

# McLeod

Volume 36, Issue 3, 2021

## *magazine*



MCLEOD HEALTH  
HERE FOR LIFE

Vraj Patel  
Florence, South Carolina



# Views



Donna Isgett

This year marks a milestone for our McLeod family -- 115 years of medical excellence delivered by McLeod Health. Thank you for choosing us for your health care as we continue striving for superlative compassion and service.

It was the tragic fall in 1899 of a three-year-old boy from a second story apartment that inspired Dr. F.H. McLeod's vision of a hospital for Florence and the region. McLeod Health continues the tradition of premier hospital practices and expertise with highly experienced physicians and healthcare professionals, the widest spectrum of health services available in the region, extraordinary

outcomes and patient testimonials, cost-efficient care, expansion and growth.

We stand at a remarkable moment in our journey. When most organizations cease to exist in the years following the vision of their founder, McLeod Health has exceeded the boundaries of excellence in patient care, led by our dedicated people since its establishment in 1906.

As for the future, we plan to expand that delivery of care. We call those footprints a two-hub market, featuring our Inland and Coastal facilities, practices and services.

Inland is characterized by the provision of inpatient and outpatient services at McLeod Regional Medical Center, McLeod Behavioral Health, McLeod Cheraw, McLeod Clarendon, McLeod Dillon and throughout our physician practices as well as facilities in Sumter and Hartsville. Coastal focuses on being the primary provider for Horry and Brunswick Counties at McLeod Loris, McLeod Seacoast and McLeod Carolina Forest. Our system's goal is to be the leader of healthcare by offering those services the markets can support and need.

We are local people caring for local people, and population growth is driven by individuals who are accustomed to a certain standard of quality and care. So here is a reminder. You are our most important asset -- not the buildings, equipment or even our many services. It is you who ensure the future success and growth of McLeod Health.

We consider it a privilege to call the communities from the Midlands to the Coast our home. We invite you to share in those stories of victory and recovery in this fall issue of *McLeod Magazine*. At McLeod, we are Here for Life.

Donna Isgett  
President and CEO, McLeod Health



## ON THE COVER:

A season-ending knee injury during practice left Wilson High School senior Vraj Patel with both medial and lateral meniscus tears and a completely ruptured ACL. After a surgical consultation with Dr. Zac DiPaolo at McLeod Orthopaedics, and due to the complexity of the tears, Vraj decided on a two-stage procedure to yield the best results. With the help of McLeod Outpatient Rehabilitation and Sports Medicine physical therapists, and thanks to Vraj's determination, he is progressing well in his recovery. Now a redshirt freshman on the Catawba College football team, Vraj is poised for his comeback. The cover photo was taken centerfield at the new Wilson High School Tiger Stadium in Florence, South Carolina.

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**Donna Isgett**  
President and CEO, McLeod Health

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

**Co-Editors**  
Tracy H. Stanton and Jessica Wall

**Contributing Writers:**  
Jennifer Beverly, Jaime Hayes, Kelly Hughes,  
Jennifer Hulon, Leslie Mikell,  
Arielle Williams Miles, Lauren Snipes,  
Carrie Anna Strange, Shaw Thompson  
and Tammy White

**Photographers:**  
Jason Crist; Doug Fraser;  
Brooke Christl Photography; and  
Media Source 1, Inc.

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# Inside

- 4 PRODUCING A HEALTHIER LIFE
- 6 PARTNERS IN CARING
- 10 RECOVERING FROM HEART FAILURE
- 12 KICKER WRITES HIS OWN COMEBACK STORY
- 15 BREAKING THE CYCLE
- 18 COUNT EVERY BLESSING
- 20 IT'S TIME FOR YOUR MAMMOGRAM
- 24 2021 McLEOD CANCER REPORT
- 28 REPAIR OF A TRIPLE THREAT
- 30 PLACING THE PATIENT AT THE CENTER OF LUNG CANCER CARE
- 32 COMING FULL CIRCLE
- 34 THE 18TH HOLE
- 36 QUALITY CARE CLOSE TO HOME
- 38 McLEOD NEWS



PARTNERS IN CARING | PAGE 6



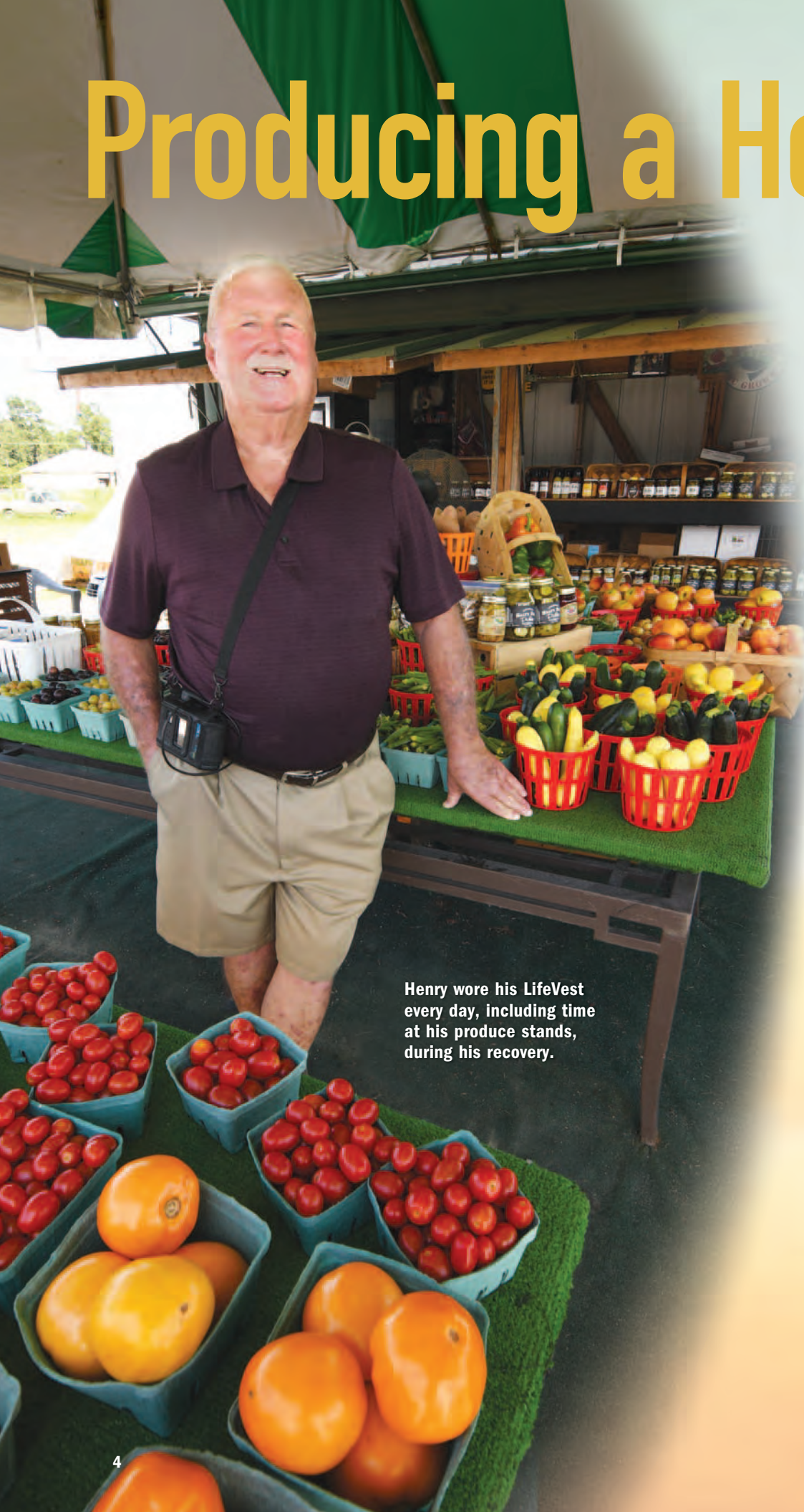
BREAKING THE CYCLE | PAGE 15



THE 18TH HOLE | PAGE 34



# Producing a Healthier LIFE



Henry wore his LifeVest every day, including time at his produce stands, during his recovery.

by Jennifer Hulon

Bringing smiles to people's faces is Henry Bell's daily goal. Owning multiple produce stands in Northern Horry County, he enjoys sharing God's Word and is happy to offer the finest produce around.

In 2018, Henry found himself tired all the time. When he visited farmers for produce pick-up, moving multiple 125-pound boxes of peaches, which Henry normally did with ease, was now exhausting. This persisted for several weeks.

During this time, Henry went turkey hunting with a friend, one of his favorite pastimes. Henry positioned himself in a ditch and his legs went to sleep. He was weak and tired. The next day Henry went to his granddaughter's birthday party and tried to pick up a child. He felt a sudden sharp pain in his chest. He went home, hoping the pain would subside.

The next morning his wife took him to McLeod Health Seacoast Emergency Department due to Henry's continued chest pains. Labs and X-rays showed that Henry was experiencing atrial fibrillation (A-Fib).

One of the most common heart conditions, A-Fib is an abnormality of the heart's electrical system that causes a rapid beating of the upper chambers of the heart and prevents the heart from pumping blood like it should to the lower chambers.

To regain normal heart rhythm, Cardiologist **Dr. Amit Pande** with McLeod Cardiology Associates performed a cardioversion.

A cardioversion is an electric shock to the heart that restores a normal heart rhythm in people with certain types of arrhythmias, or abnormal heartbeats.

Henry's heart stayed in normal rhythm for almost three years, until June 2021.

"Cardioversion restores a normal heartbeat rhythm most of the time," said Dr. Pande. "However, often many people will go back into A-Fib again after one year."

Due to Henry's abnormal Electrocardiogram (EKG), which records the electrical signal from the heart to check for different heart conditions, Dr. Pande performed a cardioversion on June 19. The attempt to reinstate Henry's regular heart rhythm was not successful this time.

Dr. Pande admitted Henry to McLeod Health Seacoast and scheduled a consultation with McLeod Cardiology Associates Electrophysiologist **Dr. Kishore Subnani** to discuss the severity of Henry's condition.

"When cardioversion no longer restores normal heart rhythm, we choose a more advanced approach," said Dr. Pande. "We consulted with Dr. Subnani to determine the next step."

"Dr. Subnani helped me get back to feeling like myself. I encourage anyone experiencing similar symptoms to see their doctor. Together, Dr. Pande and Dr. Subnani have restored my quality of life."

- Henry Bell

Dr. Subnani recommended a cardiac ablation the following day at the McLeod Health Seacoast Electrophysiology (EP) Laboratory. Both McLeod Health Seacoast and McLeod Regional Medical Center are equipped with an EP Laboratory to offer these specialized procedures.

During a cardiac ablation, the electrophysiologist uses radiofrequency energy to create tiny scars in the heart to block abnormal electrical signals and restore a normal heartbeat.

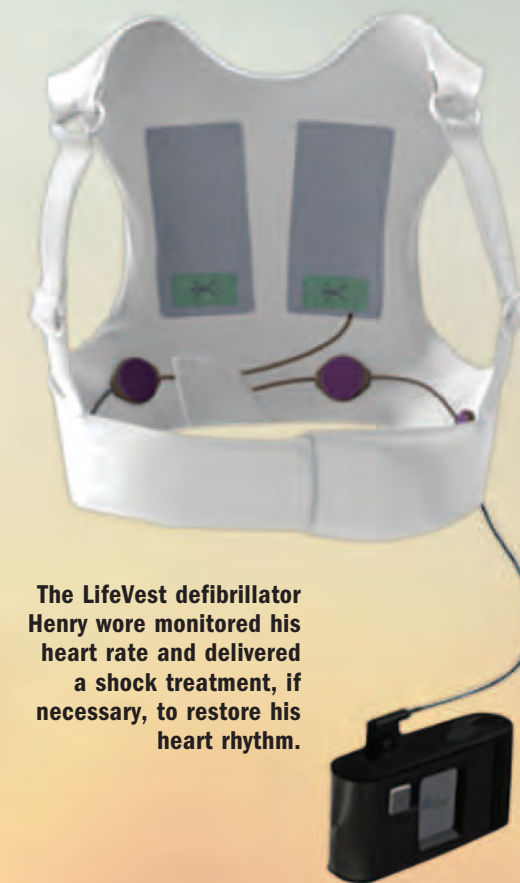
"A cardiac ablation is a minimally invasive procedure and is quite common in the United States and especially in South Carolina," said Dr. Subnani. "The ablation of Henry's A-Fib improved the strength of his heart, avoided the possibility of needing a permanent defibrillator and prolonged his life."

Out of an abundance of caution, Dr. Subnani had Henry fitted with a LifeVest prior to discharge as a protective measure.

The LifeVest is a temporary personal defibrillator worn by a patient at risk for sudden cardiac arrest. It monitors the patient's heart continuously, and if the patient goes into a life-threatening arrhythmia, the LifeVest delivers a shock treatment to restore the patient's heart to normal rhythm.

Two days later, Henry was back on the road picking up peaches for his produce stands. He continued to wear the LifeVest for three months after his surgery. By this time, his previous symptoms had subsided, and he had regained his strength.

"Dr. Subnani helped me get back to feeling like myself," said Henry. "I encourage anyone experiencing similar symptoms to see their doctor. Together, Dr. Pande and Dr. Subnani have restored my quality of life."



The LifeVest defibrillator Henry wore monitored his heart rate and delivered a shock treatment, if necessary, to restore his heart rhythm.



# PARTNERS IN CARING

## *The Roles of Advanced Practice Providers in Delivering Medical Excellence*

by Shaw Thompson

At McLeod Health, Advanced Practice Providers, or APPs, are key members of the health care team. However, not everyone is familiar with APPs and may have questions about the kind of care they provide, as well as the training and experience they possess to address healthcare needs.



“Advanced Practice Providers are an increasingly integral part of patient care at every level and touchpoint in our system,” said **Dr. Catherine Rabon**, McLeod Hospitalist and Chief Medical Officer for McLeod Health Cheraw, Clarendon, and Dillon. “As team members in our inpatient hospital departments, physician offices, emergency rooms and urgent care centers, APPs partner with physicians to create a continuous environment of care. Their skills and presence significantly increase patient access to the care they need.”

All APPs receive specialized training and provide care under the supervision of a doctor. There are several classifications of advanced practice providers, but most fall into one of two categories based on their training paths: Advanced Practice Registered Nurse (APRN) and Physician Assistant (PA).

**Lisa Woodberry, FNP,** is pictured with her patient, **Emmie Renfrow.**

Within the scope of APRN, there are several subspecialties, including Certified Registered Nurse Anesthetists (CRNA), Family Nurse Practitioners (FNP), and Certified Nurse-Midwives (CNM). To achieve these credentials, each provider is a registered nurse who has completed a master’s or doctoral program at an accredited institution.

“As a nurse anesthetist, I provide anesthesia for a variety of procedures offered at our hospitals, and care for patients prior to, during and following those procedures,” said **Nichelle Coleman, CRNA, DNP, APRN, CCRN**, with McLeod Regional Medical Center. “I keep a close eye on any changes in the patient’s condition and utilize my knowledge, experience and skill set to provide appropriate care. I also collaborate with an anesthesiologist to make the most informed treatment decisions possible.”

In their scope of practice, CRNAs like Nichelle may see many different patients on a daily basis but creating a trusted relationship in each encounter remains essential.

“Even though our preoperative interaction is brief, I enjoy holding my patients’ hands, reassuring them, or even praying with them, whatever is necessary to provide comfort,” said Nichelle. “I speak with my patients and assure them that we will take excellent care of them -- monitor each heartbeat, each breath they take throughout the surgery -- and then transport them to a recovery room where they can rest comfortably.”

Nurse Practitioners are the most common type of APRN, with more than 325,000 licensed in the United States according to the American Association of Nurse Practitioners. NPs are qualified to provide a range of both primary and specialty health care services where they diagnose and treat medical conditions and perform many of the same tasks as physicians, both in the hospital setting and outpatient medical care offices.



**Nichelle Coleman, CRNA, DNP, APRN, CCRN,** monitors a patient during surgery.

“Even though our preoperative interaction is brief, I enjoy holding my patients’ hands, reassuring them, or even praying with them, whatever is necessary to provide comfort.”

– **Nichelle Coleman, CRNA, DNP, APRN, CCRN**

“We cover a wide scope of services including preventive and wellness care, management of chronic conditions like diabetes and high blood pressure, and health education for our patients and their families,” said **Ashleigh Hotaling, FNP**, who provides primary care to all ages with McLeod Primary Care Partners North Myrtle Beach. “It’s very rewarding to offer this level of care.”

Nurse practitioners also serve vital roles within inpatient hospital departments, from the emergency rooms to neonatal, pediatric, and adult intensive care.

As a member of the Hospitalist team at McLeod Regional Medical Center, **Darrell Quick, FNP**, serves patients when they are most vulnerable and in greatest need.

“I perform focused assessments and collaborate with my attending physician/supervising physicians,” said Darrell. “As a member of the nursing and rapid response teams, we provide emergency care to patients and may also help mentor novice nurses through interactions involving patient care.”

*(Continued on next page)*



"I feel blessed when we positively impact patients' outcomes and help them through what may likely be one of the toughest times of their lives, and to see them recover, in part, due to interventions I have planned or ordered."

"I feel blessed when we positively impact patients' outcomes and help them through what may likely be one of the toughest times of their lives, and to see them recover, in part, due to interventions I have planned or ordered."

- Darrell Quick, FNP

In addition to primary and inpatient care, nurse practitioners may choose to provide care in specialty areas. For pediatric endocrinology, a team approach of providers and staff enable nurse practitioners to deliver effective and valuable care.

"I work with our endocrine team (physician, dietitian, nurse, medical assistants and clerical staff) to help families with treatment and management of health conditions including Type 1 and 2 diabetes, growth disorders, thyroid disorders, obesity/insulin

resistance and precocious/delayed puberty," said **Lisa Woodberry, FNP**, of McLeod Pediatric and Adult Endocrinology. "I always feel that our team approach is a great asset to our patients, and nothing makes me

prouder than to see a family who is successful in managing their child's health conditions."

Certified Nurse-Midwives provide primary health care services for women. At McLeod Health Clarendon, **Tom Chappell, MSN, CNM, FACNM**, has served women in this capacity for more than 20 years.

"Nurse-midwives are uniquely educated in two professions -- nursing and midwifery," said Tom, who provides care at both the hospital and physician practice McLeod Women's Care Clarendon.

"Our expertise is birth care for women of childbearing age, but we also provide well woman care, contraceptive care and even newborn care in some practices. It is a privilege to serve women and their families during one of the most exciting times in their lives -- the pregnancy and birth of a child."

Physician Assistants differ from advanced practice registered nurses based on their training, education paths and certification requirements. APRN follows a nursing training model, and PA follows more closely to a physician or medical school approach by completing a bachelor's degree and a degree in Physician Assistant studies. The curriculums are developed and supervised by physicians, and include a clinical phase where students complete more than 2,000 hours of onsite training rotations in various specialties. Successfully completing training and the national certification exam adds the credential of PA-C.

Physician Assistants who provide primary care services under the guidance of a supervising physician can ensure that underserved rural areas have access to healthcare.

Physician Assistants and sisters **Abbie Kirby, PA-C**, and **Amanda McConnell, PA-C**, meet that exact need at McLeod Primary Care Turbeville.

"It is a privilege to serve women and their families during one of the most exciting times in their lives - the pregnancy and birth of a child."

- Tom Chappell, MSN, CNM, FACNM

A department of McLeod Health Clarendon which opened in September 2020, this rural health clinic is the only primary care option for residents who need care nearby. For Turbeville natives Amanda and Abbie, the practice means being able to take care of friends and family, many of whom they have known all of their lives.

"It is an honor and a privilege to deliver better access and quality healthcare to the people in our hometown and surrounding areas," said Abbie. "We aspire to be a convenient, consistent practice for our community, friends and family while providing the care that they deserve."

"Creating lasting relationships with our patients give me unimaginable joy," said Amanda. "I have the opportunity to care for several generations of families and observe the difference that access to healthcare can have on their quality of life."

Physician Assistants are often found in medical and surgical specialties other than primary care. In these roles, the providers often see patients for initial diagnoses and treatments prior to seeing the physician for a consult, and even serve alongside the surgeon before, during and

order Physical or Occupational therapy, and prescribe Durable Medical Equipment like walkers and wheelchairs. I can begin the process of getting people set up for surgeries such as hip or knee replacement, and then assist and perform tasks during their procedure as directed by the surgeon but cannot perform surgery on my own."

By interacting with patients in all phases of their experience, Physician Assistants like Chris can ensure a consistent access and familiar face for those who choose them for their care.

Throughout McLeod Health, more than 350 Advanced Practice Providers join hands with patients and physicians to deliver excellence in healthcare every day.

"Creating lasting relationships with our patients give me unimaginable joy."

- Amanda McConnell, PA-C

after procedures. This model of care is used frequently in orthopedics with providers like **Chris Lewis, PA-C**, with McLeod Orthopedics Seacoast.

"As a PA, I am empowered to perform many of the same tasks as my physician," said Chris. "I can prescribe medications,

As the future of healthcare expands and evolves, the partnerships of these providers will benefit patients and families for years to come.



Ashleigh Hotaling, FNP



Darrell Quick, FNP



Tom Chappell, MSN, CNM, FACNM



Abbie Kirby, PA-C



Amanda McConnell, PA-C



Chris Lewis, PA-C



# Recovering from Heart Failure

by Carrie Anna Strange



Because of the expert heart care Daniel Cisz has received at McLeod, he can enjoy feeding the swans at Swan Lake with his grandchildren.

When Daniel Cisz of Sumter, South Carolina, noticed fatigue and shortness of breath with the simplest of activities such as walking to his truck, he knew something was wrong. His symptoms worsened over the course of a few weeks, to the point that Daniel had difficulty breathing while lying flat.

“At times, I felt so tired I could not move. I made all kinds of excuses for my lack of energy and just standing became a chore,” Daniel recalls. “I finally made an appointment with my primary care physician. After sharing my concerns and

symptoms, he suspected a cardiac issue.”

Daniel’s physician referred him to **Dr. Ryan Garbalosa** with McLeod Cardiology Associates Sumter. Dr. Garbalosa manages cardiac patients in the Sumter and Manning areas.

Prior to his consult, Daniel read Dr. Garbalosa’s profile and noticed that they were both from the same hometown in New Britain, Connecticut, where he coincidentally worked in the same factory as Dr. Garbalosa’s father.

During Daniel’s appointment, Dr. Garbalosa ordered lab work and an echocardiogram.

An echocardiogram takes moving pictures of the heart using sound waves. This allows physicians to evaluate the function of the heart. Areas of concern physicians look for during this test include enlargement of the heart; the ejection fraction, or proper blood flow and pumping activity of the heart muscle; and a buildup of fluid around the heart.

The echocardiogram indicated Daniel had a low ejection fraction, approximately 20 to 25 percent. A normal heart pumps 50 to 70 percent.

Dr. Garbalosa diagnosed Daniel with congestive heart failure.

“Daniel’s ejection fraction meant only 20 to 25 percent of the total amount of blood in the left heart ventricle was pushed out with each heartbeat,” said Dr. Garbalosa. “This is not nearly enough to meet the body’s demands, which explained Daniel’s fatigue and shortness of breath. His symptoms and the low measurement of his ejection fraction clearly pointed to heart failure. This helped us diagnose the severity of his condition.”

A decrease in ejection fraction can be caused by several things, such as damage to the heart muscle from blocked arteries, a problem with one of the heart’s valves, or uncontrolled high blood pressure, which can overwork the heart.

Symptoms of heart failure can range from mild to severe. The severity of the symptoms depends on several factors including how weak the heart has become. Common signs and symptoms of heart failure include shortness of breath, persistent coughing or wheezing; swelling in feet, ankles, legs or abdomen; fatigue and rapid or irregular heartbeats.

Dr. Garbalosa started Daniel on a medication to improve his heart function. While Daniel noticed an improvement in his symptoms, his heart function was not improving.

“Because of this, Daniel was at high risk of a dangerous ventricular arrhythmia, or abnormal heartbeat, which could cause sudden cardiac death,” explained Dr. Garbalosa.

Given the severity of Daniel’s condition, Dr. Garbalosa referred him to partnering physician McLeod Electrophysiologist **Dr. Prabal Guha**, who cares for patients in Sumter and Florence.

Dr. Guha consulted with Daniel in the Sumter office and determined that he needed a defibrillator to protect his weakened heart from sudden cardiac arrest. Dr. Guha performed the procedure at McLeod Regional Medical Center in Florence.

Dr. Garbalosa continued to adjust Daniel’s medications to strengthen his heart without affecting his blood pressure.

In addition, Daniel followed a no-salt diet and slowly increased his activity by walking every day.

“There may not be an easy cure for heart failure, but Daniel has done an excellent job of managing his condition by making healthy lifestyle changes,” said Dr. Garbalosa.

Today, more than two years after Dr. Garbalosa began treating Daniel for congestive heart failure, his ejection fraction has returned to normal at 55 to 60 percent.

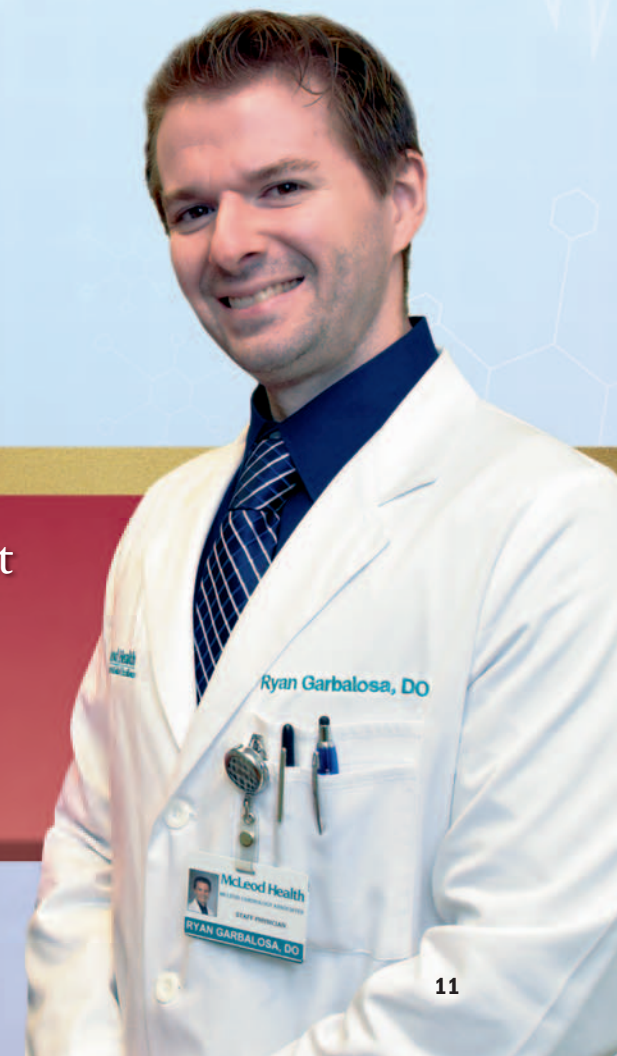
Daniel’s condition improved so much that he was able to make a return trip to New Britain recently and enjoy the rare treat of a hot dog at Capitol Lunch, one of his favorite spots.

“I feel that the extraordinary care of Dr. Garbalosa and my care team saved my life,” said Daniel. “Dr. Garbalosa is very knowledgeable and confident in his work. He never gave up on me.”

“There may not be an easy cure for heart failure, but Daniel has done an excellent job of managing his condition by making healthy lifestyle changes.”

– Dr. Ryan Garbalosa

Dr. Ryan Garbalosa played an instrumental role in providing and coordinating Daniel Cisz’s care after he was diagnosed with congestive heart failure.





# KICKER WRITES HIS OWN COMEBACK STORY

by Leslie A. Mikell

Vraj Patel, a 2021 graduate of Wilson High School in Florence, kept a busy schedule his senior year. In the fall, he was the kicker and punter for the Tigers' varsity football team. In the spring, he was the goalie for the varsity soccer team.

A full-time student in the International Baccalaureate (IB) Program, Vraj was also taking advanced classes and completing extensive requirements to graduate with an IB Diploma. But everything changed that spring, when a devastating knee injury threatened to derail the trajectory of his athletic future.

With the spring semester of his senior year at Wilson in full swing, Vraj attended soccer practice as normal on Wednesday, February 3. While running down the field, he made a turn, felt a pop, and was on the ground instantly.



"I tried to stand, but I could not balance on my leg," said Vraj. "I could not even extend it at all."

McLeod Sports Medicine Athletic Trainer Shalik Brown rushed to his side, assessing him and performing a series of on-field tests to determine the extent of the injury.

"I immediately suspected that Vraj tore the ACL in his left knee. I connected Vraj with McLeod Orthopaedics for further evaluation because of the severity of the injury," Shalik details.

The next day, Vraj had a follow-up appointment with **Dr. Art Jordan**, a Sports Medicine Specialist at McLeod Orthopaedics in Florence.

After undergoing two knee surgeries, Vraj is ready for his comeback.

"During his visit with me, we took an MRI of Vraj's knee," recalls Dr. Jordan. "After going over his results, I referred him to my partner Dr. DiPaolo for a surgery consultation."

**Dr. Zac DiPaolo**, a surgeon with McLeod Orthopaedics specializing in sports medicine, assessed the injury and advised Vraj on the treatment plan.

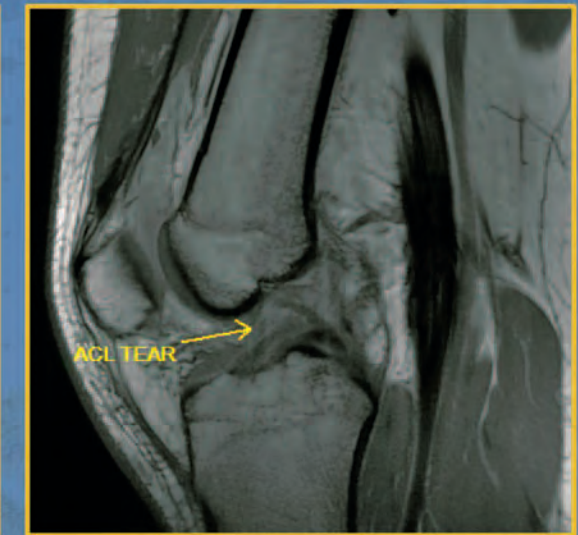
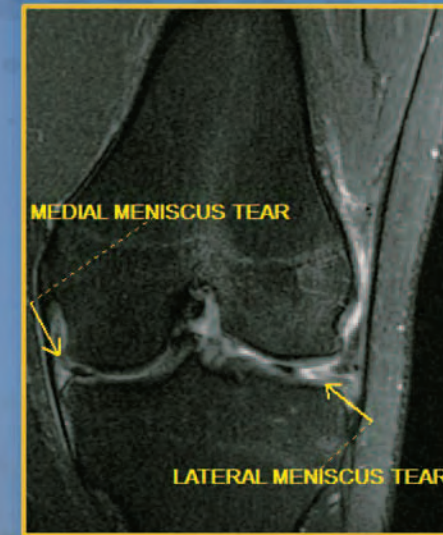
"Vraj tore both his medial and lateral meniscus and completely ruptured his anterior cruciate ligament (ACL). Due to the severity and complexity of his meniscal tears, we decided to proceed with a two-stage procedure. On February 25, we repaired the medial and lateral menisci during the first stage. He then underwent 10 weeks of physical therapy to regain knee range of motion and strength. We returned to the operating room on May 6 to reconstruct his ACL," explains Dr. DiPaolo. "Vraj's number one goal was to get cleared to play again, so based on the extent of the tears, two surgeries would yield the best results."

Vraj adds, "I wanted to do whatever it took to get back on the field sooner, so if that meant two surgeries, then I was game for it."

After both surgeries, Vraj completed rehabilitation at McLeod Outpatient Rehabilitation and Sports Medicine. He worked with Melissa Sanchez and Matt Ferguson to complete his physical therapy.

**"If I can fully focus on recovery, then I will be back next season doing what I love, kicking field goals through uprights. Dr. DiPaolo did an excellent job with my surgeries, and I am firing on all cylinders from my rehab."**

– Vraj Patel



A coronal, or front MRI, shows complex medial and lateral meniscus tears and a sagittal, or side MRI, shows the complete ACL rupture in Vraj's knee.

"Once I began compound lifting, Matt actually started working out with me, which was so motivating. Both therapists pushed me to work hard during my rehabilitation. I never wanted to skip a repetition during my time in rehab and then regret not trying my hardest."

It was important to Vraj to get as much as he could out of the one-hour rehabilitation sessions. He also made the effort to practice the same exercises in his spare time.

"I progressed to the point where I was able to complete both my rehab exercises and my football lifting exercises so I could stay in shape and prepare for college football."

Vraj's soccer season ended after his injury, but he continued to support the team for the remainder of the season. His name was added to the roster as Assistant Coach after his first surgery, for participating and contributing to the team even while sidelined.

"Even though I could not play, I helped train the goalkeeper, trying to prepare him for every possible scenario as we practiced field goals together," Vraj recalls.

In the spring, Vraj signed with Catawba College to be the kicker for their NCAA Division II football team.

"Wilson has a tradition where many of the soccer players who also served as kickers and punters on the football team have gone on to be college football kickers. I am excited and proud to continue that legacy," Vraj explains.

As a result of his injury and surgeries, Vraj decided to medically redshirt with the Catawba College football team for his freshman year. This means that he can preserve a year of athletic eligibility while he is recovering from his injury.

(Continued on next page)





Dr. Zac DiPaolo and Vraj discuss his recovery during a follow-up visit.

"If I can fully focus on recovery, then I will be back next season doing what I love, kicking field goals through uprights. Dr. DiPaolo did an excellent job with my surgeries, and I am firing on all cylinders from my rehab. I can do nearly everything but kick at this point," Vraj details.

"Vraj is doing great because of his determination and perseverance. My job was easy; he did all of the hard work," Dr. DiPaolo adds.

Despite his season-ending injury and having to face two surgeries during his senior year of high school, Vraj and Dr. DiPaolo teamed up yet again in the summer.

"Dr. DiPaolo knew I was interested in the medical field, so he let me spend the

summer shadowing him in the clinic and in surgeries. I had a blast and learned so much from him. Hearing Dr. DiPaolo talk to patients has taught me so much about shoulders and knees -- more than I learned even from my own knee surgeries. Dr. DiPaolo is more than a great doctor -- he is a great teacher and a great person," adds Vraj.

While shadowing him, Vraj saw a wide variety of patients in clinic across the full spectrum of conditions and problems. He also had the opportunity to be present during multiple surgeries, which gave him insight into how surgical procedures work. Overall, Vraj observed at least a dozen surgeries, including some at the Outpatient Surgery Center in McLeod Medical Park Five and also in the McLeod Pavilion.

Vraj is considering medical school in the future. He enjoys helping athletes and has an interest in sports medicine. As an athlete himself, Vraj understands how difficult recovery can be and wants to help injured athletes get back to their original performance level.

"My experience with McLeod was amazing. Everyone from Shalik, the athletic trainer at Wilson, to Dr. Jordan and Dr. DiPaolo at McLeod Orthopaedics, to Melissa and Matt with McLeod Outpatient Rehabilitation, truly cared about me and did everything to give me the best recovery possible.

I would not have the opportunity to continue my kicking career without my incredible care team," states Vraj.

# Breaking the Cycle

by Jessica Wall

Sheila Roberts was not surprised to learn that she had fibroids, or non-cancerous growths in the uterus. Fibroids run in Sheila's family and her sister, mother and grandmother all underwent surgical procedures to relieve the pain. What did surprise Sheila, however, were the benefits from the many advancements in treating pelvic health conditions.

For as long as she could remember, 45-year-old Sheila experienced extremely heavy menstrual cycles, which unbeknownst to her, was a hallmark symptom of fibroids.

When this became bothersome, Sheila's primary care physician referred her to **Dr. Candice Greenan** with McLeod OB/GYN Associates for an evaluation.

"Sheila presented with the typical indicator of fibroids, namely a heavy cycle," explains Dr. Greenan. "However, throughout our conversation, we discovered that Sheila also suffered what we refer to as 'bulk symptoms,' which included pelvic pain, pelvic pressure and urinary frequency.

(Continued on next page)



After her robotic hysterectomy, Sheila has newfound freedom from painful symptoms and enjoys life to the fullest.





**Dr. Candice Greenan with McLeod OB/GYN Associates strives to help women regain their quality of life through effective, minimally invasive treatment options.**

“It is important for women to know that heavy, painful cycles -- even to the point of being anemic -- is not something they have to endure. Many women think this is normal because they do not know anything different or, like Sheila, see many of their family members experiencing the same symptoms.”

Dr. Greenan recommends every woman consult with a gynecologist to establish their menstrual regularity, which allows for early diagnoses and treatment options for any conditions that may develop over time.

“I have two daughters, ages 25 and 16, and I am having conversations with them now about sharing our family history with their physicians,” explains Sheila.

While fibroids are not genetic, they can be more prevalent in certain families.

African American females, women who are obese or have high blood pressure, and women who have been pregnant pose the greatest risk of developing the condition.

Sheila underwent an ultrasound which confirmed an enlarged uterus due to a sizeable fibroid. Dr. Greenan discussed with her the treatment options, which included medication or surgery.

Instead of prolonging her symptoms, Sheila decided to rectify the problem altogether and undergo a robotic-assisted hysterectomy.

“We only offer surgery as an option for fibroids if the patient is symptomatic,” continues Dr. Greenan. “Surgical advances now allow us to treat this condition using minimally invasive robotic surgery with the benefit of going home the same day.”

When Sheila arrived at McLeod Regional Medical Center the morning of her surgery, she was admittedly nervous. This was a major surgery at an unfamiliar hospital. However, the staff went above and beyond to create an exceptional experience for her.

“This was my first interaction with a McLeod hospital, and it far exceeded my expectations,” recalls Sheila. “The staff was professional, courteous and consistent.

“They communicated very well and made me laugh, which immediately put me at ease.”

After surgery, Sheila stayed in Extended Recovery for approximately six hours before returning home to Bennettsville.

Traditionally, patients stayed in recovery for approximately four hours before being admitted overnight for observation. Extended Recovery, however, allows patients to remain in recovery a bit longer -- usually six to eight hours -- and then go home. Both McLeod Regional Medical Center and McLeod Health Seacoast offer this service.

Extended Recovery 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.

“We monitor patients closely to ensure they are ready for discharge, and if for some reason the patient is uncomfortable going home, we can certainly admit them for additional observation,” explains Dr. Greenan. “However, the overwhelming majority of my patients appreciate this option. We have also achieved extremely positive outcomes with this program, including lower readmission rates and fewer visits to the Emergency Department after surgery.

“Extended Recovery is a convenient option for both patients and their families. The patient arrives and leaves from the same location, and the family stays in a single area to wait for their family member.”

Sheila felt relieved knowing she could go home the same day as her hysterectomy and recover in the comfort of her home.

“I had more than a surgery,” says Sheila. “I had an experience. From meeting a personable physician like Dr. Greenan to seeing firsthand the quality care McLeod Regional Medical Center has to offer, I could not have asked for anything better.”

And to top it off, Sheila scheduled and underwent a screening mammogram prior to her last checkup visit with Dr. Greenan, thanks to the staff of McLeod OB/GYN Associates.

“During one of my appointments, Dr. Greenan reminded me that it was time for a mammogram. Her office staff scheduled it for me at McLeod Health Cheraw, which is close to my home,” says Sheila. “I had not thought about getting a mammogram, so I really appreciate them coordinating everything for me. They made the process seamless and simple.”

Today, Sheila could not be happier with her decision to have a hysterectomy. She has found freedom from painful symptoms and fully embraced the ability to lead an active, healthy life.

“I had more than a surgery, I had an experience. From meeting a personable physician like Dr. Greenan to seeing firsthand the quality care McLeod Regional Medical Center has to offer, I could not have asked for anything better.”

– Sheila Roberts

**Sheila Roberts has joined her mother, left, and sister, right, in breaking the cycle of painful fibroids.**





# Count Every Blessing

by Arielle Williams Miles

One Sunday evening this past May, Cheraw resident and McLeod Nurse Mary Hinson woke with sudden extreme pain running from her left shoulder down to her left fingertips. Mary's nursing instincts kicked in when she thought the pain was caused by her rheumatoid arthritis, so she attempted to treat the pain with Icy Hot®.

Surprised when the pain did not subside, Mary woke her husband Jay from his sleep and told him what was happening. "It is actually a blessing that the muscle rub did not work. Otherwise, I would have gone back to sleep, thinking it was nothing serious," said Mary.

Jay followed his gut and insisted that they immediately head to the McLeod Health Cheraw Emergency Department (ED), located just minutes from their home.

Within six minutes upon arrival, McLeod ED Physician **Dr. Timothy Holdredge** thought it best to perform an EKG on Mary to assess the situation. To Mary's and Jay's surprise, the physician discovered that she was having a myocardial infarction (MI), or heart attack.

"I felt stunned because I had no other warning signs or symptoms of a heart attack, and I was a cardiac nurse for years," said Mary.

Acting quickly, Dr. Holdredge administered blood-thinning medications, heparin and nitroglycerin, to buy Mary the crucial time she needed to be transported to Florence for an emergency intervention to clear the deadly blockage.

"During such a scary time, I can remember how soft-spoken and gentle Dr. Holdredge was during the whole process," said Mary. "He was reassuring and made the right call by ordering that I be flown to Florence instead of driving, which is what I wanted to do. He was adamant about it because time truly was of the essence. Time lost is absolutely heart muscle lost."

"Dr. Holdredge and the Cheraw team saw me as a real person who needed help," said Mary. "The beauty is that they maintained their sense of urgency without losing sight of me as the patient in all of it. McLeod showed me true empathy."

Mary was then boarded onto a medic helicopter for a short, 12-minute flight to McLeod Regional Medical Center in Florence, where she was admitted for an emergency procedure in the Cardiac Catheterization Laboratory.

Within minutes of her arrival, Interventional Cardiologist **Dr. Ravi Parikh** with McLeod Cardiology Associates had opened the 99 percent blocked artery in Mary's heart to restore blood flow and placed a stent to help keep the artery open. Her procedure was successful, and Mary recovered in the Cardiac Care Unit (CCU) soon after.

During Mary's stay in the CCU, she was under the direct care of McLeod Intensivist **Dr. Bill Hazelwood**.

"Dr. Hazelwood was very personable and kind," recalled Mary.

"He felt like family, and I could feel that he really cared about me."

To her surprise, Dr. Hazelwood asked Mary if there was any song that she would like him to sing to her. She thought about it and requested an old church hymn, "Count Your Many Blessings."

"He began singing with such a beautiful voice, and I eventually joined in and we harmonized together," said Mary. "I will never forget this kind gesture and the time he spent with me. It is a memory that I will treasure forever."

*"The whole experience was a blessing and God had everyone in the right place at the right time."*

- Mary Hinson

McLeod Cardiologist **Dr. John Patton**, who also sees patients in Cheraw, handled Mary's follow-up cardiac care for the remainder of her hospital stay in Florence. While she was still in the hospital, an echocardiogram (EKG) revealed Mary's heart attack had weakened her heart muscle, causing significantly reduced pumping function.

As a precaution, Dr. Patton wanted to monitor Mary's heart, so she was given a LifeVest, a wearable cardioverter defibrillator, upon discharge. The LifeVest allows patients to enjoy daily activities with the security of knowing their device can send an intuitive shock to restore

normal heart rhythms if needed.

"Due to the damage from the heart attack, I was told that I would have to wear an external defibrillator to shock my heart if I had any dangerous changes in heart rhythm," said Mary. "It was quite an adjustment and at times I felt self-conscious wearing it, but I knew it was necessary."

A week after returning home from the hospital, Mary began participating in the Cardiac Rehabilitation program at McLeod Health Cheraw.

"I responded well to the cardiac rehab program, and I can see the continuous improvement since I started," said Mary, who still exercises in the program.

"Everyone at the wonderful program has been so kind and helpful. They have supported me every step of the way on my road back to health."

The program worked so well for Mary that her heart pumping function increased significantly enough that after only five weeks post heart attack, she was able to take off the LifeVest for good.

Mary's story shows the expert coordination of the fine medical teams at each McLeod Health hospital to help patients living in the region. "We need our local, rural hospitals just as much as we need our larger, tertiary hospitals," said Mary. "You cannot have one without the other and still be successful."

"I am very thankful for the expedient and quality care I received during one of the scariest times of my life, starting at McLeod Health Cheraw and continuing to McLeod Regional Medical Center in Florence," added Mary. "The whole experience was a blessing and God had everyone in the right place at the right time."

The Hinsons recently enjoyed their 35th wedding anniversary at the Carolina Opry in July and look forward to many more anniversaries together in the years to come.

Mary Hinson and her husband Jay celebrated their 35th wedding anniversary at the Carolina Opry just months after she recovered from a massive heart attack caused by a 99 percent blockage in her heart.



# IT'S TIME FOR YOUR MAMMOGRAM

by Kelly Hughes



For many women the thought of missing a hair appointment causes anxiety and disappointment. Who wants to go another week without your roots colored or dead ends clipped? Should women not be equally worried about missing important and potentially life-saving screenings like an annual mammogram?

Since the beginning of the COVID-19 pandemic, disruptions have caused people to postpone annual screenings. Putting off annual screenings can lead to a delay in diagnosis.

In an editorial written by Norman E. Sharpless, Director of the National Cancer Institute, he states, “modeling the effect of COVID-19 on cancer screening and treatment for breast and colorectal cancer (which together account for about one-sixth of all cancer deaths) over the next decade suggests almost 10,000 excess deaths from breast and colorectal cancer deaths.”

These numbers are staggering on top of the anticipated deaths seen each year and further indicate the need for all women to schedule their mammogram sooner rather than later.

## What is a mammogram?

A mammogram (breast tomosynthesis) is a screening tool physicians use to look for early signs of breast cancer. A mammogram is an X-ray picture of the breast. Regular mammograms allow doctors to notice changes in breast tissue and can identify breast cancer earlier, sometimes up to three years before it can be felt.

Three-dimensional mammography has become the new standard of care for screening mammograms. A 3D mammogram combines multiple breast X-rays to create a three-dimensional picture of the breast. Studies have found that compared to traditional 2D mammograms, 3D mammograms offer fewer false positives and are more effective in women age 65 and older.

“This technology produces a three-dimensional view that allows doctors to examine breast tissue layer by layer,” said McLeod Radiologist **Dr. Shawn Conwell**. “So, instead of viewing all the complexities of breast tissue in a flat image, as with conventional 2D mammography, fine details are more visible and no longer hidden by the tissue above or below.

“A good analogy for 3D mammography is thinking of the pages in a book. If you look down at the cover you cannot see all the pages, but when you open it up, you can go through the entire book page by page to see everything between the covers.”

## Who should be screened?

According to the American Cancer Society, women at average risk for breast cancer should begin annual screening mammograms at age 40.

Renee Slomka, Radiology Technologist at McLeod Health Seacoast, delivers excellent care while assisting patients undergoing a mammogram.

*(Continued on next page)*



Women who are at high risk for breast cancer based on certain factors should get a breast MRI and a mammogram every year, typically starting at age 30. This includes women who:

- Have a family history of breast cancer
- Have a known BRCA1 or BRCA2 gene mutation
- Have a first-degree relative with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

#### How do I schedule a mammogram at McLeod Health?

Patients can ask their primary care physician or OB/GYN to order a screening mammogram. Once that order is received a member of the Reservations and Scheduling team will call the patient to review their information and select a time and McLeod Health location convenient for them.

Self-referrals are also accepted and can be made directly by the patient by calling Reservations and Scheduling at 843-777-2095 or online at [McLeodMammogram.org](http://McLeodMammogram.org).



**Beulah Whittley** of Little River understands the importance of annual mammograms. “My younger sister found a mass in her breast years ago. It scared me, and I began getting my annual mammogram without fail. As a seamstress, I have also helped many women fit into their clothing after breast cancer treatments. I am thankful for McLeod making the mammogram process so easy.”

Since 2010, the Affordable Care Act has required all new health insurance plans to cover screening mammograms every one to two years for women ages 40 and older, with no out-of-pocket costs.

#### What should I expect during a mammogram?

Patients receiving a mammogram at a McLeod Health facility will check in at registration before proceeding to the radiology department.

If previous mammograms were performed at a non-McLeod Health facility, the patient is encouraged to bring a copy of those scans with them for the radiologist to review.

**Lynn Harrelson** of Hartsville is a proponent of the McLeod Mobile Mammography Unit which travels across the region to businesses and industries. Thanks to the 3D technology on the unit, Lynn was diagnosed with breast cancer in 2019. “The McLeod Mobile Mammography Unit has been extremely beneficial to Sonoco employees because we do not have to take time off work and drive to Florence to get a mammogram. I have been taking advantage of the mobile unit for years, and I am grateful that it detected my cancer early and at a very treatable stage.”

Comparing annual mammogram images ensures changes to breast tissue are identified.

Patients are asked to refrain from wearing deodorant or antiperspirant which can interfere with the images. The mammography technician will ask you to remove your shirt and bra and provide you with a cover to wear during the mammogram. You and the technologist are the only ones in the room during the mammogram.

All mammograms performed at McLeod Health use 3D technology.

The technician will share important information with you regarding the process and help you to feel comfortable during the exam. A variety of images

will be taken to ensure the radiologist has a clear view of the breast tissue.

“Our ability to diagnose and treat breast cancer relies on early detection,” said **Dr. Tasha Martin**, Breast Surgeon at McLeod Breast Surgery Seacoast. “It is so important for women to get their annual screenings. Early detection is the key to more successful outcomes for women.”

The physicians and staff at the McLeod Center for Cancer Treatment and Research provide the most advanced cancer treatment options for breast cancer and a wide variety of other cancers at McLeod Regional Medical Center and McLeod Health Seacoast.





New Option Improves Cancer Treatment

by Tracy H. Stanton

Advancements in prostate cancer treatment offer patients significantly better options. Michael Walters of Fairmont, North Carolina, has benefited from this firsthand. He became a cancer survivor after only 5 treatments, compared to more than 35 treatments with conventional therapies.

Michael was the first patient at the McLeod Center for Cancer Treatment and Research to be treated for prostate cancer with stereotactic body radiation therapy (SBRT) in July 2021.

A former welder by trade, Michael was familiar with the 50-mile trip to Florence, where he worked for 10 years.

“I had to go through with the treatment anyway so driving to Florence every other day for two weeks was better than coming daily for a month or more,” said Michael. “Each treatment session only took 15 minutes, so I was on my way back home in no time.”

Michael’s urologist had been monitoring his PSA level for two and half years, which is not uncommon with prostate cancer.

Since the condition tends to grow slowly in older men, it is often monitored closely with physician visits one or two times a year.

A protein produced by both cancerous and non-cancerous tissue in the prostate, the PSA test measures the amount of prostate-specific antigen in the blood. A normal PSA level for men in their 60’s is zero to 4.5. In 2021, Michael’s PSA level was a 9. A biopsy detected cancer in two spots in his prostate confirming the need for treatment.

Treatment of prostate cancer typically involves surgery or radiation. Michael was informed that his cancer could best be treated with radiation. After meeting with McLeod Radiation Oncologist **Dr. T. Rhett Spencer**, Michael learned he met the criteria for SBRT and would only need five treatments to eradicate the cancer. “Dr. Spencer spoke with me before and after each treatment. He is a good man and doctor.”

Dr. Spencer has been caring for patients at McLeod for nearly 35 years.

“In conventional radiation treatment, 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, this therapy has been shown to be beneficial in reducing long-term side effects of prostate cancer.

“However, advancements in technology, treatment planning and imaging has led to new innovations in radiation treatment such as extreme hypofractionated radiation therapy or SBRT for localized prostate cancer which we now offer at the McLeod Center for Cancer Treatment and Research.”

SBRT involves delivering the radiation dose in larger, more powerful portions 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 shorter -- from 40 days with conventional treatment to 5 days with SBRT. This allows the patient to retain their quality of life.

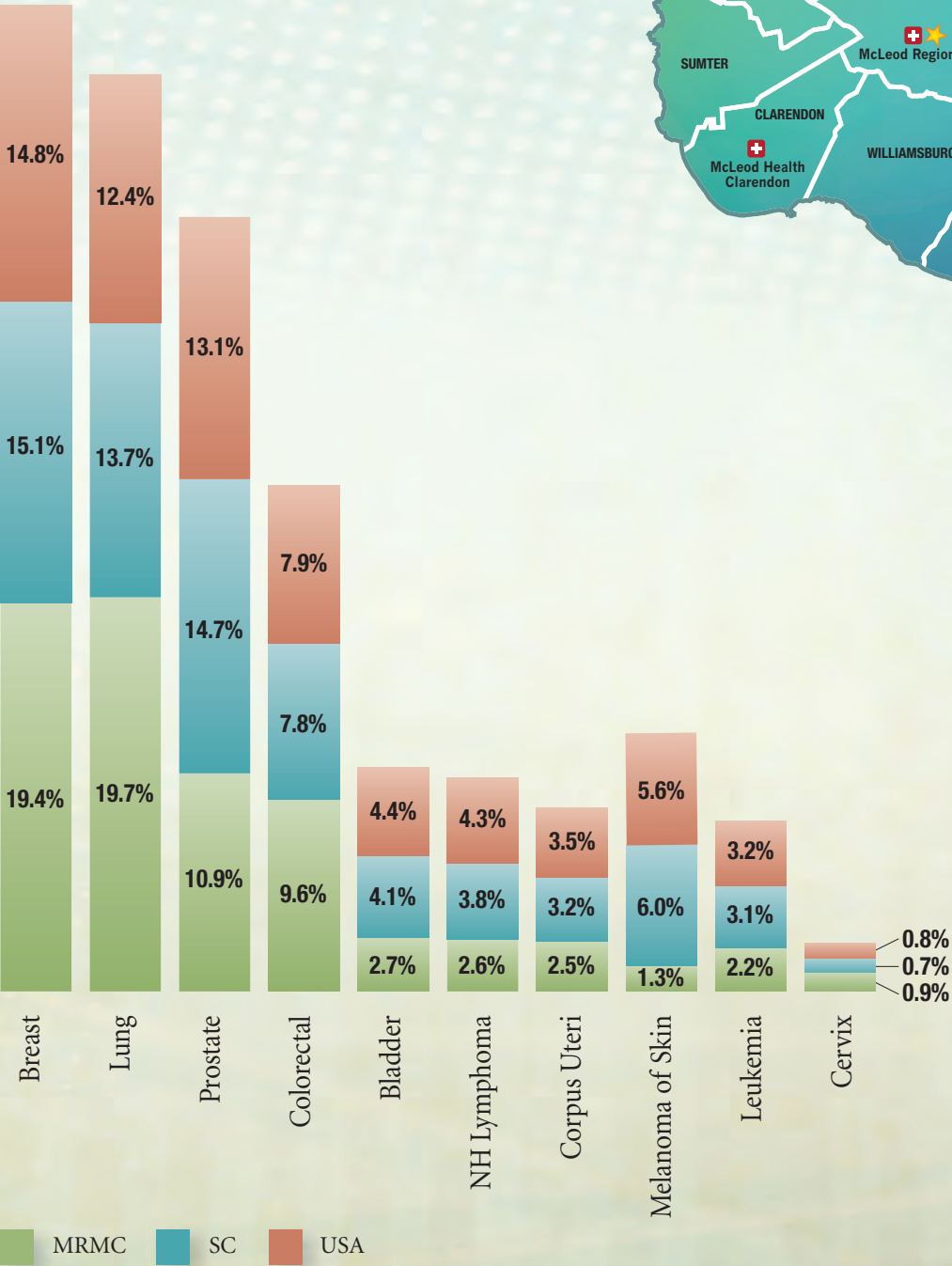
SBRT is most suited for men with low to intermediate risk -- meaning the cancer has not spread to the lymph nodes or outside the prostate.

“There is no single treatment option that is better for all men,” added Dr. Spencer. “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.”

Michael Walters is grateful that he only had to undergo five treatments for his prostate cancer. He is pictured with McLeod Radiation Oncologist Dr. Rhett Spencer.

10 Most Prevalent Cancer Sites

Source: American Cancer Society “Cancer Facts and Figures 2020”



**Five Leading Cancer Sites**

Diagnosed at McLeod in 2020

Site	Cases
Lung	297
Breast	292
Prostate	165
Colorectal	145
Urinary	98

**Total Cases: 997 (66%)**





# Dr. Tasha Martin Joins McLeod Breast Surgery Seacoast

by Jennifer Beverly

When a woman hears the words, “You have breast cancer,” it is not unusual for a sense of panic to run through her body. One of the first treatment options usually discussed with the patient is breast surgery. McLeod Health Seacoast is pleased to now offer the services of a dedicated breast surgeon to care for women in northern Horry County.

**Dr. Tasha Martin** comes to McLeod Breast Surgery Seacoast following the completion of her Fellowship in Breast Surgical Oncology at Anne Arundel Medical Center in Annapolis, Maryland. She received her medical degree in 2015 from Louisiana State University Health Sciences Center in New Orleans and completed her General Surgery Residency in 2020 at New Hanover Regional Medical Center in Wilmington, North Carolina.

Board Certified in General Surgery, Dr. Martin treats benign and malignant breast diseases, including treatment of breast infections, tumor removals and

breast cancer. She is also trained to perform a wide variety of surgical breast procedures such as lumpectomies, total mastectomies, quadrantectomies, axillary lymph node dissections, skin-sparing mastectomies, nipple-sparing mastectomies and sentinel lymph node biopsies.

Dr. Martin understands the complexity of breast cancer as well as the importance of an individualized treatment plan that works best for each patient.

The Breast Health Centers at McLeod Regional Medical Center and McLeod Health Seacoast provide a full continuum of services offering patients everything from routine breast screenings and advanced imaging to comprehensive resources for treatment and recovery.

“It is very important for women ages 40 and older to get an annual screening mammogram,” said Dr. Martin. “Mammograms are the gold standard for detecting breast cancer. Early detection often means less treatment and a better prognosis.”

If a breast cancer diagnosis is confirmed, patients also have access to a dedicated Breast Cancer Nurse Navigator. When a patient is diagnosed with a complex cancer case, the McLeod Tumor Board meets to discuss the patient’s plan of care. Consisting of highly-trained specialists, this group of medical oncologists, surgeons, pathologists, radiologists and other healthcare providers work together to formulate an optimal treatment plan.

“I enjoy building relationships with my patients,” said Dr. Martin. “Breast surgery can be a difficult decision, depending on what treatment option is recommended. I find it very rewarding to support my patients through the cancer process.”

If the treatment plan includes breast surgery, Dr. Martin sees patients at her office, McLeod Breast Surgery Seacoast, located inside McLeod Health Seacoast hospital.

For more information about scheduling appointments with Dr. Martin, please call 843-366-2940.

“Mammograms are the gold standard for detecting breast cancer. Early detection often means less treatment and a better prognosis.”

– Dr. Tasha Martin

Dr. Tasha Martin and her husband, Dr. Joshua Sibille with McLeod Vascular Associates, are pictured with their one-year-old daughter, Reese.

# An Evening of Hope and Inspiration

Since its establishment in 2014, the HOPE Fund has helped thousands of patients with needs such as transportation, medications, nutrition and unique personal financial struggles.



Ginger Godfree

Johnny Echols

*An Evening of Hope* to benefit the McLeod Center for Cancer Treatment and Research was held virtually on September 23, 2021. More than \$143,000 in generous support was raised for the HOPE (Helping Oncology Patients Everyday) Fund.

Gifts made in support of the HOPE Fund benefit oncology patient support services and provide oncology staff with improved access for immediate assistance needs for their patients. Since its establishment in 2014, the HOPE Fund has helped thousands of patients with needs such as transportation, medications, nutrition and unique personal financial struggles.

The evening included inspirational video testimonials featuring Cancer Survivors Lynn Harrelson of Hartsville; Willie Vereen of Florence; Ginger Godfree of Myrtle Beach; Johnny Echols of Florence and April Munn of Florence; as well as the conclusion of a week-long silent auction.

Ginger and Johnny were both recipients of assistance from the HOPE Fund.

“When I was getting chemotherapy for triple negative breast cancer, Sarah Beth Averette, the HOPE Coordinator, came to me and said, ‘I understand you are driving back and forth from Myrtle Beach.’ And at that time, I was doing it twice a week. She said she knew the price of gas was high. I was also not able to work at that time and it got to be where it was too much. Fortunately, Sarah Beth was able to provide me with gas cards for my chemo treatments.”

In Johnny’s case, he was released from work during the COVID-19 pandemic which resulted in his insurance being cancelled. Unable to walk due a large tumor in his back, Johnny needed a better walker with wheels so he could remain upright.

“I mentioned it to **Dr. Jamie Smith**, and he told me to ‘hold on there might be a program he could get me into.’ Thank God! Thank McLeod! Through the HOPE Fund, Dr. Smith said, ‘We can get you another walker.’ They also gave me my medicine free and said if there was anything else I need to just let them know.

Both Johnny and Ginger are grateful to all the donors who support the HOPE Fund and the annual cancer benefit, *An Evening of Hope*.

To watch the event, please visit [www.mcleodeveningofhope.org](http://www.mcleodeveningofhope.org). Donations to the HOPE Fund can be made by contacting the McLeod Foundation at 843-777-2694.



# Repair of a TRIPLE THREAT

by Tammy White

When Florence resident Steve McCracken went to his primary care physician with complaints of back pain, Steve was more than surprised with what his doctor discovered.

During his visit with **Dr. Lisa Lanning** at McLeod Family Medicine Center, Steve underwent an X-ray for his back pain, which incidentally revealed an abdominal aortic aneurysm.

An aneurysm is an enlarged, balloon-like bulge and weakened section of a blood vessel with the most common type being the abdominal aortic aneurysm. Most aneurysms occur in the aorta, the largest blood vessel that comes out of the heart and provides blood to the rest of the body.

In many cases, patients with aneurysms never encounter symptoms. Those who do may experience a pulsing sensation that feels like a heartbeat in the abdomen or sudden onset of intense pain in the abdomen, chest, or lower back.

"Aneurysms are usually found when a patient is screened for another issue," said McLeod Vascular Surgeon **Dr. William C. Jackson**.

Dr. Lanning referred Steve to Dr. Jackson. To determine the size of Steve's aneurysm, Dr. Jackson ordered a CT scan. Test results showed Steve had a total of three aneurysms, one of which was close to the renal arteries.

"Our primary concern is that as aneurysms increase in size, so does the threat of rupture," said Dr. Jackson. "The largest of Steve's aneurysms was more than six centimeters. To ensure he received the appropriate type of repair, we needed to begin with a custom-made graft which required four to six weeks delivery."

"Dr. Jackson assured me that I could continue with my daily life until the graft arrived," said Steve.

Each of Steve's aneurysms required unique approaches to repair.

The traditional treatment method involves sealing off the aneurysms with the minimally invasive placement of a graft, a fabric covered metallic scaffold. For patients who are not a candidate for the traditional method, another minimally invasive option is available at McLeod Regional Medical Center and McLeod Health Seacoast.



This 3D reconstruction CT scan shows Steve McCracken's three abdominal aortic aneurysms that were repaired by McLeod Vascular Surgeon Dr. William C. Jackson.

Fenestrated endovascular aortic repair (FEVAR) is a form of endovascular surgery using a custom-designed graft. This is the method Dr. Jackson needed to repair Steve's first aneurysm, the one closest to the renal arteries.

When an aneurysm is located near an organ, such as the kidneys, there often is not much room for the vascular surgeon to attach the graft. FEVAR makes it possible to treat the aortic aneurysm that cannot be treated by the traditional treatment method.

A custom graft was made using a computed tomography (CT) scan of Steve's aorta. The graft is designed with holes (fenestrations) that correspond to the unique positioning of the arteries in the body that branch off from the aorta to the kidneys, small bowel and liver.

Once Dr. Jackson implanted the fenestrated endograft inside the aneurysm, blood flowed through the diseased area without putting pressure on the aneurysm.

"Dr. Jackson did an outstanding job. If anyone ever needs the services of a vascular surgeon, I would not hesitate to recommend him and his team."

– Steve McCracken

This allowed blood flow to continue to the vital organs through the holes in the graft.

Then Dr. Jackson began repairing the second aneurysm, which due to its location, also mandated a special type of graft.

The second aneurysm was in one of the iliac arteries. The iliac arteries provide the primary blood supply to the lower limbs. Without proper blood flow to the limbs a person can lose use of their legs.

Similar to Steve's first aneurysm, the aneurysm in the iliac artery also did not have adequate room to allow the vascular surgeon to easily attach a graft. The importance of preserving the blood flow and sealing the aneurysm helped to ensure Steve's ability to walk.

To repair this aneurysm, Dr. Jackson used an Iliac Branch Endoprosthesis, a graft fully designed to meet all the challenges of repair in this difficult location and provide extra space for the vascular surgeon to secure the graft in place.

The third aneurysm, also located in the iliac artery, was repaired with endovascular coiling, a procedure to block blood flow into an aneurysm. The coils are made of platinum making them visible on X-ray and flexible to conform to the shape of the aneurysm. Dr. Jackson packed the coils tightly inside the aneurysm to prevent growth and rupture.

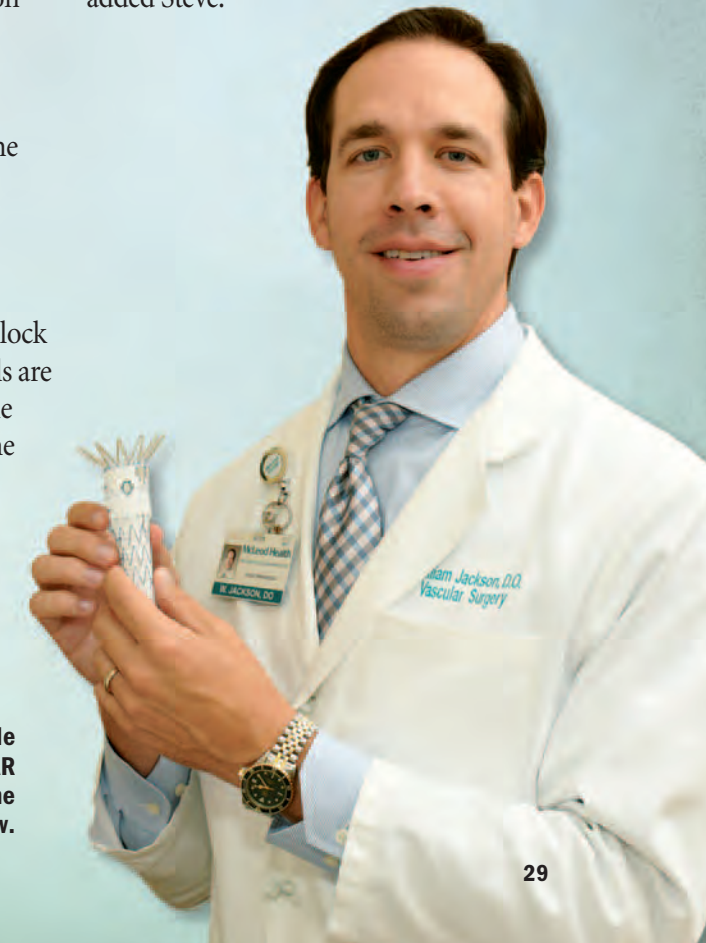
"This was an extremely complex case, which required approximately eight hours of surgery," said Dr. Jackson.

"I'm not one who likes to sit around," said Steve. "I operate a full-time yard service company six days a week. Three to four weeks after my surgery, I started riding my lawn mower again."

"Fortunately for Steve, the technology we have at McLeod allowed us to perform this large repair through a two-inch incision in the groin area. If performed as an open procedure, Steve's recovery time would have been much longer and more difficult for him," said Dr. Jackson.

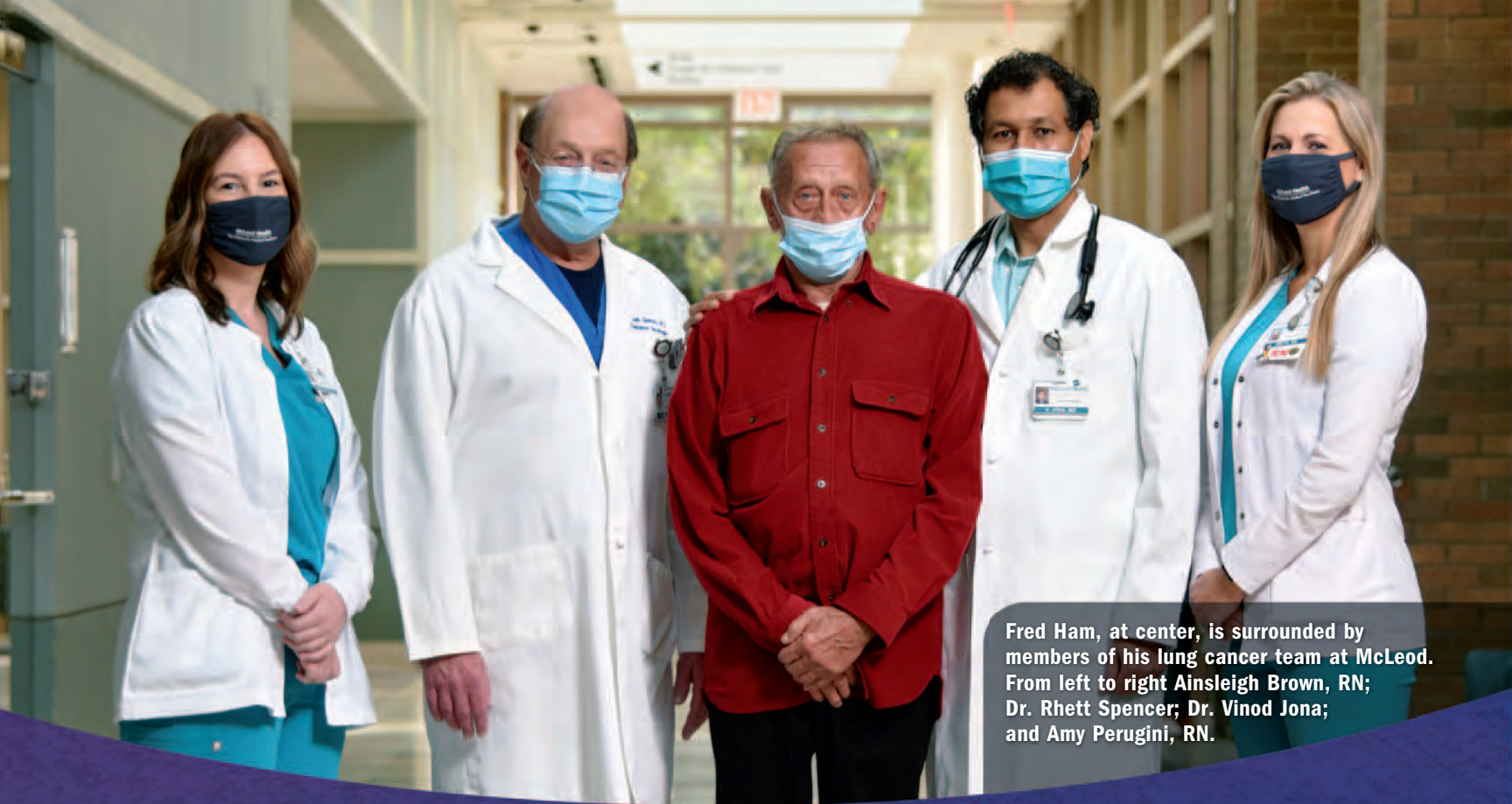
"Dr. Jackson did an outstanding job. If anyone ever needs the services of a vascular surgeon, I would not hesitate to recommend him and his team," added Steve.

McLeod Vascular Surgeon Dr. William Jackson shows an example of a graft used to repair Steve's aneurysm with the FEVAR procedure. The graft has holes that line up to the position of the arteries in the body near the aneurysm to allow blood flow.



Steve McCracken, pictured with his grandson William, was surprised to learn he had three aneurysms after he went to his primary care physician with complaints of back pain.





Fred Ham, at center, is surrounded by members of his lung cancer team at McLeod. From left to right Ainsleigh Brown, RN; Dr. Rhett Spencer; Dr. Vinod Jona; and Amy Perugini, RN.

# Placing the Patient at the Center of Lung Cancer Care

by Tracy H. Stanton

In 2015, Fred Ham’s primary care physician, **Dr. Cory Smith**, recommended he undergo a low-dose CT screening for lung cancer. A farmer all his life and a smoker since his days in the Army, 74-year-old Fred agreed to the test. In fact, every June for the next five years Fred returned to McLeod for the annual screening.

McLeod Health established the Lung Cancer Screening Program to detect lung cancer earlier and save lives through the use of low-dose lung CT scans in 2014. Since then, the program has expanded to include three dedicated nurse navigators, a lung nodule clinic,

patient conferences with multiple specialists and innovative treatment options. In June 2020, Fred’s annual CT scan resulted in a recommendation from the McLeod Lung Cancer Screening Team that he undergo another CT in three months.

Following this screening scan, the team recommended a PET (positron emission tomography) scan. This test uses radioactive tracers to detect early signs of cancer and other diseases.

Fred’s PET scan indicated a potentially cancerous lung nodule and a referral was made to **Dr. Vinod Jona**, a McLeod Pulmonologist. After meeting with Fred, Dr. Jona scheduled a navigational bronchoscopy with endobronchial ultrasound to stage the cancerous lung nodule. Fred also underwent pulmonary function tests.

At the time, Fred was one of the first patients to participate in the McLeod Lung Nodule Clinic. Dr. Jona explained the clinic was established to evaluate and monitor those patients who have been screened for lung cancer and a pulmonary nodule was detected, or those who had a nodule found incidentally as a result of a lung CT scan after a car accident, pneumonia or injury. “This clinic enables us to determine the patient’s risk of developing lung cancer and ensure they receive high quality care and follow the evidence-based guidelines.”

## HALLMARKS OF THE McLEOD LUNG NODULE PROGRAM INCLUDES:

- Prompt scheduling of initial visit
- On-site Radiologist with same day interpretation
- Timely assessment, diagnosis and recommendations
- Management of follow-up visits
- Coordination of care with multiple specialists
- Ongoing communication with referring physicians
- Patient education

Each clinic patient receives complete testing and consultation with a physician to determine the best course of action for them, all in one visit.

This simplifies things for the patient while maximizing early detection of disease and minimizing unnecessary medical or surgical procedures.

“Any lung nodule patient who is referred to our program is first evaluated by the Lung Nodule Clinic Nurse Navigator Ainsleigh Brown who reviews their history and CT scans,” said Dr. Jona.

## INITIAL EVALUATION IN THE LUNG NODULE CLINIC ALSO INCLUDES:

- Assessment by a Nurse Navigator
- Examination by a Pulmonologist (lung specialist)
- Diagnostic imaging if required along with a breathing test
- Development of a plan for follow-up or treatment

In addition to Brown, patients also have access to two other specially trained nurse navigators: Beth Epps, the Lung Cancer Nurse Navigator, and Amy Perugini, the Lung Cancer Screening Navigator. These three McLeod Nurse Navigators guide patients through the often complicated process of their medical care from initial screening and detection, to diagnosis and treatment, and on through to recovery and rehabilitation.

“Understanding that decisions are best made when the patient and family are involved, we now invite our lung nodule patients to participate in a conference with providers from multiple specialties before they may ever be diagnosed with lung cancer,” said Dr. Jona. “We offer this through a virtual platform for the convenience of our patients.”

During the conference, physicians review the pertinent history, imaging scans, diagnostic studies, and pathology, and develop a plan appropriate for the patient.

Fred and his family participated in the first multidisciplinary rounds in late October 2020. “We were at my daughter Rose’s house and the doctors were talking to me while my daughters compiled the information,” said Fred about the virtual exchange.

After hearing the recommendations of the medical team, Fred chose radiation treatment to eliminate his Stage I lung cancer. Beginning in early November 2020, he underwent eight rounds of stereotactic body radiation therapy at the McLeod Cancer Center.

“The patient benefits by having easy access to all of these experts at one time as well as the opportunity to ask questions,” added Dr. Jona. “This close communication enhances the patient’s care and the management of their disease. The patient remains at the center of what we do, and this team mindset gives us an opportunity to deliver the most advanced, effective treatment available to patients diagnosed with lung cancer.”

A year later, Fred encourages others to be proactive and have the screening if recommended by their provider.

“I am very happy I got the screening all those years,” said Fred. “I want to help anyone I can by telling them about my experience.”

For more information on the McLeod Lung Cancer Screening Program, please call 843-777-5953. To contact the McLeod Lung Nodule Clinic, please call 843-777-7878.



# COMING FULL CIRCLE

by Lauren Snipes

The Raines family is passionately involved with the McLeod Children's Hospital. Their significant relationship began more than 20 years ago when the niece of Chrisie Raines and her late husband, Mark, was born with a heart defect.

She was lovingly cared for by **Dr. Charles Trant**, the region's only Pediatric Cardiologist at the time. They were so moved by her care that they wanted their company, then Raines Hospitality, to take an active role in giving back to the hospital that had given so much to their niece. In 2007, an inaugural annual fundraiser benefiting the McLeod Children's Hospital began and continues to this day.

Their daughter, Cadie Raines Snead and her husband, Jameson, met at McLeod Regional Medical Center as nurses, and married a few years later. In February 2020, Jameson and Cadie learned they were expecting a baby. After years of loss and unsuccessful efforts to conceive, they were elated to begin this journey.

However, they were also a bit fearful to learn what the next nine months would hold. Cadie, a Type 1 diabetic, immediately knew that her pregnancy would be a journey involving many different teams at McLeod. Her Obstetrician, **Dr. Brad Campbell** with McLeod OB/GYN Associates, had guided them in the years leading to this moment and would play a vital role in Cadie's pregnancy.

"Dr. Campbell and his entire team, especially Lindsey Sims and Judy Rogers, became like family to us. At one point, I was seeing them multiple times a week.



Jameson and Cadie Snead are incredibly grateful to McLeod Women's Services and McLeod Children's Hospital for the care they received before, during and after the birth of their son, J.P.

"They were always just a phone call away," shares Cadie.

At ten weeks, an abnormality appeared on the ultrasound. Dr. Campbell sent Cadie over to McLeod Maternal Fetal Medicine immediately, where the physicians recommended more extensive testing.

At 15 weeks, Cadie and Jameson learned that their baby had a rare genetic syndrome. With this diagnosis came a wide range of possible challenges. One potential outcome was that their little boy could have heart defects.

Jones Parker Snead, "J.P.", received his first fetal echo at just 16 weeks. He was closely monitored for many different complications but especially his cardiac health. Fortunately, throughout the duration of Cadie's pregnancy, everything continued to check out and appear normal in utero.

At 30 weeks, Cadie began going to the hospital several times a week to have a "non-stress test." At 35 weeks, Cadie began showing signs of placenta insufficiency. Dr. Campbell, along with the Maternal Fetal Medicine team, decided on a C-section. They were confident J.P. could be safely delivered at McLeod Regional Medical Center since his heart was stable and healthy. Cadie and Jameson breathed a sigh of relief as they trusted Dr. Campbell for their delivery.

Cadie and Jameson knew their son would likely be admitted to the Neonatal Intensive Care Unit (NICU). They were comforted to know their baby would have immediate access to the region's only Level III NICU.

At 36 weeks, J.P. made his arrival. After a few hours, McLeod Neonatologist **Dr. Tommy Cox** recommended that J.P. be taken to the NICU for respiratory distress. At a normal birth weight, J.P. was otherwise healthy, but due to his early delivery, he needed to be in a controlled environment for observation.

It was decided that J.P. should receive an echo while in the NICU, due to his high risk of heart defects. **Dr. David Steflik**, the region's only Pediatric Cardiologist, conducted this procedure. He discovered a few abnormalities, but nothing urgent or too worrisome. He recommended monitoring and follow up in six weeks.

During J.P.'s two-week routine weight check at McLeod Pediatric Associates, his Pediatrician **Dr. Benjamin Elder** detected a murmur along with multiple heart defects that would require frequent visits and close monitoring.

"Dr. Elder has played a very important role in our story, and we are incredibly grateful to have him as part of our family," recalls Cadie.

Dr. Elder referred them to Dr. Steflik. Cadie and Jameson were immediately impressed by Dr. Steflik's hands-on approach to their son's care. He handles all of the ultrasounds and takes time to sit down with them during each appointment.

Remembering his gentle bedside manner while holding her precious J.P., Cadie says, "He became more than just our physician. He became our friend."

Following in their family's established tradition, Cadie and Jameson are proud to personally support the Children's Hospital through the McLeod Health Foundation. Mark and Chrisie Raines' passion for the McLeod Children's Hospital has come full circle for this family.

Cadie speaks for her family when she shares, "The physicians and staff have become our family. They answer our questions and walk through everything with us. They even pray with us. You cannot help but get attached to people who love and care for your child. We want to continue to give back through the McLeod Health Foundation to support this noble work."

The Snead family is pictured with Dr. Steflik, who plays a critical role in treating and monitoring J.P.'s progress following his diagnosis of several heart defects.

"Dr. Steflik became more than just our physician. He became our friend."

– Cadie Raines Snead





# THE 18th HOLE

by Tammy White

John Pacholek spent January 18, 2021 enjoying a game of golf with his buddies, Dave Fett and Don Wolfe. The group eventually reached the eighteenth hole, and Dave and Don took their last shot.

As they moved to leave the green, they looked back to watch John, only to see him lying on the ground.

Don and Dave ran to John's side, checked for a pulse and began performing CPR. Fortunately, a young couple honeymooning from Pennsylvania, Hanna and Ajin Kim, also witnessed John's collapse. Ajin, a pediatrician, and Hanna, a medic, were carrying an Automated External Defibrillator (AED) on their golf cart. They were able to get John breathing again while waiting for EMS to arrive.

John was transported to Conway Medical Center. After a heart catheterization, cardiologist **Dr. Stephen Brady** informed John's wife Cathy that due to the severity of the blockages in his heart, he needed to be transferred to McLeod Regional Medical Center in Florence.

Because of the strong medical relationships between the physicians of Conway Medical Center and the McLeod Heart & Vascular Institute, John's heart would receive the medical expert care he needed.

"When John arrived at McLeod, his heart was both in chronic atrial fibrillation and heart failure," said **Dr. Robert Messier**, McLeod Cardiothoracic Surgeon. "Atrial fibrillation is a type of heart arrhythmia that causes the top chambers of the heart to beat irregularly. Most people with atrial fibrillation control their episodes with medications."

With John's condition classified as chronic, his heart stayed in constant atrial fibrillation and would not convert back to a normal rhythm.

"Medication would not have corrected this problem for John," continued Dr. Messier. "In reference to the heart failure, it meant John's heart was too weak to pump enough blood to meet the demands of his body's needs."

Dr. Messier performed a five-vessel by-pass surgery on John's heart to clear the blockages. To treat his chronic atrial fibrillation, Dr. Messier used the MAZE procedure and AtriClip.

The MAZE procedure, a surgical intervention for patients undergoing open-heart surgery, cures atrial fibrillation by interrupting the electrical patterns responsible for the irregular heartbeat. Dr. Messier used a radiofrequency probe to burn lesion areas in the heart tissue without damaging the heart.

The scar tissue generated by the lesions permanently blocks the electrical travel route and helps redirect the electrical flow. This surgery helps the heart pump in a normal way.

"More than 90 percent of the stroke-causing clots for patients with atrial fibrillation are formed in the left atrial appendage, a pouch-like structure that protrudes from the upper chamber of the left side of the heart," said Dr. Messier. "When a blood clot migrates out from this area it can potentially cut off the blood supply to the brain, causing a stroke."

To seal off John's left atrial appendage and prevent any chance of clots escaping, Dr. Messier surgically implanted the AtriClip, a small titanium metal clip.

John spent ten days at McLeod before being discharged home.

"On the golf course John experienced a sudden cardiac arrest, when the heart suddenly stops beating," said Dr. Messier. "When this happens the blood stops flowing to the brain and other organs. Death can result quickly if proper steps are not taken immediately. There is no question that the quick thinking of his friends to perform CPR and the use of the AED by the young couple saved John's life."

Because of John's risk for another episode of sudden cardiac arrest, he needed the protection of LifeVest, a wearable defibrillator.

LifeVest continuously monitors the patient's heart and delivers a shock treatment to restore normal rhythm should the heart ever go into a life-threatening arrhythmia. Patients wear this device temporarily until their heart gets stronger. John wore his for six weeks before having a permanent pacemaker implanted, which offers further protection from sudden cardiac arrest.

"I felt no symptoms prior to my collapse," explained John. "Don and Dave told me later that I had appeared to be my normal healthy self."

"The care John received at McLeod was superb," said Cathy. "Everyone was so attentive and helpful -- from the nursing staff to the security officers. I have difficulty walking long distances and whenever I came to visit John, a security officer would bring me in a wheelchair to the Heart and Vascular area."

Today, a regular schedule of cardiac rehabilitation is helping John rebuild his strength. It will not be too long before he can be found with his friends back on the golf course.

Don Wolfe (right) along with Dave Fett performed lifesaving CPR when John Pacholek (left) collapsed after the group played their 18th hole of golf.

McLeod Cardiothoracic Surgeon Dr. Robert Messier performed open heart surgical procedures to clear John Pacholek's blockages and cure his atrial fibrillation.



# Quality Care CLOSE TO HOME

by Jaime Hayes

Despite the many challenges presented by the COVID-19 pandemic, the McLeod Health Dillon Hospitalist Team resolved to maintain the highest standard of care for their most vulnerable and critical patients.

Hospitalists are physicians who care for patients throughout their hospital stay, from admission to discharge.

“In March 2020, we admitted the first of many patients with COVID-19,” said **Dr. Nicholas Wallace**, Hospitalist and Vice Chief of Staff at McLeod Health Dillon. “This was like nothing we had seen before. In addition to seeing a higher volume of patients, we also treated more severe illness from both COVID-19 and other conditions.”

**Patient Representative Candice Tyler provided compassionate care to patients like Sylvia Vance and her husband Charlie throughout the COVID-19 pandemic.**



This stemmed from many individuals delaying care -- seeing their healthcare provider or going to the Emergency Department -- despite suffering severe symptoms such as those associated with heart attack or stroke for fear that they may contract COVID.

In the midst of uncertainty and misconceptions, the medical team at McLeod Health Dillon remained committed to learning all they could about the diseases in an effort to give their patients the utmost care.

As the number of COVID positive cases increased throughout the community, McLeod Health Dillon, along with other hospitals in the McLeod Health system, restricted visitation.

“While restricting visitation was a difficult decision, it was the best way to protect our patients and staff,” explained Joan Ervin, CEO of McLeod Health Dillon.

As a result, staff members became more than caregivers, but a support team as well.

Candice Tyler, a Patient Representative at McLeod Health Dillon, was involved in the support team from the beginning. Each day, Candice rounded with patients, spoke to their family members and coordinated virtual visits with their loved ones.

“Being in the hospital alone was frightening for some of our patients,” said Candice. “However, bringing them face-to-face with their loved ones through a virtual visit was incredibly meaningful. It immediately put patients at ease and brought smiles to their faces.”

In addition to these virtual visits, McLeod Health Dillon utilized telehealth services throughout the pandemic.

“With the respiratory issues that can be associated with COVID, we developed an even greater need for certain specialties like Pulmonology,” said Dr. Wallace. “Through telehealth capabilities, we connected patients directly with Pulmonologists within the McLeod Health system from their hospital room.”

As part of an entire hospital system, McLeod Health Dillon has access to specialized services that otherwise may not be available in rural areas.

Sylvia Vance and her husband Charlie recognized firsthand the advantage of McLeod Health Dillon and the range of quality services provided when Sylvia learned she would need surgery during the pandemic.

Sylvia suffered a stroke nearly 10 years ago. Partially confined to a wheelchair, Sylvia also endured bouts with severe ulcerative colitis which greatly impacted her quality of life.

Travel was nearly impossible, and visits with her grandchildren were limited.

In March, after delaying care due to the pandemic, Sylvia underwent a colonoscopy.

Careful review of her results indicated she would need surgery. She and Charlie consulted with **Dr. Joseph Dougherty** of McLeod General Surgery, who recommended a total colectomy, or complete removal of the colon.

“We knew this was a major surgery, but we were confident in the surgeon and the care that we would receive at McLeod Health Dillon,” said Charlie. “We preferred staying local because we knew that this hospital would provide the complete care we needed.”

After a complex seven-hour surgery, Sylvia spent several weeks recovering at McLeod Health Dillon, receiving care in both the Intensive Care Unit and on the Medical/Surgical floor.

“My experience at McLeod Health Dillon was excellent,” recalled Sylvia. “My doctor and nurses were compassionate and kept us informed during my entire stay.”

“We are blessed to have this level of care in Dillon,” said Charlie. “There really is no need to travel for services when we have everything we need right here.”

“We knew this was a major surgery, but we were confident in the surgeon and the care that we would receive at McLeod Health Dillon. We preferred staying local because we knew that this hospital would provide the complete care we needed.”

– Charlie Vance



# McLeod News

## MCLEOD PHYSICIAN PROVIDES CONVENIENT PRIMARY CARE FOR RESIDENTS OF THE MANOR

McLeod Family Medicine Physician **Dr. Mary Sue Brewton** is now serving residents of The Manor, a continuing care retirement community located at 2100 Twin Church Road in Florence. For residents of The Manor, this physician presence provides a convenient and trusted option for healthcare nearby.

“It is wonderful to be able to see a doctor without leaving the campus,” said Manor resident B.J. Hammes following a recent appointment. She and her husband, Don, moved to The Manor seven years ago. Since her husband’s passing in April of this year, traveling off-campus has become more difficult.

“I really appreciate not having to get on the bus and go to a doctor’s appointment,” continued B.J. “I have been a patient of McLeod for many years, so having Dr. Brewton right here where I live works really well for me.”

Board Certified in Family Medicine, Dr. Brewton treats patients with a broad spectrum of health care needs, including heart disease, diabetes, lung disease,



**McLeod Family Medicine Physician Dr. Mary Sue Brewton is now serving residents of The Manor, a continuing care retirement community. She is pictured with Manor resident B.J. Hammes.**

kidney disease and multi-system diseases. She and her husband, McLeod Surgeon **Dr. Cary Brewton**, are proud parents of a son, Cody, and a daughter, Charlotte Adair.

“Providing care for residents of The Manor is a joy,” said Dr. Brewton. “As a primary care physician, I enjoy creating relationships with my patients, and seeing them regularly allows me to help them live their best lives.

“Being here offers many opportunities to forge those connections. It’s very rewarding to serve people who are so grateful for their care.”

Dr. Brewton sees patients two days each week, with plans to expand to three days in the coming months. Residents are encouraged to make appointments, but it is not required.



## FOR 115 YEARS

For generation after generation, McLeod Health has stood shoulder to shoulder with families, friends and neighbors bringing health care expertise and compassion to all the communities we serve.

## McLeod Health



## MCLEOD HEALTH EXTENDS MEDICAL CARE IN SUNSET BEACH



**McLeod Primary Care Sunset Beach**

With the growing demand for healthcare in the region, McLeod Health now offers access to multiple specialties in the Sunset Beach, North Carolina community.

**Dr. Sonya Saadati**, a primary care physician, cares for patients at McLeod Primary Care Sunset Beach.

“I chose medicine because I believe in taking care of our body from the inside out,” said Dr. Saadati. “As a resident of Oak Island, I have had the opportunity to speak

with area residents and realized the need for primary care in this area.”

Joining Dr. Saadati is a team of medical specialists from Orthopedics, Vascular Surgery and Cardiology. As Brunswick County continues to grow, the need for convenient access to specialists is critical.

McLeod Health is committed to providing convenient access to the services and treatment patients need close to home.

Visit [McLeodHealth.org](https://www.McLeodHealth.org) to learn more.



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