt, but he pushed through and headed to the golf course. During the game his leg began to cramp, at first intermittently then constant. Robert had never left a match, but that day his pain overtook him. He left his golf partners on the course with two holes remaining.

Robert continued to self-medicate, using a heating blanket to get relief. The next day, he woke and felt a knot in his leg. He also noticed that his foot felt cool. Robert's cousin, a Physician Assistant, urged Robert to visit his local healthcare provider.

Robert's Nurse Practitioner examined his foot and sent him to the local emergency department (ED), where he underwent a sonogram. The results of the test ruled out blood clots. The ED physician advised Robert to follow up with his Nurse Practitioner the next day. By this time, Robert's foot worsened and was cold.

Robert's Nurse Practitioner sent him to the emergency department nearby, where he was diagnosed with acute limb ischemia. This condition occurs when there is a sudden decrease in blood flow to a limb and can have devastating consequences if not treated immediately. The medical team contacted Vascular Surgeon **Dr. Joshua Sibille** with McLeod Vascular Associates to arrange for emergency surgery at McLeod Health Seacoast.

Robert's 50-year smoking history significantly increased Robert's chances of



Following emergency vascular surgery, Robert is back on the golf course enjoying his retirement thanks to Dr. Joshua Sibille.

developing vascular disease. Smoking accelerates the hardening and narrowing process in arteries. Stiff, narrowed arteries are common in elderly people, but for smokers that process starts earlier, effectively giving them "old" arteries.

"Mr. Bang suffered with a severe circulation deficit in his right lower leg," said Dr. Sibille. "If he would have waited a few more hours, we would not have been able to save his leg."

Upon Robert's arrival to McLeod Health Seacoast, the operating room team prepared to him for surgery.

Dr. Sibille performed a surgical bypass procedure to restore Robert's blood flow. This technique is used to bypass diseased blood vessels in the lower leg and foot. To bypass the blockage, Robert's blood was redirected through a healthy blood vessel.

Dr. Sibille carefully observed Robert's progress for the next six days in the hospital.

"Dr. Sibille has a fantastic bedside manner and disposition. He continually kept my family updated throughout my procedure until I was discharged. I have been extremely pleased with the care I received from Dr. Sibille and McLeod Health Seacoast," recalls Robert. "Since my experience, I have quit smoking. My other leg shows signs of the same condition, so I have a follow-up procedure planned early next year before it worsens."

"In Mr. Bang's case, he fortunately identified the culprit responsible for his poor health before it was too late," said Dr. Sibille. "His decision to quit smoking will significantly improve his overall health."

Today, Robert is back on the golf course enjoying the beautiful weather and time with friends.

A VIRTUAL EVENING OF *Hope and Inspiration*



Memorable performances and inspiring testimonials of hope were featured during *An Evening of Hope* to benefit the HOPE (Helping Oncology Patients Everyday) Fund on September 24, 2020. The McLeod Health Foundation's 21st Annual Cancer Benefit, presented by Harbor Freight Tools, was held virtually and showcased Celebrating Hope 2020, highlights from the past 10 years.

A few of the 12 performances featured during the event included Henry Jones singing "Old Man River," Instrumentalists

Zak and Ethan Chen, the cast of the Florence Little Theatre production of *Les Miserables*, and Baritone Alexander Elliott.

The event raised more than \$134,000 for the HOPE Fund thanks to the generosity of sponsors, donors and individuals with nearly 275 views the night of the virtual event. After the live presentation of *An Evening of Hope*, the event link was added to the McLeod Health website for everyone to view. To watch the event, visit: www.mcleodeveningofhope.org.

Gifts made in support of the HOPE Fund benefit oncology patient support services and provide oncology staff with immediate access to meet the individual needs of their patients. Programs supported through this fund provide transportation and medication needs for patients with few resources as well as educational manuals and supplies.

If you would like to learn more or make a donation to support the HOPE Fund, please visit: www.mcleodhopefund.org.



Robotic Surgery Offers Numerous Benefits

by Jessica Wall

A hair stylist for nearly 40 years, Dawn Wallace maintains a hectic schedule with work and family, including three children. Last December, Dawn noticed some irregular, unpredictable bleeding. This was unusual, as she had not experienced any menstrual bleeding following an endometrial ablation approximately 20 years before.

The issue continued to worsen and interfere with her quality of life, so in January Dawn decided to follow up with her Gynecologist Dr. Michael Davidson of McLeod GYN Specialists.

“I just knew something was not right,” recalled Dawn.

An ultrasound revealed several contributing factors to Dawn’s breakthrough bleeding. A cyst on Dawn’s ovary was the most likely culprit, but she also had fibroids and adenomyosis, which is where the inner lining of the uterus (the endometrium) grows into the muscular wall of the uterus. In addition, the ultrasound showed cervical stenosis, or a narrowing of the passageway through the cervix. This can result from an endometrial ablation.

“Once you have cervical stenosis and an ablation, a hysterectomy is the only treatment option,” explains Dr. Davidson.

Dawn was an ideal candidate for a robotic-assisted hysterectomy, or the surgical removal of a woman’s uterus using a computer to control the surgical instruments.

“If we did not have the capability to perform robotic surgery, Dawn would have required a fairly large incision considering she had fibroids,” explains Dr. Davidson.

“I had no reservations as Dr. Davidson explained the surgery option,” recalls Dawn. “Hearing that I could resume normal activities and return to work within two weeks instead of the traditional six weeks sounded wonderful.”

On the morning of February 26, 2020, Dawn arrived at McLeod Regional Medical Center in Florence to undergo a total hysterectomy.

Dawn describes her experience as a “walk in the park,” only having mild stomach soreness immediately after the procedure. She never even needed pain medicine.

Thanks to the Outpatient Surgery Department’s focus on early discharges – a program called Extended Recovery – Dawn was able to go home the same day of her surgery. Normally, patients would stay in recovery for about four hours before being admitted overnight for observation. With Extended Recovery, patients stay in recovery approximately six to eight hours before going home.

This has many benefits for GYN patients, especially those with chronic conditions and young families. The surgical process no longer disrupts medication management nor requires the additional stress of making family arrangements to accommodate a hospital stay.

“Approximately 90 to 95 percent of patients who undergo robotic procedures go home the same day,” says Dr. Davidson. “Using other approaches, the average is a two- or three-day hospital stay.”

Following surgery, Dawn adhered to Dr. Davidson’s recommendations for the next two weeks and after her follow-up on March 11, returned to work on March 12.

“It was the easiest thing I have ever done,” says Dawn.

“As a GYN surgeon, I am not only operating on my patient, but I am also operating on her family and her job,” says

“Approximately 95 percent of my surgeries are robotic. When we look at the data – infection rates, outcomes, etc. – we are doing patients a favor with robotic surgery. Patients get back to normal faster and experience a much lesser impact on their home and work lives.”

– Dr. Michael Davidson, McLeod GYN Specialists

Dr. Davidson. “My patients generally have more reservations about how surgery will affect their life during recovery than the surgery itself.

“With robotics, I feel that I am impacting my patient’s life much less than I would have eight to ten years ago because now I can do the surgery in a way that allows my patient to return to work sooner and with less pain and disruption.”

Dr. Davidson explains that other types of minimally invasive procedures, such as laparoscopies, require the surgeon to manipulate the patient’s abdominal wall which tears through muscle and tissue. The robot, on the other hand, does not allow

for this manipulation, restricting the surgery to one local area. This leads to much less pain following surgery, which in turn requires less pain medicine.

“There are two components here working together – the effectiveness of robotic surgery to minimize pain and changes in healthcare’s overall approach to narcotics,” says Dr. Davidson.

“Approximately 95 percent of my surgeries are robotic. When we look at the data – infection rates, outcomes, etc. – we are doing patients a favor with robotic surgery. Patients get back to normal faster and experience a much lesser impact on their home and work lives.”

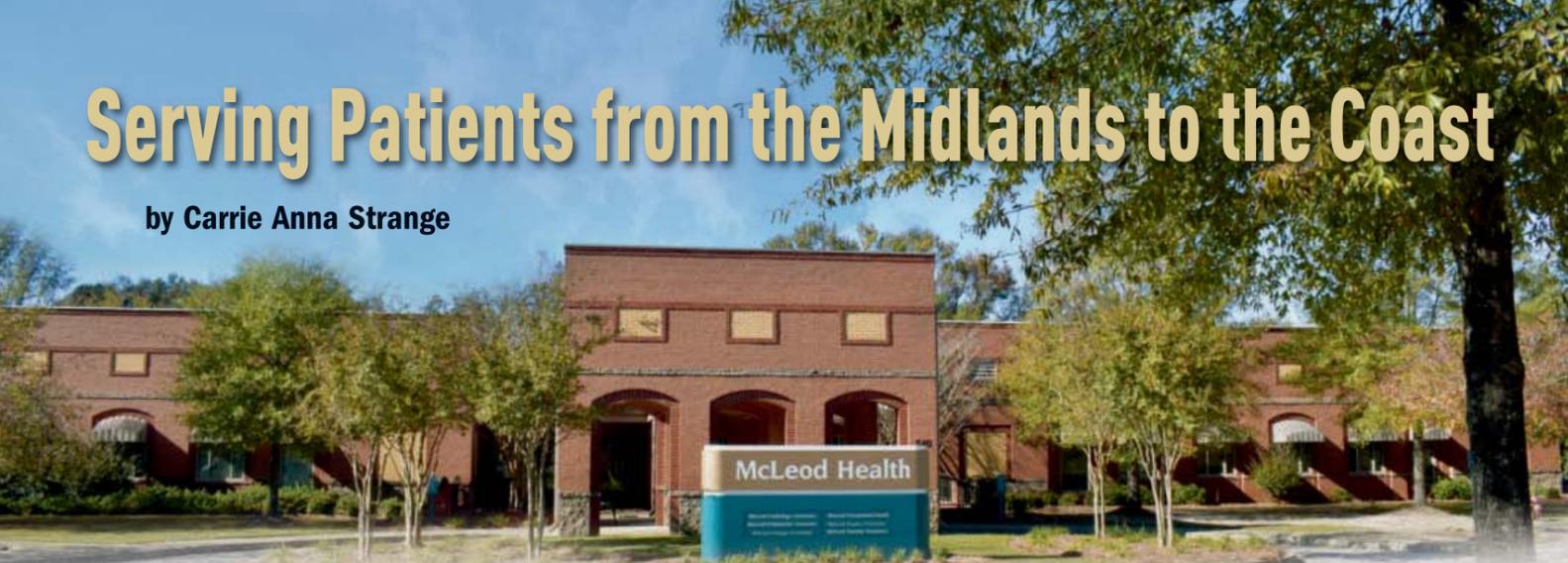
Dr. Davidson performs a robotic GYN surgery with a designated team of operating room staff specially trained to work with this surgical specialty. This robotic-assisted team consists of a physician assistant, operating room nurses, nurse anesthetists and surgical technologists.



Dawn Wallace, a hair stylist at Limelight Salon Spa & Gifts in Cheraw, credits Dr. Michael Davidson and his surgical team for regaining her quality of life following a robotic-assisted hysterectomy.

Serving Patients from the Midlands to the Coast

by Carrie Anna Strange



McLeod Health continues to expand services and increase access for patients living in Sumter County and surrounding areas. In 2017, Palmetto Adult Medicine joined the McLeod Physician Associates network and McLeod Medical Park Sumter, pictured above, was established.

Clarendon Health System joined McLeod Health on July 12, 2016 and began a season of transformation that continues today. In a constantly changing healthcare industry with increasing operating costs and lower reimbursement, McLeod Health Clarendon leads the way in providing the highest quality medical care that one would expect from McLeod Health.

“Community hospitals play a vital role in the economic growth and development of that community,” said McLeod Health Clarendon Administrator Rachel Gainey. “At McLeod Health Clarendon, we strive to create meaningful, positive patient experiences with those who entrust us with their care. Although improvement efforts are continually in motion, the hospital has made significant progress in increasing access to specialty care through the McLeod Health network and ensuring every patient receives the quality care they deserve faster.”

Dedicated to serving the needs of patients from the midlands to the coast, McLeod Health expanded its footprint into the Sumter community in 2017. Shortly after the acquisition of McLeod Health

Clarendon, Palmetto Adult Medicine, located at 1295 Wilson Hall Road, Sumter, joined the McLeod Physician Associates network. These providers bring years of experience and compassionate care to the residents of Sumter, Clarendon, Lee, and Williamsburg counties.

Established in 2017, McLeod Medical Park Sumter, located at 540 Physicians Lane, encompasses McLeod Orthopedics Sumter, McLeod Cardiology Associates, McLeod Vascular Associates, McLeod Occupational Health, McLeod Urology Associates and McLeod Surgery Clarendon.

“The continued expansion of McLeod Health in the Sumter area will have a great impact on the health of our region,” explained Gainey. “The increased access to specialty services will bring

experienced physicians to those in our region, making it much easier to receive care. As a testament of our commitment, we are continually developing plans to meet the spectrum of needs in the communities we serve.”

“Every day, Sumter residents choose McLeod Health for their care, and it is our privilege to locate the specialty care services in this community,” said Rob Colones, President and CEO of McLeod Health.

Efforts are also underway to expand McLeod Medical Plaza Clarendon, offering patients greater access to both primary care and specialty care.

“We trust that patients will continue to look to McLeod Health as the choice for medical excellence,” added Gainey.

McLeod Health Services offered in Sumter:

Cardiology • Electrophysiology • Home Health • Hospice • Internal Medicine • Nurse-Family Partnership
Occupational Health • Orthopedics • Primary Care • Surgery • Urology • Vascular

Lawton's Story, God's Pen

by Jessica Wall

The dramatic events that unfolded on January 5, 2019 would mark Simms and Amanda Porter's lives forever. At the center of these events was their precious three-month-old son, Lawton.

The day began as most other Saturdays. Amanda woke to feed Lawton, who was officially three months old that day. After his feeding, she placed him in his crib, and he began to cry. But this was an unusual cry, one that Amanda had never heard before.

She picked up him, and he vomited. Amanda called Simms into the room and felt that she should contact the pediatrician. The nurse she spoke with said it was likely a virus and encouraged Amanda to give Lawton Pedialyte and monitor his symptoms.

Moments later, Lawton appeared to have a seizure. Neither one having a medical background, Amanda nor Simms were certain it was a seizure, so they watched him. He vomited again and had another episode.

(Continued on next page)

Lawton Porter survived a ruptured brain aneurysm at just three months old thanks to the highly specialized care team at McLeod Regional Medical Center.



“At this point, we headed to the McLeod Regional Medical Center Emergency Department,” explained Amanda.

Simms pulled up to the front entrance, and Amanda jumped out of the truck and ran in yelling for help. “I remembered saying, ‘I don’t know if my child is even breathing. I think he’s having seizures.’”

A staff member rushed over to Amanda and grabbed her arm as they ran to the front entrance. They met Simms as he was coming into the ED, carrying Lawton’s car seat. The staff member put his hand on Lawton’s chest and realized he was not breathing. He grabbed the car seat from Simms and rushed Lawton to an exam room in the back. Amanda and Simms followed close behind.

“Doctors and nurses came in from everywhere and just descended on my child,” recalled Amanda.

The team was in the process of venting Lawton when the charge nurse came over

Through every moment of Lawton’s life – every challenge and every blessing – God is penning a most beautiful story of hope and healing.

to Amanda and Simms to lead them to the waiting area. She comforted Amanda by promising to treat Lawton as if he were her own son. As they left, Amanda could see that Lawton was having another seizure on the bed.

The team rushed Lawton to McLeod Radiology, where they performed a CT of his brain.

Dr. William Naso with Florence Neurosurgery and Spine Center was immediately called in, and he notified the family that emergency surgery was needed.

The scan indicated that Lawton was suffering from a ruptured aneurysm, resulting in bleeding on the brain and subarachnoid hemorrhage, a life-threatening type of stroke.

“When I arrived, Lawton was in neurologic distress and actively seizing,” explained Dr. Naso. “He had a dilated pupil -- a sign of impending death -- from brain herniation, which is the shifting of brain tissue from one space in the brain to another.”

The medical team intubated Lawton and transported him directly to the Operating Room, where Dr. Naso performed a craniotomy. This involves making an incision in the scalp and removing part of the bone from the skull -- called a bone flap -- to expose the brain. Dr. Naso then evacuated the hematoma (blood clot) which was compressing the brain.

Using a microscope, Dr. Naso and his Physician Assistant Catherine Soriano worked to clip the aneurysm and keep it from bleeding.

During the operation, Lawton went into cardiac arrest. The anesthesiologist began CPR with chest compressions and resuscitated him.

“Lawton is very fortunate to be alive,” said Dr. Naso. “He would not be alive had it not been for the amazing coordination from an entire team dedicated to his care, including the OR staff, transport technicians, nurses, blood bank and so many more.”

“Surgical Technician Amy Jerome played a crucial role assisting and getting the right instruments to us at the right time. If we did not have an OR ready to go when we needed it, Lawton would not have survived. In these critical situations, it is not a matter of every ten to 15 minutes being important, but every 10 to 15 seconds. We had an incredible team of professionals, each who knew their role and performed it better than anyone could have hoped.”

After the procedure, Dr. Naso met with Amanda and Simms, explaining that Lawton had a ruptured giant middle cerebral artery (MCA) aneurysm. This was a rare aneurysm based on three factors -- the size and location of the aneurysm as well as the fact that Lawton was born with it.

“Giant aneurysms such as Lawton’s in his age bracket are very uncommon,” says Dr. Naso. “These are also more likely to rupture.”

“As a result of the hemorrhage, Lawton experienced right hemiparesis, or partial paralysis on the right side of his body. However, babies and children are amazingly resilient and can recover and lead a normal life.”

“We could not imagine anyone else doing Lawton’s surgery,” says Amanda. “Dr. Naso and Catherine are the best, and I credit them as well as the anesthesiologist and the numerous nurses and technicians who I will never know their names, but everyone who was in the room that day.”

Shortly after surgery, Lawton was admitted to the McLeod Pediatric Intensive Care Unit (PICU) for additional monitoring as well as to keep him sedated and let his body recover.

“**Dr. Carl Chelen, Dr. Efrain Sanchez** and **Dr. Thomas Bannister** were incredible,” said Amanda. “We saw each of them at different times, and they cared for my son to the best of their ability. The nurses also comforted us and were just as kind to us as they were to Lawton. I would



The swift and coordinated efforts of Neurosurgeon Dr. William Naso, center, and an entire surgical team including Surgical Technician Amy Jerome, left, and Physician Assistant Catherine Soriano, right, played crucial roles in saving Lawton’s life.

also be remiss if I did not mention the respiratory therapists. They became like family.

Fifteen days later, Lawton was discharged from McLeod Children’s Hospital, but continued to undergo additional vascular imaging and monitoring. An angiogram later showed that the aneurysm was secured and no other aneurysms were present.

Because of Lawton’s right-sided weakness, he immediately started therapy, including occupational therapy, physical therapy and speech rehabilitation, which he continues today.

“Simms and I could not be more pleased with Lawton’s progress,” says Amanda. “Our medical team fully believes Lawton will walk, talk and lead a normal

life. But for now, he is writing his own story, and these things will come in his own time.”

Lawton recently celebrated his second birthday. He is crawling on his own and sitting up. He loves to pull out books and flip through the pages and wrestle on the floor with his Daddy.

“We know he has a long road ahead, but we are excited to see what he does with his life,” explains Amanda. “Simms and I look back on the last two years with such gratitude that we made it through. Yes, it was a miracle, but we also believe it was part of God’s plan all along.”

Through every moment of Lawton’s life -- every challenge and every blessing -- God is penning a most beautiful story of hope and healing.



Amanda and Simms Porter are grateful to Dr. Naso and the McLeod team for the lifesaving care they provided to their son, Lawton.

CONTINUING THE LEGACY OF EXCELLENCE, STABILITY AND GROWTH

DONNA ISGETT PROMOTED AS PRESIDENT & CEO OF MCLEOD HEALTH.

McLeod Health is pleased to announce the promotion of Chief Operating Officer Donna Isgett to President and CEO of the McLeod Health system effective March 1, 2021. Highly respected as a healthcare leader on a local, regional and national level, Donna has been an integral part of McLeod Health for more than 20 years. Respected for her focus on quality care through clinical and service excellence, Donna will continue the 115-year legacy of stability, growth and medical excellence of McLeod Health.

The role of President and CEO has been held by Rob Colones since 2002. Mr. Colones will continue as President Emeritus, an advisory position designed to provide historical perspective and guidance. A visionary and inspirational leader, Rob has guided McLeod through a dynamic expansion of McLeod Health into a 7-hospital system serving one million people in 18 counties in South and North Carolina.

LEADERSHIP ACCOMPLISHMENTS:

- Named Board Chair of SC Hospital Association Board of Trustees in 2020 and a member since 2013
- Serves on Coker University Board of Trustees
- Former Co-Chair of the Institute Healthcare Improvement Forum
- Recipient of the Milliken Medal of Quality from the SC Quality National Forum
- Liberty Fellow at the Aspen Global Institute
- One of two South Carolina healthcare leaders appointed to the Institute for Healthcare Improvement's Executive Quality Leader Network
- Served as founding co-chair for the SCHA Re-engineering Committee



“Donna has the experience, skills and personal qualities needed to successfully address the issues of a complex and rapidly changing healthcare environment. Working with Donna for more than two decades, I can testify that she is data-driven, an agent of change and a collaborative partner.”

Rob Colones - McLeod Health President & CEO



“For over two decades, Donna has played a major role in the development and provision of an exceptional quality of care by McLeod Health, and has been recognized for her work on difficult and complex healthcare issues at state and national levels. She is extremely competent and is an innovative and compassionate leader. The McLeod Health Board, our physicians and our staff have experienced Donna's skillful and collaborative leadership style as Chief Operating Officer and Senior Vice President of Quality & Safety and McLeod Physician Associates. We are all confident that she has the knowledge, strength, and vision to lead McLeod through the challenges and opportunities of the future.”

Ben Zeigler - McLeod Health Board Chair



“The state of South Carolina is fortunate to have McLeod as a nationally recognized health care system, as well as the inspiring leadership of Rob Colones and Donna Isgett. Donna will without doubt lead that superb system into a future of ever-better health and health care for the communities it serves.”

Donald Berwick, MD, MPP - President Emeritus & Senior Fellow, Institute of Healthcare Improvement



“Donna Isgett brings her own dynamic leadership style to the helm of McLeod Health. As Chairman of our Hospital Association Board during this extraordinary pandemic, Donna has demonstrated the same perseverance and emotional intelligence that helped earn McLeod's national reputation for quality. I have every expectation that McLeod Health will continue to thrive under Donna's leadership.”

Thornton Kirby - Executive Director & President of the South Carolina Hospital Association



“During the past two decades, McLeod Health has risen to become one of the highest quality health care systems in the world. I have had the extraordinary privilege of watching Rob Colones and Donna Isgett lead this process. Now that McLeod is a multi-hospital system, Rob and Donna's leadership is even more powerfully evident. Each hospital that has joined has experienced a significant improvement in important quality outcomes. It is directly attributable to the leadership attention and focus that Donna and Rob provide, and to the powerful methods they bring into play in each new hospital in the system.”

Jim Reinertsen, MD - Senior Fellow, Institute of Healthcare Improvement & President of The Reinertsen Group

McLeod Health

McLeodHealth.org

Florence | Darlington | Dillon | Carolina Forest | Cheraw | Clarendon | Little River | Loris

McLeod News

MCLEOD HEALTH HONORS FIVE OUTSTANDING LEADERS



Dr. Joseph Harlan, Jr., Sarah Williams and Marie Saleeby were honored during the October 20 McLeod Portrait Unveiling.



Laurence McIntosh and Bruce Barragan were honored during the November 10 McLeod Portrait Unveiling.

Celebrating years of dedication and service to others – past, present and future -- McLeod Health held portrait unveilings on October 20 and November 10 to honor five outstanding individuals: **Joseph E. Harlan, Jr., MD**; Sarah L. Williams; Marie G. Saleeby; D. Laurence McIntosh and J. Bruce Barragan.

During the portrait unveiling ceremonies, attended by the honorees, their family members, friends and colleagues, Rob Colones, President and CEO of McLeod Health, offered the invocation at both events.

Dr. Joseph E. Harlan, Jr.

Hart Smith, Retired Vice President of Women's and Children's Services at McLeod Regional Medical Center, and Deborah Locklair, Senior Vice President and Chief Human Resources Officer for McLeod Health, offered for remarks about Dr. Harlan's dedication to the McLeod Neonatal Intensive Care Unit for nearly 40 years.

Sarah L. Williams

Following the portrait unveiling for Dr. Harlan, Todd Hazzard, Vice President of

Patient Services at McLeod Regional Medical Center, and Tony Derrick, Vice President and Chief Nursing Officer for McLeod Regional Medical Center, honored Williams for her more than 35 years of service to McLeod.

Marie G. Saleeby, MSN, RN

Prior to the unveiling of the portrait for Saleeby, Fulton Ervin, Senior Vice President and Chief Financial Officer for McLeod Health, and Kaye Floyd-Parris, Former Chairman of the McLeod Health Board of Trustees, reflected on Saleeby's nursing and leadership career at McLeod which has spanned 32 years.

D. Laurence McIntosh

Benjamin T. Zeigler, Chairman of the McLeod Health Board of Trustees, and Frank J. “Buddy” Brand, II, Vice Chair of the McLeod Health Board of Trustees, then recognized McIntosh for his service to the McLeod Health Board for 22 years. McIntosh joined the McLeod Health Board of Trustees in 1980 and began his service on the board as chairman in 1982, the genesis of two decades of committed and great leadership.

J. Bruce Barragan

Following the portrait unveiling for McIntosh, Dr. Charles Jordan, former Senior Vice President of McLeod Physician Associates, and Jeannette Glenn, former Senior Vice President of McLeod Health Human Resources, Training and Education, commemorated Barragan's vision and influence during the enormous growth of McLeod Health from 1980 to 2002.

Donna Isgett, Chief Operating Officer for McLeod Health, offered the closing remarks at each event.

McLeod has a long-standing tradition of acknowledging the life-time achievements of McLeod Physicians, Nursing Professionals and Organizational Leaders. One of the most significant opportunities for recognizing meritorious service and paying tribute to the fine character of these individuals is through the act of commissioning a portrait in their honor by the McLeod Health Board of Trustees. The artist's rendering of these individuals is placed on permanent display in areas representative of both the location of their service as well as commemorating their expertise in the field.

In total, McLeod Health has commissioned 31 portraits honoring individuals during the past three decades.

McLeod News

MCLEOD OPENS DEDICATED BI-PLANE SUITE FOR URGENT STROKE CARE



McLeod Regional Medical Center has a new dedicated Neurointerventional Bi-plane X-Ray suite. This suite has the most advanced medical imaging technologies available for treating strokes and brain aneurysms.

The nationally recognized McLeod Stroke and Neurosciences program announces the addition of a dedicated Neurointerventional Bi-plane X-Ray Suite. Bi-plane imaging is used for such procedures as Thrombectomy, a type of minimally invasive surgery to remove a blood clot from a brain artery. The imaging system produces highly detailed three-dimensional views of blood vessels heading to the brain and deep within the brain.

This technology allows doctors to follow the blood flow path to the exact location of the issue. Designed for the emergency treatment of stroke patients, the new suite is equipped with the most advanced medical imaging technologies available, including two rotating cameras, one on each side of the patient, to take images simultaneously.

By producing images at the same time, it reduces the amount of contrast material needed as well as procedure time.

“Large vessel ischemic clots causing ischemic strokes are best removed by Thrombectomy,” said **Dr. Timothy Hagen**, McLeod Medical Director, Stroke and Neurology Services. “Ischemic strokes are the most common type, accounting for 87 percent of all strokes. Last year, we treated nearly 1,000 stroke patients here at McLeod and had to send approximately 50 of them to medical centers across the state to receive a Thrombectomy. Now, with our Bi-plane X-Ray Suite staffed by a highly trained team, these patients can stay close to home for their care.”

In addition to Thrombectomies, Endovascular Coiling will also be performed

in this suite. This is a procedure to treat brain aneurysms from inside the blood vessel. Small metal coils are inserted into the aneurysm through the arteries that run from the groin to the brain. These coils stop the blood from flowing into the aneurysm.

The rupture of an aneurysm often occurs without warning and can very quickly turn into a life-threatening situation. Immediate emergency treatment is vital to reduce the risk of permanent, severe neurological damage or death.

“The cutting-edge technology within the Bi-plane X-Ray Suite takes our Stroke and Neurological Care to the next level so we can better serve our patients,” added Dr. Hagen.

McLeod Health 2021 & 2020 TOP HONORS



McLeod Health is excited to share our most recent achievements in the hospital ratings by Healthgrades®, the leading online resource for comprehensive information about physicians and hospitals.

With Top Honors in major categories for 2020 and 2021, McLeod continues to be The Choice for Medical Excellence in our region.

★★★★★ in Treatment of Stroke (2021)*

★★★★★ in Cranial Neurosurgery (2021)*

★★★★★ in Pacemaker Procedures (2020)*

★★★★★ in Total Knee Replacement (2016 – 2020)*

★★★★★ in Total Hip Replacement (2020)*

Stroke Care Excellence Award™ (2017 – 2020)*

Outstanding Patient Experience Award™ (2020)**

FLORENCE | CAROLINA FOREST | CHERAW
CLARENDON | DARLINGTON | DILLON | LORIS | SEACOAST

* These distinctions represent McLeod Regional Medical Center
** This distinction represents McLeod Health Clarendon

McLeod Health

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