

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

SUMMER 2020

Moving On Up

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HEALTH

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MAKING ROUNDS

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A Joint Commission
TOP PERFORMER



LETTER *from the* CEO

The COVID-19 pandemic forced us all to change our daily routines. Many workers in our community worked from home for the first time. Businesses shut down and people stayed home. That helped keep the number of COVID-19 positive patients in the hospital low so that our doctors and nurses were not overwhelmed. On behalf of our 7,000 employees, I want to thank you for your sacrifices.

COVID-19 hasn't changed the fact that Cape Fear Valley Health is here to help you and your family. Heart attacks, strokes and falls still need emergency care. Important immunizations, physician visits, cancer treatments and screenings can't be delayed.

Long before this current health crisis, Cape Fear Valley has had infection control processes in place to ensure the safety of patients and healthcare workers. Facing challenges is not new for healthcare workers; it's what they train for and what they're passionate about.

This past Spring Cape Fear Valley earned its fifth consecutive "A" grade for patient safety. Awarded by The Leapfrog Group, the score recognizes the hospital's efforts in protecting patients from harm and providing safer health care.

In response to the COVID-19 pandemic, our safety protocols have been further enhanced and adapted to best meet the needs of our staff and patients. We have expanded our use of masks and other personal protective equipment (PPE). And our COVID-19 patients are cared for in dedicated units, closed to visitors, to reduce the risk of spreading COVID-19.

We understand the important role family support plays in the healing process. Care Companions are permitted for patients on our medical and surgical units from noon to 8 p.m. To protect our patients and staff, we require Care Companions to remain in the patient's room and wear a mask at all times. For added safety they must also pass a health screening, including a temperature check.

Over the past months, I've seen our doctors, nurses, and the entire healthcare workforce – dietary, environmental services and support staff – bravely and skillfully care for our community. It's inspiring, and serves as a reminder: When you need us ... we're ready, safe and open for all your healthcare needs.

Mike Nagowski
CEO, CAPE FEAR VALLEY HEALTH

Moving on up

A close-up photograph of a woman, Lindsay McNeill, in a surgical setting. She is wearing a white hairnet and a light blue surgical mask. She is looking slightly to the right with a gentle smile. She is wearing blue scrubs and a black vest. The background is a blurred operating room with medical equipment, including a clock and a 'STERIS' logo.

Lindsay McNeill, RTR (*left*)
and Charles Haworth, M.D.



Cape Fear Valley's Neuroscience Department is going places thanks to one man's vision

:: by Donnie Byers

When Cape Fear Valley Health announced plans last year to build a state-of-the-art education center, all eyes fell on the health system's burgeoning physician residency program. It made sense since the physicians-in-training would take up most of the building.

However, the new facility also sets aside room for Cape Fear Valley's equally growing Neurosciences division. That's welcome news for a program that's long sought a new place to call home.

For years, Cape Fear Valley's Neurosurgery and Neurology departments have quietly shared space on the health system's main Owen Drive campus. But the spaces were always too small or outdated for such cutting-edge programs.

As a result, the health system lost its share of promising neurologists and neurosurgeons over the years. That should come to an end in 2021, when Cape Fear Valley opens its new Center for Graduate Medical Education and Research.

The \$30 million facility will be built next to the Cape Fear Valley Cancer Treatment and CyberKnife Center and include five floors of ultramodern teaching and working space. Half the top floor will be designated as the new Cape Fear Valley Neuroscience Institute.



▲ Architect's rendering of the future Center for Graduate Medical Education and Research and home to Cape Fear Valley's Neuroscience Institute.

The new location will give Cape Fear Valley's neurologists and neurosurgeons a penthouse view of the campus for a change. Charles Haworth, M.D., Cape Fear Valley's Medical Director of Neurosurgery, lobbied for the office upgrade even before agreeing to join Cape Fear Valley in 2013.

The veteran neurosurgeon envisioned an all-new spine treatment and wellness center that could do more cutting-edge surgery. The goal, he said, was for Cape Fear Valley to become a destination facility like larger, university-affiliated hospitals.

"We used to send out a lot of neurosurgery cases to other hospitals when I first came here," Dr. Haworth said. "We don't send them out anymore. We do them right here."

It's due, in large part, to the types of intricate brain and spinal procedures he performs. Several involve special computer-aided surgical equipment he helped develop.

Dr. Haworth is so adept at using the equipment that he trains other physicians how to use it. Needless to say, Cape Fear Valley agreed to buy the equipment if he came.

The agreement ultimately benefits the patient, since the equipment allows for much smaller and precise incisions during brain surgery. Dr. Haworth also uses computer-aided equipment during lumbar fusions and spinal alignments on trauma patients.

Such technology wasn't imaginable 25 years ago when Dr. Haworth started his career. He talks about technology enthusiastically, saying the extra precision comes in handy when performing delicate procedures.

"It leads to faster recovery times and better outcomes," he said. "This is our standard now."

Dr. Haworth's excitement doesn't lessen when discussing his department's pending move. He jokes about telling planners to hide powerlines underground to keep things pretty.

Deep down, however, he understands what the new office building means.

"I see it as a two-fold thing," he said. "It's a compliment from the CEO, saying our department deserved better. It will also help attract more people to come work with us."

The lure of a new facility certainly helped with his new colleague, Melissa Stamates, M.D. She joined Cape Fear Valley Neurosurgery last summer after completing residency training and her fellowship in Chicago.

The young neurosurgeon cited the Cancer Center's impressive growth as the main reason she joined. She says the growth represents a real need for more surgeons in the area, especially in the field of neuro-oncology.

Her budding practice sees patients of all ages, including infants. Their conditions range from simple bumps on the head to severe skull fractures and brain tumors. She also performs general spine care, but her passion is brain tumor surgery.

Dr. Stamates and Dr. Haworth both do on-call emergency procedures at Cape Fear Valley Medical Center, which can lead to long days in the operating room. But Dr. Stamates loves her work.

She originally wanted to be a general practitioner, but a neurosurgery rotation in medical school changed her mind. She loved the specialty so much, she eagerly woke every day at 4 a.m. to round with instructors.

“You’re making life-changing decisions,” Dr. Stamates said, “and thinking about all these scenarios and trying to decide what’s best for the patient, so we have a lot of responsibility. I love it.”



Matthew Banks, D.O.

The youthful exuberance is matched by her new colleague down the hall, Matthew Banks, D.O. The 34-year-old neurologist joined Cape Fear Valley Neurology last year after completing residency and fellowship training at Cleveland Clinic in Ohio.

Dr. Banks doesn’t shy away from the fact that he’s just starting his career, or that he looks awfully young for his age. He just goes about his business while carrying himself like someone much older.

Most of his patients require simple nerve blocks or injections to manage pain. He can also perform osteopathic manipulation on them, since he’s a Doctor of Osteopathic Medicine.

Osteopathic manipulation is based on the idea that muscle or nerve tightness and restriction can cause other problems. Osteopathic physicians are trained to use their hands to gently move joints and tissues to correct the patient’s range of motion.

“It’s going to be a really nice building, with nice equipment and a nice team. We’re putting together the total package in one place.”

The concept is similar to chiropractic medicine, but osteopathic medicine can treat a broader range of conditions and problems.

Dr. Banks’ specialty is Electromyography (EMG), which assesses the health of muscles and the nerve cells (motor neurons) that control them. EMG tests use tiny electrodes to translate the motor neuron signals into viewable data for analysis. He also performs neuromuscular ultrasounds.

Combined, EMG testing and neuromuscular ultrasounds can better diagnose nerve problems and abnormalities, such as carpal tunnel syndrome.

“You see how the nerves are functioning with EMG, but you can’t physically see the nerve,” Dr. Banks said. “With ultrasound, you can. So, when you put the two techniques together, you get a complete picture of how these neurological diseases are working.”

Dr. Banks will have plenty of time – and even more space – to apply his new craft once his department moves into its new location. For that, he can thank his new colleague down the hall, who had the vision and resolve to ask for the office upgrade years ago.

“It’s going to be a really nice building,” Dr. Haworth said, “with nice equipment and a nice team. Everything about the place is going to be nice. We’re putting together the total package in one place.”

the Other Women's Cancer



Myron Strickland, M.D.
Fayetteville Woman's Care

:: by Anna Haley

There's a common misconception that post-menopausal women no longer need to see a gynecologist, but that's far from the case.

Older women still face female health problems later in life. Some can even be fatal, according to Myron Strickland, M.D., an obstetrician and gynecologist with Fayetteville Woman's Care.

"When a woman comes to me with post-menopausal bleeding, it's usually a sign of endometrial cancer," Dr. Strickland said.

Although not as common as breast cancer, endometrial (uterine) cancer affects one in 40 women. That makes it the most common gynecologic cancer. Most patients are over age 55 and post-menopausal.

Endometrial cancer is growing in the U.S. in large part due to a growing obesity problem. Excess fatty tissue in women produces extra estrogen in the body, increasing uterine cancer risk. On average, 70 percent of uterine cancer cases are linked to obesity.

The good news is that uterine cancer is often detected early, leading to better outcomes. Common symptoms include pain during urination or intercourse, unintentional weight loss, as well as the previously mentioned post-menopausal bleeding.

If found early, surgical removal of the uterus (hysterectomy) can cure the cancer without chemotherapy or radiation.

Dr. Strickland has been performing gynecological oncology surgeries for more than 30 years. He says hysterectomies



(sentinel) lymph nodes are and if they need to be removed. This helps improve strategy and better defines which patients might need extra treatment.

The magic happens with the help of fluorescent tracer dye injected into the patient's cervix prior to surgery. The dye travels throughout the cervix, nearby lymph nodes and any connecting tissue. The sentinel lymph node shows up fluorescent green when hit with a special light.

"It takes all the guesswork out," Dr. Strickland said. "By showing the path the cancer cells have taken through the lymphatic system, I know exactly what needs to be removed."

The accuracy helps preserve lymph nodes too. Out of an abundance of caution, Dr. Strickland used to remove nine to 10 lymph nodes per side of the body during hysterectomies. Now, he removes just three to four per side.

That's important, because removing lymph nodes can lead to complications. They include infection, numbness, tingling, pain and blood clots. Patients can also experience lymphedema, which causes leg swelling.

No matter the age, women in all stages of life need to continue visiting their gynecologist every year.

Hysterectomies for uterine cancer today take about 90 minutes, with patients going home the same day. Shorter surgery time means less time under anesthesia. This is especially important for older patients and those with underlying health conditions, such as diabetes, obesity and high blood pressure.

Dr. Strickland has had patients in their 80s who still went home the same day and returned to normal activities within a week.

No matter the age, women in all stages of life need to continue visiting their gynecologist every year. All insurance companies cover yearly exams, and pap smears are recommended through age 65.

Women should discuss their general health and any other health concerns with their gynecologist. Subtle changes may not seem important but could be a red flag to experienced physicians.

Catching cancer early can greatly change the course of treatment and survival rates.

Scheduling a yearly appointment with a gynecologist is the best way to safeguard a woman's health for years to come.

used to require an open incision into the abdomen. Tissue samples were taken during the procedure to determine if all the cancer was removed. Surgeries could take hours and patients could be hospitalized for days.

Modern medicine has changed all that. Surgeons can now remove the uterus and any surrounding cancerous tissue using minimally invasive laparoscopes. This means smaller incisions, shorter recovery times, less pain and scarring, and same day discharge home.

Dr. Strickland goes a step further by using an infrared imaging tool called Spy Technology Sentinel Lymph Node Detection. Made by Stryker Corp., the state-of-the-art imaging system quickly reveals where the most important



Shooting{Pain} from the Hip

Anterior Hip Joint Replacement
may be the cure you're seeking

:: by Donnie Byers

Mary Jones enjoys her time outdoors, since she's cooped up working in a busy office all day. Going for long walks or spending quiet time in the garden has always been her thing. But her leisure time wasn't so leisurely when her right hip began to ache.

The 55-year-old paralegal first noticed the pain five years ago. It eventually became unbearable, making sleep difficult. Ironically, walking helped the pain, but only so much.

X-rays showed clear joint degeneration due to arthritis. The degeneration was brought on by cartilage loss where the head of her thighbone sits inside the cup-shaped socket in her pelvis.

Cartilage allows the thighbone head to glide around freely inside the socket. When the cartilage erodes, bone rubs against bone. That causes pain, inflammation and swelling in the joint area, affecting mobility.

Arthritis of the hip usually occurs in older people, often in their 60s and 70s. The rate can vary depending on things like body weight, activity level and skeletal structure. The condition can be brought on by several factors, including simple wear and tear or injury. Genetic factors or inflammatory (rheumatoid) arthritis may also play a part.

Jones wasn't looking forward to surgery due to the long recovery time. She asked about injections and physical therapy, but her hip was too arthritic. Her doctor recommended surgery as soon as possible so she could regain her mobility and quality of life.

Her surgeon opted to perform anterior hip replacement surgery to shorten recovery time. Anterior hip replacement involves using an incision in front of the hip to access the damaged hip joint. It's an alternative to more commonly performed posterior or lateral hip replacement surgeries, which use incisions on the back or side of the hip.



Edwin Newman, M.D.
Cape Fear Orthopedics

Anterior hip replacement avoids cutting major muscles. There are also fewer muscles in the front of the hip. This allows the surgeon to work between the muscles instead of cutting through muscle fibers or detaching muscles from bones entirely.

Since there is no major muscle cutting, patients typically experience less pain after surgery and recover more quickly. That provides a big psychological boost, according to Edwin Newman, M.D., an orthopedic surgeon at Cape Fear Orthopedics & Sports Medicine.

“Anterior hip replacement is minimally invasive compared to traditional hip replacement,” he said, “because you’re sparing muscle instead of cutting through it.”

Dr. Newman performs roughly 150 hip replacements a year. Almost all are anterior hip joint replacements. The frontside

procedure is his favorite surgery, because it allows patients to regain their quality of life sooner.

Mary Jones had her anterior hip replacement surgery in December. While there was some surgical pain, she said her hip pain instantly went away.

Despite the advantages, anterior hip joint replacement is not for everyone. Dr. Newman says ideal candidates are younger, active people with no other health problems or issues. Sedentary patients and those with significant medical problems face greater surgery risks and typically take longer to recover from surgery, regardless of the method used.

Not all hip pain is due to arthritis. Even when it is, the pain can sometimes still be managed without surgery. If surgery is necessary, the benefits of anterior hip joint replacement surgery should always be considered, according to Dr. Newman.

Hip replacement surgery involves cutting away arthritic bone in the hip joint and replacing it with a prosthetic implant. The implant typically consists of a metal ball head and plastic cup socket design that provides a smooth gliding surface.

The metal ball head is attached to a metallic stem which is secured within the degraded thigh bone. The plastic socket is inserted into a metal cup placed in the original hip joint after the arthritic surface is removed.

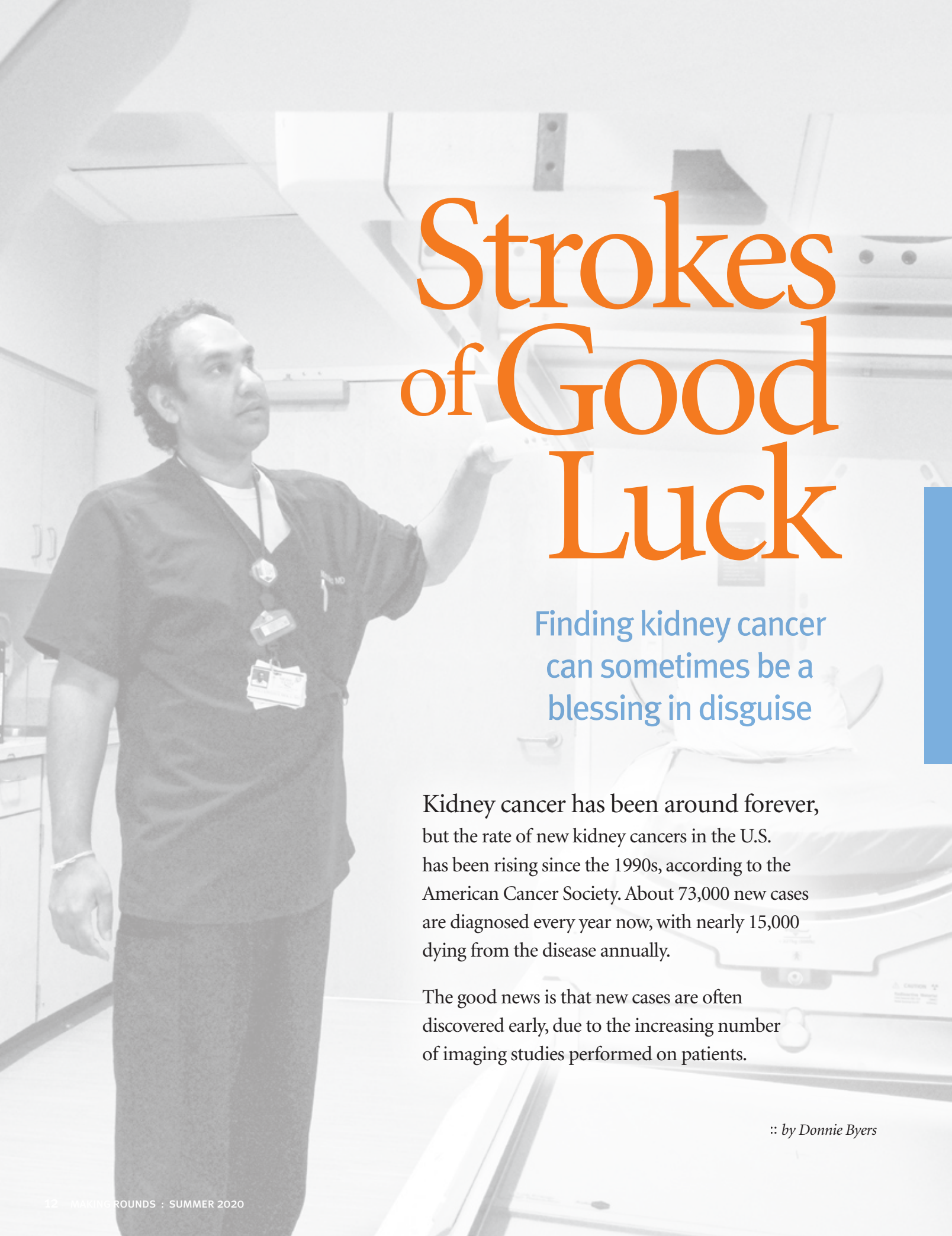
The goal of most hip replacements is to alleviate hip pain and restore mobility and quality of life. Up to 90 percent of patients say they would have elective hip replacement surgery again. That’s because patients often report decreased or no nighttime hip pain, improved ability to walk, and a relatively quick return to daily and social activities.

The only real question is when to have hip replacement surgery. Many patients want to postpone surgery as long as possible. However, outcomes are better if hip replacement is performed before hip pain becomes totally disabling.

The consequences of a sedentary lifestyle, advanced age and complex medical problems can increase risk and reduce the potential benefits of surgery. Bad hips will eventually affect other body parts, as well, such as the back, knees and ankles due to overcompensation.

To learn more about hip joint replacement surgery, speak to your primary care physician or an orthopedic surgeon well versed in hip replacement surgery. For more information, please visit www.orthoinfo.aaos.org





Strokes of Good Luck

Finding kidney cancer
can sometimes be a
blessing in disguise

Kidney cancer has been around forever, but the rate of new kidney cancers in the U.S. has been rising since the 1990s, according to the American Cancer Society. About 73,000 new cases are diagnosed every year now, with nearly 15,000 dying from the disease annually.

The good news is that new cases are often discovered early, due to the increasing number of imaging studies performed on patients.

:: by Donnie Byers

Most people with early kidney cancer don't exhibit symptoms. And since kidneys are located deep inside the body, kidney masses are hard to detect during routine checkups. More often than not, they are discovered while testing for other problems.

Murali Meka, M.D., an interventional radiologist, says X-rays have always been a quick and convenient way to diagnose conditions, such as bowel obstructions and kidney stones. But soft tissue masses inside the body are a different story. That's where newer imaging technology, such as CT scans, come in.

"Back in the old days, they weren't doing a lot of CT scans," Dr. Meka said. "But nowadays, symptomatic patients are virtually guaranteed to have a CT scan. And we're inadvertently finding all these kidney masses now."



He calls it a blessing in disguise. Kidney cancers are very vascular, meaning they spread through the blood if not detected early.

Kidney cancer usually occurs when cells in one or both kidneys grow out of control and form a tumor. The cancer can eventually spread to the bones, lungs and brain.

Four years ago, David Minnick, 79, accidentally discovered he had a kidney tumor after experiencing severe back pain. Initial X-rays on his spine revealed a mysterious spot in his abdomen that needed clarification.

A subsequent CT scan revealed a fairly large mass on his left kidney. The finding shocked Minnick, because he wasn't experiencing pain in the area. His tumor turned out to be 7 centimeters in size.

A kidney tumor that large normally requires open surgery to remove. But Minnick opted to undergo percutaneous cryoablation instead, because it promised a shorter recovery time.

Also called cryotherapy, the minimally invasive procedure kills tumor cells by freezing them with extremely cold temperatures. The temperatures are so cold that CT or ultrasound equipment is used to closely monitor the tumor, ensuring it is destroyed with minimal damage to nearby tissue.

Dr. Meka performs cryoablation by freezing and thawing tumors, then repeating the process as needed. The procedure uses hollow needles (cryotubes) funneling super-cooled, high-pressure argon gas to form lethal ice crystals inside the mass.

High-pressure helium gas is then used to thaw the site. The thawing process causes loss of blood supply in the tissue. Repeated freezing and thawing eventually destroys the tumor.

"Masses are very vascular, which can bleed," Dr. Meka said. "I basically shut down any blood vessels greater than 4 centimeters in size, before performing cryoablation. This procedure is called embolization of the tumor."

Cryoablation is usually reserved for kidney tumors less than 4 centimeters. Minnick's tumor was roughly twice that. Dr. Meka was still confident he could operate on Minnick, however.

Minnick's cryoablation was performed as an outpatient procedure under general anesthesia. He went home the same day and missed just one day of work. A second cryoablation was performed six weeks later to ensure all of his cancer cells were destroyed.

The patient hasn't needed any follow-up procedures since; just routine checkups to ensure other tumors haven't developed.

Looking back, Minnick is glad he underwent back X-rays four years ago. His back is completely healed, and his kidney tumor is just a memory, thanks to percutaneous cryoablation.

"I feel like magic now," he said. "I'm glad we caught the cancer when we did."



The Importance of

The Centers for Disease Control (CDC) recommend the average person sleep between seven and nine hours per night. But how many actually get that much?

In a recent survey, approximately 70 percent of American adults reported not getting a full night's sleep at least one night a month. One night of insufficient sleep can lead to grogginess, moodiness and slow responsiveness. It can also lead to dangerous situations such as car accidents.

What happens if insufficient sleep occurs every night? Just ask one out of every

:: by Ginny Capiot

10 Americans.

Prolonged periods of insufficient sleep, or sleep deprivation, can do more than just make people grumpy.

It can also lead to long-term, serious health problems, according to Amita Shetty, M.D., an internist and sleep medicine specialist at Cape Fear Valley Sleep Center.

"Sleep is the housekeeping function of the body," Dr. Shetty said. "It helps remove toxins in your brain that build up while you are awake. It helps with regenerating brain cells and is essential for our day-to-day functions. Your heart, lungs, brain, even your eyes get worse when you don't sleep."

Chronic sleep deprivation can lead to obesity, depression,

immunity impairment, a lower sex drive and – when associated with sleep apnea – even more serious problems, such as high blood pressure, heart attack, heart failure, stroke and diabetes.

“People with sleep disturbances tend to have glucose intolerance,” Dr. Shetty said. “Your appetite changes with sleep deprivation. You may have more cravings for carbs and starchy foods.”

Over time, indulging in those cravings can wreak havoc on blood sugar levels and body weight, ultimately leading to type 2 diabetes.

Signs of chronic sleep deprivation include waking in the night and not feeling rested after an adequate number of hours of sleep. Others include snoring, waking up choking, frequent urination, early morning headaches and fatigue.

Dr. Shetty says quality and quantity of sleep are both important to health. Here are a few simple things to improve the quality of sleep you get, such as:

- Avoid sleeping in.
- Go to bed at the same time each night.
- Spend more time outside and be more active during daytime.
- Reduce stress through exercise or therapy.
- Turn off screens 30 minutes before sleep. Studies show that light from electronic devices such as phones, e-readers and televisions emit enough light to mislead the brain and promote wakefulness.

These techniques may help most sleep, but those with sleep disorders, such as sleep apnea, sleep walking, restless legs syndrome and shiftwork syndrome can also experience sleep disruption. These can all be treated at Cape Fear Valley Sleep Center.

The first step in diagnosing sleep disorders is talking with a primary care physician. Keep a sleep log to show the physician. Record hours slept, times awakened each night, and how restful you felt upon waking. Also ask family or a



Amita Shetty, M.D.

Cape Fear Valley Sleep Center

sleep partner to note any snoring, pauses in breathing or limb-jerking during the night.

After reading the log, a primary care physician can refer the patient to a sleep center for a sleep evaluation or polysomnogram, commonly called sleep study.

Cape Fear Valley Sleep Center currently has four sleep labs – at Cape Fear Valley Medical Center, Health Pavilion North, Hoke Hospital and Bladen County Hospital – to make scheduling a sleep study convenient for patients across the region.

Although often neglected, quality sleep is as important to good health as exercise and balanced diet

“Our newest sleep lab at Hoke Hospital has been in *so much* demand,” Dr. Shetty said. “It’s very nicely arranged and convenient to so many in that area.”

Sleep studies are conducted overnight so technicians can monitor a patient’s breathing, heart rate and rhythm, muscle activity and brain, limb and eye movements during sleep. A sleep specialist can then determine the best treatment.

Although often neglected, quality sleep is as important to good health as exercise and a balanced diet. Getting that better sleep just requires a decision to make a change.

To schedule an appointment or more information about Cape Fear Valley Sleep Center, visit www.capefearvalley.com/sleep.

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These words reflect the work of Cape Fear Valley Health Foundation. Gifts through the Foundation strengthen our community by improving and enriching healthcare. Thanks to a community of generous givers, we are making a positive impact and providing healing to you, your family and friends who receive care from Cape Fear Valley Health.

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Tim Barlow, CRNA
Betty Kelly's Gift Shop
John T. Bigger
Carl C. Birk, Jr.
Blashfield Sign Company
Blue Cross & Blue Shield of North Carolina
John Borleske
Chris and Stephanie M. Bostock
Bristol-Meyers Squibb Company
Sabrina and William Brooks
Mary Lynn McCree Bryan Leadership Award of
the Community Grants Fund of Cumberland
Community Foundation, Inc.
Bryant Restaurants, Inc. / Wendy's
Teresa Bullard
Kimberly W. Bullins
Michelle Butler, RN
Autry and Tonya Butler
Cape Fear Air Conditioning & Heating, Inc.
Cape Fear Cardiology Associates
Cape Fear Cardiovascular & Thoracic Surgery
City of Fayetteville Fire Department
Franklin Clark and Shelley Barry
Linda M. Clark
Louis P. and Edwina C. Clark
Pamela E. Clark
Jan Cobb Advised Fund of Cumberland
Community Foundation, Inc.
Cheryl Colvin, M.D.

Janet H. and Kevin R. Conway	David B. Henderson	Lee Shirland
David P. and Shoko Craig	The Henkel Family	Short Stop Food Marts
Cumberland Cardiology, P.A.	Diana S. Hicks	Renee Singleton
Spencer L. and Felicia Cummings	Highland Construction and Restoration	Elizabeth Simmons
Sheri Dahman	Highsmith-Rainey Nursing Alumnae	Dr. Sanjeev and Seema Slehra Advised Fund of Cumberland Community Foundation, Inc.
Lara Davis	Kathryn T. Hostetter	Kelly Steere
Anita Davis-Melvin	Sandra Johnson	Steris / IMS
John and Carolyn Dawson	Michelle Keasling	Syreeta A. Stewart
Anesia Williams Deal	Stephanie Keating	Susan Tollefsen Interiors
Susan Dees	Kiwanis Club of the Cape Fear	John R. Sutton
Seema and Shirish Devasthali Advised Fund of Cumberland Community Foundation, Inc.	Luke and Beth Langley, PhD, RN, CCRN-K	Adebukola A. Taiwo, M.D.
DexCom San Diego	Theodore A. and Carole J. Lawler	Athar H. Tehsin, M. D.
Jamie and John Dickerhoff	Kyle Le	Texas Roadhouse Wake Forest
Directional Services, Inc.	Lincoln Financial Group	The Fayetteville Academy
E.E. Miller "Seniors on the Move"	Kathi McFadden	The Health Plan
Element Salon	Emily McLauchlin	Thompson Company
Pauline Evans	Phyllis McLeod	Sabre P. Thompson
Express Employment Professionals	Leigh McNeill	Tim Floyd Creative LLC
Fayetteville Community Church	Austin Matthews, M.D.	Teresa B. Thompkins
Fayetteville Elite Running	David and Heidi Maxwell	Townsend Real Estate
Fayetteville Garden Club	Mount Carmel Church of God of Prophecy	Carol Tyler
Ferncreek Cardiology	Tom and Luanne Nicholson	US Foods
Lisa Fikac	Sarah H. O'Hanlon	Unique Preference Phase II Event Planning & Decorating
First Citizens Bank	Debra Pedersen	David J. and Maureen VanRassen
Ken Fleishman, M.D.	Susan Phelps	William and Mary Ann Walter
Sam Fleishman, M.D.	Courtney and Brandon Phillips	Jennifer Watson
Dr. and Mrs. William F. Freccia (Millie)	Norman Powell	Whispering Pines Nursing & Rehabilitation Center
Eun Y. Gaines	Traci S. Priest	Rickardo and Kelly-Ann Williams
Tanya Gibbs	QwikMed Pharmacy & Clinic	John Michael Winesette
Dr. Marion Gillis-Olion and Dr. Ladelle Olion	Rapha Health Systems, Inc.	Women's Wellness Center, PA
Robert L. and Kristie T. Godwin	Robert Half	Amanda Wright
Susan Gorch	Julie Roumillat	Virginia L. Yarborough Advised Fund of Cumberland Community Foundation, Inc.
H & H Homes / Constructors, Inc.	Annette Roy	
Bill Harris	Ryan P. Kishbaugh Memorial Foundation	
Willis E. Harris, Jr.	Kenneth M. Samer	
Sylvia Hayes	Jo Sautter	<i>45 Donors Chose to Remain Anonymous</i>
Dennis J. Hewitt	Dr. David A. and Jenna Schutzer	<i>*Denotes Deceased</i>
Hematology & Oncology Associates of Fayetteville, P.A.	Dr. Kathy and Duane Seward	
	Sharlene Riddle Williams Family Foundation	



Depression in Older Adults

Headaches, stomach problems, sleep problems and fatigue are common complaints in primary care physician offices. Finding the cause can be tricky as they can be symptoms of many different diseases.

Depression is one of the most overlooked causes, particularly in the elderly. Patients and physicians sometimes focus on the physical complaints without considering the patient may be showing signs of depression.

“It’s easier to complain about other things,” said Barbara Wise, M.D., a psychiatrist specializing in geriatric psychiatry at Community Mental Health Center at Cape Fear Valley. “I believe there is still a lot of shame surrounding depression and other mental health challenges. Feelings of depression are seen as a failure, so it can be easier to complain about the physical symptoms.”

:: by Janet Conway

Depressed individuals typically experience persistent feelings of sadness. Older adults may also experience these signs and symptoms:

- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness, isolation
- Loss of interest in activities or hobbies that were once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating or loss of appetite
- Persistent aches or pains, headaches, cramps, or digestive problems that do not get better, even with treatment

Doctors often prescribe antidepressants for patients regardless of age.

“We use the same medications that we use in younger people,” Dr. Wise said, “but we usually start with a lower dose and allow a little more time with dose changes.”

Electroshock therapy, or ECT, can be very effective for major depressive disorder, especially for those age 60 and older.

“It is safe,” Dr. Wise said, “and the treatments are delivered in a much different manner than has been portrayed by the media.”

ECT is performed in a hospital by a psychiatrist certified in ECT. Dr. Wise is helping to re-start the ECT program at Cape Fear Valley Health.

While depression isn’t a normal part of aging, many chronic health conditions are associated with high rates of depression in the elderly. They include stroke, heart disease, cancer, Parkinson’s disease, Alzheimer’s disease and other types of dementia.

Coping with any of these conditions can be difficult at any age but particularly challenging in the elderly. The conditions force them to confront their own mortality and the limited time left to live. They may also worry about their ability to care for themselves. Dr. Wise recommends a consultation with a mental health professional to assess the degree of depression and learn skills to cope with the effects of these conditions.



Barbara Wise, M.D.

Community Mental Health Center
at Cape Fear Valley

Depression sometimes develops after the loss of a loved one. A reported 10-20 percent of widows develop clinical depression. Those most at risk are younger widows, women with a history of depression, and those with significant medical problems, according to Dr. Wise.

If a widow or widower has not re-established interests or is still preoccupied with loss after six months, professional help from a therapist or other health professional may be needed.

Dr. Wise has a prescription for reducing the risk of depression as people age, and it doesn’t require a trip to the pharmacy:

- 1. Maintain your health.** “That’s the most important thing,” she said. “Control blood pressure, diabetes and cholesterol, with the help of your doctor, if needed.”
- 2. Exercise every day.** “It doesn’t have to be a lot of exercise,” Dr. Wise said. “Walking, playing golf, or any activity outdoors, especially with others, can boost mood.”
- 3. Maintain good sleep hygiene.** “Establish and stick to regular bed and wake times,” Dr. Wise said, “and avoid stimulants like caffeine and nicotine close to bedtime. Limit daytime naps to 30 minutes or less as they can make nighttime sleep difficult.”
- 4. Have a sense of purpose.** “Having a sense of usefulness, a reason to get out of bed is one of the most important things you can do,” Dr. Wise said. “It could be volunteering, caring for a grandchild or continuing to work at a job.”

Dr. Wise says it’s not uncommon for older adults to struggle with adjusting to their age.

“They feel they don’t have a purpose,” she said, “or they feel they’ve failed in life’s pursuits. Psychotherapy can help them accept themselves where they’re at in this stage of life.”

Dr. Wise provides geriatric psychiatry services at Cape Fear Valley’s Community Mental Health Center. For more information or to schedule an appointment, please call (910) 615-3333.

A full-page photograph of a man, Chukwuemeka Chima, M.D., standing in a room with large windows and heavy, light-colored curtains. He is wearing a dark blue suit jacket, a white shirt, and a blue patterned tie. He is smiling slightly and looking towards the camera. His right hand is in his pocket, and his left hand is resting on the back of a dark leather chair. The background is softly blurred, showing a lamp on the left and some plants on the right.

the Right Choice

Life's decisions are a
little easier when you
follow your heart

Growing up as the son to a physician father and nurse mother, Chukwuemeka Chima, M.D., was probably destined to become a doctor. He just wasn't sure in what field at first.

:: by Donnie Byers

His father had a successful OB/GYN practice back in their native London, England.

But the younger Chima knew reproductive medicine wasn't for him by the time he graduated medical school. He was far more intrigued by the emerging HIV/AIDS crisis.

He wanted to know what caused the deadly disease, how it was transmitted and, more importantly, how to cure it. The curiosity led to his decision to come to the U.S. to do residency and fellowship training in the relatively obscure-at-the-time field of infectious disease.

Fast forward three decades and there is still no cure for AIDS or HIV. There are effective treatments to help patients live longer, however. And Dr. Chima has gone on to have the successful infectious disease career he longed for.

The success comes with a price. He's had an uneasy front row seat to one of the greatest pandemics in modern times, COVID-19. The deadly novel coronavirus started making international headlines in late 2019 after quickly spreading to several other countries.

The U.S. has since suffered the largest number of infections due to sheer population size and mobility. Dig a little deeper and the data shows metropolitan cities have been hit harder than rural communities because of denser population.

But metropolitan areas are better equipped to treat coronavirus patients since they have more infectious disease specialists and hospitals. As a result, smaller rural communities send their patients to larger cities, like Fayetteville.

Dr. Chima works with a team of physicians to help diagnose and treat patients at Cape Fear Valley Health. He described the work as precarious and daunting at first, because the disease was initially so baffling. The virus causes everything from simple coughing and upper respiratory infections to severe blood clots and strokes.

Cape Fear Valley eventually formed hospital committees to help answer treatment and prevention questions from local healthcare agencies and physicians. Dr. Chima's advice was always the same: practice CDC recommendations, such as social distancing and wearing masks to help prevent the spread of coronavirus.

"This isn't the regular flu," Dr. Chima said. "The mortality rate has been much higher – an average of 10 times higher – making it extremely important to take extra precautions."

As of late June, COVID-19 infection rates were still rising in the U.S. Dr. Chima believes the pandemic will eventually subside but that it may require a vaccine to eliminate. When it does abate, he'll be ready to take a much-deserved break.

If he's not working, Dr. Chima is probably catching up on sleep due to his hectic schedule. The self-avowed soccer fanatic also tries to get an English Premier League game on TV during down time. That, or an NBA game or two.

He and his wife, Faith, a Fayetteville attorney, take special pride in watching their three children's musical careers develop. Brothers Nathan and Neto and sister Kamsi all play violin.

Nathan is the oldest sibling and performs at group homes and concerts sponsored by the Fayetteville Symphony String Sinfonietta, a new orchestra for emerging artists age 13 and younger.

The family also enjoys going to the beach and traveling. Dr. Chima admits his favorite place to visit is his native England but going to Maryland is also high on his list.

"I took up practice in North Carolina, because I wanted to be close to family," he said, "but not too close."

Dr. Chima flashes a wide grin after the admission. Then he bursts into a hearty chuckle before collecting himself to talk about his journey to Fayetteville. He wanted to go somewhere with mild temperatures and easygoing people. Fayetteville has plenty of both.

He says the southern charm here makes treating patients a pleasure. As a result, he describes his patient relationships as really close. Nothing makes him happier than to see his patients get better.

Then he reflects about his colleagues at Carolina Infectious Disease in Fayetteville. They made him feel welcome as soon as he arrived, and the friendliness hasn't waned in the years since.

That makes Dr. Chima confident he made the right decision to come here and go into the field he's in.

"I've been welcomed very, very well in Fayetteville," he said with a growing smile on his face. "I've also been welcomed by the health system here and have made a lot of working relationships over the years. I guess I'm here to stay."



Coming Together

Pandemic fight can bring out the best in everyone

:: by Donnie Byers

When all of us look back at 2020 years from now, we'll likely associate it with COVID-19, which has created such havoc in our lives. And nowhere has the pandemic been felt more deeply than on the medical frontlines in this community.

As the state's 8th largest healthcare system, Cape Fear Valley Health wasn't just charged with treating patients from Cumberland County alone, but patients across southeastern North Carolina.

"But we were ready for whatever COVID-19 threw our way," says Mike Nagowski, 55, president and chief executive officer for Cape Fear Valley Health. "Our medical leadership team knew the gravity of what this community could and likely would face, and we were not going to be caught off guard."

The COVID-19 novel coronavirus was first detected in Wuhan, China, in late 2019 before quickly spreading to other countries. The U.S. saw its first handful of cases in January. Two months later, the virus had made its way into

Cumberland County, just as Nagowski had predicted on March 16 during a media conference with Dr. Jennifer Green, the county health director, at the Judge E. Maurice Braswell Cumberland County Courthouse.

"We fully anticipate that we will have confirmed cases," Nagowski said as the community held its collective breath in anticipation of the coronavirus. "Believe me, it is just a matter of time before COVID-19 is in our community."

Disease experts initially believed COVID-19 was just another strain of coronavirus. But the new virus has proven itself to be highly contagious and more virulent.

Like the flu, the disease can be spread through respiratory droplets in coughs, sneezing and conversation at close distance. Initial symptoms for both can be as mild as a simple cough and fever. However, the novel coronavirus can cause severe shortness of breath and even lead to stroke, blood clots and kidney failure.

‘Thank You For All Your Support,’ the sign on the front lawn at Cape Fear Valley Medical Center expresses Cape Fear Valley Health’s gratitude to this community in the wake of the COVID-19 public health crisis. ‘And we mean it,’ says Mike Nagowski, president and chief executive officer.

COVID-19 task force

Early in the pandemic, Cape Fear Valley leadership launched a COVID-19 task force, one that would meet seven days a week. Task force members developed measures to keep employees safe while providing the latest treatments to COVID-19 patients.

Based on early reports from Singapore, experts warned healthcare providers to wear surgical masks to ward off COVID-19. Cape Fear Valley’s task force went a step further, requiring all hospital direct caregivers to wear N95 masks with every patient encounter.



Chaplain Melanie Swofford prays with nurse Summer Culbreth in the Intensive Care Unit.

All staff were eventually required to wear masks at all times, with support staff wearing isolation or cloth masks. Reports that COVID-19 could be contagious without showing any symptoms made it important to protect staff from each other, as well.

These efforts, as well as diligent handwashing and social distancing, helped keep the number of COVID-19-positive healthcare workers low. With few employees out with illness, Cape Fear Valley was able to resume necessary surgeries and diagnostic testing. The procedures were temporarily halted over concerns that hospitals would be overwhelmed by waves of coronavirus-related illnesses.

COVID patients were cared for on special isolation units with strict no-visitor policies to protect both patients and staff. Cape Fear Valley chaplains stepped in to fill the need for spiritual support when community pastors were unable to visit. Even when they couldn’t enter COVID-19 ICU rooms, they were able to connect in prayer with patients and their nurses through the patient room glass.

Good news came in mid-May when the N.C. Department of Health and Human Services allotted Cape Fear Valley 600,000 vials of Remdesivir. Produced by Gilead, the antiviral trial drug was fast-tracked by the FDA for use on severely ill COVID-19 patients while drug companies worked on a vaccine.

Remdesivir made a miraculous difference for many Cape Fear Valley Medical Center patients.

Harold Lassiter, 41, of Fayetteville, was one of those patients.

Lassiter received a five-day course of Remdesivir and was discharged home by the fifth day.

“Let me tell you,” he told the Fayetteville Observer, “at the end of the week, I felt 110 percent better.”

'So many caring people'

Such telling stories of recovery and staff dedication during the pandemic have led to an outpouring of donations from the community. To date, more than 360 people and organizations have donated to Cape Fear Valley Health Foundation during the pandemic. That includes 116 people and groups giving \$55,000 in direct donations.

"We are simply overwhelmed by the generous support of so many caring people in this community," Nagowski said. "And I not only say that on behalf of myself, but on behalf of all of our more than 7,000 employees."



Local companies, churches and organizations also gave by donating vital personal protective equipment (PPE) supplies needed by health system staff to do their jobs. Manna Church and the N.C. Disaster Recovery Team kick-started the giving by donating more than 10,000 N95 masks.

"Such welcome donations," Nagowski said. "And so important for our caregivers."

Other organized PPE donations followed, including 216,000 pairs of surgical gloves, 7,500 handmade masks, 10,000 surgical masks, 650 operating room face shields, 150 isolation gowns and 1,200 pairs of compression socks.

The Health Foundation later received a \$50,000 grant from the Truist (formerly BB&T) Foundation to buy telemedicine equipment to help diagnose and treat COVID-19 patients remotely. The new equipment helped conserve the health system's dwindling PPE supplies.

Local restaurants joined in the giving by providing more than 10,000 free meals to feed Cape Fear Valley frontline workers. The meals were delivered so work-weary employees didn't have to leave their units.

The Health Foundation came through again when it helped Cape Fear Valley purchase BioFire® respiratory pathogen testing equipment. The equipment can determine in an hour if an Emergency Department patient needs to be treated in a COVID-19 or regular unit.

"We are blessed to be a part of this community that steps up and reaches out, and particularly in the wake of this COVID-19 health crisis that affects all of us," Nagowski said. "It is humbling to know that so many in this community and beyond are with us in this time of this public health pandemic."

Not every donation to the health system has been material, however. Some came in the form of vital manpower.

Before the BioFire® purchase, it took Cape Fear Valley at least 24 hours to get COVID-19 test results back from a national testing lab in Nashville, Tenn. But commercial courier flights weren't available Saturdays or Sundays. That meant patients admitted over the weekend had to wait up to three days for test results.

'A nice day to fly'

Area pilots banded together to fly their private planes to deliver COVID-19 test kits for Cape Fear Valley, when the commercial flights weren't available. Dr. Dickson Schaefer, 54, a Fayetteville orthopedic surgeon, volunteered to fly first.

"What I always wanted to do in life is take care of people in this community," he said. "And now, one of the things I do as a hobby can be beneficial to somebody else."

But his trip almost didn't happen.

Ominous rain clouds filled the skies over Fayetteville Regional Airport the morning of his flight, jeopardizing his mission. But like a good storybook ending, the clouds parted, allowing the eager pilot to set off on his journey.

"It's a nice day to fly," Dr. Schaefer said before settling into his single-engine Cessna 182 craft. "Hopefully, someone else can benefit from this."

'Thank You For All Your Support'

Mike Nagowski knows the work of Cape Fear Valley Health caregivers in this health crisis. He knows, too, the support of this community, and it's why, Nagowski says, you'll find that large white and blue sign on the grounds of Cape Fear Valley Medical Center at the corner of Owen and Village drives.

"Thank You For All Your Support," the sign says to all in this community.

And a last word from the CEO.

"And we mean it," Mike Nagowski says.



CAPE FEAR VALLEY HEALTH : *NEWS briefs*

Cape Fear Valley Receives Truist Grant For COVID-19 Relief

Cape Fear Valley Health Foundation has received a \$50,386 grant from Truist Financial Corporation to buy telemedicine equipment needed to help treat COVID-19 patients.

The grant is part of the financial services company's Truist Cares initiative, a \$25 million pledge to support basic needs, medical supplies and financial hardship relief due to COVID-19.

The new telemedicine equipment will allow the health system's hospitals and outpatient clinics to provide remote patient health assessments and care. The purchase will also reduce staff reliance on personal protective equipment, which has been in short supply nationwide.

"Telemedicine has become essential in reaching all of our patients," Cape Fear Valley CEO Mike Nagowski said, "at a time when we have to adjust the way we care for people. The support from Truist will have a direct impact on the patients we are able to reach."

Sabrina Brooks, Cape Fear Valley Health Foundation executive director, says BB&T now Truist, has been a valued community partner for many years.

"We are grateful for their ongoing support," Brooks said. "Truist's purpose to inspire and build better lives and communities has never been more important, especially as healthcare needs are ever evolving in the face of the COVID-19 crisis."

Cape Fear Valley Receives COVID-19 "Fill the Gap" Grant From North Carolina Healthcare Association

Cape Fear Valley Health has been awarded \$149,747 from the North Carolina Healthcare Foundation's COVID-19 "Fill the Gap" Response Fund to help fund three different needs within the health system.

The needs include behavioral health support for frontline healthcare workers, enhanced discharge support for underserved patients, and increasing nursing coverage to allow additional breaks in COVID-19 treatment units.

Totaling \$1.6 million, the "Fill the Gap" Response Fund was created to assist people and places disproportionately impacted by the novel coronavirus. That includes people of color, frontline essential workers and rural communities.

"The pandemic has exacerbated health and economic challenges already present in rural communities and vulnerable populations around the state," said Julia Wacker, North Carolina Healthcare Foundation Senior Vice President. "They are often hit harder and take longer to recover."

The North Carolina Healthcare Foundation called for grant requests in May from organizations dramatically affected by the pandemic. The foundation then granted 19 awards, averaging \$87,635.

Lead funders of the initiative include the David A. Pepper Foundation, Kate B. Reynolds Charitable Trust, State Employee's Credit Union Foundation, and The Duke Endowment.



Black Daggers Parachute Team Salutes Cape Fear Valley

The U.S. Army Special Operations Command Parachute Demonstration Team, the Black Daggers, jumped onto Cape Fear Valley Medical Center's campus as a salute to all of Cape Fear Valley Health's medical professionals.

Health system employees and administration officials viewed the jump

on the Owen Drive campus front lawn while the public viewed from nearby.

The Black Daggers is comprised entirely of volunteers from throughout the Army Special Operations community and is based at Fort Bragg.

CAPE FEAR VALLEY HEALTH : *PHYSICIAN* *briefs*

Bhaskar Chhetri, M.D.

Bhaskar Chhetri, M.D., received his MBA in healthcare management from Fayetteville University on May 9. Dr. Chhetri was named Preceptor of the Year for the Fayetteville region

for outstanding clinical instruction to Campbell University School of Osteopathic Medicine 3rd and 4th year students. He was also named Internal Medicine Faculty of the Year for his work with Cape Fear Valley's internal medicine residents. Dr. Chhetri is a hospitalist at Cape Fear Valley Medical Center and Associate Program Director of the Internal Medicine Residency Program.



Nitin Desai, M.D.

Nitin Desai, M.D., and entrepreneur Raj Sharma have launched COVID PreCheck, an app designed to ensure safety and restore confidence as coronavirus cases continue

to increase. The app is provided by Safepassport, a company cofounded by Dr. Desai.

The COVID PreCheck app offers a self-assessment test, which can confirm that an individual doesn't have any of the symptoms related to COVID-19 and has not been exposed to someone who has been infected with the virus. It also uses a proprietary "Virtual Handshake" to inform others of a safe status and can provide a digital note from a physician to let businesses know the individual is safe to return to work and their community based on CDC guidelines.

The cutting-edge app has already garnered attention from Campbell University Vice Dean Dr. Donald Maharty, who plans to incorporate the technology platform into an academic paper and project on the COVID-19 pandemic. The Cape Fear Valley Internal Medicine residency program will use the mobile device interface to provide patients with their COVID-19 status.



Thomas Harrell, M.D.

Thomas Harrell, M.D., completed a fellowship in Surgical Critical Care in June at the University of North Carolina in Chapel Hill. Dr. Harrell is with Ferncreek General Surgery.



Sterling Riddley, M.D.

Sterling Riddley, M.D., has received certification in obesity medicine and is a Diplomate of the American Board of Obesity Medicine. He is a faculty member at Southern Regional

Area Health Education Center (SR-AHEC) and a 2018 graduate of SR-AHEC's Family Medicine Residency Program.



Paul Spartzak, D.O.

Paul Spartzak, D.O., was recently appointed to the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Obstetrics and

Gynecology. The ACGME Residency Review Committee sets standards and evaluates residency training programs for accreditation throughout the United States. Dr. Spartzak will serve a six-year term beginning in 2021. He is the founding Program Director of the Campbell University/Cape Fear Valley Obstetrics and Gynecology residency program and is an obstetrician and gynecologist with Cape Fear Valley OB/GYN. Dr. Spartzak holds faculty appointments at Campbell University, Edward Via College of Osteopathic Medicine, Methodist University and Michigan State University.



Chinazor Umerah, M.D.

Chinazor Umerah, M.D., recently completed a certification program on diversity and inclusion from Cornell University. Dr. Umerah is a hospitalist at Cape

Fear Valley Medical Center and Program Director of the Transitional Year Internship Program.



(left to right) Matthew Walker, D.O., Elizabeth Onyeaso, M.D., Samuel Fleishman, M.D., Nitin Desai, M.D. and Donald Maharty, D.O.

Physician of the Year

Elizabeth Onyeaso, M.D., a hospitalist and infectious disease specialist, was named Cape Fear Valley Physician of the Year. As COVID-19 came to our community and hospital, Dr. Onyeaso stepped up and assisted with the education of the medical center's hospitalist team on testing of COVID-19 patients. When COVID-19 tests were in short supply and testing required approval of the Infectious Disease specialists, Dr. Onyeaso gladly embraced the 24-hour call to help determine which patients should be tested.

Dr. Onyeaso has often been recognized by the nursing staff or her great care and work ethic. Those who nominated her wrote: "Dr. Onyeaso is a jewel not only to her patients, but also to the staff. She is a woman of integrity, wisdom and knowledge and compassion. She gives her co-workers great joy as they know that every need and concern will be met and addressed."

Resident of the Year

Matthew Walker, D.O., was named Resident of the Year. He completed his third year of residency and is beginning his final year as a resident in obstetrics and gynecology. A former U.S. Army soldier and combat veteran, Dr. Walker was chosen because of his outstanding qualities as an educator. It was noted that he "goes above and beyond to help his junior residents, staff and medical students." Dr. Walker is known as a team builder and leader among his peers and has represented Cape Fear Valley in an exemplary manner in his volunteer work and scholarly activity.

CAPE FEAR VALLEY HEALTH : *NEW physicians*

Neurology

Gregory Mieden, M.D., Ph.D.

Cape Fear Valley Neurology

Neurology: University of Maryland School of Medicine, Baltimore, Md.

Medical Degree: University of Maryland School of Medicine, Baltimore, Md.

Board Certifications: Psychiatry and Neurology, Sleep Medicine



Neurosurgery

Prithvi Narayan, M.D.

Cape Fear Valley Neurosurgery

Pediatric Neurosurgery Fellowship: St. Louis Children's Hospital, Atlanta, Ga.

Neurosurgery: Emory University Hospital, Atlanta, Ga.

General Surgery: Emory University School of Medicine, Atlanta, Ga.

Medical Degree: Washington University School of Medicine, St. Louis, Mo.

Board Certifications: Neurological Surgery, Pediatric Neurological Surgery



Obstetrics & Gynecology

Kenneth A. Thompson, D.O.

Cape Fear Valley OB/GYN

Obstetrics & Gynecology: Saint Luke's Hospital, Allentown, Pa.

Medical Degree: Philadelphia College of Osteopathic Medicine, Philadelphia, Pa.

Board Certification: Obstetrics & Gynecology

Malana Moshesh, M.D.

All American OB/GYN

Obstetrics and Gynecology: Albert Einstein Medical Center, Philadelphia, Penn.

Medical Degree: Howard University, Washington, D.C.

Board Certification: Obstetrics and Gynecology

CAPE FEAR VALLEY HEALTH : *NEW physicians*

Orthopedics

Jason Eck, D.O.

Cape Fear Orthopedics
and Sports Medicine

Orthopedic Spine Surgery: Mayo Clinic,
Rochester, Minn.

Orthopedics: Memorial Hospital, York,
Penn.

Medical Degree: University of Health
Sciences, Kansas City, Mo.

Board Certification: Orthopedic Surgery



Plastic & Reconstructive Surgery

Leif Nordberg, M.D.

Cape Fear Valley Plastic & Reconstructive
Surgery

Plastic & Reconstructive Surgery:
Wake Forest University Baptist Hospital,
Winston-Salem, N.C.

General Surgery: Temple University
School of Medicine, Philadelphia, Pa.

Medical Degree: Temple University School
of Medicine, Philadelphia, Pa.

Board Certification: Plastic Surgery



Pulmonology

Hafiz M Y Sarwar, M.D.

Cape Fear Valley Pulmonary Medicine

Pulmonary & Critical Care: East Carolina
University Brody School of Medicine,
Greenville, N.C.

Internal Medicine: East Carolina
University Brody School of Medicine,
Greenville, N.C.

Medical Degree: AllamaIqbal Medical
College, Lahore, Pakistan

Board Certifications: Internal Medicine



Cardiothoracic Surgery

Alberto Maldonado, M.D.

Cape Fear Valley Cardiovascular &
Thoracic Surgery

Pediatric Cardiac Surgery: Denver
Children's Hospital, Denver, Colo.

Cardiac Surgery: University of Miami
Jackson Memorial Hospital, Miami, Fla.

Medical Degree: University of Puerto Rico,
San Juan, Puerto Rico

Board Certifications: Surgery, Thoracic
Surgery

Surgical Oncology

**Pragatheeshwar Thirunavukarasu,
M.D.**

Cape Fear Valley General Surgery – Village
Surgical

**Hepato-pancreatico-biliary Surgery
Fellowship:** MD Anderson Cancer Center,
Houston, Texas

Surgical Oncology Fellowship: Roswell
Park Cancer Institute, Rochester, N.Y.

General Surgery: University of
Pennsylvania, Philadelphia, Pa., University
of Pittsburgh Medical Center, Pittsburgh,
Pa.

Medical Degree: Madras Medical College,
Chennai, India

Board Certifications: General Surgery



Trauma Surgery

Yana Mikhaylov, M.D.

Cape Fear Valley General Surgery –
Ferncreek General Surgery

Surgical Critical Care Fellowship:
University of North Carolina, Chapel Hill,
N.C.

General Surgery: Medical University of
South Carolina, Charleston, S.C.

Medical Degree: University of Michigan,
Ann Arbor, Mich.

Board Certifications: General Surgery





Clinical Trials Enrolling Patients *in our* Community

Carolina Institute for Clinical Research, a partnership between Cape Fear Valley Health and Wake Clinical Research, is currently accepting patients for several new clinical trials.

COVID-19

Have you or a loved one been diagnosed with COVID-19? Judith Borger, M.D., Emergency Department, is currently conducting several inpatient and outpatient trials for COVID-19 investigational treatments. Join the fight against COVID-19.

Endometriosis Study

Connette McMahon, M.D., Jones Center for Women's Health, and the EDELWEISS clinical research study are evaluating the effectiveness and safety of an investigational drug to treat endometriosis-related pain. You may qualify if you're a woman aged 18-49, have endometriosis-related pain during your period and at other times during your menstrual cycle and have had endometriosis surgically confirmed within the last 10 years.

Polycystic Ovary Syndrome Study

Connette McMahon, M.D., is recruiting for a polycystic ovary syndrome study. To qualify, you must be between the ages of 18 to 35 and be diagnosed or have symptoms of PCOS.

Hot Flash Study

Do you or a loved one suffer from moderate to severe vasomotor symptoms (hot flashes) associated with menopause? Connette McMahon, M.D., and the Skylight clinical study are seeking eligible candidates for a non-hormonal, investigational drug for hot flashes. See if you may be eligible.

Stress Urinary Incontinence Study

Do you experience urine loss when running, jumping, laughing or coughing? You may have a medical condition known as Stress Urinary Incontinence (SUI). Juan Albert Lopez, M.D., is seeking volunteers for a noninvasive and medication free research study of a potential new therapy for SUI. All participants will receive therapy that may improve urinary leakage.

Clinical Trial of a Digital Therapy Program to Treat Irritable Bowel Syndrome (IBS)

Mohammed Hannan, M.D., Valley Internal Medicine, is conducting a study for irritable bowel syndrome (IBS). Experiencing stomach issues and pain? If you're 18-70 and experiencing symptoms of IBS, you may be eligible to participate in a study investigating a digital therapy through your smartphone or tablet device.

What happens in the study? Over the course of 64 weeks, you'll have one in-person or virtual visit with a physician. You will also be asked to provide feedback about your experience daily for a period of 28 weeks.

Congestive Heart Failure with High Potassium Study

Are you aware of the possible complications of heart failure medications? Certain heart failure medications may cause you to hold onto dangerously high amounts of potassium in your blood—a condition

called hyperkalemia. If your doctor has changed your heart failure medication or mentioned your potassium risk, you may be eligible for the DIAMOND study. Sylvester Ejeh, M.D., Cumberland Cardiology, and this clinical trial are researching a study drug already approved for treating hyperkalemia.

Urinary Tract Infection Study

Pain or burning during urination? You may have a urinary tract infection (UTI). Consider a clinical research study with Richard Ferro, M.D., testing the safety and effectiveness of an investigational drug in women with UTI symptoms.

Gonorrhea Study

Gonorrhea can cause serious health problems. Dr. Connette McMahon is conducting a study for patients with Gonorrhea.

Inguinal Hernia Study

Ovie Appesai, M.D., Ferncreek General Surgery, is conducting a study for inguinal hernia.

Stable Angina Study

Dr. Sylvester Ejeh is recruiting patients with stable angina.

To learn more about the trials or to apply, contact Toree Gomez, Clinical Trials Coordinator, at (910) 302-8151.



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