

McLeod

Volume 39, Issue 4, 2024

Magazine

Joe Bibbo



WELL AHEAD:
DELIVERING EXTRAORDINARY CARE

Views



Donna Isgett

At McLeod Health, our sincere desire to care for people who choose our services drives us to excellence. The highest recognition we can achieve is your trust in our services and our people.

We continuously evolve as we seek better ways to deliver extraordinary care. This great work is much bigger than any one of us, and our instilled thirst for continuous listening, learning and improvement establishes a culture to be better every day in all we do.

Love for our mission and each other, and respect for our core values of Caring, The Person, Integrity and Quality keep us grounded.

In the pages that follow, you will encounter personal stories of individuals who have endured adversity with resilience and strength. We pay tribute to remarkable challenges, outcomes and victories by listening to the voices and hearts of our patients.

Thank you for entrusting us with your care.

As we enter into this holiday season, we wish you much joy, love and peace. As a token of our appreciation, please enjoy this message and special compilation of holiday sounds from McLeod Health.



Donna Isgett
President and CEO, McLeod Health



ON THE COVER:

When McLeod Cancer Survivor and Florence, SC, resident Joe Bibbo is on the water fly fishing, he says there is no cancer. "It's just where you are in that moment, and you are enjoying it so much." Diagnosed with multiple myeloma in 2017, Joe believes he has not been on a journey but an adventure because there have been so many people involved in his life with regards to cancer. "There are going to be challenges, but finding that one hobby I think would help individuals put the cancer behind them even for a moment," he adds. Joe shared his message of hope during this year's *An Evening of Hope* Cancer Benefit. To watch the Portraits of Hope videos that include McLeod Cancer Survivors Joe, Leroy Blackwell, Michael Branham, Helen Gooden, Lynne Head, and Daryn Sasser, scan the QR code on page 9.

The cover image was captured by Joe's son, Max Bibbo, at Yellowstone National Park in Wyoming.



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A Picture-Perfect Outlook

by Tammy White



Steve Camlin has been capturing photographic memories for Florence 1 Schools for more than six years.

Any parent with a child in Florence 1 Schools is familiar with the name Steve Camlin. A retired teacher of 28 years, and a current photographer of school activities, Steve is a well-known figure on game sidelines.

In March 2024, Steve was at a visit with his McLeod Primary Care Physician Dr. Donald Behling.

Having lost his father to heart disease at the young age of 59, Steve, who was now close to celebrating his own 59th birthday, brought his concerns of family history to Dr. Behling, who recommended Steve for a Coronary Calcium Scoring test.

Coronary Calcium Scoring is a non-invasive method of determining the presence of coronary artery disease in someone without symptoms, but who is at an increased risk for coronary artery disease.



After recovering from open-heart surgery, Steve and his wife Dina were able to enjoy their European vacation.

It is a quick, painless, non-invasive screening performed with a multi-slice computed tomography (CT) scanner that determines the degree and severity of hard plaque within the coronary arteries. Calcium scores are reported based upon the amount of calcium build-up around the heart.

The results of Steve's Coronary Calcium Scoring warranted a referral to McLeod Cardiologist **Dr. Brian Blaker**. After meeting with Dr. Blaker, it was decided the next best course of action was a heart catheterization.

"After the heart catheterization, when Dr. Blaker told our family that my dad had five to seven heart blockages, which was too many for him to stent, our hearts dropped," said Kiersten Camlin, Steve's daughter, and a Registered Nurse in the McLeod Cardiac Intensive Care Unit (CVICU). "He said dad was going to need open-heart surgery."

McLeod Cardiac Surgeon **Dr. Cary Huber** was brought in to meet the family. "When Dr. Huber walked into the room, I could tell by the look on Kiersten's face she was pleased to see him," said Steve.



Steve and his daughter Kiersten recently reunited with some of her co-workers who helped care for her dad in the CVICU.

"She was familiar with his work and knew he was one of the best. We discussed the timing of the surgery with Dr. Huber. My wife Dina and I had a 21-day vacation to Europe planned in August, so Dr. Huber recommended we not delay to ensure I would be fully recovered for our trip."

Steve's surgery was scheduled for the following Monday.

"When I awoke in CVICU after surgery and saw my wife and daughter, I knew I was going to be okay," said Steve. "As an experienced cardiac nurse, Kiersten knew what I would face on my road to recovery, and it felt good having her and Dina, who is also a nurse, by my side."

After recovering from his surgery, Steve participated in Cardiac Rehabilitation at the McLeod Health & Fitness Center.

"I was surprised at the results of my Coronary Calcium Scoring," said Steve. "Dina and I exercise five times a week and eat a heart healthy diet. Dr. Blaker and Dr. Huber both said I was fortunate. By getting tested and discovering the blockages, my heart care was considered proactive instead of reactive, which was healthier for my heart. If I had a heart attack, that could have caused permanent damage to my heart."



Discharged and ready to go home after his open-heart surgery, Steve and his wife Dina share smiles.

After this experience Steve is now an advocate for Coronary Calcium Scoring.

He convinced one of his brothers to take the test, and his results were favorable. He also convinced a friend to be tested. A heart blockage was discovered that has since been repaired, saving him from what could have been a potential heart attack.

"If you are at risk for heart disease, talk to your doctor," said Steve. "The test only takes ten minutes and really gives you peace of mind."

Candidates for Coronary Calcium Scoring are men and women over the age of 40, with at least one additional risk factor for heart disease.

"Leading a healthy lifestyle certainly led to a smoother and quicker recovery," said Steve. "Dina and I went on our European vacation, which included a lot of walking, and I had no issues."

"This has given me a whole new outlook on life. I would like to thank Dr. Behling, Dr. Blaker, Dr. Huber and the nurses in CVICU for all their wonderful care."

McLeod offers the Coronary Calcium Score Screening at a low cost of \$150 regardless of health insurance status. Any recommended follow-up care is the patient's responsibility.

A physician referral is required.

Coronary Calcium Screenings are available at:

McLeod Health Clarendon | McLeod Regional Medical Center | McLeod Health Dillon
McLeod Health Carolina Forest | McLeod Health Lorris | McLeod Health Seacoast

EVERY STEP OF THE WAY

by Leslie Mikell

Wilhelmina Cassidy, a Cheraw resident, lives life to the fullest. She enjoys cooking, decorating and planning events, and even making T-shirts in her home.

However, an accident from her past left her with limited mobility, making it difficult to do the things she loved.

In 2010, while unloading boxes off the trailer bed of a truck, Wilhelmina lost her footing, and her leg slipped between the tires. Her left leg and multiple bones in her feet were broken, leaving her with several compound fractures. As a result of the accident, Wilhelmina underwent 13 surgeries and procedures to repair and restore her feet, and after healing, her left leg was shorter than her right leg by two and a half inches.

Throughout the years since those initial surgeries, she still had persistent pain in her lower leg. Due to their uneven length, her left leg and foot slowly rotated inward, causing her to stand unevenly.



Before her surgery and treatment with Dr. Jason O'Dell, Wilhelmina's legs were uneven and walking became difficult. Now, after months of limb lengthening and physical therapy, she is enjoying her hobbies again.

This altered her gait, causing her to walk on the inside of her left foot, and the left big toe could not bend. Wilhelmina also had to wear a built-up shoe on one foot to accommodate the difference in height. This had severe effects on her knee, hip and lower back.

As more time passed, she could no longer drive, was primarily using a wheelchair, and relied heavily on her family for help getting around. Standing for long periods, and even walking, became too challenging and painful.

"After seeing the pain I had been in for so long, my primary care provider, Jackie Stafford, DNP, encouraged me to schedule an appointment with Dr. Jason O'Dell at McLeod Orthopaedics in Florence," Wilhelmina recalls.

"When I met Dr. O'Dell, he studied my leg, thought for a minute, and looked at me and said, 'I can fix that, but you will have to work with me.'"

Wilhelmina had reservations that anything could be done to improve her condition, after already having so many corrective surgeries, but she promised him she would do whatever it takes if it meant she would stand straight again.

In October 2023, Dr. O'Dell performed her surgery at McLeod Regional Medical Center in Florence. During that procedure, he lengthened her leg just below the knee, and he also repaired a non-healing wound at the lower leg angulation site that he was initially concerned was related to chronic infection. Fortunately, Dr. O'Dell ruled this out.

"In the limb lengthening process, the first step is surgery, where we create a gap in the bone and install the external fixator, which is a lengthening device attached to the bone with pins from the outside," says Dr. O'Dell. "In Wilhelmina's case, we used a 'double frame,' which allowed us to correct and compress angulation at the lower leg while simultaneously lengthening the leg above.

"Then, the bone is slowly separated. We can lengthen a leg by about one millimeter a day, and once the leg is at the correct length, the body will naturally grow new bone to fill the gap," he adds.

It can take upwards of six to nine months to lengthen a limb. Her husband, Warren, used a special hand tool to turn the pins on the external fixator every day at their home.

"Having strong family support is essential to the success of these surgeries," Dr. O'Dell says.

In each follow-up visit after surgery, her X-rays showed gradual progress, with her left leg slowly getting longer and straightening out. As the healing progressed and the length approached symmetry, Wilhelmina began placing weight on the leg.

Once the lengthening process yielded an equal leg length, she returned to the operating room to have the frame removed and a plate inserted.

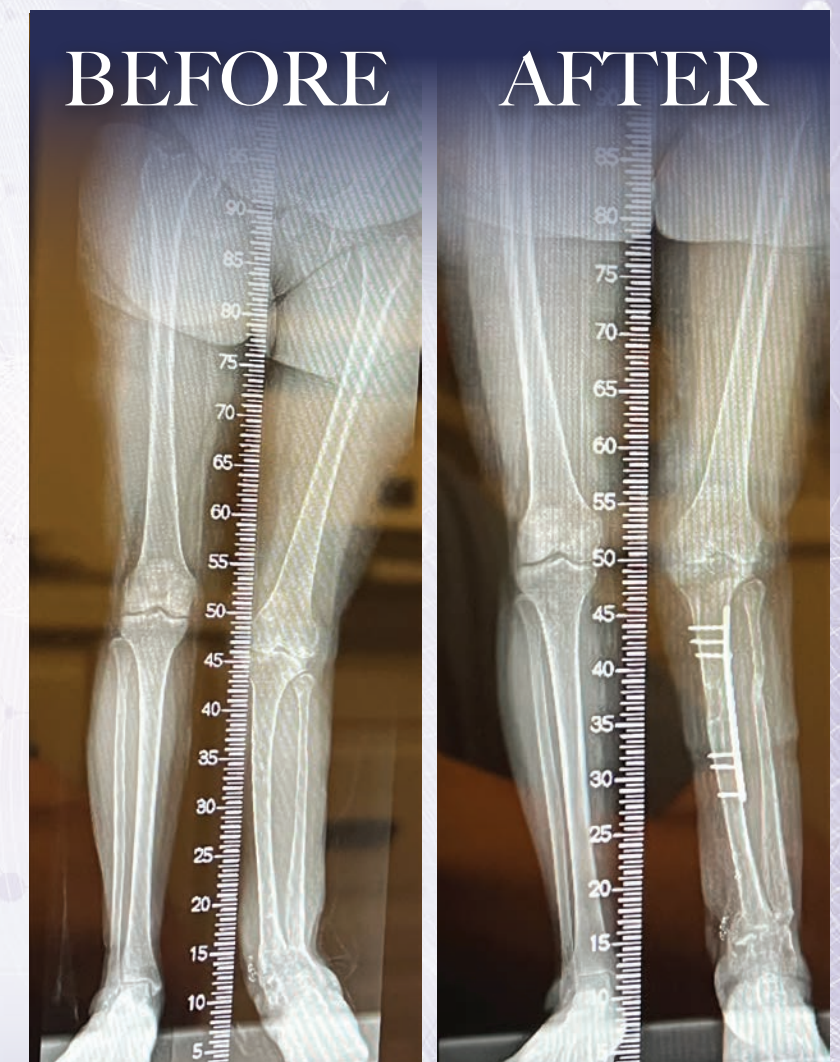
Throughout the entire process, Wilhelmina remained dedicated to her outpatient physical therapy in Cheraw, determined to help herself heal.

One year after her surgery, Wilhelmina has regained her independence and no longer needs the wheelchair. Her legs have straightened and are the same length again, her feet sit flat on the floor, and she can wear normal shoes again. This has also resolved her knee, hip and back pain.

"I thank God when I get out of bed each morning, that I can walk again and do the things I enjoy. Before, I needed help to get up, I struggled to get around and could not drive. Now, I can go up and down the steps, and I am able to help care for my mother again," she says.

"I'm so grateful to Dr. O'Dell and all the nurses and doctors who work with him. He is a good doctor and a good man, and I would recommend him to everyone," Wilhelmina adds.

"He's friendly, takes his time and is so patient. He walked with me every step of the way."



McLeod Cancer Center Welcomes New Oncologist



Dr. Swarna Nalluru

McLeod Health offers residents from the Midlands to the Coast expanded access to preventive medicine, individualized cancer treatment, as well as state-of-the-art technology.

Physicians specializing in medical oncology, radiation oncology, surgery, pathology and radiology collaborate each day in recommending treatment plans for patients facing cancer.

Driven by a commitment to make this specialized care more widely

available for patients, the McLeod Center for Cancer Treatment and Research announces the addition of new Medical Oncologist **Dr. Swarna Nalluru**.

Dr. Nalluru joins **Dr. Rajesh Bajaj, Dr. Michael Pavy, Dr. Sreenivas Rao, Dr. James Smith, Dr. Ravneet Bajwa, Dr. Viji Motilal Nehru and Dr. Arrvind Raghunath** in serving patients at McLeod Oncology and Hematology Associates, a division of McLeod Regional Medical Center.

A native of India, Dr. Nalluru comes to McLeod following the completion of her Fellowship in Hematology and Oncology at the University of Massachusetts Baystate Medical Center in Springfield.

She received her medical degree in 2018 from Osmania Medical College in

Hyderabad, India, and completed her Internal Medicine Residency in 2021 at Saint Vincent Hospital in Worcester, Massachusetts.

As a Medical Oncologist and Hematologist, Dr. Nalluru provides care for a broad continuum of cancer diagnoses using chemotherapy, targeted and biological therapy. An area of special interest for her is lung cancer.

"I want to help as many people as I can," said Dr. Nalluru. "Cancer isn't always a death sentence. Especially with newer drugs, cure rates are slowly on the rise. Being able to educate the community and spread awareness is one of my goals."

New patients are accepted by appointment and physician referral. For more information, call 843-777-7951.

McLeod Celebrates 20th Anniversary of the Breast Health Center

In 2004, the McLeod Breast Health Center was established to ensure rapid diagnosis, education and emotional support for women facing a diagnosis of breast cancer. Twenty years later, this team of providers continues to promote a continuity of care by offering the full spectrum of breast services from prevention and diagnosis to treatment and support.

Tracey O'Neal, RN, OCN, BCBN, became only the second Breast Health Specialist to care for women at McLeod in 2015 – a role she continues to serve in today. Coming full circle, in early 2024, Maureen Byrd, FNP-C, CBCN, the first McLeod Breast Health Specialist, returned to the Breast Health Center to serve as the Breast Health Coordinator for the new High-Risk Breast Clinic. Maureen set the standard for oncology nurse navigation at McLeod.

After completing her education to become a Nurse Practitioner, Maureen began working with cancer patients at McLeod Oncology and Hematology Associates and then with the McLeod Home-Based Palliative Care Program.

Each team member at the McLeod Breast Health Center makes it their purpose to involve patients and their families with the treatment plan. The goal is to make the individual's entry into the system as painless and seamless as possible. McLeod also strives to provide personalized breast cancer care since one treatment does not fit all. The team individualizes a plan to each and every patient's needs.

"We are making sure there are no gaps between patients and their medical decisions," said Maureen. "We are their advocates and will help with anything they need, even if they need us to hold their hand."

"McLeod is concerned about easing the mind of patients and ensuring the best individualized treatment plan in a timely manner. We want to educate our patients, expedite their waiting process, and make sure they are given the appropriate referrals."

Dedicated to the early detection and treatment of breast cancer, McLeod is the only Breast Health Center in the area accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. McLeod received this prestigious acknowledgement of the quality of care it offers to breast cancer patients in 2010 – the first and only breast program in the region to achieve and maintain this designation. In addition, the McLeod Breast Health Center is a Designated Comprehensive Breast Imaging Center by the American College of Radiology.

For more information on the McLeod Breast Health Center, call (843) 777-4444.

An Evening of Hope and Inspiration

25th Annual Cancer Benefit Raises More Than \$154,000 for the McLeod HOPE Fund

Providing thousands of cancer patients in the region with assistance related to transportation, medications, nutrition and personal financial challenges, the McLeod HOPE (Helping Oncology Patients Everyday) Fund benefits oncology patient support services and provides oncology staff with improved access for immediate needs for their patients.

This is made possible annually through gifts directed to the HOPE Fund.

Most recently, the 25th Annual *An Evening of Hope* raised more than \$154,000 to further assist patients through the HOPE Fund.

During the finale of *An Evening of Hope*, celebrity guest performers and the featured cancer survivors joined the band on stage for the song, "Don't Stop Believing."

Held in September at the Francis Marion University Performing Arts Center, the event included inspirational video testimonials featuring Cancer Survivors Joe Bibbo, Leroy Blackwell, Michael Branham, Helen Gooden, Lynne Head and Daryn Sasser.

Attendees were also entertained by Fran Coleman and the Emerald Empire Band with celebrity guest performances by McLeod Oncologist **Dr. Rajesh Bajaj**, Cancer Survivor Sharmeika McDuffie, and the "Shirelles" and the "Drifters" from the Florence Little Theatre's production of *Beautiful: The Carole King Musical*.



Portraits of Hope



To watch the video testimonials of our featured cancer survivors, please use this QR code.



Improving the Detection of Breast Cancer

Breast cancer is the number one cancer treated at McLeod Health each year. Numerous studies have shown that when breast cancer is diagnosed early, it has a cure rate of greater than 90 percent. Yearly screening mammograms can help to detect breast cancer at an earlier stage, when it is very treatable.

Mammography is one of the most important techniques physicians use to detect breast cancer. “A large benefit of a mammogram is its ability to detect problem areas, even before they can be felt,” explains **Dr. W. Shawn Conwell**, Medical Director for Breast and Women’s Imaging for McLeod Regional Medical Center. “Finding breast cancer earlier means much lower levels of lymph node involvement and that more women being treated for cancer are eligible for breast conservation.”

All women ages 40 and over are encouraged to schedule an annual mammogram. Mammograms can also be used to check for breast cancer in women who have no signs or symptoms of the disease. This type of mammogram is called a screening mammogram and should be performed regularly.

When a woman undergoes an annual screening mammogram, she also completes a breast health risk assessment. This tool, known as the Tyrer-Cuzick score or TC score, allows physicians to determine a woman’s lifetime risk for developing breast cancer. The assessment asks about risk factors like age, family history of breast cancer, hormonal history and genetic mutations. The provider can then use the score to determine how often the woman should have breast cancer screenings.

If the TC score is above 20, it is recommended that a woman consider a high-risk assessment, genetics counseling, and/or additional screening with a Breast MRI.

A TC score between 15 to 19 indicates an intermediate lifetime risk. In these cases, physicians recommend an additional screening with ultrasound, particularly if the woman has dense breasts.

“Breast tissue density can only be accurately determined by a mammogram,” says Dr. Conwell. “Younger women tend to have denser breasts, but there are many older women who also have this composition. Similarly, some young women have more fatty breasts. Density is not related to breast size, shape, or texture. You must get a mammogram to know if you have dense breasts.”

Breast tissue density is essentially an observation of how much fat versus fibro-glandular tissue (NORMAL tissue) is in the breast. Fat appears black on a mammogram, while normal tissue appears white on a mammogram. Most forms of breast cancer are also white on a mammogram. If your breast is composed of almost entirely fat (black), and a white cancer shows up, this is very easy to see on a mammogram – similar to a star in the night sky. However, if your breasts are dense, the mammogram has lots of white (tissue) and no black (fat).

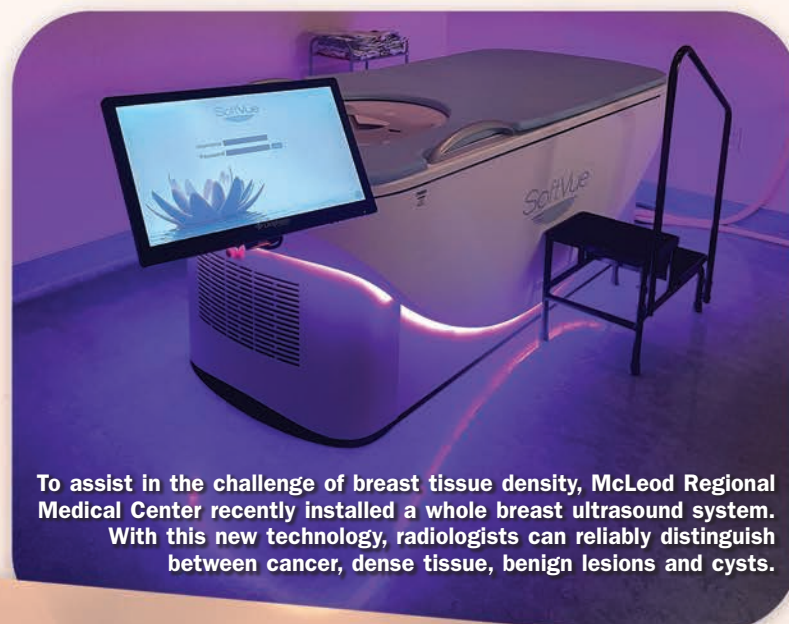
Finding a cancer in this circumstance is like searching for a polar bear in a snowstorm, according to Dr. Conwell. “It is extremely difficult to see a cancer in dense breasts. In fact, about 50 percent of cancers in extremely dense breasts are completely invisible on a mammogram.”

To assist in the challenge of breast tissue density, McLeod recently installed a whole breast ultrasound system that was made possible by funding from the McLeod Health Foundation.

“This technology is an advancement over handheld ultrasound which only takes one picture at a time. With the new system, we are watching a whole movie of the entire breasts. In addition to the standard greyscale, the images also contain important information about the stiffness of the breast, the speed of the soundwave moving through the tissue, and transmission information. These variable data can be overlaid upon each other to create a complex tissue character map of the breast tissue. Standard handheld breast ultrasound does not allow for this,” said Dr. Conwell.

In addition, with the whole breast ultrasound system, McLeod Radiologists can reliably distinguish between dense tissue, benign lesions and cysts, and the cancers that may be lurking underneath. “This means images of the entire breasts are stored and reviewed, along with other breast imaging exams. Because the entire breast is imaged and archived, we are able to compare with prior exams and detect changes that occur over time,” added Dr. Conwell.

To learn more about your risk for breast cancer and whether you have dense breast tissue, speak with your OB/GYN or primary care provider.



Five Leading Cancer Sites

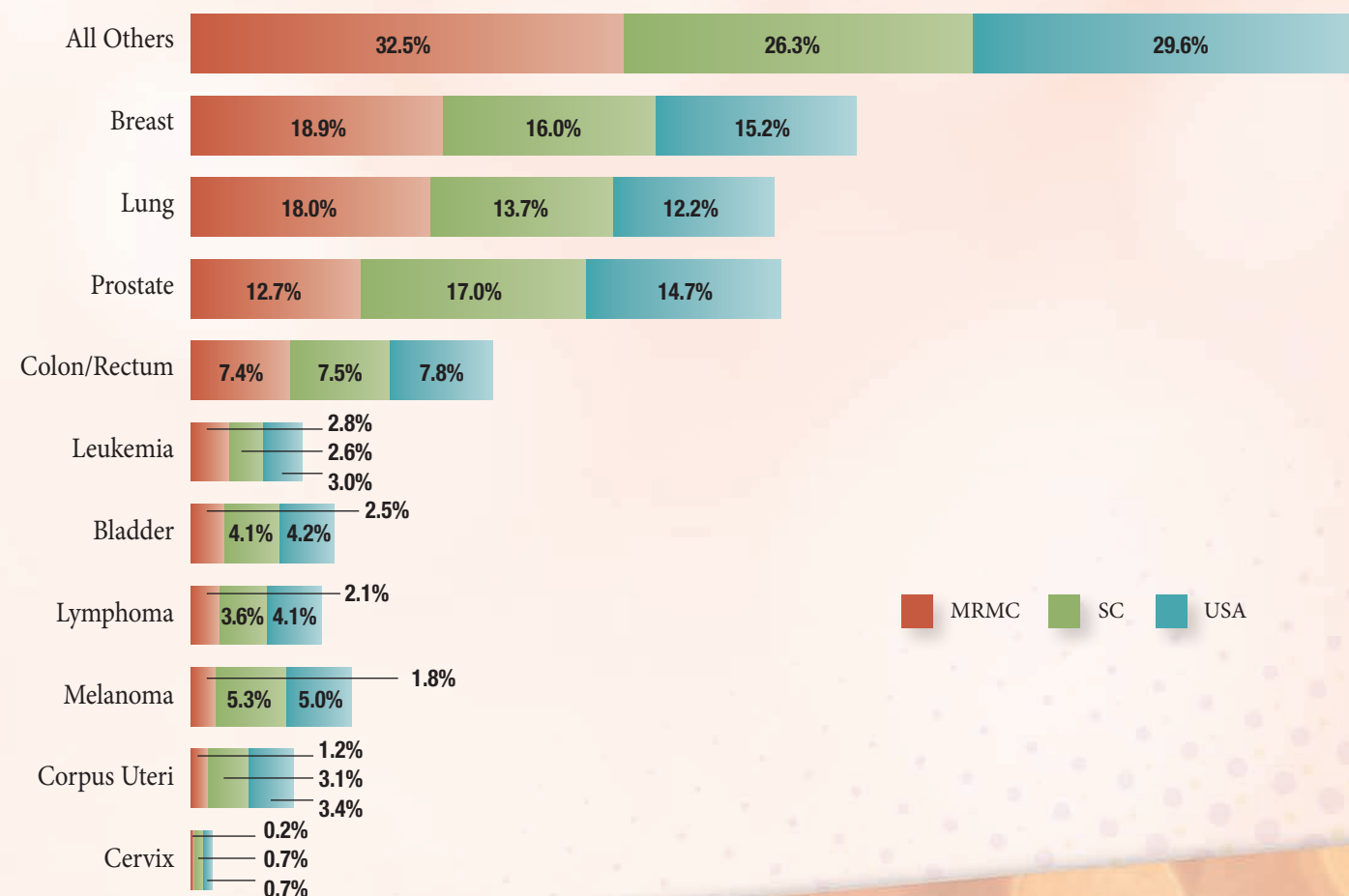
Site	Cases
Breast	329
Lung	301
Prostate	212
Colorectal	101
Pancreas	99

Total Cases: 1042 (61%)



10 Most Prevalent Cancer Sites

Source: American Cancer Society “Cancer Facts and Figures 2023”



Abigail Applegate was a physical therapy patient in high school when she decided becoming a physical therapist was the right career choice.

A Day in the Life of a Physical Therapist

by Kelly Hughes

Physical Therapists play a crucial role in healthcare. Collaborating with physicians and other specialists to develop personalized treatment plans, they help patients recover from injuries, manage chronic conditions, and improve mobility. Recognizing their significant role in the healing journeys of many patients, McLeod Health perennially seeks Physical Therapists to begin or further their careers, with many opportunities for inpatient, outpatient and home health roles available across all campuses.

Abigail Applegate, PT, has been working for three years at McLeod Pediatric Rehabilitation Carolina Forest.

This was her first job after completing her graduate degree, and she was excited to find a great work environment near the coast.

6:15 a.m. *Rise and shine.* The alarm clock goes off early and Abigail gets ready to start a new day.

8:00 a.m. *Today's first patient.* Most patients in physical therapy are either there for evaluation or treatment. The first patient today is here for an evaluation, which is a longer appointment. The patient is six years old, and his parents were concerned about poor coordination. Abigail assesses the patient based on appropriate developmental milestones to determine if there is cause for concern.

9:30 a.m. Abigail's next patient is an adorable eight-month-old infant who is being treated for torticollis. This is a condition that causes the head to tilt or lean to one side. It is commonly treated in children. Abigail works with the parents to teach them appropriate stretches and exercise that can help the baby to meet gross motor milestones.

10:15 a.m. *Two more kids.* The first patient had been referred to the program for his flat feet which can cause weak muscles and leg tone. His physician had recommended surgery, but Abigail and the parents have developed a regimen that has increased his muscle tone, and surgery may no longer be needed. The next patient was a four-month-old being treated for Clubfoot. This is a common birth defect that causes the child's foot to turn inward or downward at birth. With early treatment, most children can run, play and function normally. While working with the parents, Abigail learned that the 11:00 a.m. time slot was right in the middle of naptime. Next week, they are going to change the time of her appointment to make it more beneficial for the baby. Understanding the needs of small children and what works best for them is a fundamental part of the therapist's treatment plan.

12:00 p.m. *Lunch.* Most days Abigail brings her lunch or takes a quick walk over to local restaurants near the McLeod Health Carolina Forest Campus. The area around the campus has developed quickly in recent years and offers an array of convenient lunch options for staff and patients.

1:45 p.m. The second patient after lunch is Azariah Hardee, an adorable eighteen-month-old little girl. Azariah was born prematurely at 26 weeks at McLeod Regional Medical Center in Florence. She spent three months in the Neonatal Intensive Care Unit (NICU). Often, premature babies require early intervention therapy to ensure they meet their developmental milestones. Abigail has worked with the mother to help Azariah learn to sit up on her own. Today, they celebrated Azariah's achievement.

2:30 p.m. For the rest of the afternoon, Abigail treats kids with autism, knee pain, delayed gross motor skills and a teenager with Ehlers-Danlos syndrome (EDS). EDS is a group of genetic disorders that affect connective tissues. This condition can be painful, and patients can be physically unstable. Abigail works with the patient to strengthen their core and improve coordination. The goal of these sessions is to help her patients regain their ability to be active kids.

5:30 p.m. *End of clinic.* During the last hour of the day, Abigail catches up on documentation, reviews patient charts for the following day and returns calls from patients who have questions or need her assistance.

6:30 p.m. *Time to head home.* Abigail works four days a week, 10 hours a day. She has Fridays off which gives her a great work-life balance. After work, she typically heads to a workout class or goes for a walk around her neighborhood.

Abigail is an avid reader and ends the evening with a good book before heading to bed around 10:00 p.m. Rest is important, because tomorrow she has a new list of shining faces ready for therapy.

About Abigail

Originally from Pennsylvania, Abigail was a high school cheerleader who suffered a sports injury that required physical therapy. It was during her own treatment that a career in physical therapy seemed like a good idea. Her therapist offered for her to shadow him. After college, Abigail completed her Doctor of Physical Therapy program at Misericordia University in Pennsylvania.

During her clinical rotations, she worked at a children's hospital and gained experience with newborn children in intensive care units. She was also able to receive training at a charitable clinic for pediatric patients without access to healthcare. This experience helped her decide that working with kids was her passion, and pediatric rehab is where she wanted to build her career.

Abigail made the move to South Carolina after she was offered a position at McLeod Pediatric Rehabilitation in Carolina Forest.

"Physical therapy gives me an opportunity to build a relationship with my patients," said Abigail. "I enjoy spending time with them and seeing them improve. I have patients who have come back once they graduate to show me how well they are doing."

One of the benefits of working on the Carolina Forest campus is the proximity to the adult rehabilitation clinic. Abigail also works two half days a week in the adult clinic to retain her skills and treat adult patients. Additionally, she is certified in dry needling, a technique used by trained healthcare professionals to treat musculoskeletal pain and movement issues. The wide variety of patients McLeod Health serves enables her to remain proficient with both adult and pediatric patients.



Together with speech therapist, Sarah Malkasian, at right, Abigail has worked with Azariah Hardee for the past six months. Recently, they celebrated her ability to sit up on her own as a major milestone.

Brave Little Dominic

by Jessica Wall



After spending the first 206 days of his life in three different hospitals, brave little Dominic Santo has overcome many obstacles and enjoys life to the fullest, especially in his happy place – nature.

Pittsburgh, Pennsylvania residents Tyler and Jocelyn Santo traveled to their family's vacation home in Myrtle Beach in August 2023 for a birthday celebration. Planning to spend only a week in South Carolina, the couple had no idea how much their plans were about to change.

The night before their drive back to Pittsburgh, Jocelyn, who was 24 weeks and five days pregnant, began feeling discomfort around 10 p.m. A short time later, she noticed some unexpected bleeding, so she and Tyler went to the nearest Emergency Department. The source of the discomfort had been identified – Jocelyn was in labor. The care team attempted to stop the labor, but all efforts were unsuccessful.

Jocelyn needed to be transported to McLeod Regional Medical Center (MRMC), the only hospital in the region equipped to care for extremely premature infants. She arrived in Florence in the early morning hours of August 12.

McLeod OB/GYN **Dr. Edward Kowal** explained to Jocelyn that she was fully dilated, and they prepared for delivery. McLeod Neonatologist **Dr. Karli McCoy** and the Neonatal Intensive Care Unit (NICU) team was also present in the delivery room and gave Jocelyn and Tyler a very quick overview of what to expect.

At 7:23 a.m., their baby boy, Dominic, was born at 24 weeks and six days. He weighed one pound, six ounces.

The NICU team immediately stepped into action to save his life. The first step was to secure Dominic's airway. He was intubated and given artificial surfactant, which allowed the ventilator to support his breathing while his lungs transitioned.

"When a baby is born this early, all parts of his body are premature," explains Dr. McCoy. "Everything is formed but still in the process of developing. The most urgent issue was the development of his lungs."

Thermoregulation is another critical step in stabilizing a premature baby. To keep Dominic warm, the NICU team immediately placed him under an overhead warmer, on a warming mattress and in an evaporative proof case to help him hold on to body heat.

Once the team transported Dominic to the NICU, they worked quickly to regulate his blood sugar.

"We immediately put in umbilical lines, or catheters. These catheters helped us monitor Dominic's blood pressure continuously and give him fluids containing both glucose and protein," explains Dr. McCoy.

All of these measures - ventilation, thermoregulation and fluid/glucose - took place within Dominic's first hour of life, known as The Golden Hour.

"It was truly inspiring to witness how hard Jocelyn and Tyler worked to be at Dominic's bedside and do what was right for him."

-Dr. Doug Moeckel

"This is truly the most important hour of a baby's life," says **Dr. Doug Moeckel**, McLeod Neonatologist and Medical Director of the McLeod NICU. "Our team here at MRMC has a very detailed and regimented Golden Hour protocol. Dominic successfully reached every one of our checkpoints and was tucked in and resting by the time he was one hour old."

On Monday, Dominic's care transitioned to Dr. Moeckel. This happened to be the same day Jocelyn was discharged from the hospital.

"From the beginning, we discussed how quickly we could get Dominic closer to home, but it was too risky, and his health was too fragile," recalls Dr. Moeckel. "I knew what was stacked against Dominic and the importance of Jocelyn being here to give him breast milk."

Dominic was facing many serious complications of premature birth, including an eye disease known as Retinopathy of Prematurity; an Intraventricular Hemorrhage (IVH), or brain bleed; and Patent Ductus Arteriosus (PDA), among others.

PDA is a congenital heart finding common in premature infants where the blood vessel connecting the heart's two major arteries does not close after birth and allows blood to flow into the lungs.

Dr. Moeckel consulted with McLeod Pediatric Cardiologist **Dr. David Steflik**, who performed an echocardiogram on August 15, three days after Dominic was born. The results showed a large PDA, so the two physicians decided to treat him early with medication, which made the vessel smaller. Dominic would eventually undergo a procedure to fully close the vessel.

With Dominic facing such a critical road to recovery, Dr. Moeckel explained how providing breast milk was the single most important thing Jocelyn could do for her son. Premature infants are given human milk, and the only alternative to mom's milk is donor milk. While a good option, donor milk lacks the immune cells and mother-baby specific components that a mom's milk provides.

Continued on next page

Jocelyn and Tyler drove from Myrtle Beach to Florence every day. When Tyler had to eventually return to work, he frequently flew from Pennsylvania to be with his family.

“It was truly inspiring to witness how hard Jocelyn and Tyler worked to be at Dominic’s bedside and do what was right for him,” explains Dr. Moeckel. “I truly believe he is alive today because Jocelyn was there providing her milk.”

This encouragement from the NICU team is exactly what the Santo family needed.

“The staff helped us anticipate all the ups and downs of an extended NICU stay,” recalls Jocelyn. “They told us for every step forward, there would be one hundred steps back, but it is still going to be progress.”

Early in their stay, the family received a book from the NICU entitled *Be Brave Little One*. Given what they were facing, Jocelyn says she and Tyler both cried and decided to embrace this as their motto.

For every step forward, they would be brave. For every step backward, they would be brave.

On October 31, 2023, after three and a half months in the McLeod NICU, Dominic was finally healthy enough to be transported to a children’s hospital in Pittsburgh. Jocelyn and Tyler were ecstatic to have their baby close to home.

Dominic endured another three-month stay in the children’s hospital followed by two weeks at a transition hospital, where Jocelyn and Tyler learned how to care for Dominic at home.

Then the moment finally arrived. After spending 206 days in three different hospitals, Dominic came home in March 2024.

He continues to undergo extensive therapies but has already made great progress. He only needs oxygen at night and no longer requires a feeding tube, so his parents like to say he is “cordless.”

Dominic is now sitting unassisted and going to day care, where he is making friends. Having been isolated for most of his first year, he genuinely enjoys being with other babies. He also loves for his parents to take him for walks in the park or on nature trails. He is fascinated by his two dogs and loves to visit the zoo and see all the animals.

In honor of Dominic’s first birthday, the Santo family donated a copy of *Be Brave Little One* to every NICU family at McLeod in hopes that other families could be encouraged to keep hope and courage alive during their NICU journey.

Planting Roots After Residency

by Leslie Mikell

Since his junior year of high school, **Dr. Kwame Brown** knew he wanted to pursue a career in medicine. Two things inspired him to choose Family Medicine as his specialty: his time spent before medical school completing a master’s degree in a rural area, and a book he found in a local thrift store about the practice of family medicine.

Near his completion of medical school, he concluded a training rotation at McLeod Health Cheraw, and fell in love with the environment. In Spring 2021, he was accepted into the McLeod Family Medicine Rural Residency Program.

As his time in the program came to an end, Dr. Brown had no doubt in his mind where he would go next.

“Cheraw became like a family to me. After working in this community, getting to know the nursing staff and administration, and connecting with my patients, I knew I belonged here,” he recalls.

A member of the second cohort of the Rural Family Medicine Residency Program, Dr. Brown graduated from the program in Summer 2024. He joined the faculty of the McLeod Family Medicine Rural Residency in Cheraw and now cares for patients at McLeod Primary Care Cheraw.

“Teaching medicine has always been a goal of mine, so I was thrilled to have the opportunity to join the faculty at this point in my career,” he adds.

Dr. Brown attributes the successes on his journey to his physician mentors at McLeod, both in the residency program and on medical staff, and to his wife, Victoria.

“Without their unwavering support throughout my training years, I would not be where I am today,” Dr. Brown shares.

McLeod Family Medicine Rural Residency Program

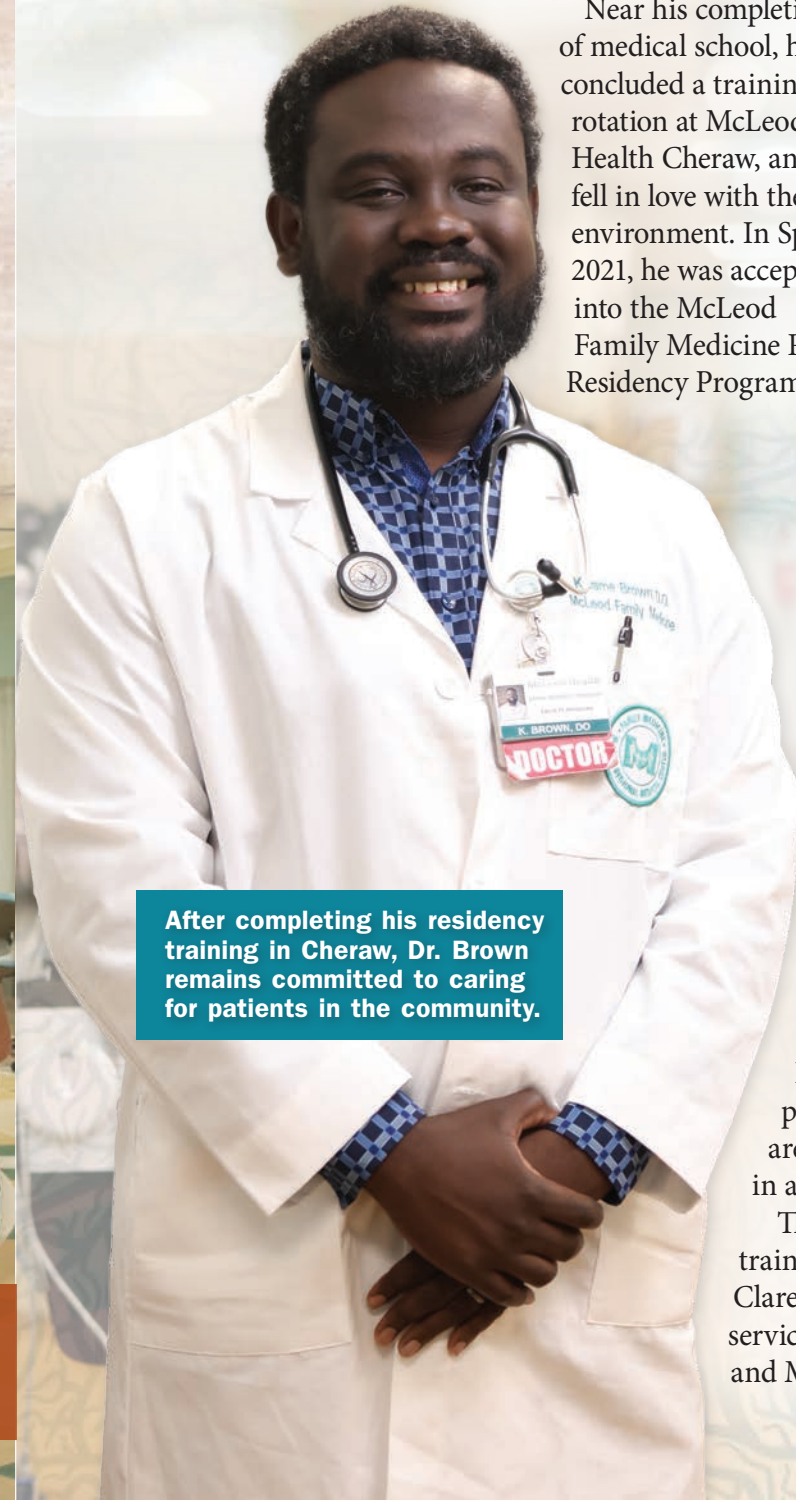
McLeod Health offers two Family Medicine Rural Residency Programs to improve access to primary care in rural communities. The first class of residents joined the Cheraw and Clarendon communities in June 2020. The mission of the McLeod Family Medicine Rural Residency Programs is to train and graduate skilled physicians who are well-rounded and able to treat the unique conditions of patients within rural and underserved areas.

The rural program includes training with the core residency program located at McLeod Regional Medical Center (MRMC) in Florence, SC. MRMC is where Family Medicine training has been provided for the past 40 years. During their first year, the residents are trained in advanced ICU, geriatrics, obstetric and pediatric skills in addition to the training they receive in Cheraw and Clarendon.

The focus of the residency programs includes time spent at the training hospitals, McLeod Health Cheraw and McLeod Health Clarendon. The residents also help improve access to primary care services by providing care to patients at McLeod Primary Care Cheraw and McLeod Primary Care Clarendon.



The Santo family brightened the faces of the entire McLeod NICU team when they returned for a visit in September while on vacation.



After completing his residency training in Cheraw, Dr. Brown remains committed to caring for patients in the community.



A Legacy of Surgery

by Tracie Foster

Physicians of Pee Dee Surgical Group pictured left to right: In the back row, Dr. Mark Reynolds, Dr. Allison Foster, Dr. John Richey, Dr. Blake Breaux, Dr. Johnson Walker, Dr. Hugh Willcox, and Dr. Robert Madlinger. In the front row, Dr. John Gause and Dr. John Sonfield.

Most individuals prefer to avoid the need for surgical intervention, often considering surgeons only when circumstances require their expertise. Typically, patients consult surgeons due to a medical issue or as a result of trauma from an accident or other unforeseen event.

Understanding the differences between surgical specialties can greatly improve your experience and decision-making when faced with the need for surgical care. Two common types of surgeons are general surgeons and trauma surgeons, each with specific roles in healthcare.

General surgeons are medical professionals who perform a wide range of surgical procedures, including elective surgeries and routine operations, while also diagnosing and managing various conditions. They play an important role in patient care, guiding individuals through the surgical process from consultation to recovery.

Trauma surgeons specialize in the urgent surgical treatment of patients with serious injuries, often resulting from accidents or traumatic events. They are skilled in providing life-saving interventions in emergency settings, addressing complex and critical injuries.

Both types of surgeons play a vital role in providing comprehensive surgical care, and the physicians at Pee Dee Surgical Group deliver just that.

Pee Dee Surgical Group's history began in the 1970s when Dr. Reginald Bolick and Dr. Joseph Pearson moved to Florence and joined the specialty group known as Florence Surgical Associates. A decade later, they founded Pee Dee Surgical Associates, which eventually evolved into Pee Dee Surgical Group. Driven by a commitment to providing exceptional surgical care, the group became the first in the area to offer breast conservation for the treatment of breast cancer.

Throughout the 1990s, the practice expanded significantly, both in size and in the number of surgical procedures performed. The practice later became affiliated with McLeod Physician Associates in 1997.

Nearly four decades later, this team of nine highly qualified surgeons offers unmatched surgical expertise, rooted in a strong legacy of experience, strength, and continuous growth.

To fully appreciate the depth of expertise and talent within Pee Dee Surgical Group, a closer look into each surgeon's journey reveals their unique experiences and contributions, starting with those who have been part of the practice the longest.

DR. JOHN GAUSE

Dr. John Gause, a Florence native with more than 30 years of experience, initially began his medical career in the field of pharmacy. After working as a pharmacist for two years, he decided to pursue a career in medicine. Dr. Gause received his medical degree from the Medical University of South Carolina in Charleston in 1987. Upon completion of his residency program at the Medical College of Georgia in 1992, he joined the team at Pee Dee Surgical Group.



Dr. John Gause with wife Janice.



Dr. Mark Reynolds with wife Dr. Carolyn Reynolds.

DR. MARK REYNOLDS

In 1997, Dr. Mark Reynolds joined the team at Pee Dee Surgical Group as Director of Trauma Services for McLeod Regional Medical Center. After earning his medical degree from Temple University School of Medicine in Philadelphia in 1986, he completed his surgical residency at the Graduate Hospital of the University of Pennsylvania. After residency, Dr. Reynolds went through two years of fellowship training in Trauma Surgery and Surgical Critical Care at the University of Louisville in Kentucky. Before moving to Florence, he served as the Assistant Professor of Surgery at West Virginia University School of Medicine in Morgantown.

DR. JOHN SONFIELD

From the age of seven, Dr. John Sonfield knew he wanted to be a surgeon, motivated by the desire to make an immediate impact on patients' lives. He received his medical degree from the Medical University of South Carolina in Charleston in 2000. During his residency, he had the privilege of learning from Dr. Pearson and Dr. Bolick, whose skills and expertise solidified his commitment to surgery. After completing his general surgery residency in 2005, Dr. Sonfield joined Pee Dee Surgical Group that same year.



Dr. John Sonfield with wife, Meredith, and children Garner, Locke, and Tate.

DR. JOHN RICHEY

McLeod welcomed **Dr. John Richey** to Pee Dee Surgical Group in 2017, following the completion of his fellowship training in ERCP (Endoscopic Retrograde Cholangiopancreatography) and Biliary and Pancreatic Surgery at the University of Louisville in Kentucky. After receiving his medical degree from Ross University School of Medicine in Portsmouth, Dominica, West Indies, Dr. Richey completed his general surgery residency at Prisma Health Greenville Memorial Hospital (formerly known as Greenville Health System) in Greenville, South Carolina.



Dr. John Richey with wife, Whitney, and children Bennett and Hollis.

DR. ROBERT MADLINGER

Dr. Robert Madlinger joined the group in June 2024, bringing with him 23 years of surgical experience in both general and trauma surgery. He earned his medical degree at Kansas City University of Medicine and Biosciences in 2000 and completed his general surgery residency at St. Barnabas Hospital in Bronx, New York, in 2005. Following this residency, he completed his Surgical Critical Care fellowship at Lincoln Medical Center in 2006. In 2015, Dr. Madlinger furthered his learning by earning a Master of Public Health from the University of New England in Biddeford, Maine. In addition to his medical career, Dr. Madlinger currently holds the rank of Colonel in the U.S. Army Reserve.



Dr. Robert Madlinger with wife, Mildalia, and daughter Carmella.



Dr. Johnson Walker with wife, Megan, and children Daniel, Noah, Jacob, and Luke.

DR. JOHNSON WALKER

In 2018, Pee Dee Surgical Group was pleased to welcome **Dr. Johnson Walker**. Graduating medical school in 2012 from Marshall University Joan C. Edwards School of Medicine in West Virginia, Dr. Walker completed his general surgery residency at University Physicians and Surgeons, Marshall Health, in 2017. He then completed his fellowship training in Surgical Critical Care at the University of Louisville Department of Surgery in Kentucky. In 2022, he was named Medical Director of Trauma Services at McLeod Regional Medical Center, a position he still holds today.



Dr. Blake Breaux with wife, Christina, and children Hazel and Ezra.

DR. BLAKE BREAUX

Dr. Blake Breaux joined the medical staff at McLeod Regional Medical Center and fellow surgeons at Pee Dee Surgical Group in August 2024. He graduated from the American University of the Caribbean Medical School in Sint Maarten in 2018 and then completed his general surgery residency at Virginia Mason Franciscan Health in Tacoma, Washington, in 2024. As a general surgeon, Dr. Breaux has extensive training in surgical oncology, colorectal surgery and surgeries to treat diseases of the liver, pancreas, and biliary tract (hepatopancreatobiliary) utilizing robotic, laparoscopic and open techniques.

Over the past year, Pee Dee Surgical Group has expanded its practice with the addition of four talented surgeons: Dr. Hugh Willcox, III; Dr. Robert Madlinger; Dr. Blake Breaux and Dr. Allison Foster.

DR. HUGH WILLCOX, III

A native of Florence, **Dr. Hugh Willcox, III**, returned to the area and joined Pee Dee Surgical Group in 2023. He earned his medical degree from the University of South Carolina School of Medicine in Columbia in 2003, where he also completed his general surgery residency in 2009. With extensive experience in both general and trauma surgery, Dr. Willcox performs the full spectrum of open, minimally invasive and robotic-assisted surgical procedures.



Dr. Hugh Willcox with wife, Margaret, and children Hugh IV, Charles, and Jack.

DR. ALLISON FOSTER

In September 2024, Pee Dee Surgical Group welcomed **Dr. Allison Foster**. She graduated from the University of South Carolina School of Medicine – Greenville in 2019, finishing her general surgery residency at East Tennessee State University in Johnson City, in 2024. Dr. Foster is skilled at managing a wide range of surgical conditions, with expertise in thyroid and parathyroid surgery, hernia repairs, gastrointestinal surgery, and breast surgery. She has a particular interest in minimally invasive techniques, utilizing laparoscopy and robotic-assisted surgery.



Dr. Allison Foster with husband, Kevin, and children Wyatt, Thomas, and James.

Linda Battle is back to work as a volunteer at McLeod Health Dillon because of the timely and efficient care she received from both the McLeod Dillon Emergency Department and the McLeod Chest Pain Center.

A Life-Saving Journey

by Jaime Hayes

On the afternoon of Tuesday, July 9, Dillon resident Linda Battle was preparing for Bible Study at her church. “I had a backache,” she recalls, “but this was painful and unlike anything I had experienced before.” Thinking the feeling may pass, Linda decided she would take a Tylenol and lie down for a while.

“The next thing I knew, I had a piercing pain across my chest and began to feel lightheaded,” she says. “I knew I needed to seek immediate care.”

Upon her arrival at the Emergency Department at McLeod Health Dillon, Linda had become short of breath and needed a wheelchair to make it inside.

Dr. John Bingham, an Emergency Physician, ran a series of tests on Linda, including an EKG and MRI.

A few minutes later, Dr. Bingham shared the results of the tests. Linda had suffered a heart attack and would be transferred by helicopter to McLeod Regional Medical Center (MRMC) in Florence for specialized heart care.

“A heart attack occurs when the arteries that supply blood to the heart become blocked, reducing or eliminating blood flow to the heart muscle. If adequate blood flow is not restored quickly, by opening the blocked heart artery, permanent damage to the heart may occur,” explains Dr. Bingham.

“Once I learned I was being airlifted to the McLeod Chest Pain Center, I felt a wave of nervousness and anxiety wash over me, as I realized just how serious my condition was in that moment.”

Her care team at MRMC met her at the entrance and immediately took her to the Cardiac Catheterization Laboratory. Interventional Cardiologist **Dr. James Lee** performed an angioplasty to open the blocked or narrowed coronary arteries, and placed four stents on the right side to restore blood flow to Linda’s heart.

“Dr. Lee told me I coded five times on that table,” says Linda. “I was in shock because I had never experienced any heart problems before. It is a miracle that I am here today.”

Two days later, Interventional Cardiologist **Dr. Anil Om** placed two additional stents on the left side of Linda’s heart to clear additional blockages.

Recalling the moment her symptoms began, Linda never thought they were those of a heart attack. “I have always heard that women can experience different symptoms than men when they are having a heart attack, and now, I believe it. If I had not arrived at the hospital quickly, I would not be here to tell my story.”

Linda was released from the hospital on Saturday following her heart attack. She was prescribed 36 sessions of Cardiac Rehabilitation at McLeod Health Dillon, where Linda enjoys the staff and fellow patients.

“I am loving Cardiac Rehab,” she said. “We support and push each other and just have a good time together.”

Linda also volunteers with the McLeod Health Dillon Auxiliary in the hospital gift shop, where she is now back at work.

“I enjoy connecting with the employees and visitors we see. No one can believe I had a heart attack,” she adds.

Linda now encourages people to seek immediate care if something doesn’t seem right. “It might be nothing, but it could save your life.”

Anyone who believes they may be experiencing any of the signs of a heart attack – pain in the chest, shortness of breath, and a recurrent discomfort that feels like indigestion – should not ignore the pain.

Call 911 and if you are able, take an aspirin. Emergency Medical Services (EMS) staff will begin treatment when they arrive at your location and continue care on the way to the hospital.

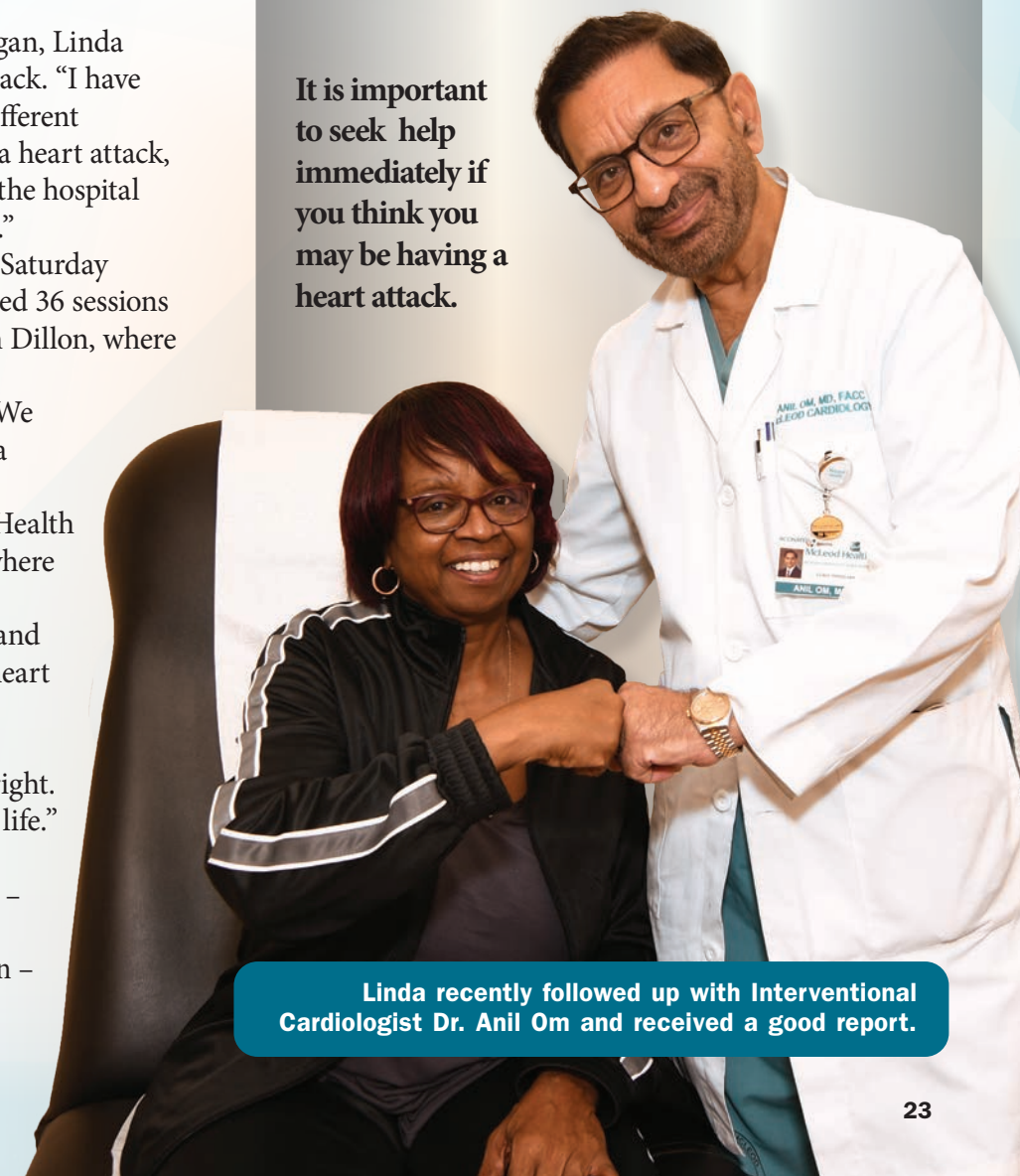
The key to a successful outcome from a heart attack is early detection and treatment. Most of the damage from a heart attack occurs in the first several hours. Therefore, the earlier a patient can get to the hospital, the better chance they have of surviving a heart attack with less muscle damage.

WARNING SIGNS OF HEART ATTACKS IN WOMEN

Heart disease is the number one killer of women in the United States. Women are also more likely to experience certain symptoms of a heart attack than men, including:

- Pressure, fullness, squeezing or pain in the chest
- Pain or discomfort in the jaw, neck, upper back, stomach
- Shortness of breath or fatigue
- Cold sweat, nausea or lightheadedness

It is important to seek help immediately if you think you may be having a heart attack.



Linda recently followed up with Interventional Cardiologist Dr. Anil Om and received a good report.

RELIEF AT LAST: Heather's Patient Experience

by Carrie Anna Strange

Every day, Heather Hudson of Manning, SC, hits the ground running, caring for her family, pursuing her bachelor's degree and balancing work. She gradually began experiencing abdominal pain and reflux that she initially thought was related to something she had eaten. Looking back, the pain would "come and go" in the months leading up to July, when her pain became excruciating.

"I tried several over-the-counter medicines, but my abdomen was swollen and hurt to touch," said Heather. When the pain intensified and started radiating across her back, she decided it was time to go to the Emergency Department at McLeod Health Clarendon.

"Immediately upon arrival to the Emergency Department, I was triaged and placed in a room. The staff quickly recognized that I was in significant pain," recalled Heather. "Within just a few minutes, **Nurse Practitioner Monique Smith** entered my room to assess my condition. She was incredibly kind and compassionate. Despite the Emergency Department being busy, Monique and the entire staff made me feel like I was their top priority, as if I were their only patient."

Monique promptly ordered medication to alleviate Heather's pain and a CT scan to determine the cause of Heather's abdominal discomfort. The CT scan revealed an infected gallbladder and several gallstones - solid masses of cholesterol or pigment that form when high levels of fat and bile create crystals which expand over time.

"The gallbladder stores bile, a compound produced by the liver to digest fat, and helps absorb fat-soluble vitamins and nutrients. Gallstones form when the bile gets thick and stays in the gallbladder a bit longer than normal," explains **Dr. Devonne Barrineau**, a General Surgeon with McLeod Surgery Clarendon.

"Or a person's body makes bile a little thicker and, when it gets thick, it creates little crystals. The gallstones become problematic when they block the exit for bile to flow from the gallbladder. Basically, they block the little tube from draining bile, causing the gallbladder to get distended, spasm and cause a lot of pain."

Heather was then scheduled to undergo a laparoscopic cholecystectomy, a minimally invasive procedure to remove the gallbladder, during which a thin tube with a tiny video camera attached is inserted into a small incision in the abdomen. The camera transmits images from inside the body to a video monitor, allowing the surgeon to carefully remove the gallbladder through one of several small incisions.

Heather remained in the hospital several hours after surgery before going home that same day. "I received exceptional care at every step of the way through my time at McLeod Health Clarendon. I am thankful to Monique for quickly helping me find relief from my pain, and to Dr. Barrineau and the surgical team for their expertise in removing my gallbladder. Their skill and dedication have made it possible for me to get back to a busy schedule and enjoy life with my family," said Heather.

Gallbladder issues can manifest in numerous ways, with some common symptoms including:

- Abdominal pain, particularly in the upper right quadrant
- Nausea and vomiting
- Bloating and gas
- Indigestion and heartburn
- Jaundice (yellowing of the skin and eyes)
- Dark urine and light-colored stools
- Fever and chills



Heather is grateful for the compassionate care she received from Nurse Practitioner Monique Smith at the McLeod Health Clarendon Emergency Department.

Partnering with a Primary Care Provider

by Jennifer Hulon

Establishing a relationship with a Primary Care Provider offers continuity of a healthy life. Primary care is often described as the foundation of healthcare. It's the first line of defense against illnesses, the cornerstone of preventive care, and the gateway to specialized medical services.

Having a primary care provider is important for several reasons:

Routine Check-ups – Offers consistent and ongoing care, allowing them to track a patient's health over time and understand their medical history.

Preventive Care – Focuses on preventive health measures, helping patients avoid illnesses through regular check-ups, screenings and vaccinations.

Management of Chronic Conditions – Oversees and manages chronic diseases such as diabetes, hypertension and asthma to ensure optimal health.

Acute Care – Diagnoses and treats common illnesses and injuries, such as infections, minor injuries and other urgent health issues.

Health Education – Offers guidance and education on health-related topics, including nutrition, exercise and disease prevention.

Coordination of Care – Coordinates referrals to specialists and ensures all aspects of the patient's care are aligned and managed effectively.

Patient Advocacy – Advocates for the patient within the healthcare system, helping navigate complex health issues and making informed decisions about treatment options.

Primary care providers commonly facilitate health screenings and vaccinations and treat the following conditions:

- Sprains, minor broken bones, back strains or pain, cuts, burns or eye injuries
- Common colds, flu, fever, rash, earaches, infections, sore throats, and migraines

Appointments are usually open during normal business hours, and some providers have extended hours and weekend appointments.

McLeod Health also offers additional options of where to receive medical care, depending on the severity of the medical condition.

Emergency Departments offer healthcare services for serious and life-threatening situations. In an emergency, call 911 or go to the nearest emergency department. If you or a family member experiences any of the following symptoms, seek emergency care:

- Chest pain or pressure, numbness in face, arm or leg; severe pain anywhere on the body; coughing or vomiting blood; any severe allergic reaction; severe abdominal pain; or head injury
- Deep cut or heavy bleeding, severe burns, high fever, any broken bones breaking through the skin

McLeod TeleHealth offers patients quality healthcare online by a provider at any time, from anywhere conveniently through a laptop, phone or tablet. Visits are private and secure, and no appointment is required. To download the app for Android and Apple devices, visit www.mcleodtelehealth.org.

Urgent Care Centers and Same-Day Orthopedic Services offer immediate care for non-life-threatening medical issues at a time your primary care provider is unavailable. McLeod Urgent Care Centers, located in Florence and Darlington, are open seven days a week and most holidays with extended hours.

For urgent orthopedic needs, McLeod offers same-day appointments and walk-in orthopedic care at these locations:

- McLeod OrthoNOW (Florence), available seven days a week, including weeknights
- McLeod Orthopaedics (Little River and Carolina Forest), available Monday through Friday
- McLeod Orthopaedics (Hartsville), available Monday through Friday

For more information, please visit www.mcleodurgentcare.org.



Pictured are a few of the many Primary Care Providers throughout the McLeod Health system (from left to right): Ashley Smith Wilson, DNP; Michael Brown, MD; Yvette Mbangowah, MD; Robert Eagerton, MD; Maria Baens, MD; and Erin Floyd, PA-C.

At McLeod Health, McLeod Physician Associates Primary Care Providers are located throughout the communities we serve.

CHESTERFIELD COUNTY

McLeod Primary Care Cheraw	Cheraw, SC	843-537-2171
McLeod Pediatrics Cheraw	Cheraw, SC	843-537-9360

CLARENDON COUNTY

Eagerton Family Practice	Manning, SC	803-433-0439
McLeod Primary Care Clarendon	Manning, SC	803-435-8828
McLeod Primary Care Turbeville	Turbeville, SC	843-659-2114

DARLINGTON COUNTY

McLeod Family Medicine Darlington	Darlington, SC	843-398-8500
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DILLON

McLeod Pediatrics Dillon	Dillon, SC	843-774-6091
McLeod Dillon Family Medicine	Dillon, SC	843-774-7336

FLORENCE COUNTY

Jeter & Skinner Family Practice	Florence, SC	843-662-1533
Medical Plaza Family Medicine	Florence, SC	843-679-7272
McLeod Family Practice Timmonsville	Florence, SC	843-346-3900
Pediatric Associates of Florence (Cheves Street)	Florence, SC	843-777-5065
Pediatric Associates of Florence (Palmetto Street, Suite A)	Florence, SC	843-777-7604
Pediatric Associates of Florence (Palmetto Street, Suite B)	Florence, SC	843-777-9340
McLeod Family Medicine Health & Fitness	Florence, SC	843-777-3100
McLeod Primary Care Associates	Florence, SC	843-777-7490
McLeod Primary Care Partners	Florence, SC	843-777-9450
McLeod Family Medicine South	Florence, SC	843-777-9460
McLeod Internal Medicine Associates	Florence, SC	843-777-7341
McLeod Primary Care Lake City	Lake City, SC	843-519-2399
McLeod Family Medicine Johnsonville	Johnsonville, SC	843-380-2000

HORRY COUNTY

McLeod Primary Care Seacoast	Little River, SC	843-390-8320
McLeod Primary Care Little River	Little River, SC	843-366-3030
McLeod Loris Primary Care	Loris, SC	843-756-9292
Southern Medical Associates	Loris, SC	843-756-7885
McLeod Primary Care North Myrtle Beach	North Myrtle Beach, SC	843-366-2900
McLeod Primary Care Myrtle Beach	Myrtle Beach, SC	843-646-8350
McLeod Primary Care Myrtle Beach	Myrtle Beach, SC	843-646-8001
McLeod Primary Care Carolina Forest 1	Myrtle Beach, SC	843-646-8340
McLeod Primary Care Carolina Forest 2	Myrtle Beach, SC	843-903-9993
McLeod Primary Care Postal Way	Myrtle Beach, SC	843-903-9993

MARION COUNTY

McLeod Family Medicine Marion	Marion, SC	843-464-7111
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MARLBORO COUNTY

McLeod Pediatrics & Primary Care	Bennettsville, SC	843-479-0432
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SUMTER COUNTY

Palmetto Adult Medicine Sumter	Sumter, SC	803-905-6800
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WILLIAMSBURG COUNTY

McLeod Family Medicine Kingstree	Kingstree, SC	843-355-5459
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BRUNSWICK COUNTY, NC

McLeod Primary Care Sunset Beach	Sunset Beach, NC	910-575-8488
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A Promise of HOPE for Generations to Come

by Lauren Snipes

For Gray Covington of McColl, South Carolina, HOPE now has a new meaning.

In March of 2023, Gray was enjoying a full and blessed life. She was planning her daughter's wedding and became a "Gabby" to her first grandchild, a baby girl. This also was the time of year when she scheduled her yearly mammogram at McLeod Regional Medical Center's Breast Imaging Department. Soon after completing this routine screening, Gray received a call to come back in for a diagnostic mammogram. While this was not the first time she had been called back for further testing, this time felt different. This time, she knew that something was wrong.

Gray's intuition was correct. Following a series of tests, she was diagnosed with Stage I Triple Positive breast cancer on April 11, 2023, and surgery was scheduled soon after. Following her surgery, she met with her Medical Oncologist **Dr. Jamie Smith** and her Radiation Oncologist **Dr. Virginia Clyburn-Ipock**. Gray learned she would soon begin a series of 12 chemotherapy treatments, one year of infusion therapy, and lastly, multiple rounds of radiation therapy.

On her first day of treatment at the McLeod Cancer Center, Gray had a few visitors. One was Leon Wagnon, a dedicated Cancer Center Volunteer.

"Leon was my childhood Pastor," she shared.

To Gray, this was truly a "Godwink." She felt reassured, knowing she was where she was supposed to be.

Then, she met numerous infusion therapy staff members, who treated her with kindness and true compassion. Finally, she met Sarah Beth Averette, the HOPE Fund Coordinator.

Sarah Beth presented her with a new patient bag that included a warm blanket, thermometer, planner and other items for Gray to utilize during her treatments. Tucked inside the bag was a pamphlet about the HOPE (Helping Oncology Patients Everyday) Fund, which assists patients facing financial challenges while undergoing their cancer treatments.

"I was so moved when I learned about the HOPE Fund. So many patients cannot work, do not have insurance and cannot afford to pay for everything that comes along with this diagnosis," Gray explained.

Each time Gray sat in the waiting room ahead of her treatments, she would often observe those waiting with her. She felt heartbroken, realizing that many surrounding her did not have a support system, insurance coverage or even the financial means to get through a life-altering diagnosis. Knowing that the HOPE Fund was there to help these patients with transportation, immediate needs, medication and other critical requests was reassuring.

Gray often watched patients go into Sarah Beth's office, seeking help. They would walk in nervously, their faces stricken with fear. After a few moments, they would walk out, relieved and at ease.

As Gray progressed through her treatments, successfully completing her radiation and chemotherapy, she was continuously reminded of the importance of the HOPE Fund. Now that she had seen firsthand the challenges faced by patients, she wanted to give back.

Today, more than a year later, Gray is delighted to be cancer free, enjoying life with her family on their farm and teaching yoga at her local community center.

She is also now a member of the HOPE Fund Advisory Committee, and lends her heart, compassion and experience to help determine how to best use the fund to assist patients. Recently, Gray and her husband, Rhett, decided to donate a gift of stock to support the HOPE Fund Endowment in honor of her late grandmother, a fellow breast cancer survivor.

"This endowment will ensure that the HOPE Fund is here and available to patients forever, regardless of the fluctuation of annual donations," Gray shared. "I cannot imagine there ever being less of a need to support cancer patients than there is right now. I only see the need growing, and we want to make this assistance possible for generations to come."

Gray Covington supports the HOPE Fund Endowment because she understands the importance of critical financial assistance being available to cancer patients for generations to come.



With a smile on her face and joy in her heart, Suzanne Boyce embraces life after surgery.

FINDING *Joy* IN THE JOURNEY

by Tracie Foster

For years, Suzanne Boyce struggled with Peripheral Vascular Disease (PVD), a narrowing of arteries in her legs, which significantly reduced blood flow to her lower extremities. This disease turned even the simplest tasks, like walking, into a source of excruciating pain that overshadowed her daily life.

“I could not even sleep in my bed because of the pain in my legs. My daughter, Denise, would have to help me walk to the recliner every night just so I could get some rest and relief,” Suzanne recalls.

The turning point in Suzanne’s journey came in 2021 when her vascular surgeon recognized the severity of her condition and referred her to **Dr. John Sonfield**, a McLeod General Surgeon with Pee Dee Surgical Group. After a thorough examination, it became clear that several of her toes needed to be removed due to the lack of blood flow caused by the disease. This procedure marked the beginning of a series of difficult decisions that lay ahead for Suzanne.

“SO MANY THOUGHTS FLOODED MY MIND. THIS DISEASE WAS WORSENING, AND I KNEW IT COULD MAKE ME VERY SICK IF I DID NOT HAVE THE SURGERY. I FELT FEAR - NOT JUST OF HAVING ANOTHER OPERATION, BUT OF THE UNKNOWN. I HAD ALREADY LOST ONE LEG AND NOW I WAS FACING THE REALITY OF LOSING ANOTHER.”

By April 2023, her condition had worsened, leading her and Dr. Sonfield to the tough decision of amputating her right leg.

Just three months later, in July, Suzanne found herself in yet another difficult conversation with Dr. Sonfield.

“He entered the exam room, took a seat in front of us, and began to explain the seriousness of the situation, indicating we were likely heading toward surgery to remove Mom’s left leg,” Denise remembers. “After carefully outlining both the pros and cons, Dr. Sonfield emphasized that the decision was ultimately up to my mom. He never treated it as something being done to her but rather a choice she had to make for herself.”

“Informing a patient that they require surgery resulting in amputation is an incredibly challenging task,” said Dr. Sonfield. “It is not just about communicating the technical aspects of the procedure, it is also about having a meaningful conversation that recognizes the emotional and physical impact this life-altering decision will have. My goal is to create an environment where my patients feel heard and supported, ensuring they understand the process and know they are not alone on this journey.”

As Suzanne listened, she took a moment to process everything. “I remember sitting there for a few minutes, taking in all that had just been said,” she reflects. “So many thoughts flooded my mind. This disease was worsening, and I knew it could make me very sick if I did not have the surgery. I felt fear - not just of having another operation, but of the unknown. I had already lost one leg and now I was facing the reality of losing another.”

In that moment of uncertainty, Suzanne gathered her courage, turned to Dr. Sonfield and asked, “Is it time?”

His response was clear, “Yes, Mrs. Boyce, it’s time.”

As soon as those words were uttered, something shifted within Suzanne. The fear that was once overwhelming now faded, replaced with a newfound sense of peace and acceptance. “After that, there was no more hesitation. I knew if Dr. Sonfield believed this was the best course of action, then it was the right choice for me,” she shares.

The road to recovery was not without its hurdles. However, despite these challenges, Suzanne now embraces a renewed sense of joy. Reflecting on her experiences, she encourages others considering similar surgeries to trust their healthcare providers. “From day one, I felt Dr. Sonfield truly had my best interests at heart. I knew he would not recommend these surgeries unless they were absolutely necessary,” she explains.

Today, with the shadows of pain and limitation behind her, Suzanne gets around in her electric wheelchair, embracing every moment with a smile. “Some may see my circumstances and my reliance on a wheelchair as reasons for pity, or think my life is difficult,” shares Suzanne. “But the truth is, my life is better now. I am happy and have no regrets!”

Suzanne’s journey reminds us that even in the face of overwhelming challenges, there is always a path to joy. Her story is not about loss of limbs, it is about transformation, strength and the unwavering spirit to rise above life’s trials. Through her experience she inspires others to find hope and to trust in their ability to create a fulfilling life, no matter what obstacles they may face.



Suzanne Boyce, pictured with her daughter Denise, reminds us that happiness is not defined by our circumstances, but by our perspective.

McLeod News

McLeod Health Honors the Late Dr. Joseph Pearson with Portrait

McLeod Health celebrated the unveiling of a portrait to honor the late Dr. Joseph “Jay” M. Pearson, Jr., on September 30, 2024. A general surgeon, mentor and physician leader with McLeod, Dr. Pearson cared for the surgical needs of patients in the region for 47 years.

During the ceremony, Donna Isgett, President and CEO of McLeod Health, welcomed family members, friends and former colleagues of Dr. Pearson.

“This portrait is a visual reminder of how individuals like Dr. Pearson have fundamentally served others with the highest standards of excellence, advanced our core values, and moved our organization forward as a change agent in their professional field. McLeod Health, and our world, were made better places because of him,” said Isgett.

Benjamin Zeigler, a member of the McLeod Health Board of Trustees, and Dr. Alva W. Whitehead, a former colleague, shared remarks on Dr. Pearson’s character and impact.

With the loss of Dr. Pearson in December 2023, his son, Joseph M. Pearson, III, offered remarks on behalf of his family after the unveiling of the portrait.

McLeod has a long-standing tradition of acknowledging the lifetime achievements of McLeod Professionals. One of the most significant opportunities for recognizing meritorious service and paying tribute to their fine character is through the commissioning of a portrait.

The purpose of this distinction is to spotlight and memorialize the recipient’s rare qualities of extraordinary service, coupled with significant contributions to better both the organization and his or her community.

This event marked the 37th portrait honoring individuals during the past three decades.

About Joseph M. Pearson, Jr., MD

The late Dr. Joseph “Jay” Pearson compassionately served patients at McLeod Regional Medical Center for 47 years. Dr. Pearson began caring for patients with Dr. Reginald Bolick and Dr. Billy Houck as a part of Florence Surgical Associates in 1978. He also joined the medical staff of McLeod Regional Medical Center on July 1, 1978, and served the hospital until December 15, 2020. In 1986, Dr. Pearson and Dr. Bolick established Pee Dee Surgical Associates, providing the most current surgical techniques, including being first in the area to offer breast conservation for the treatment of breast cancer. The practice later transitioned to Pee Dee Surgical Group under McLeod Physician Associates in 1997.

During his four decades of service with McLeod, Dr. Pearson served in numerous leadership roles including Chief of Staff, Chief of Surgery and Board Trustee. When Dr. Pearson joined McLeod, he was one of 85 doctors on the medical staff. During the next 40 years, McLeod Memorial Hospital expanded to a seven-hospital regional health system with more than 850 physicians on the medical staff. Dr. Pearson played a key role in this growth, namely by helping McLeod make advancements in breast cancer treatment. The McLeod Breast Health Center became accredited by the National Accreditation Program for Breast Centers in 2010 under the guidance of Dr. Pearson. He also served as the McLeod Cancer Liaison Physician to the American College of Surgeons’ Commission on Cancer for more than 10 years.



The family of the late Dr. Joseph M. Pearson, Jr., are pictured with his portrait following the unveiling on September 30.

McLeod News

A Silver Jubilee for McLeod Health & Fitness Center

This fall, McLeod Health and Fitness Center (MHFC) celebrated their 25th anniversary surrounded by 300 members, staff, and founders of this anchor of the Florence community with an evening of food, fun, games and fellowship. Leading up to the celebration, MHFC chose to thank the community by offering a week of giveaways, special classes, family fitness activities, free spa opportunities, and more to both members and non-members.

With its humble origins in 1996 as Bobby Shaw’s fitness business on Cheves Street in Downtown Florence, six individuals are to thank for the establishment of the current MHFC campus in 1999.

From the collaborative vision and leadership of Bobby Shaw, Bruce Barragan, Rob Colones, Jumana Swindler, Dr. Charlie Jordan, Lawrence McIntosh, and Dick Tinsley, the McLeod Health and Fitness Center was conceived. Since its inception in 1999, MHFC has been tailored to meet the needs of the community. It has served not only as a landmark in Florence, but as the region’s destination for health and wellness.

During the past quarter century, MHFC has seen more than 50,000 individuals walk through its doors, and recorded more than six million check-ins.

As the area’s only medically-based health and wellness center, McLeod provides an array of professionally-managed programs and amenities to help people of all ages and fitness levels improve their overall health and quality of life, including:

- cardiovascular and strength training equipment
- free weights
- racquetball courts
- a multipurpose pool
- a warm water exercise pool
- indoor and outdoor tracks
- group fitness studios
- well-appointed locker rooms with steam, sauna and whirlpool
- pro shop



Founders, staff and members of McLeod Health & Fitness Center celebrated the 25th anniversary with an evening of fun, food, inflatables and fellowship.



Scan the QR Code for an inside look at McLeod Health & Fitness Center.

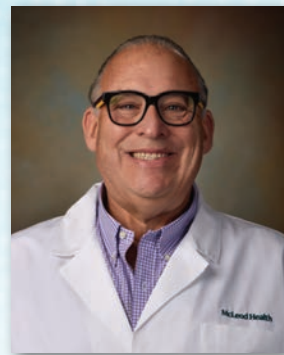
Additionally, McLeod showcases a sports-specific training facility, Maximum Athletic Performance (MAP), which rivals top collegiate athletic facilities, employs a wide range of highly qualified personal trainers, and also offers the FitLinxx Interactive Fitness Network, a café with healthy food options, a youth activity center, and a full-service day spa, The Spa at McLeod. MHFC expands its impact to the community with educational opportunities, health events and wellness programs, as well as specialty interest clubs.

McLeod Health Welcomes New Physicians

Nearly 50 new physicians join the medical staff of McLeod Health each year, reflecting our ongoing commitment to exceptional patient care and the growth of our dynamic medical community. With strong physician retention rates that consistently surpass national benchmarks, McLeod Health attracts top talent year after year. The diverse backgrounds, training and expertise these physicians bring helps ensure the advancement of the mission and vision of McLeod Health.



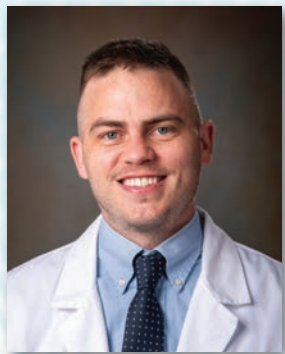
Donald Bartlett, Jr., MD
Primary Care
McLeod Primary Care North Myrtle Beach



Jeffrey Caplan, MD
Plastic and Reconstructive Surgery
McLeod Plastic and Reconstructive Surgery



Ryan Connor, MD
Hospitalist
McLeod Health Clarendon



Jacob Hess, MD
Hospitalist
McLeod Loris Seacoast



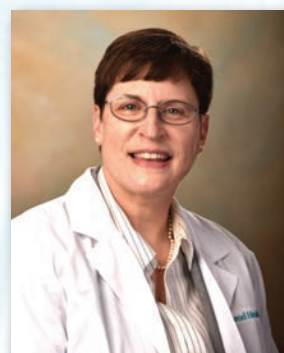
Elissa Jebaily, DO
Hospitalist
McLeod Regional Medical Center



Brian Johnson, MD
Hospitalist
McLeod Health Clarendon



Leah C. Strickland, MD
Internal Medicine
McLeod Primary Care North Myrtle Beach



Melissa Taylor, MD
Hospice & Palliative Care
McLeod Hospice & Palliative Care



Scan this QR code to learn more about each physician.



Living His Dream Job

Micah Chabo, CT Technologist



Micah was drawn to radiology for its strong compensation and growth potential. Trained as an X-ray technologist in the Army, he transitioned to CT at McLeod, where he enjoys the fast-paced, emergent nature of the work. "CT is often the first step in trauma cases and provides valuable information to the healthcare team," Micah said. "McLeod has been incredible in helping me transition from a military to a civilian career. If you're interested in radiology, definitely check out the program at McLeod."

Visit jobs.mcleodhealth.org to see available positions and start living your dream.

McLeod Health

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