Extraordinary outcomes give us all reason to celebrate, particularly when they reflect the triumph of a child or families overcoming disease or disaster.

In this issue of McLeod Magazine, we peer into the personal lives, struggles and victories of patients both young and old. Their recovery into better health can be attributed to the perseverance of dedicated teams of excellent physicians, nurses and hospital staff, combined with the sheer will and faith of each of those individuals and their families who have beat the medical odds.

We are thankful to those who share their experiences with us, both the cared for and their care-givers. They provide us with the opportunity to be encouraged by examples of tenacity and unyielding hope. We can be inspired by their journey back to health and improved quality of life.

Our mission at McLeod Health is to offer the best medical care available and improve health. Our efforts continue as we recruit and retain the most compassionate and knowledgeable providers of care, in addition to the most recent technology and treatments so that it is unnecessary for the people of our region to travel elsewhere for diagnosis and treatment.

I would like to thank our readers and our community for your confidence in our ability to serve you and for choosing McLeod for all your health care needs. Please join us in this celebration of exceptional milestones and extraordinary outcomes.

Rob Colones, President and CEO
McLeod Health
The 29th Annual Children’s Miracle Network Hospital Broadcast airs on WBTW News 13 on Saturday, June 4. Each year, nearly 23,000 children receive much needed care from McLeod Children’s Hospital either as an inpatient, outpatient or rehabilitation patient. The broadcast celebrates the inspiring stories of these children and the supporters who make their successes possible, including generous donors and an amazing team of medical professionals. One-hundred percent of every dollar raised during the broadcast stays in the community to help children here in need.

The following morning, Kane woke up with a fever, sore throat and vomiting. Thinking he had the flu or possibly strep throat, Mandy took Kane to an Urgent Care Center. Staff performed a series of tests but could not identify the cause of his symptoms. They instructed Mandy to take Kane to his pediatrician on Monday for further evaluation.

Later that day, Mandy noticed a few bumps on Kane’s face, and she wondered whether he could have a case of Chickenpox. But, nothing prepared her for what Kane looked like the next morning. His entire body was covered with blisters from head-to-toe.

“I was terrified,” said Mandy. “When I woke him up, he was not the same child I tucked in and kissed goodnight.” Mandy called Kane’s pediatrician, who asked them to come to his office immediately. When they arrived, the pediatrician examined Kane and told Mandy he believed Kane had Stevens-Johnson syndrome. He directed them straight to McLeod Children’s Hospital for admission. “That drive was the longest 45 minutes of my life,” remembers Mandy.

Upon arrival at McLeod Regional Medical Center, Mandy approached the front registration desk. “The Registration Clerk took one look at Kane and said, ‘There is no way you are going in the back to register him. I will take care of that for you right here. That was such a blessing,’ remarked Mandy. “I never had to leave Kane’s side, and in a matter of minutes, we were in the McLeod Children’s Hospital.” As soon as Mandy and Kane reached the floor, they were escorted to a patient room with Children’s Hospital physicians and staff close behind them. McLeod Pediatric Intensivist Dr. Judith Ugale had also called in McLeod Infectious Disease Physician Dr. Ramesh Bharadwaj to assess Kane.

“Dr. Ugale and I, along with McLeod Pediatric Intensivist Dr. Carl Chelen, all agreed that due to the nature of Kane’s blisters and high fever, he was experiencing a severe allergic reaction, most likely to a sulfa antibiotic that he had taken for an infection,” said Dr. Bharadwaj with Carolina Health Care. “This type of reaction is known as Stevens-Johnson syndrome, named after the first physicians to describe it.”

Dr. Bharadwaj explained that when a patient has Stevens-Johnson syndrome, their body is reacting to a foreign object and fighting its own cells as a consequence. It is a rare allergic reaction at the most severe end of the spectrum. Stevens-Johnson syndrome most commonly occurs after taking certain types of medications such as antibiotics and anti-seizure medications.

On a cool Saturday afternoon in February, Mandy Davis of Cheraw and her two children enjoyed a day together watching a movie and shopping at the mall. They had no idea that two days later, 10-year-old son Triston “Kane” would be fighting for his life.
In Kane’s case, he had taken the prescribed 10 days of an antibiotic for an infection. When the symptoms of this new condition began to appear four days later, Dr. Bharadwaj said that Stevens-Johnson syndrome can also occur after an infection such as pneumonia.

Patients with Stevens-Johnson syndrome usually first develop a mild skin rash similar to any other allergic reaction. However, the rash progresses and results in blisters covering the body similar to third-degree burns. It is extremely painful as the blisters break and become open sores. Stevens-Johnson syndrome also affects the body’s mucous membranes, causing burn-like irritation on the eyes, lips and inside of the mouth, throat and intestinal tract.

The physician team knew they needed to start Kane on a medication to stop the reaction from getting worse.

"Intravenous Immunoglobulin (IVIG) helps to reduce the duration of the symptoms of Stevens-Johnson syndrome," said Dr. Bharadwaj. We began to administer IVIG to Kane, but when his fever spiked to 106.9 degrees, we transferred him to the McLeod Pediatric Intensive Care Unit (PICU) for more acute care.

"When you looked at Kane, you didn’t see a child," Mandy remembers. "The blisters almost looked like something out of a horror movie. It was hard to believe that it was all a result of a medication he took for an infection. If you would have told me on Friday that days later we would be in the McLeod Children’s Hospital PICU, I would have said, ‘You’re crazy! My children are healthy.’ It was hard to believe that this was happening to my child. We were living our normal lives on Friday, and on Monday, Kane was fighting for his life.

In the PICU, staff provided Kane with adequate nourishment and hydration by giving him liquid meal replacements, but because of the blisters inside his mouth and down his digestive tract, it was too painful for Kane to even take one sip of water. He could not keep anything down. Due to this reaction, Kane required a feeding tube and multiple Intravenous Therapy (IV) lines.

Dr. Carl Chelen, Medical Director of the McLeod PICU, cared for Kane while he was in the unit. He explained how important it was to keep Kane hydrated and properly nourished. "Most people relate nutrition to growth, but it is also very important to help heal lesions on the skin. In the case of a bad burn, a patient can also need nearly twice as many calories to help repair wounds.

"Additionally, because the blisters are breaking, the patient suffers from major fluid loss. We had to constantly give Kane fluids. Any dehydration or electrolyte abnormalities, if not properly monitored, can lead to subsequent poor outcomes," added Dr. Chelen.

"The scariest part of being in the hospital was the IV lines and feeding tube," said Kane. "But, the doctors and the nurses helped me get through it. I liked that they would explain to me what they were going to do and when they were going to do it."

Dr. Chelen explained that while an allergic reaction usually peaks after four-to-five days, the resolution period can take weeks. Dr. Bharadwaj instructed nursing staff to regularly apply a cream to Kane’s open sores to prevent them from getting infected. "One of the most important aspects of Kane’s treatment was receiving good nursing care," Dr. Bharadwaj said.

Dr. Chelen agreed. "The PICU staff played a huge role in Kane’s care. Not only did they administer treatments, but they supported him through a very traumatic time. If you can imagine the painful feeling of when the skin is torn off of a blister, and then think about that covering your entire body. That is how much pain Kane was experiencing. Every time one scab would fall off, the sore would bleed, and another even bigger scab would form in its place."

"Children respond differently to pain medications than adults do," Dr. Chelen continued, "Kane would not have had access to this very important team of nurses or a Child Life Specialist, who works exclusively with children and understands their needs, if he had not been at McLeod Children’s Hospital."

In Kane’s case, his doctors’ knowledge, they were able to stop the reaction in its tracks.

Dr. Chelen noted that it is very important to have a specialized center such as the McLeod Children’s Hospital to take care of children who are severely injured or extremely sick. "The McLeod Children’s Hospital is a great asset to families in the region," he said.

Additionally, we also transport children here from other hospitals who require more intensive care.

"In the McLeod PICU, there are more than just pediatric intensivists taking care of patients. We use a team approach and utilize other specialists. Having so many skilled physicians at McLeod that you can easily contact in an emergency is what allows us to treat the most critically ill and injured pediatric patients. The physicians, nurses, therapists and other staff members all play a role in caring for these children to achieve the best possible outcomes."

After spending two weeks in the McLeod PICU, Kane was well enough to be transferred to a room in the Children’s Hospital. "I was scared being in the hospital," said Kane. "Especially with the needles and IV’s. But, something kept telling me that everything would be okay."

And, it was." After another week, Kane was well enough to go home.

Today, Kane appears to be a healthy 10-year-old boy. Mandy says that his skin has improved, but there is still some scarring. Kane is also seeing a Gastroenterologist to monitor healing of his intestinal tract. In addition, the Davis family now knows that Kane should never take any sulfa-containing medications again. Fortunately, doctors say it is unlikely that Kane would have this bad of a reaction to another classification of medications.

In late April, Mandy, Kane, and his 12-year-old sister Cassi came to the McLeod Children’s Hospital to visit some of the staff. "I’m speechless. You would never know what Kane has been through by looking at him now," exclaimed Nurse Jennifer Hooks. "You look like a completely different child," she told Kane.

"My strength came from the good Lord above who sent us a great team of doctors and nurses – even the wonderful woman at the front desk who sent us straight up so we didn’t have to leave Kane, said Mandy. "They were our backbone. They brought us through each day."

Kane's team of physicians included (from left to right): Dr. Ramesh Bharadwaj, Infectious Disease, Carolina Health Care; Dr. Judith Ugale, McLeod Pediatric Intensivist; Dr. Carl Chelen, Medical Director, McLeod Pediatric Intensive Care Unit; and Dr. Isam Zakhour, Ophthalmologist, Stokes Regional Eye Centers.

"Denise Allison was one nurse who would joke with me, which really made me feel better," said Kane. "The best part about being in the hospital was when Allana Zeiger (McLeod Children’s Hospital Child Life Specialist) would bring me video games to play if I was feeling okay."

Ophthalmologist Dr. Isam Zakhour of Stokes Regional Eye Centers also treated Kane for the allergic inflammation that occurred in his eyes. "Stevens-Johnson syndrome presents with severe redness and foreign sensation of both eyes," said Dr. Zakhour. "Kane was experiencing both, so he was placed on steroidal eye drops, which he responded to very well."

Mandy and her mother took turns staying with Kane while the other woman rested. "One of the most wonderful things about McLeod is the Guest House," Mandy said. "It was so great to know that I could stay across the street from the hospital, and if anything happened, I was just a phone call away."

"The Children’s Hospital staff was also wonderful," said Mandy. "We were scared, but they took really good care of us. I would not have wanted Kane to be treated anywhere else but McLeod Children’s Hospital. Because of the doctors’ knowledge, they were able to stop the reaction in its tracks."
A Lifelong Battle for a Brave Little Soul
by Kristie Salvato Gibbs

The word bravery is defined by the World English Dictionary as “having or displaying courage, resolution, or daring; not cowardly or timid; to confront with resolution or courage.”

We needed to monitor her condition and prevent her from going into diabetic ketoacidosis.

"When ketones appear in the urine, the body does not have enough insulin and instead of burning sugar, it has to burn fat for fuel," explained Dr. Clark.

"The ketones, formed as a bi-product, are similar to poisoning the body with acid and can result in ketoacidosis. When this occurs, children can become very sick, very quickly, and start vomiting, go into a coma or even die as a result."

"We were in denial," said Steven. "Everything was moving so fast. It felt like we were in a fog, and we were left wondering 'How could Ainsley have diabetes?' It was very difficult to accept because Ainsley is so young. We also knew this meant she would have to live with this condition for the rest of her life."

Both Christina and Steven were taught how to give Ainsley insulin injections during her admission in the McLeod Children’s Hospital. "Giving Ainsley insulin shots was frightening at first," said Christina. "She requires at least two shots a day. While we were in the hospital, the nurse stayed by our side and taught us what to do."

"Diabetes is a disease that effects how the body uses glucose (sugar)," explained Dr. Clark. "There are two types of diabetes. Type 1 occurs when the body does not produce insulin. In Type 2, the body is unable to respond to insulin. Insulin is a hormone that is needed to convert sugar, starches and other foods into energy."

"Type 1 diabetes is very common, more common than we would like to see," continued Dr. Clark. "We will sometimes diagnose an infant with Type 1, but in children it is most often found in school ages and teenagers. Children diagnosed with Type 1 diabetes are insulin dependent for the remainder of their lives. Educating both the parents and the child is very important to how well the child will do managing their condition."

"Ainsley was diagnosed with Type 1 diabetes by Dr. Clark. She also required hospitalization. "She was admitted to McLeod Children’s Hospital in order for her condition to be stabilized and to begin her on insulin injections," said Dr. Clark.

"We were shocked and very scared," said Christina. "We did not know what to expect."

"We needed to monitor her condition and prevent her from going into diabetic ketoacidosis."

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"Diabetes has changed all of our lives," said Christina. "However, McLeod was there for us and gave us excellent care. Everyone was helpful and understanding."
Their Faces Surely Show It

by Megan Watson

Two bouncing twin girls stand atop a wooden coffee table surrounded by their family. “If you’re happy and you know it, clap your hands…” The clapping hands and stomping feet belong to Isabella and Sophia Topalian of Florence. The twins recently celebrated their second birthday and have a lot to be happy about. Leon and Kim Topalian were raising two “twins” when they felt a calling to foster two more children. “We went through the whole process – two long years – and got so close to adopting two beautiful children but it unfortunately fell through,” Kim said.

It was around this time that Kim discovered she was pregnant. “It was a shock, especially the twin part. We wanted two more children and the fact that God gave us two at one time was a real blessing.”

Nearly 150,000 sets of twins are born each year. Yet only one percent of them are monoamniotic twins, like Isabella and Sophia. Monoamniotic twins, also called ‘MoMo’ or ‘mono mono’ twins, share an amniotic sack. “The doctors and nurses at McLeod prepared us for what to expect with this type of pregnancy,” Kim explained.

One of those doctors was McLeod Neonatologist Dr. Steve Bridges. “Kim was pregnant with a very unique set of twins,” Dr. Bridges explained. “Normally twins grow in two separate sacks. However, Isabella and Sophia were in one complete sack together.”

This situation places the babies at high risk for their umbilical cords to become entangled which could result in cord compression and possible fetal demise. “It is very difficult to know when to deliver these type twins. There is a compromise between waiting and delivering the babies early,” explained Dr. Bridges. The Topalians were also told they could expect a fifty percent survival rate.

In the face of these discouraging statistics, Kim turned to her friends, her family, and her faith for support. “We really had to struggle with that fear and we finally just had to let it go,” she said tearing up. “We said, ‘Lord, if you allow us to have these babies, what a miracle it will be.’”

“We learned about things we never wanted to know about,” Leon remembered. Fortunately, the McLeod team was more than prepared to help the Topalians along their journey. Dr. Bridges also gave the family a tour of the Neonatal Intensive Care Unit (NICU) since it was likely the twins would need the services of the unit.

“After the tour, Dr. Bridges sat down with us and went over the statistical facts of survival rates. It was a very different experience from when we had Jonathan and Hannah, our older children.”

Through her own research and in talking with her physicians, Kim discovered that monoamniotic twins have a higher success rate if the mother can be hospitalized and monitored at 24 weeks development. This became Kim’s goal.

Kim was admitted to McLeod at 24 weeks gestation. Her parents moved into the Topalian’s home in Florence to take care of the household while Leon was in Charlotte for work during the weekdays. Once in the hospital, the couple and Kim’s physicians decided that they would deliver by caesarean section if she made it to 32 weeks. With her new goal in distant sight, Kim settled into her room on the fourth floor; they are phenomenal,” said Kim. “I became great friends with the girls on the fourth floor; they are phenomenal,” Kim said, “especially as the days got harder toward the end.”

Soon enough Kim had reached her second goal. “I was so excited that we had made it. Then there was the realization that we were having preemies,” Kim said.

“During the C-section, it was realized that the cords were wrapped up within each other and were in the process of forming a knot,” Dr. Bridges said. “Fortunately, that didn’t happen.”

Isabella and Sophia were delivered at McLeod Regional Medical Center on March 25, 2009, by Dr. Kelly Rainwater with assistance from Dr. Steve Bridges. Members of the NICU nursing staff were also in the delivery room.

“We heard them cry which was such a wonderful moment,” Kim said. “The NICU nurses brought them over for me to see and it meant the world to me.”

The staff and the NICU were well prepared to care for the twins. “This is what they do every day,” said Kim. “They are used to emergencies and they handle them well.”

Both infants were placed on a continuous positive airway pressure (CPAP) machine at birth to provide oxygen. Isabella was also put on a ventilator to help her breathing and she received artificial surfactant to help her premature lungs in an effort to help them function better.

After spending three weeks in the Neonatal Intensive Care Unit, the girls were eating and breathing well on their own. The Topalian family could now bring home their two newest additions.

“It is difficult to recall everything we went through because now they are healthy and running around,” added Leon. “We came through so much, but they are here because of answered prayers.”

Isabella and Sophia Topalian perform the song, “If you’re happy and you know it” for their parents, Kim and Leon.
Everyone has something in life that provides them with fulfillment. It may be spending time with children, playing a sport, going to work, taking a walk, or riding a horse. However, if that joy is restricted or eliminated due to illness, injury or aging, there is a void in life.

The McLeod Human Motion Specialist (HMS) surgeons and health professionals have advanced orthopedic and spine training, and specializations that patients can trust to help them achieve optimal results and return to the routine activities they enjoy. The areas of expertise within HMS include joint replacement and reconstruction, spine care, sports medicine, trauma, hand and upper extremity, pediatrics, foot and ankle, physical medicine, and rehabilitation.

Extraordinary Care and Expertise Helps Patients Get Back To What They Enjoy
by Kristie Salvato Gibbs

Tamala Mack coaches the Lamar High School girls’ basketball team. While working out with her team during a summer practice, Tamala began to notice pain in her right hip. “I just continued and worked through the pain,” said Tamala. “I thought the pain would go away, but it never did. It only continued to get worse.”

Tamala sought advice from the McLeod Certified Athletic Trainer that provides care to the Lamar High School athletes. “The Athletic Trainer suggested I seek medical advice from an orthopedic surgeon,” continued Tamala. Following this suggestion, she made an appointment with Dr. Brian Blair of McLeod Orthopaedics.

Dr. Blair arranged for Tamala to have an MRI, which indicated that her pain was stemming from a hip labral tear. “The labrum is a rim of tissue that surrounds the hip socket, keeping the hip in place and stabilizing the hip joint,” explained Dr. Blair. “Tamala had a tear in the labrum tissue as well as tissue rubbing against her hip cartilage. This caused pain and cartilage damage.”

“With this condition, we have two options for treatment – repair the tissue or remove it,” said Dr. Blair. “The determining factors are the quality of the tissue and the age of the patient. Most labral tears are degenerative in nature, which was the case in Tamala’s condition.”

Dr. Blair performed hip arthroscopy surgery to remove Tamala’s labrum tissue and to clean out the cartilage and inflammatory tissue in her hip. “Hip arthroscopy is a minimally invasive procedure used to treat various conditions of pathology in the hip joint,” said Dr. Blair. “The recovery period varies from patient to patient. If we remove the damaged labrum and clean the area, the patient is on crutches for a few days while physical therapy works with them to restore strength and motion. If a repair is performed, the recovery maybe longer and require up to four to six weeks on crutches, along with physical therapy.”

Today, Tamala is doing well, eight months after surgery. “I am very grateful that Dr. Blair was able to determine what was causing my pain and eliminate it,” said Tamala. “I can finally live everyday without pain, and I am back to practicing basketball with my team.”
The pain began in her neck. At first, it was a popping pain that caused severe headaches, but as time went on the pain worsened. No form of over-the-counter treatment could reduce the discomfort.

For 53-year-old Janet Downey of Camden, South Carolina, the pain grew unbearable. "It was a burning, squeezing pain that went all the way down my neck and through my shoulder," said Janet. "When I would come home from work, I had to lie down on the couch with my head elevated to take the pressure off my neck. After about an hour and a half or so the pain would ease up enough for me to get up and do a few things around the house. It was like my whole life was gone; I could not tolerate the pain while riding the motorcycle with Ron, the level of pain was so severe that I could not endure a ride."

Janet's family physician suggested that she try physical therapy to alleviate the pain. However, the pain did not improve. It grew worse instead. She was then referred to Spine Specialist Dr. Rakesh Chokshi of the Pee Dee Spine Center.

"Janet was diagnosed with degenerative disc disease and spinal stenosis," said Dr. Chokshi. "She was living with severe pain in her neck from a significant degeneration. We began her treatment using the conservative methods of steroid injections and anti-inflammatory medication. When these methods did not help the pain, surgery became the only option for her."

In degenerative disc disease, the disc herniation can place pressure on the spinal cord and nerves and cause tremendous pain. It is a natural part of the aging process and is common in patients between the ages of 40 and 60 years, according to Dr. Chokshi. The symptoms can include arm and hand numbness, tingling and weakness.

"During Janet’s surgery, we replaced the degenerated disc with bone graft material and artificial cage and fused the vertebrae back together," explained Dr. Chokshi. "The surgery helped to eliminate her pain and return her back to near normal neck function."

"I feel great," added Janet. "I am back to riding the motorcycle with Ron and I plan to get back on the jet-ski soon. Dr. Chokshi has truly given me my life back."

Clarence O’Neal, a native of Patrick, South Carolina, enjoys riding horses. Nineteen years ago, while trying to ‘break-in’ a young horse, something he had done many times before, Clarence experienced an injury he would suffer from for years to come.

"I was getting on the horse, and had one foot in the stirrup, when she was spooked by something. This caused her to step on my other foot with her back foot. My ankle was crushed," Clarence explained.

The accident occurred in 1992. Although Clarence had surgery to repair the crushed ankle, the pain continued. Recently, Clarence was treated by Dr. Barry Clark of Pee Dee Orthopaedic Associates for arthritis of the knee. "Clarence’s knee was bone on bone," said Dr. Clark. "Previous injuries, increased stress on the knee and additional weight bearing can all lead to advancing any underlying arthritis. We treated his arthritis with conservative treatment methods, including injections and medication but neither worked. A knee replacement was the ultimate solution to Clarence’s knee pain."

"Clarence mentioned the pain he continued to experience in the ankle he had surgery on years before. Dr. Clark recommended to Clarence that he speak with ankle specialist Dr. Jason O’Dell, a colleague at Pee Dee Orthopaedic Associates. According to Dr. O’Dell, Clarence had limited ankle motion from the previous accident in addition to the pain. "I performed an ankle fusion to provide Clarence with more function and eliminate his painful motion," said Dr. O’Dell. "The ankle fusion allows healthy joints to move and removes the painful joint.”

‘Prior to surgery, Dr. O’Dell recommended that Clarence wear a special boot. “The boot is similar to a trial run to make sure the fusion surgery will provide pain relief for the patient,” explains Dr. O’Dell. “In Clarence’s case it worked, therefore we knew the surgery would as well.”’

"I was able to return to work free of pain," said Clarence with a smile. "Dr. Clark and Dr. O’Dell did an excellent job repairing both my knee and my ankle. I can now tend to my horses and cows without any pain, and I am finally able to get back on a horse and ride, all thanks to the doctor’s at McLeod.”
A Lasting First Impression
by Tammy White

In April of 2010, Bill West went for an annual check-up with his primary care physician, Dr. John McLeod in Cheraw. During the appointment, Dr. McLeod inquired if Bill had any medical problems he wished to discuss. Bill brought to his attention the pain he had been experiencing in both of his legs when walking.

"I had back surgery several years ago," said Bill. "I attributed the pain to nerve damage in my left leg. I believed the pain in my right leg was due to it having to over compensate for the left leg. Dr. McLeod checked the pulse in my ankles and informed me that he wanted me to see a vascular surgeon. He referred me to McLeod Vascular Surgical Associates and an appointment was made with Dr. Ganesha Perera."

At Dr. Perera’s office, Bill had an ankle brachial test to check the blood pressure in his legs. The test indicated that there was a problem with the blood flow in his legs. Bill was sent for further testing in McLeod Radiology to determine the location of the blockages.

“When my wife Mel and I went for my follow-up appointment with Dr. Perera, he reviewed my x-rays with us. He did an outstanding job of showing us where the problems areas were. Once he explained everything to us, you could clearly see on the x-ray where I had a partial blockage in the artery in my left leg and a total blockage in the artery on my right," said Bill. "Dr. Perera explained that I was going to need surgery to repair the blockages."

“Although I was no longer a smoker and I had quit many years ago, my next appointment was with Pulmonologist Dr. Asem Abdeljalil with Carolina Health Care,” added Bill.

“This is standard procedure for anyone who is a current smoker or who has a history of smoking,” said Dr. Perera. “Mr. West needed to have a Lung Function Test to make sure his lungs could handle a major surgery. The result of Mr. West’s appointment with Dr. Abdeljalil was a diagnosis of chronic obstructive pulmonary disease or COPD, which is a long-term lung disease. This outcome was going to limit the repair options for Mr. West.”

To repair the blockage in Bill’s left leg, Dr. Perera would use a stent – a tiny wire coil used to keep the artery propped open. The blockage in the right leg would require bypass surgery, which would provide a new blood source to the leg beyond the blockage.

“T o re-establish blood flow to the right leg, there were two surgical options,” said Dr. Perera. “The first is an Aorta Femoral Bypass. With this procedure, the graft is attached directly to the aorta, which offers a lower risk of the graft developing blockages later.

However, since this surgery requires a large incision, it was not an option for Mr. West due to his diminished lung capacity. “The second option is a Femoral Cross Over Bypass. With a Femoral Cross Over, the graft is attached to an artery in the leg with good blood flow. The graft then crosses over to attach to the artery in the other leg, below the blockage, allowing the blood to bypass the blockage. In Mr. West’s case the left leg became the donor for blood supply to the right leg. This procedure is achieved through two small incisions in the groin area, and it was the best surgical option for Mr. West,” added Dr. Perera.

“Dr. Perera offered us a very clear and understandable explanation of the procedure I needed to have performed and why,” said Bill. “My wife and I were very confident that what he suggested was the right thing to do, and he was just the surgeon we wanted to perform the surgery.”

“Dr. Perera is an outstanding doctor,” said Bill. “He is nothing but professional yet he treated me as if he had known me all my life. Right from our very first meeting with him, my wife and I were very impressed. Dr. Perera really put us at ease about my need for surgery. We left his office after our first appointment and commented to each other, ‘we got a good one.’"

McLeod Vascular Surgeon Dr. Ganesha Perera is trained not only in open vascular surgery but he also has extensive training in minimally invasive treatments for diseases of the arteries and veins.

“Dr. Perera explained that I was going to need surgery to repair the blockages. ‘Although I was no longer a smoker and I had quit many years ago, my next appointment was with Pulmonologist Dr. Asem Abdeljalil with Carolina Health Care,’ added Bill. "Anyone who has pain in their legs when walking, that goes away at rest, should bring it to the attention of their physician," said Dr. Perera. "A simple ankle brachial test, which is a non-invasive test where the blood pressure in the arm is compared to the blood pressure in the ankle, can determine if there are potential blockages contributing to the pain.”

"Dr. Perera is an outstanding doctor,” said Bill. “He is nothing but professional yet he treated me as if he had known me all my life. Right from our very first meeting with him, my wife and I were very impressed. Dr. Perera really put us at ease about my need for surgery. We left his office after our first appointment and commented to each other, ‘we got a good one.’"
The Compassion of a Medical Visionary and Innovator

by Tracy H. Stanton

Thirty years ago, an oncologist with a vision for the future of cancer care arrived at McLeod Regional Medical Center. His goal was to take the treatment of cancer in the region to the next level. Today, Dr. Michael D. Pavy continues in his mission to see patient survival lengthened, cancer treatment personalized to the patient, and additional research conducted to prevent and treat the disease.

Dr. Pavy has received many special tokens of appreciation from patients over the last 30 years. He has a collection of these items displayed on his bookshelf.
\textbf{P.T. Scans help us in the diagnostic phase and with staging cancers. This technology is also best utilized for patients with lymphoma and melanoma.}

Dr. Pavy added that due to another form of technology, “we may be on the verge of changing the course of lung cancer.” Dr. Pavy referred to the initial findings of a National Cancer Institute trial of screening methods to reduce lung cancer mortality by detecting cancers at an earlier stage. “Soon, we will have changed the nature of prostate cancer development of the PSA test in 1997 compared with a chest x-ray.”

The early results of the study indicated that there were 20 percent fewer lung cancer deaths among those who were screened using low-dose spiral CT scans compared with a chest x-ray.

\textbf{Hope Through Major Discoveries}

Reflecting on 30 years of scientific advancements in the field of cancer, Dr. Pavy pointed out how the development of the PSA test in 1997 changed the nature of prostate cancer detection and treatment. “Soon, we will have the availability of Personalized, the first-ever approved cancer vaccine for prevention of prostate cancer. This vaccine is designed to use a patient’s own white blood cells to boost them against prostate cancer cells. “We are also on the verge of melanoma being a more treatable disease based on the recent findings of researchers with the National Institute of Health,” Dr. Pavy said.

He also added, “Chronic Myelogenous Leukemia (CML), a cancer of white blood cells, has been taken from a lethal disease to one we now manage in the adult patient population. In 1981, a patient with CML usually died within three years – today, the five-year survival for a patient with CML has improved to 90 percent.” He explained that this increase in survival is due largely to CML being the first malignancy to be linked to a clear genetic abnormality and the development of anti-leukemia drugs called TKIs.

“These TKIs block the signaling process within cells to stop the cancer cells from growing and dividing by interfering with certain enzymes,” said Dr. Pavy.

Another advancement is Neupogen, a medication that helps protect the body from infection. Patients on chemotherapy can develop a low white blood cell count and subsequent infections. This medication prevents infections in patients undergoing chemotherapy and receiving bone marrow transplants, as it helps to collect the collection of stem cells for use in stem cell transplantation.

On the cancer front worldwide, Dr. Pavy added, “We have made big strides in cancer. In the last five years alone, a large group of drugs and research have made a huge difference. Today, patients are also living longer and thanks to the development of medications, like Zodran, they are experiencing less side effects from treatment.”

\textbf{The Future of Cancer Care}

In the next 30 years, Dr. Pavy believes we will see exceptional advancements in cancer treatment. “I believe we will see personalized medical care, minimally-invasive laser-directed surgeries, medications specific to the patient and/or tumor, and substantial survival for all cancer patients.”

Proud of the accomplishments that have been made in cancer both at McLeod and on a national level over the past three decades, Dr. Pavy said, “There have been significant achievements in the battle against cancer especially in the area of patient survival. Today, the overall cancer survival rate is up to 45 percent and for certain cancers, like CML, the rate of survival is the same as the average population.

“In the future, hopefully, I’ll be around to see what is accomplished. I know the future of cancer diagnosis and treatment will be hundred times more innovative as we continue to conduct research and study the human genome.”

In January of 2011, Dr. Pavy and his colleagues Dr. Rajesh Bajaj, Dr. Stuart Markwell, Dr. Sreenivas Rao, and Dr. Jamie Smith joined McLeod Physician Associates in the practice of McLeod Oncology and Hematology Associates.
“The Fight in Her to Win”

by Tammy White

It was two o’clock in the morning when Al Randall received a devastating call concerning his wife, Penny. His son Brent informed him that she was complaining of chest pain. Al was two hours from home, and had never felt more helpless as he did at that moment.

Concerned that his mother was experiencing signs of a heart attack, Brent called 911 for an ambulance to transport her to McLeod.

“I remember waking up around one o’clock in the morning of November 10, 2010,” said Penny. “I was having chest pain and my left arm felt numb and tingly. I went and woke Brent up and explained to him how I was feeling. He quickly made the decision to get me to the hospital.”

On a business trip, Al was staying with friends in Charleston. He woke them up and explained to them how he was feeling. He quickly made the decision to get me to the hospital.

After her emergency heart catheterization, Penny was brought to the McLeod Coronary Care Unit. Trish Handley, Director of the McLeod Coronary Care Unit, explained to the Randall Family that for the best possible outcome, Penny needed to be placed in an Induced Hypothermia state.

“One of the concerns for patients who experience a cardiac arrest episode is neurological damage,” said Dr. Anil Om of Pee Dee Cardiology Associates.

“Induced Hypothermia is a procedure designed to help prevent this type of damage in patients who have suffered a cardiac arrest episode. It works by decreasing the brain’s demand for oxygen thus minimizing neurological injury after such an event.”

“Penny’s family really pulled at our heart strings,” said Trish. “You could feel their love they have for each other. As medical professionals, we had to do whatever we could to make sure Penny was going to recover completely.

“Time plays an important role in the likelihood of success for hypothermia. Since Penny was already at McLeod when she suffered her heart attack, she was a prime candidate for hypothermia. It was a case of being in the right place at the right time,” added Trish.

“The equipment for hypothermia involves a special cooling vest, blanket and cap to completely cover the patient. These components are hooked up to a machine that circulates cold water through the cooling equipment to lower the body temperature down to thirty-three degrees Celsius. The body is kept at this temperature for 24 hours, then it is gradually warmed back up to normal.

“Induced Hypothermia is performed in the McLeod Coronary Care Unit, because such an extreme change in body temperature requires close monitoring and can result in irregular heart rhythms,” said Trish. “It is important that the patient is under the care of nurses skilled and trained in cardiac care.”

“One of the hardest things for me was to feel how cold Penny was to touch,” said Al. “I know how she hates being cold.”

Once a patient is removed from hypothermia, a definitive determination whether the procedure was a success cannot be made for 72 hours. “I received a phone call around midnight, two days after Penny’s heart attack, that she had moved her hand,” said Al. “When I got to her bedside, she tried to open her eyes and squeezed my finger. I knew she had the fight in her to win.”

Prior to this near fatal event, Penny considered herself a healthy woman. Her cholesterol and blood pressure were within normal ranges, and her diet consisted mainly of baked and grilled foods with lots of vegetables. But, she confesses, exercise was not part of her daily routine.

“Induced Hypothermia state. Never losing hope, Penny made a complete recovery, and did not suffer any neurological damage due to the hypothermia protocol. A week after her hospital discharge, she began the Cardiac Rehabilitation Program at the McLeod Health & Fitness Center.

“One of the most important things I have learned is the need to incorporate exercise in your daily life,” said Penny. “I have enjoyed Cardiac Rehab. It has taught me how to deal with the everyday stressors of life much better. Being around the other participants in Rehab has also helped me understand that heart disease can and does effect everyone, and I am not alone.”

“I hope no one has to experience what we did. But if they do, they should know how lucky we are to have the medical professionals and technology available right here at McLeod,” said Al.

“I know with all of my heart that I am a living miracle. I thank God every day for my second chance. I am a much stronger person than I have ever been. And, I am the most thankful person in this world, too,” added Penny.

The picture of health a month after suffering a heart attack, Penny Randall poses with her husband Al and their sons Brent (left) and David for a family photo.
Accidents can occur without warning. In a matter of seconds, a life can be changed forever. While you can not predict when an accident will occur, you want the best immediate, experienced care where you need it, when you need it most.

According to McLeod Trauma Director Dr. Mark Reynolds of Pee Dee Surgical Group, trauma is an injury that may result in profound bodily harm. “Severe injuries may be either life or limb threatening,” said Dr. Reynolds. He explained that there are more than 1,000 trauma cases that are treated annually at McLeod Regional Medical Center. A large number of these are transported to the McLeod Emergency Department from Emergency Medical Services (EMS).

The McLeod Trauma Center is open 24 hours a day, providing 16 examination rooms staffed by board-certified physicians. “A large team of dedicated professionals take care of the trauma patients at McLeod,” Dr. Reynolds said. “It requires a number of integrated services to care for each patient, including specialists from such fields as Neurosurgery, Orthopedics, and Plastic Surgery.”

When a trauma patient is admitted to McLeod Regional Medical Center, the Emergency Department physician calls the on-call surgeon to explain the patient’s surgical needs. On most days, the on-call surgeon is Dr. Reynolds. His colleagues at Pee Dee Surgical Group rotate on-call during night hours. “You will find these physicians working hard to save lives and prevent further complications and disabilities,” remarked Dr. Reynolds. “I believe we have the best Trauma Program in the state. We provide state-of-the-art services through a team of extremely capable and well-trained physicians.”

Additionally, we have seen a dramatic improvement in our Orthopedic Trauma program with the addition of two Orthopedic Trauma Surgeons,” added Dr. Reynolds. “Dr. Tom Mezzanotte and Dr. Kyle Watford, who both joined our program in 2008, are very professional, caring and proficient – they deliver truly exceptional care.”

Dr. Mezzanotte and Dr. Watford are part of the five-physician group McLeod Orthopedics, and care for orthopedic trauma patients from the entire region. This includes patients who arrive at the hospital as a result of an accident, typically with multiple fracture injuries or fractures to large areas of the body such as the pelvic, lumbar, or spine areas.

A great number of these patients are involved in automobile accidents, resulting from collisions on major highways or interstates that run through the area. Some injuries are sustained from accidents involving a large piece of machinery at home or work or at field sites. Dr. Mezzanotte and Dr. Watford also treat patients who are sent to them by regional physicians for more advanced orthopedic care. These may be complex cases, such as a fracture that may not have healed properly.

The orthopedic trauma surgeons also care for patients in their office for follow-up after hospital discharge.

Dr. Mezzanotte and Dr. Watford are both very passionate about their profession. Dr. Mezzanotte completed an Orthopedic residency while in the Navy. He was stationed at the National Naval Medical Center in Bethesda, Maryland. He treated many service men and women returning from Iraq and Afghanistan. “Many of these patients had sustained large injuries that required major orthopedic reconstruction,” said Dr. Mezzanotte.

“It was there that I discovered I wanted to practice Orthopedic Traumatology,” after he completed his residency, Dr. Mezzanotte treated military personnel and their families for orthopedic needs at United States Naval Hospitals in Okinawa, Japan and Jacksonville, Florida.

Dr. Mezzanotte finished his commitment to the Navy and completed an Orthopedic Traumatology fellowship at Orlando Regional Medical Center in Orlando, Florida. Dr. Mezzanotte also served as a Medical Officer at Camp Lejeune in North Carolina, and cared for troops during a deployment to the Mediterranean Sea and Bosnia in 1998.

“I truly enjoy serving as an orthopedic trauma surgeon for McLeod,” Dr. Mezzanotte commented. “We perform high-level surgeries similar to what a surgeon would see at a metropolitan hospital.”

Dr. Watford is a native of the area from Lamar, South Carolina. He was also born at McLeod Hospital. He graduated from the Medical University of South Carolina in Charleston, and also completed a residency in Orthopedic Surgery.

Dr. Watford was drawn to the objective nature of the trauma side of orthopedics. “In Orthopedic Traumatology, there is a solution,” said Dr. Watford. “The results are objective and tangible. We put all the pieces back together with our hands. We help people get better and to move on with their lives.”

Dr. Watford completed a fellowship in Orthopedic Traumatology at R.A. Cowley Shock Trauma Center in Baltimore, Maryland.

Dr. Watford is also very involved in volunteer work. He has served on medical mission trips to Sahara, Pakistan, Banaga, Nepal, and Kisibye, Kenya. In addition, he teaches Sunday School for his church.

Both Dr. Mezzanotte and Dr. Watford enjoy physical fitness and have competed in several events. Dr. Mezzanotte is currently training for the Half-Ironman event in Hawaii this June, and Dr. Watford recently completed a triathlon in Wilmington, North Carolina.

Dr. Mezzanotte and his wife, Jennifer, have two children. Dr. Mezzanotte is an assistant coach for his 8-year-old son, Nick’s baseball team. This is a natural fit for Dr. Mezzanotte, as he played baseball for the Detroit Tigers before attending medical school. His 14-year-old daughter, Berkleigh, enjoys swimming and cycling.

Dr. Watford and his wife, Angie, have four children; Benjamin, 10; Davis, 8; Jonathan, 5, and a newborn daughter Rebecca, whom they welcomed to their family through adoption this spring.

Dr. Watford enjoys spending time with his family and cheering on his boys at their baseball games.

As Dr. Reynolds explained “Being a trauma surgeon is exciting because you have the opportunity to be able to save a person’s life.” Dr. Reynolds has been a trauma surgeon with McLeod for nearly 14 years. He too has been very involved in medical mission work, traveling to Haiti to care for patients with the McLeod Family Medicine Center and is currently preparing for an upcoming mission trip to Honduras in July.

Both professionally and personally, these physicians enjoy making a difference on lives both at home and overseas.

From left to right: Dr. Kyle Watford, Dr. Mark Reynolds and Dr. Tom Mezzanotte
A soothing environment designed for the healing and comfort of cardiac patients with warm colors and cherry wood trim now welcomes visitors as they enter the new McLeod Heart and Vascular Institute.

McLeod has been setting a standard in the care of cardiac patients in this region for more than 50 years. Since 1956, when McLeod began offering a heart clinic, patients have selected McLeod for their cardiac care – a tradition that remains today with patients continuing to entrust their health and well-being to the medical experts of the McLeod Heart and Vascular Institute.

Previously, cardiac services were segmented throughout different areas of the McLeod campus creating navigational challenges for patients. To address this issue, the focus for McLeod was to design and construct a cardiac care unit that would combine services into one central area. Today, the new McLeod Heart and Vascular Institute provides this patient centered care approach.

The McLeod Heart and Vascular Institute recently opened its newly expanded location to patients. It is located in the McLeod Tower across from the Bear Essentials Gift Shop.

“This unit was created for the ease and convenience of our patients,” said Marcia Wilds, McLeod Nursing Director of the Cardiovascular Day Hospital. “At McLeod, our focus is on quality patient care. As part of our mission to improve patient care, this new area is designed to bring cardiovascular services together and that is exactly what has been accomplished. It allows patients and family members to come to an easily accessible area where they can receive diagnostic testing, treatment, and surgery.

“At this time, phase one of the project, which includes the patient care areas, has been completed. The right side of the Heart and Vascular Institute is the Pre-Surgical Patient Care Area and the left side is the Post-Surgical Patient Care Area,” explained Marcia.

All patient rooms in the new area have monitoring capabilities for multiple levels of patient care – from the simple case to the very complex. It is this monitoring capability that made the Pre-Surgical Patient Care Area the perfect setting as a temporary location for the McLeod Cardiovascular Intensive Care Unit.

As part of phase two of the Heart and Vascular Institute project, the Cardiovascular Intensive Care Unit, also located in the McLeod Tower, will undergo renovations. The Cardiovascular Intensive Care Unit cares for cardiac and vascular surgical patients.

Amanda Butler, Director of the McLeod Cardiovascular Intensive Care Unit, stated that the biggest change for the unit is going to be the removal of the large round columns currently located in the center of each patient room.

“The columns house equipment and connectors for oxygen, suction and other monitoring devices, but they consume a large amount of floor space,” said Amanda. “Each column will be removed and replaced with a ceiling mounted monitoring unit that will make it easier to move the patient’s bed in and out.”

In the Heart and Vascular Institute, each patient room is also equipped with a new Call System. When a patient needs assistance, they simply push the call button and the nurse receives an immediate notification via her hospital cell phone. If the nurse is caring for another patient, the call will roll over to the next available staff member.

For quality assurance, the system even records all patient calls from the time the button is pushed until a nurse responds. This system also has the capability to notify other departments, for example, when the nurse has the patient ready for a procedure or to alert Environmental Services when a room needs to be cleaned.

Included in the plans for the McLeod Heart and Vascular Institute will be the addition of a Vascular Hybrid Surgical Suite. Currently, there are many procedures performed by the McLeod Vascular Surgeons in the Special Procedures area in Radiology. These procedures require x-ray imaging to guide the catheter through the patient’s arteries to the blockage.
If at any time the surgeon should determine that the patient requires immediate surgery, the patient is transported to an Operating Room.

The hybrid suite will eliminate the necessity of moving the patient by combining the two capabilities, x-ray imaging and surgery, into one area. The suite will be equipped with the necessary x-ray imaging systems mounted to the ceiling. If at any time, the patient should require surgery, the equipment can be easily moved out of the way and the table converted to a surgical table. When the table is converted, it is able to tilt in different positions making the patient’s surgical area more accessible to the surgeon.

The technology of the new imaging equipment in the hybrid operating suite is state-of-the-art. It features better image quality with sharper images that are captured more quickly. This allows the patient to be scanned faster subsequently lowering their exposure to radiation. The system also has one hundred percent motion correction. If the patient moves during the scan, the system can correct itself without having to take another image.

“Phase three of the McLeod Heart and Vascular Institute will include a new area for general ultrasound services, echocardiography, and EKG,” said David Poston, Director of McLeod Radiology. “Patients who suffer from heart disease often require several tests, and in the new area they will be able to have all these tests performed in one convenient location.”

“When our Echocardiography Department moves to the new area we will increase the number of scanning rooms from two to four rooms,” said Sherry Gibson, Lead Sonographer. “This will allow us to care for more patients daily.”

It is anticipated that all phases of construction for the McLeod Heart and Vascular Institute will be completed by the winter of 2011.
Recurrent infections can also cause the condition, which is why it can result in adults who have chronic bronchitis. A number of patients with severe emphysema also develop it, suggesting that chronic inflammation due to the inhalation of irritants such as cigarette smoke can cause this condition.

Dr. Jona explained that as a result of recurrent bronchitis and pneumonia, R.L. developed tracheobronchomalacia. Patients with this condition complain of shortness of breath, cough and mucus build up. Severe coughing spells may also interrupt daily activities. In addition, wheezing may exist as well as an episode of choking, recurrent pulmonary infections, or a syncopy associated with forced exhalation or cough.

“He had shortness of breath as a result of his lungs sagging. His lungs did not have the elasticity to support his ability to breathe, which meant he also didn’t have the energy to cough up the infected phlegm. As a result, R.L. would require hospitalizations to treat his infections. He would go home and then develop a fever and/or a new infection, which would result in another admission to the hospital.”

R.L. has been a patient of Dr. Jona’s for the past five years. Dr. Jona explained that R.L.’s medical conditions also include chronic obstructive pulmonary disease, respiratory failure, sleep apnea and atrial fibrillation. In the beginning, R.L.’s treatment regimen involved antibiotics, steroids, and breathing treatments. He is also the only patient that Dr. Jona performed regular bronchoscopy procedures on to clear mucus build up from recurrent infections in his lungs.

R.L. said that he had previously suffered from asthma and sinus infections, which he thought could have led to his current condition. However, Judy, his wife of 46 years, was determined to find out what was triggering R.L.’s repeat infections. She searched far and wide to locate what could be causing his illness. She had the air quality in their home monitored, sent carpet samples off for analysis, put in hardwood floors, and replaced the upstairs and downstairs heating systems and duct work. Judy and some friends even washed every wall in their home. Yet, a source could never be found.

“She worked really hard for this,” said R.L. of Judy, whom he affectionately calls his home nurse. “As time passed, R.L.’s medical condition continued to grow worse. “He was never getting better,” said Dr. Jona. “I was also not able to keep him at home for more than a week.”

“We spent more time in the hospital over the last year and a half than we have at home,” said Judy. “It has truly been a life changing experience.” She added that they spent every holiday and family birthday for more than a year in the hospital.

In mid-February, R.L.’s condition declined rapidly. “I had tried everything I could do for him, but short of a miracle the situation was looking hopeless,” said Dr. Jona. He called in the family and the McDowell Palliative Care Team to discuss next steps. At this time, R.L. was on a ventilator as his lungs were giving up, explained Dr. Jona. “His main windpipe was also closing up. I knew his chances of survival were poor without a major procedure to keep his windpipe open.”

Based on R.L.’s amazing tenacity, Dr. Jona decided to try one more treatment option, but he needed the support of an Otolaryngologist and the procurement of a tracheobronchial stent. This type of stent helps open and expand the trachea and bronchi, provide comfort care and improve the patient’s ability to breathe, explained Dr. Jona. Stents similar to this one can also be used for patients with cancer especially those receiving palliative care.

The placement of this stent requires a rigid bronchoscopy approach that is utilized most often by Otolaryngologists. Pulmonologists like Dr. Jona perform flexible bronchoscopy procedures.

Dr. Jona consulted with Dr. Dan Hopla of Ear, Nose and Throat Associates of Florence on the treatment plan R.L. needed.

“R.L. has severe tracheobronchomalacia,” said Dr. Hopla. “When he coughs, everything collapses down. This stent keeps his lungs from collapsing.”

Although Dr. Hopla had never inserted this type of stent, he explained that the route you use is one he performs all the time. “It is similar to treating a child who can not breathe because a foreign object is stuck in their airway, — but in this case the patient can still breathe.”

Dr. Hopla placed the stent in R.L.’s airway. The procedure was performed in the operating room while R.L. was under general anesthesia. After the procedure, R.L. said other than a sore throat he felt like he could breathe better. He spent a couple of days recovering in the Trauma Surgical Care Unit, but he no longer required a ventilator and he was breathing on his own.

R.L. finally left the hospital after receiving nearly three months of intensive medical care. However, he returned a short time later suffering from atrial fibrillation and pneumonia. Fortunately, both conditions were quickly treated and R.L. was discharged to a nursing home temporarily so he could receive aggressive rehabilitation.

“I want him to do well,” said Dr. Jona. “If he has some good days, and he is able to be at home with his wife and not in the hospital then I’m happy.”

Relieved to finally be out of the hospital for an extended period of time, R.L. is ready to heal completely and return to enjoying retirement with Judy, his daughter and her family, which includes his three young grandsons.

Today, R.L. said, “I’m doing better — a whole lot better.” The only indicator that he is still recovering from his illness is the oxygen that is helping to place less strain on his lungs, but he is breathing on his own.

“We depend on Dr. Jona. He wouldn’t give up on me. He was a doctor from the beginning, but he became a friend.”

R.L. Andrews
One in 17 people in America lives with a serious mental illness such as schizophrenia, major depression, or bipolar disorder, according to the National Institute of Mental Health. To further impact this national crisis, the rate of patients seeking inpatient behavioral health care has dramatically increased in recent years based in part on the worst recession in the U.S. since the Great Depression. At the point when a person becomes so ill that they are at risk of hurting themselves or others, hospitalization often becomes necessary. Treatment in an inpatient acute care setting may be necessary to closely monitor a patient in order to provide a diagnosis, to care for a patient whose mental health issues have temporarily become worse, or to adjust a patient’s medications.

Dr. Cathy Layne cares for patients in the McLeod Behavioral Health inpatient facility located at McLeod Medical Center Darlington. “Patients are admitted to our facility due to the acute development of mental health symptoms. At that point, their safety and self-care are compromised. Our ultimate goal is to help patients stabilize and begin the healing process in order for them to safely return to the outpatient setting.” Tim Smoak is the Director of McLeod Behavioral Health Services. He explained that the purpose of the inpatient psychiatric unit is to provide individualized care in a supportive atmosphere. “Our multi-disciplinary team views each patient as a unique individual and strives to help all patients meet their goals for improved mental health. The patient is at the center of this team and is supported by the attending physician, nursing staff, care managers, counselors and activity staff who are responsible for assessing, planning, delivering and evaluating care.”

The McLeod Behavioral Health inpatient unit includes twenty-three short-term, crisis intervention beds for individuals who need the safety of a hospital environment. During a patient’s admission, they receive psychiatric assessment and diagnosis; 24-hour nursing care; physical testing; and individual, group, and family counseling. “Our therapy plan is designed to deal directly with a patient’s problem as well as to equip them with the tools to better cope when they leave our facility,” said Tim.

Nicole Wilson serves as the Admissions Coordinator for McLeod Behavioral Health. “We are an adult treatment facility meaning we only admit patients over the age of 18 that have a primary diagnosis of mental illness,” explained Nicole. “We accept patients that have a history of mental illness as well as patients who are dealing with this form of illness for the first time. In addition, we treat patients whose primary diagnosis is psychiatric, but they also have a substance abuse issue. Often, our patients are admitted because they have discontinued their medication or they feel that their medication is no longer effective for them.”

“We typically receive our referrals from an Emergency Department, a physician, the local mental health center, or a private counselor who is providing psychiatric services to the patient,” added Nicole. “Since, we are not a direct-admit facility, if the patient themselves or a family member feels an individual needs to receive inpatient treatment, they should contact their family physician first. They can also contact us directly and a member of our admissions staff will assist them in obtaining a referral.”

Caring for patients in an inpatient behavioral health setting is often different from the nursing care a patient receives during a general hospitalization.

Earl Gleason, a registered nurse with McLeod Behavioral Health, explains, “The biggest difference in treating patients in a psychiatric setting is that the patient is assessed in a more holistic manner. The patient is evaluated to determine any psychological conditions that required admission, but we also delve deeper to see if there are any physiological conditions or illnesses, which may have caused the patient to exhibit behaviors or symptoms that would require admission to a psychiatric hospital. Sometimes the root cause of a psychiatric admission can be traced back to a physiological disorder, which causes the patient to have altered thought processes or an altered mood.”

“A large part of the nursing care we provide in this setting involves therapeutic communication,” Earl said. “Frequently, it is as simple as listening to the patient and offering words of encouragement and hope. Psychiatric patients often feel that their voice is not heard because of the stigma of mental illness.”

He added that the ultimate goal of any nurse is to care for the well-being of the patient regardless of the setting or presenting cause of admission. “The actual quality and level of care is the same as it would be for any patient in a hospital setting. In addition, the care provided to many mentally ill patients may be the only medical care they receive so we are thorough in the assessment and treatment of our patients.”

Dr. Layne added that they combine medication management with group and individual activities and therapy sessions. “We also educate patients and their families on their medications and conditions, and we teach them techniques to better manage stress, loss, anger, etc.”

“As an inpatient psychiatrist, I treat patients at some of the most vulnerable points in their lives. I spend my days glimmering into the lives of people in need. My goal is to help them begin to cultivate sources of strength and of hope.”

If you need the services of McLeod Behavioral Health, please call (843) 777-4200 or talk with your primary care physician.

Offering Strength and Hope: McLeod Behavioral Health
by Tracy H. Stanton

The beautiful courtyard at McLeod Behavioral Health provides peaceful surroundings and fresh air for patients.

The team of caregivers in the inpatient unit of McLeod Behavioral Health include (from left to right) Nettie Johnson, RN; Dr. Cathy Layne; Director Tim Smoak; and Nicole Wilson, Admissions Coordinator.

Inpatient Care at McLeod Behavioral Health includes:

◆ An acute 23-bed inpatient facility comprised of Psychiatrists, Licensed Professional Counselors, Nurses and Activity Therapists providing care to adult patients.

◆ An inpatient treatment team who provide crisis intervention and stabilization for patients based on their physical and psychological needs.

◆ Inpatient admissions for 5 to 7 days depending on the patient’s treatment goals.

◆ Educational, leisure and therapeutic groups

◆ Individual, couple and family conferences

◆ Inter-disciplinary treatment and discharge plans that begin on admission by the treatment team together with the patient.
This mission is driven by a spirit of willing and compassionate service to others. It is evident in the day-to-day hospital operations, long range planning, and the people who are chosen to be a part of the McLeod team of professionals.

This team of physicians, nurses, staff members, board members and volunteers are dedicated to providing the community with much more than medical care. Their commitment extends past the medical center’s walls and into the region in an effort to build a stronger and healthier place for patients, co-workers, children and neighbors to live and work.

McLeod Health improves the overall health of the region by offering programs and activities which are a community benefit. Community benefits are defined as programs that respond to public health needs and supply services that would likely be discontinued – or would need to be provided by another not-for-profit or government provider – if the decision was made on purely financial basis.

McLeod Health provides community benefits that promote prevention, healing and treatment including health education, support groups, health screenings and immunizations, free and discounted medical supplies, health education and research, and financial and in-kind contributions.

These benefits to the community demonstrate the spirit of willing and compassionate service that is at the heart, and the legacy of McLeod Health.

The Mission of McLeod Health is to improve the overall health and well being of people living within South Carolina and eastern North Carolina by providing excellence in healthcare. The medical center has championed this mission for more than a century – celebrating 105 years of exceptional medical service to the region.
In its continuous pursuit of excellence, McLeod Health is pleased to now offer patients and visitors of McLeod Regional Medical Center a dining experience similar to hotel room service with At Your Request, a leading healthcare room service program.

Designed to allow a patient to receive the luxury of room service dining from their hospital bed, At Your Request offers an extensive restaurant-style menu that includes omelets, waffles, pasta, hamburgers, salads and pizza as well as many other entrees. The new service enables patients to eat when and what they desire by simply dialing FOOD (3663) on their room telephone to place an order with the hospital call center. The requested selections are then freshly prepared and individually delivered to the patient’s bedside within 45 minutes.

“In the past, we have told patients what they are going to eat and when they are going to eat,” said Teresa Anderson, Vice President of Support Services. “At Your Request allows them to play an essential role in their care at McLeod.”

Patients can order from the At Your Request menu any time between the hours of 6:30 a.m. and 7 p.m. Six employees staff the call center in the Nutrition Services office, taking orders, walking patients through the menu and occasionally explaining to them as the computer alerts the staff member of their dietary restrictions that certain items are unavailable due to the patient’s medical condition. Nursing staff members also provide assistance and guidance for patients who are not able to order for themselves.

“It is our goal that the program will increase food quality and patient satisfaction while reducing food waste and cost,” Teresa added.

The orders are printed off automatically in the newly renovated and enhanced kitchen area at McLeod where staff work diligently to fill the orders, which are then delivered quickly to the hospital’s many patient care areas.

“At Your Request is meant to encourage patients to eat, which helps them heal, and allows them to have a say in their care. Pediatric patients are even able to participate with a specially-designed menu for the McLeod Children’s Hospital.

The program includes:

- The freshest possible meals to patients
- The patient can eat when he/she desires
- A focus on what the patient eats instead of what the patient receives
- The potential for substantial savings in food cost
- A Total Quality approach to patient feeding and service

Family members can also order meals for a patient from home if he or she is unable to do so. Additionally, visitors may order items from the same menu as patients and then pay for their meal in the cafeteria.

Other hospitals that have implemented similar dining programs have noted that nurses love the room-service dining program, because it allows them to spend more time with their patients performing other clinical duties. This results in higher patient satisfaction, happier nursing teams and less wasted food.

At Your Request is making it possible for McLeod Health to take service excellence to the next level in patient care.

“"Our entire staff is excited about the new program, and we hope our patients are too,” said Sherman Thomas, Director of Nutrition Services. “The food is also incredible.”

"It is also good for you,” explained Jennifer Koenig, a Clinical Dietician with McLeod Health. “The hospital has spent the past year tweaking the new menu to improve the nutrition status of our patients which will lead to better clinical outcomes."
Operating for Excellence

by Rachel T. Gainey

Offering the community a combined 113 years of surgical experience, the four-member team of surgeons with McLeod Medical Center Dillon perform more than 2,000 surgeries a year at the medical center.

"At McLeod Dillon, we use the latest in surgical advances and techniques," said Dr. Mamdouh Mijalli with The Surgery Center of Dillon. Serving as Chair of the Department of Surgery for the medical center, Dr. Mijalli explains that many surgeries are now minimally invasive. "This is a modern surgical technique in which operations are performed through small incisions, as compared to larger surgeries which operations are performed through more incisions found outside large, urban hospitals."

"There is a great deal to consider when you need quality surgery, and travel should not have to be one of them," added Dr. Walter Blum, also with The Surgery Center of Dillon. A surgeon in Dillon since 1988, Dr. Blum has been integral in the advancement of surgery at McLeod Dillon, providing the community with a level of care rarely found outside large, urban hospitals. "Eighty-five percent of what can be surgically performed at a metropolitan hospital can be conducted right here in Dillon," said Dr. Blum.

A champion for the McLeod Dillon Surgical Time Out Checklist first implemented in Dillon in 2005, Dr. Blum said, "The state of South Carolina recently embarked upon Safe Surgery 2015, a movement led by Atul Gawande, a worldwide leader in patient safety. One of the ultimate goals of this campaign is to implement a standard Surgical Safety Checklist in every operating room in South Carolina as a routine component of surgical care for all surgery patients. At McLeod Dillon, we have defined our checklist based on the safest proven patient practices. We have also been on board with the campaign since it was announced, realizing that standard work is a proven tool in creating the safest surgical experience."

The Surgeons of McLeod Dillon

Walter Blum, M.D.
The Surgery Center of Dillon

After his arrival in Dillon in 1988, Dr. Blum said, "Within a short period of time, I discovered one of Dillon's best kept secrets – the people who live here. The friendliness is almost universal and it is a downright contagious." In this environment, Dr. Blum's practice grew quickly. Today, Dr. Blum serves as the Vice Chief of the Medical Staff at McLeod Dillon. An accomplished general surgeon with more than forty years of experience, Dr. Blum received his degree in medicine from the New York University School of Medicine in 1968. He also completed an internship and residency at the New York University School of Medicine. Dr. Blum is a member of the American College of Surgeons, American Medical Association, Southern Medical Association, and the Southeastern Surgical Congress.

Dr. Blum views his profession as a surgeon as an adventure that gives him the opportunity to do something significant for the people around him. Dr. Blum and his wife, Jane, have six children, Karl, Kevin, Kristen, Keith, April, and Jason.

Jonathan Eli-Phillips, M.D.
McLeod OB/GYN Dillon

The newest member of the McLeod Dillon Surgery Team, Dr. Eli-Phillips joined McLeod OB/GYN Dillon in the summer of 2010.

Dr. Eli-Phillips completed an OB/GYN residency in 2009 at Crozer-Chester Medical Center in Upland, Pennsylvania. He also studied in New York, England, and Ukraine, where he received his medical degree at Odessa Medical University in Odessa, Ukraine. Dr. Eli-Phillips is a member of the American Association of Gynecologic Laparoscopy, the American College of Obstetrics and Gynecology, and the British Medical Association. Dr. Eli-Phillips said he enjoys his career in Obstetrics and Gynecology, because it allows him to have a positive impact on a woman's health. "What I enjoy most about my work is seeing good outcomes for my patients," he explained. "I have a passion for caring for people, which is why I felt compelled to go into medicine."

Dr. Eli-Phillips also has passion for preventative medicine. "I like to educate my patients about the need for screenings because screenings save lives." McLeod OB/GYN Dillon is currently recruiting for a second physician to join Dr. Eli-Phillips in caring for patients.

Mamdouh Mijalli, M.D.
McLeod General Surgery Dillon

Dr. Mijalli came to McLeod General Surgery Dillon from Maine Medical Center in Portland, Maine, where he served as Chief Resident of General Surgery.

A Fellow of the American College of Surgeons, Dr. Mijalli received both his degree in medicine and Master Degree in Surgery from Cairo University, where he graduated with honors in 1992 and 1997 respectively. He also completed an internship and residency at Cairo University Hospital. The following six years, Dr. Mijalli competed among New England’s most elite surgeons. In 2002, he completed a cardiothoracic surgery fellowship followed two years later by a general surgery residency at Yale-New Haven Hospital in Connecticut.

Highly skilled and compassionate, Dr. Mijalli said, "I try to build close relationships with my patients and maintain the trust I have with them."

A native of Cairo, Egypt, Dr. Mijalli and his wife, Rania have three children, Jacob, Benjamin, and Natalie.

Michael Sutton, D.O.
McLeod Orthopaedics Dillon

Born in a family of medical professionals, Dr. Sutton shares his passion for medicine with his father and his seven siblings who all have careers in the medical field.

Dr. Sutton received his degree in medicine from the Chicago College of Osteopathic Medicine in 1978. He completed an internship and residency at Mount Clemens General Hospital, in Mount Clemens, Michigan. Dr. Sutton is a member of the American Osteopathic Academy of Orthopedic Surgeons, American Osteopathic Academy of Sports Medicine, and the American Osteopathic Association.

An accomplished orthopedic surgeon with more than thirty years of experience, Dr. Sutton enjoys his career in orthopedic surgery and the day-to-day interactions with patients. He also has a special interest in sports medicine and athletics.

"Impressed with the Dillon community from previous travels, I actually inquired about practicing medicine here," added Dr. Sutton. Three years later, he now serves as Chief of the Medical Staff for McLeod Dillon.

Prior to his arrival in Dillon, Dr. Sutton practiced medicine at Birchwood Orthopedic Center in Fort Gratiot, Michigan. He and his wife, Carrie, have five daughters, Katelyn, Julia, Johanna, Emily, and Becky.

Operating to a standard of excellence in every surgery they perform, this team of surgeons provides a unique blend of exceptional dedications and expertise to patients treated in the McLeod Dillon state-of-the-art surgery center.
Sumter Cardiologist Joins McLeod Heart & Vascular Institute

Cardiologist Dr. J. Dale Cannon, Jr. of Sumter has joined the McLeod Heart and Vascular Institute team. He is caring for patients at McLeod Cardiology Associates Sumter. Dr. Cannon likes working with patients to identify and manage risk factors that could cause life-threatening conditions.

“My passion is early cardiovascular disease detection and treatment,” Dr. Cannon said. “My goal is to detect an individual’s cardiovascular risk long before any damage or events happen. I work with my patients early in the stages of the disease to try to avoid complications of this disease process. “Early detection is critical. It is important to clarify a person’s risk levels and then work with them to implement lifestyle changes and get them on appropriate medication to try to stop the disease process in its tracks,” he said.

Dr. Cannon has received national recognition for his work in congestive heart failure and advanced cardiac risk assessment and prevention.

McLeod Supports Mission Lifeline

Every year nearly 400,000 people experience a heart attack. When a heart attack strikes it is critical that blood flow be restored to the heart in a timely manner.

Ninety minutes is the standard of care for what is called the ‘door to balloon time’. This amount of time – opening a blocked artery within 90 minutes – is considered the highest standard of care, or the golden opportunity, for the best possible standard of care, or the golden opportunity, for the best possible outcomes.

To expedite care for cardiac patients, the American Heart Association established the Mission Lifeline program. Mission Lifeline helps medical centers, such as McLeod, who are equipped with the expertise and resources, administer care for heart attack patients, and close the gaps that separate these patients from timely access to appropriate treatments.

Emergency Medical Services (EMS) and medical centers work to achieve optimal treatment of heart attack patients. By working together under a shared set of guidelines, the professionals within a cardiac system of care can save lives and improve the health of the communities they serve.

Debbie Whisenhunt, RN, serves as the McLeod Cardiology Outreach Director. Whisenhunt’s responsibility is to work with area hospitals and EMS to assure that heart attack patients receive appropriate and timely treatment when they present to a cardiac referral facility such as McLeod or contact the 911 systems and receive care through an EMS provider.

“The goal of the Mission Lifeline initiative is to reduce mortality and morbidity for heart attack patients and improve their overall quality of care. My role is to engage referring hospitals and patient transport providers with each other in order to gain better understanding of ideal systems and care strategies and practices for heart attack patients based on national recommendations,” said Whisenhunt.

According to Dr. Edward Behling, M.D., of Medical Plaza Family Medicine, the department’s primary care practice in Sumter, and Dr. Lee Ridges, SCDHEC-Region 4 Medical Director, and Fran Hall, RN, of DHEC, present Dr. Edward Behling with the South Carolina Physician Award for Outstanding Service.

Dr. Behling has partnered with DHEC since early in his medical career when he began seeing patients referred to him by the health department, said DHEC Commissioner Earl Hunter.

More recently, his practice was the first in the area to work with us to increase the region’s level of pandemic flu preparedness.”

According to Hunter, Medical Plaza Family Medicine was an early provider of the H1N1 vaccine and treated many patients during the response.

“Dr. Behling’s interest in public health and his influence on his staff and colleagues regarding its importance is evident in how quickly his practice responds to public health issues like disease outbreaks,” Hunter said. “During a recent outbreak of whooping cough that involved several Florence schools, he handled a large number of the cases. And throughout that response, his ongoing communication with DHEC and the community helped to lessen the impact and spread of this disease.”

Hunt said the criteria for the award includes length of service, personal qualities, and accomplishments or activities that are consistent with outstanding service by a physician.

Dr. Behling is a board certified family medicine physician, who cares for patients at Medical Plaza Family Medicine, a McLeod Physician Associates practice. He received his medical degree from the Medical University of South Carolina and completed a family medicine residency at McLeod Family Medicine Center.

Edward Behling, M.D., of Medical Plaza Family Medicine has been awarded the annual South Carolina Physician Award for Outstanding Service by the state Department of Health and Environmental Control (DHEC).

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Ron Boring begins work as Chief Operating Officer for McLeod Health

McLeod Health is pleased to announce that Ronald L. Boring, FACHE, has joined the McLeod Health leadership team as Chief Operating Officer.

In his position, Boring is responsible for completing the Vision 2015 strategic planning process for each of the McLeod service lines: McLeod Behavioral Health, McLeod Cancer Services, McLeod Children’s Hospital, McLeod Emergency and Trauma Services, McLeod Heart & Vascular Institute, McLeod Home Care - Home Health and Hospice, McLeod Medical Center Darlington, McLeod Medical Center Dillon, McLeod Medicine Services, McLeod Human Motion Specialists, McLeod Surgical Services, and McLeod Women’s Services.

“My initial priority within McLeod is to establish relationships and learn the organization. I will help support the leadership team in service line planning initiatives such as oncology and support other strategic initiatives. On a more long-range basis, I hope to assist in building alliances with like-minded organizations that further the mission of McLeod in the region,” added Boring.

Boring comes to McLeod Health from Plano, Texas, where he most recently served as a healthcare consultant focused on physician network planning. For sixteen years, he also served as President and CEO of Richardson Regional Medical Center in Richardson, Texas.

After completing 30 years in healthcare management, Boring decided to pursue a doctorate in health administration at the Medical University of South Carolina (MUSC) in Charleston, South Carolina. “I chose to attend MUSC since it is one of the few schools in the country to offer an executive program. While starting school in 2010, I enjoyed visiting Charleston and began my pursuit to relocate my family to the Carolinas. I also had the opportunity to meet McLeod Health President Rob Colones in Charlotte, North Carolina, and was impressed with his values, his outlook on the healthcare industry, and his passion for excellence in clinical quality, safety, and service,” Boring said.

Boring’s educational background includes an Associate of Science degree in Respiratory Care from Tyler Junior College, in Tyler, Texas; a Bachelor of Science degree from the University of Texas Health Science Center in Dallas, Texas; a Master of Business Administration in Financial Management from Amber University also in Dallas; and a Master of Science in Health Care Administration from Trinity University in San Antonio, Texas. Boring is also a Graduate of the Columbia Business School Senior Executive Program at Columbia University in New York, New York.

On relocating to Florence and South Carolina, Boring stated, “Coming from the Dallas-Ft. Worth metropolitan area with over 50 hospitals squeezed into a highly competitive market, I am impressed with the large 12 county area served by McLeod and its regional reach. The large size of the McLeod campus and affiliated entities is impressive as well. The current investments in innovations, expansion projects, and clinical technology are also significant. In addition, during my visits to McLeod, what caught my attention most of all was the strong leadership commitment to clinical excellence, as recognized by the American Hospital Association Quest for Quality Award. That commitment to Quality and the McLeod core values was palpable as I toured the facility.”

A native of McKinney, Texas, Boring and his wife, Kathy, an elementary school teacher, have two daughters, Amy, age 20, and Katie, age 8.

Olympic Speedskating Gold Medalist Eric Heiden Visits McLeod

After retiring from speed skating, Dr. Heiden began a second career in cycling. He won a United States Cycling Championship and competed with the 7-11 team in the 1986 Tour de France.

By 1991, Dr. Heiden had earned his medical degree from Stanford University and was ready to begin his third career as an orthopedic surgeon specializing in sports medicine. In 2006, Dr. Heiden and his wife, Dr. Karen Heiden, relocated to Park City, Utah, and after working extensively with The Orthopedic Specialty Hospital (TOSH), established their own orthopedic practice.

Dr. Heiden is also the Co-founder of the University of California Davis Sports Performance Program, and the author of “Faster, Better, Stronger.” The McLeod Orthopedic Conference is an annual continuing medical education seminar presented by McLeod Human Motion Specialists and the Pee Dee Area Health Education Center. Each year, the conference is specifically designed for physicians, residents, physical therapists, occupational therapists, and certified athletic trainers who are involved in the care of patients with problems relating to the musculoskeletal system.

The primary focus of the 2011 conference was to educate area health care professionals on the proper sports medicine care of patients, including recognizing signs and symptoms of sports and/or orthopedic injuries and identifying appropriate standards of care for these patients.

Olympic Speedskating Gold Medalist Eric Heiden, M.D., served as the keynote speaker for the McLeod Orthopedic & Sports Medicine Conference in early April. Dr. Heiden addressed participants on Cycling Performance and Injuries. He also served on a panel discussion which allowed participants to ask specific questions about sports injuries and orthopedic conditions.

Dr. Eric Heiden is an American sports icon. He earned more medals in a single Olympics than any previous Olympic athlete, and has set 15 world records in his speed skating career. At the 1980 Lake Placid Olympic Winter Games, he won the Gold in all five speed skating events and set four Olympic records and one world record.

McLeod News

Olympic Speedskating Gold Medalist Eric Heiden Visits McLeod

Dr. Eric Heiden shares a presentation on “Cycling Performance and Injuries” and his Olympic Medal experiences during the McLeod Orthopedic and Sports Medicine Conference.

McLeod Orthopedic Conference

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In September of 2010, the Kohl’s Cares for Kids Program awarded a grant to the McLeod Foundation to provide Safe Kids Florence, led by McLeod Health, with additional funding to expand its program into Myrtle Beach, South Carolina. With the growth of this program, McLeod Safe Kids now has the opportunity to educate parents and caregivers in the Myrtle Beach and surrounding communities on car passenger safety seats and the proper way to install them.

In fact, McLeod Safe Kids was well received by the community members who participated in the first ever “Kohl’s Safe Seats at the Beach” event in November of 2010. This experience was the start of a flourishing relationship throughout Horry County.

Dedicated volunteers are also essential to the success of the Safe Kids program. To extend McLeod Safe Kids into Horry County, the program has teamed up with members of the Myrtle Beach Police Department, Horry County Fire and Rescue, City of Myrtle Beach Fire Department, and several local volunteers.

With assistance from these groups, successful car seat safety checks have been held at Kohl’s in February and May of 2011. McLeod Safe Kids also visited Seaside Elementary School in early spring of this year for a health and safety fair. This experience allowed the McLeod Safe Kids Team to educate nearly 500 parents, caregivers, teachers, and students. Safe Kids also participated in the Fire and Life Safety Expo at Coastal Grande Mall in early May. Safe Kids Florence, led by McLeod Health, is a coalition member of the Safe Kids Worldwide Organization which is a global network of organizations with a mission of preventing unintentional childhood injury. Safe Kids Worldwide was founded in 1987 as the National SAFE KIDS Campaign by Children’s National Medical Center with support from Johnson & Johnson.

Kohl’s is a community partner with Safe Kids Coalitions throughout South Carolina. To learn more about joining the McLeod Safe Kids Coalition or becoming a community partner, please call 843-777-5021.

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McLeod News

McLeod Outpatient Rehabilitation and Sports Medicine

McLeod Outpatient Rehabilitation and Sports Medicine Services are relocating to their new building located on the McLeod Wellness Campus, adjacent to the McLeod Health and Fitness Center. Beginning mid Summer 2011, patients needing adult outpatient therapy services will be able to receive treatment at the new location. The building will house the services of physical therapy, occupational therapy, speech therapy, work recovery, sports medicine and the Occupational Therapy Hand Center.

One of the goals of McLeod Human Motion Specialists is to offer a seamless delivery of care to all orthopedic and spine patients. Through the consolidation of adult therapy services provided at McLeod Regional Medical Center, the patients will have complete and convenient access to all of their therapeutic needs in one location.

Along with the convenience of having all therapy departments together, patients will also have the expediency of on-site registration and easy access parking. The on-site registration will allow the patients to schedule appointments and receive therapy in the same location.

The Outpatient Rehabilitation and Sports Medicine location will provide:

- Additional private treatment areas
- Conference room for patient/family education and workshops
- Medical Management for transition into fitness programs after therapy
- SwimEx therapy pool
- Convenient patient parking

Opening Summer 2011, the McLeod Outpatient Rehabilitation and Sports Medicine facility, adjacent to the McLeod Health and Fitness Center, will serve patients on the McLeod Wellness Campus. Below is the patient entrance; photo to right is the Occupational Therapy Treatment Area.

McLeod Physician Associates is pleased to announce the addition of a new family medicine practice. McLeod Family Medicine Center graduates Dr. Patrick Jebaily and Dr. Guy McClary, Jr. will care for patients at McLeod Family Medicine West, opening late this summer.

McLeod Family Medicine West will be located at 3013B West Palmetto Street in Florence, adjacent to McLeod Pediatric Associates of Florence West and behind McLeod Urgent Care Center. This expansion of services in West Florence brings McLeod quality of care to families in this area.

Dr. Jebaily is a native of Florence, South Carolina. He received his Medical Degree from the Medical University of South Carolina (MUSC) in Charleston.

A native of Sumter, South Carolina, Dr. McClary received his medical degree from MUSC.

McLeod Physician Associates welcomed another McLeod Family Medicine Center graduate this spring, Dr. Jeffrey Hatchell now cares for patients with Dr. Daniel Hylar Family Medicine Associates of Florence. Dr. Hatchell is also from Florence, and received his medical degree from MUSC. Family Medicine Associates of Florence is located in the McLeod Medical Plaza, 800 East Cheves Street, Suite 240, in Florence.

The McLeod Mobile Mammography Unit continues to serve women across the region.

The unit also made 85 visits last year to various events, businesses and industries throughout the region. Community visits included areas such as Chesterfield, Lamar, Pamplico, Florence and Patrick, as well as the McLeod Family Medicine Centers in Blythewood, Johnsonville, Lake City, and Timmonsville.

Business and industry visits included school districts across the region, as well as industry employees in Clarendon, Chesterfield, Darlington, Dillon, Florence, Horry, Sumter and Williamsburg Counties.

The McLeod Mobile Mammography Unit has completed more than 30 visits this year, and has nearly 60 more scheduled for the remainder of 2011.

The unit is accredited by the American College of Radiology and by the South Carolina Best Chance Network. The McLeod Mobile Mammography Unit is part of McLeod Health’s commitment to women of the region. It is convenient, saves time and encourages preventive health care.

The McLeod Mobile Mammography Unit was purchased through generous donations to the McLeod Health Foundation, and is available to businesses, industries, health care facilities, and health fairs. For more information, please visit www.McLeodRadiology.org.
Talat Q. Alvi, M.D.  Neurology
Dr. Alvi received his medical degree from University of the Punjab, Allama Iqbal Medical College in Lahore, Pakistan. He completed a Neurology residency at Howard University Hospital in Washington, D.C. He also completed a Pain Management fellowship at Washington Hospital Center in Washington, D.C., as well as a Neuromuscular Medicine fellowship at Yale University in New Haven, Connecticut. Dr. Alvi cares for patients at McLeod Regional Medical Center as a McLeod Inpatient Physician.

Marina Androssova, M.D.  Board Certified in Internal Medicine
Dr. Androssova received her medical degree from Perm State Medical Academy in Perm, Russia. She completed a residency in Internal Medicine at Orlando Regional Medical Center in Orlando, Florida. She also completed a Hospice and Palliative Care fellowship at the University of South Florida Moffitt Cancer Center in Tampa, Florida. Dr. Androssova cares for patients at McLeod Hospice and McLeod Palliative Medicine Associates.

C. Brooks Bannister, M.D.  General Surgery
Dr. Bannister received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a General Surgery residency at William Beaumont Army Medical Center in El Paso, Texas. Dr. Bannister cares for patients at Hartsville Surgical Center.

J. Dale Cannon, Jr., M.D.  Board Certified in Cardiovascular Diseases, Nuclear Cardiology, and Internal Medicine
Dr. Cannon received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed an Internal Medicine residency at Barnes Hospital in St. Louis, Missouri. He also completed a Cardiology fellowship at the Medical University of South Carolina. Dr. Cannon cares for patients at McLeod Cardiology Associates Sumter.

Arthur W. Cooler, M.D.  Board Certified in Surgery
Dr. Cooler received his medical degree from the Medical College of Georgia in Augusta, Georgia. He completed a General Surgery residency at the University of South Carolina School of Medicine in Columbia, South Carolina. Dr. Cooler cares for patients at Hartsville Surgical Center.

Jason R. Dameron, M.D.  Board Certified in Surgery
Dr. Dameron received his medical degree from the Brody School of Medicine in Greenville, North Carolina. He completed a General Surgery residency at Greenville Hospital System University Medical Center in Greenville, South Carolina. Dr. Dameron cares for patients at Hartsville Surgical Center.

Nicole Y. Edwards, D.O.  Family Medicine
Dr. Edwards received her medical degree from the New York College of Osteopathic Medicine in Old Westbury, New York. She completed a Family Medicine residency at the University of South Carolina School of Medicine in Columbia, South Carolina. Dr. Edwards cares for patients at Black River Healthcare in Timmonsville.

Sean L. Gibbs, M.D.  Board Certified in Family Medicine
Dr. Gibbs received his medical degree from Ohio State University College of Medicine and Public Health in Columbus, Ohio. He completed an Emergency Medicine residency at the University of Medicine and Dentistry of New Jersey in Camden, New Jersey. He also completed a Family Medicine residency at Crozer-Keystone Health System in Springfield, Pennsylvania. Dr. Gibbs cares for patients at McLeod Regional Medical Center as a McLeod Inpatient Physician.

Jeffrey F. Hatchell, M.D.  Board Certified in Family Medicine
Dr. Hatchell received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. Hatchell cares for patients at Family Medicine Associates of Florence.

To-Long Hwang, M.D.  Board Certified in Neurology and Psychiatry
Dr. Hwang received his medical degree from the National Defense Medical Center in Taipei, Taiwan. He completed an Internal Medicine residency at Air Force General Hospital in Taipei, Taiwan, as well as a Neurology residency at the University of Texas Medical School at Houston in Houston, Texas. He also completed a Neuro-Oncology fellowship at the University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Hwang cares for patients at McLeod Regional Medical Center as a McLeod Inpatient Physician.

James Daniel Kubley, M.D.  Board Certified in Family Medicine
Dr. Kubley received his medical degree from Indiana University Medical School in Indianapolis, Indiana. Dr. Kubley cares for patients at McLeod Medical Center Dillon as a McLeod Inpatient Physician.

Thomas V. Mincheff, M.D.  Board Certified in Surgery
Dr. Mincheff received his medical degree from Ludwig Maximillians University in Munich, Germany. He completed a General Surgery residency at Wilford Hall United States Air Force Medical Center in San Antonio, Texas. Dr. Mincheff cares for patients at Hartsville Surgical Center.
New Physicians

Alan G. Sechtin, M.D. Board Certified in Radiology
Dr. Sechtin received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a residency in Diagnostic Radiology at Pennsylvania State University in Hershey, Pennsylvania, and an Abdominal Imaging fellowship at the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania. Dr. Sechtin also completed a Breast Imaging fellowship at the Medical University of South Carolina. Dr. Sechtin joins Florence Radiological Associates and serves as a staff radiologist for McLeod Health.

Charles E. Tarbert, M.D. Board Certified in Emergency Medicine
Dr. Tarbert received his medical degree from Northeastern Ohio Universities College of Medicine in Rootstown, Ohio. He completed an Emergency Medicine residency at Summa Health System in Akron, Ohio. Dr. Tarbert cares for patients at the McLeod Regional Medical Center Emergency Department.

2011 PALMETTO GOLD WINNERS

To many, you’re heroes.
To us, you’re golden.
Celebrating our nurses for achieving another milestone in our ongoing Quest for Quality.

McLeod is especially proud to honor the seven outstanding nurses from our staff selected to receive the 2011 Palmetto Gold Award.

They are among the 100 best nurses from across South Carolina to be recognized for their focus on remarkable patient care and dedication to the nursing profession. They join 91 other past honorees from McLeod that have demonstrated exceptional leadership and a boundless compassion for our patients and their families. In a year in which McLeod won the Quest for Quality Prize that singled out our quality leadership among all other U.S. hospitals, our Palmetto Gold recipients represent yet another great example of our commitment to medical excellence.

McLeod Health
McLeodHealth.org
www.Facebook.com/McLeodHealth

Michelle Lazo, Teresa Sapp, Kimberly Thomas, Linda Hall, Carolyn Tyler, Amanda Hammond
Not pictured, Cherry Bland