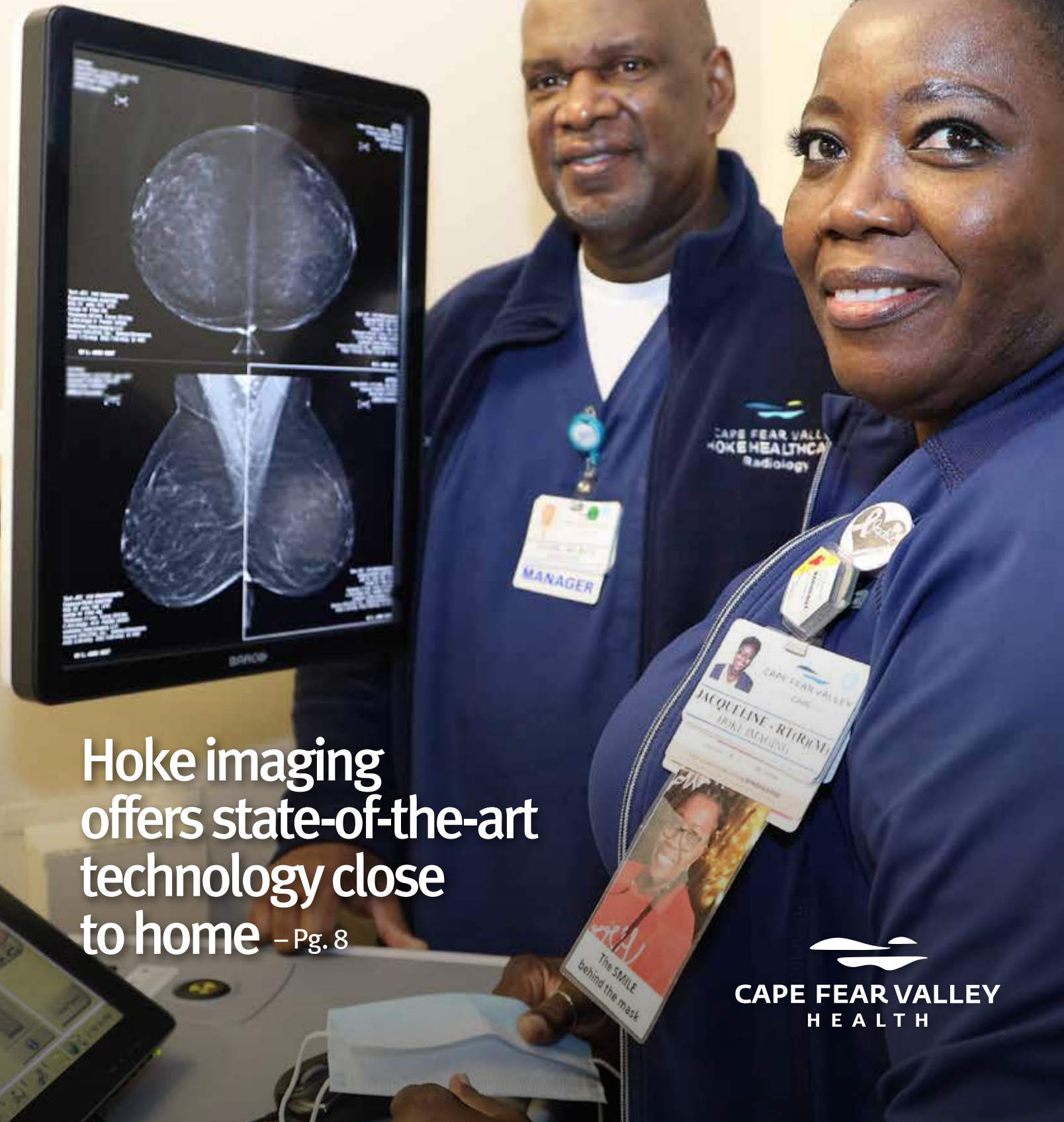


# MAKING ROUNDS

SPRING 2022



Hoke imaging offers state-of-the-art technology close to home – Pg. 8



4

3 Letter from the CEO

4 Quality Care In Every Sense

6 Dorothea Dix Adolescent Care Unit Opens

The new facility offers psychiatric care that is closer to home

8 Hoke Imaging offers state-of-the-art technology close to home

10 Surgical Sisterhood

General surgery residency program to graduate an all-female class

12 Community Giving, Community Healing

2021 Community Gratitude Report

16 Brighter Days Ahead

Bladen County Hospital's Emergency Department is getting a makeover

18 Diabetes Camp builds skills and community for kids and families



8



12



16



22

20 Addressing Healthcare Disparities take a team effort

22 Back on His Feet

An ankle replacement corrects years of wear and tear

24 Gotta Go

Urinary incontinence doesn't have to be a life sentence

26 News Briefs

28 New Physicians

29 Physician Briefs

31 For the Community

Support Groups



Making Rounds is the official magazine of Cape Fear Valley Health, a 1,000+ bed, 8-hospital regional health system, with more than 1 million inpatient and outpatients annually.

A private not-for-profit organization with 7,400 employees and 1,300 physicians on our medical staff, it includes Cape Fear Valley Medical Center, Highsmith-Rainey Specialty Hospital, Cape Fear Valley Rehabilitation Center, Behavioral Health Care, Bladen County Hospital, Hoke Hospital, Health Pavilion North, Health Pavilion Hoke and Harnett Health.

[www.capefearvalley.com](http://www.capefearvalley.com)

**MAKING ROUNDS** is published by the Marketing & Communications Department of Cape Fear Valley Health System.

Please direct all correspondence to: Marketing & Communications Department  
Cape Fear Valley Health  
P.O. Box 2000  
Fayetteville, NC 28302-2000

If your address is incorrect or you would like to be removed from our mailing list, call (910) 615-6024 or send an email to: [rross@capefearvalley.com](mailto:rross@capefearvalley.com).

**EDITOR :** Roxana Ross  
COMMUNICATIONS COORDINATOR  
[rross@capefearvalley.com](mailto:rross@capefearvalley.com)

**DESIGNER :** Jason Brady  
MARKETING COORDINATOR  
[jbrady@capefearvalley.com](mailto:jbrady@capefearvalley.com)



A Joint Commission  
**TOP PERFORMER**



## LETTER *from the* CEO

This spring, as we enjoy nature's growth and renewal that blooms around us, Cape Fear Valley Health is growing, too. The new Dorothea Dix Care Adolescent Care unit will offer needed treatment beds for our community's children experiencing mental health crisis, and the Center for Medical Education is the new home of our expanding residency programs and the Neuroscience Institute.

There are also going to be some new students joining us, thanks to a recent agreement with Drexel University to welcome 10 of its third-year medical students to complete their clinical rotations at Cape Fear Valley Health. Drexel's name may be new to many in our community, but as a medical college, Drexel is the modern successor of two of the oldest medical schools in the country, which combined in 1996. One of those original schools, the Woman's Medical College of Pennsylvania, was the first school in the world established for women to be able to earn medical degrees.

With its main campus in Philadelphia, Pa., many of these students might be visiting North Carolina for the first time. We know our community will show these students the Southern hospitality that has embraced so many of our students and residents in the past. After spending time with us, we hope these students will look at this region with an eye to calling it home someday, too.

It's no secret that our country has a shortage of physicians, and we think this collaboration is one more step we can take toward closing the gap between what our booming population needs and what we have here in Southeastern North Carolina. We will continue to host medical students from Campbell University and other universities, as well.

We want to do everything we can to help provide more trained physicians in our region, ready to meet the needs of our patients with world-class skills and knowledge, but close to home in our own communities.

Mike Nagowski

CEO, CAPE FEAR VALLEY HEALTH



# Quality Care in Every **Sense**

Al Chiodo, MD  
Harnett Health Ear, Nose and Throat

:: by Kim Hasty

**Theresa Mullarney-Regetz is a fourth-year student** at Campbell University's Osteopathic School of Medicine who plans to one day practice family medicine.

It didn't take long after she arrived at the Harnett Health Ear, Nose and Throat clinic in Dunn, with her brightly colored quilted bookbag in tow, to realize she would have the chance to learn from the best.

"Dr. Chiodo's great," she said. "He's enthusiastic and intelligent, caring and compassionate. He does the right thing for his patients."

Al Chiodo, MD, is also providing a service for Harnett County residents that they have long gone without: He's the first Ear, Nose and Throat (ENT) specialist to practice there in 10 years. Before the clinic opened in December 2021, Harnett residents had to travel out of the county to receive ENT services, and then only after waiting a month or more for an appointment. After receiving a referral from their primary care provider, patients can be seen at Harnett Health ENT much sooner than that.

"No one wants to go an hour away if you're dealing with a stuffy nose," Mullarney-Regetz said. "There are definitely some emergencies in the ENT field, but I feel a lot of it is quality-of-life-issues that make you feel bad."

Deborah Whittington was Dr. Chiodo's first patient here, and she can attest to both the clinic's convenience and to his expertise. He prescribed an effective nasal spray that cured her annoying case of persistent rhinitis.

"My first impression was that he was very humble, and that he would really be an asset for us," she said. "We couldn't have asked for anyone better to work with teenagers and children, as well as adults. He was very thorough and kind."

"I knew this was a service that was very much needed here and especially for the older population," she said. "I've heard people say how great it is not to have to go to Garner or Raleigh."

A native of Toronto, Dr. Chiodo recently completed a term as a Chief of Department at the Michael Garron Hospital, a University of Toronto Teaching Hospital. He completed his medical school and ear, nose and throat surgical training at the University of Toronto and completed his general surgical training from Brown University in Providence, Rhode Island.



He opened his clinical practice in Walterboro, South Carolina, where he practiced for two years before being recruited to teach at the University of Toronto, where he was an associate professor of Otolaryngology-Head and Neck Surgery. There he was director of Undergraduate Medical Education for the Department of Otolaryngology-Head and Neck Surgery and is a board-certified fellow of the Royal College of Surgeons of Canada.

But he's happy to be back in the South, where he says he has settled for good and where he and his wife of 31 years, Nadia, like to spend their free time walking along the beach at Topsail Island. They have an adult son who lives in New York and a daughter who is a student at the Royal College of Surgeons in Dublin, Ireland. Dr. Chiodo is presently also an Adjunct Associate Professor at Campbell University's School of Osteopathic Medicine.

"When I found this job, it seemed like the perfect opportunity," he said. "Very similar to the practice I had in South Carolina."

"We opened December 6, and it's been growing and getting busier here ever since," he said. "We've been very busy in the ER and on the floor."

Among the typical cases that Dr. Chiodo and Physician Assistant Lonnie Scholl treat are those that involve patients with hearing loss, sinus and allergy problems, and pediatric patients with ear infections, and tonsil and adenoidal disease.

"I like ENT because we treat all ages from newborn to elderly, and we do both the medicine and the surgery," he said. "I like the fact that after a good history and a good physical exam, you can come up with a diagnosis without having to run a lot of tests. Physical exam is really important."

# Dorothea Dix Adolescent Care Unit Opens

The new facility offers  
psychiatric care that  
is closer to home

:: by Roxana Ross



**The newly opened Dorothea Dix Adolescent Care unit** has created a lifeline that's now within reach for adolescents in the local community who need psychiatric crisis care. The facility, which held a ribbon cutting in March, has 16 inpatient beds for adolescents ages 12 to 17, and is located on Melrose Road, across from the Cape Fear Valley Behavioral Health Care Inpatient Unit.

“The Dorothea Dix Care Unit is designed specifically for these patients and their families,” said Corporate Director of Behavioral Health John Bigger. “During their short-term stay, youth participate in individual, group, and/or family counseling, with a focus on evidence-based adaptive skill building as a foundation for successful reintegration into the community.”



Individualized treatment plans with an emphasis on family involvement are made easier in a unit that is close to home for families who have adolescents receiving care. Before this facility opened, the nearest adolescent psychiatric treatment facility in North Carolina was 60 miles away. If a bed was not available, patients in crisis would wait in the emergency department until a bed at a facility opened up. Once placed in a facility, families would be burdened with long travel times or increased costs to stay near their child.

“A secondary goal of the unit is to assist the youth and their families with accessing local support services that will continue to help the adolescent continue to improve overall functioning within their home or community setting,” Bigger said. “Having this unit in Cumberland County makes these transitions much easier for the patients and their families.”

Providing mental health services for adolescents can be complicated and carries unique considerations which

adult mental health services do not have. Best practices for patients in this age range include taking into account all these considerations as part of daily treatment.

“Adolescents are in the phase of their life when they are trying to be independent as well as integrate into other peer groups outside of their family,” Bigger said. “But they also still need to function as part of their family. The combination of all these changing relationships can be very challenging and complicated. On top of that, adolescents are not yet fully mature, emotionally or physically. Because of all these connections, having a facility which makes family participation easier can make a huge difference in implementing a successful treatment plan for the adolescent.”

Being able to include the family in an adolescent's treatment plan can benefit other members of the family, as well. One family member's mental illness can impact the entire family.

**“Having a strong support group or support system is critical for adolescents in this stage of their life.”** Before this facility opened, the nearest adolescent psychiatric treatment facility in North Carolina was 60 miles away.

“Our psychotherapists will meet with family members to not only assess functioning within the family dynamic but will also focus on developing strong aftercare plans which incorporate ongoing care of the entire family, as well,” Bigger said. “This might incorporate tools like family therapy during aftercare as well as individual and/or group therapy for the adolescent.”

Though the need for this new unit was felt before the pandemic, the last two years have highlighted the importance of more such facilities across the country as mental health needs have increased. The effects of limited social interactions, isolation and increases in the usage of social media have taught mental health providers important lessons that will impact future treatment plans.

“We will have more face-to-face sessions, while at the same time utilizing digital learning platforms to help guide adolescents through establishing appropriate interactions with others, both interpersonally and through social media platforms,” Bigger said. “Having a strong support group or support system is critical for adolescents in this stage of their life.”

# Hoke Imaging

offers state-of-the-art technology close to home

:: by Kim Hasty



**Beth Seaman has been a breast cancer survivor** for nearly 10 years now, but her routine annual mammograms still bring about a measure of anxiety and frightening memories.

She's nevertheless grateful for a couple of things that help soothe her stress. Since Hoke Hospital opened in 2015 – offering Hoke County its first full-service hospital – Seaman appreciates the fact that she doesn't have far to drive from her home in Raeford.

Hoke Imaging, located on the second floor of Health Pavilion Hoke adjacent to Hoke Hospital, offers state-of-the-art 3-D mammography along with a full range of other potentially life-saving diagnostic screenings, including X-rays, ultrasounds, CT scans, and, most recently, Hoke County's first permanent MRI machine.

And when Seaman arrives on the hospital's beautiful sprawling campus, she said it's also comforting to be greeted by kind and caring staff, like mammographer Jackie Carty.

Seaman and Carty actually have a bond that dates back to when Seaman was diagnosed with cancer after finding a lump in her breast during a self-exam. Carty, who was working at Cape Fear Valley Medical Center at the time, performed the follow-up mammogram. Seaman underwent a lumpectomy and radiation therapy at Cape Fear Valley Cancer Treatment & CyberKnife Center in 2011.

"Fortunately, mine was not an aggressive form of cancer," Seaman said. "And fortunately, I caught it early."

She was delighted to reconnect with Carty when Hoke Imaging opened.





Clyde Hough, who has 44 years' experience in radiology and has been Radiology Manager for Hoke Imaging since the facility opened, said he isn't surprised.

"I get the most compliments about her," he said of Carty.

Carty, who lives in Hoke County, said mammography lends itself to a special connection with patients.

"That's what I love about it," she said. "Some of our patients return year after year. It's all about getting the patient to relax to get a good image. It's all about getting the best possible images. We compress because we care."

Hoke Hospital in general has a reputation for having a friendly atmosphere, so much so that Hough said patients drive from other counties, especially once they learn that they can receive so many important services there. It isn't necessary to be a Hoke Hospital patient to use the services of Hoke Imaging, though the services do require a referral from a primary care doctor or specialist. Appointments are available Monday through Friday. CT and ultrasound appointments are also available on the weekends.

And because Hoke Imaging is classified as an Independent Diagnostic Treatment Facility, patients can receive a high level of care with a lower co-pay and lower out-of-pocket expenses. All imaging tests are stored in electronic format, which means that Hoke Imaging patients, as well as their primary care physicians, can view the results of their tests and screenings through the MyChart app. Patients are able to share their record immediately with anyone who needs access.

"It's beneficial to everyone in this area," said Hough, who is a Hoke County native. "Once people learn what we offer, they're willing to drive to get the services. We also offer same-day appointments, fast results and ease of parking without a long walk. We're very convenient."

Most importantly, Hoke Imaging has the cutting-edge technology that can result in peace of mind and early detection of problems.

"They have the best technology and the most updated technology," Seaman said. "And having Hoke Imaging enables me to have that technology while cutting the distance in half."

"She remembered me," Seaman said. "She was actually in the operating room and held my hand when they did my lumpectomy. She's the ultimate reason as to why I return each year."

Seaman even wrote a letter to hospital administrators praising Carty.

"I wanted to write to praise an exceptional employee," Seaman wrote. "I never have fear when getting my mammogram with Ms. Carty. She has a very special way of relating to me with professionalism and kindness that provides me with great confidence that I will have an outstanding experience when getting my mammogram. She makes me feel like I'm not a number or just another person."

# Surgical Sisterhood

General surgery residency program  
to graduate an all-female class

:: by Lia Tremblay



Rachel Hall, DO

**In June, Cape Fear Valley’s general surgery residency program will celebrate** its first group of graduates. After five years of training, four new surgeons are all set to begin long and rewarding careers.

And they’re all women, something not at all common in a gathering of surgeons.

“It’s very rare to have an all-female group of surgeons,” said Kelly Van Fossen, DO, the program’s director (and a practicing surgeon herself, at Ferncreek General Surgery). “To even see a 50/50 mix is rare.”

Rachel Hall, DO, Teresa Starr, DO, Dezarae Leto, DO, and Maryselle Winters, DO, complete this unique group.

Although women currently make up just over half of medical-school graduates, surgery has persisted as a very male-dominated field. Studies suggest that many women in medical school have felt actively steered away from surgery with comments based on their gender, while others find that its demands are just not compatible with the work-life balance they need while building a family.

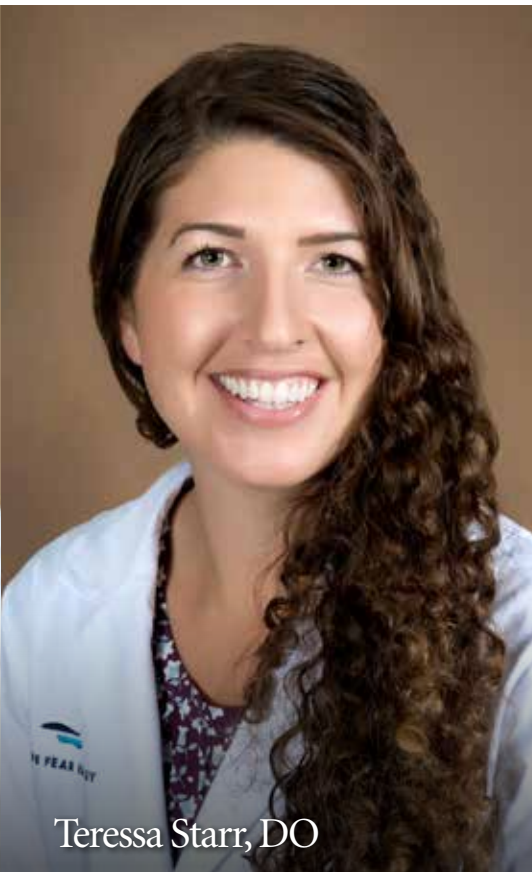
“There was sometimes a boys’ club mentality,” said Dr. Van Fossen, recalling her own training, “and there was definitely an expectation that the residency came first and everything else came second.”

The priorities were different for this group, Dr. Van Fossen said. One of the residents had a baby during her training, and has balanced the demands of motherhood and surgical training with the support of her colleagues.

“It’s a very close-knit group,” she said. “These women are very supportive of one another, and very on board with each other’s life phases.”

Having more women in surgery isn’t just a win for equality – it may also be good news for patients. A 2017 study found that patients of female surgeons had lower death rates, fewer complications, and lower rates of readmission to the hospital. A 2021 study found this is particularly true when the patient is also a woman.

“I think we tend to be better listeners,” said Dr. Van Fossen. “We really hear what our patients are saying and take them seriously, and when they’re women we can often relate to what they’re telling us.”



Teresa Starr, DO



Dezarae Leto, DO



Maryselle Winters, DO

## As more women become surgeons, seeing that representation will encourage younger women to consider it as a career.

Dr. Van Fossen said that as more women become surgeons, seeing that representation will encourage younger women to consider it as a career.

“I knew zero female surgeons when I was growing up,” she said, “but our family doctor was a woman. And when I decided to become a physician, I met more and more women who had gone into surgery.”

She said she’s been especially pleased to have women colleagues to point to as her residents have advanced through their training.

“Cape Fear Valley is fortunate to have some great female surgeons,” she said.

For young women currently thinking of becoming a surgeon, Dr. Van Fossen has some advice.

“Think hard about what you want from life, not just your career, and consider work-life balance,” she said. “Being a working mother can be really challenging.”

Still, the rewards have been worth it for her. As a general surgeon, she does a lot of what she calls “bread and butter” surgeries – gallbladder removals, hernia repairs and the like – and says she never gets tired of it.

“We often see patients at their most vulnerable,” she said, “so it’s rewarding to be able to help them get past a very painful or scary time.”

The four graduating residents will be scattering in different directions, including one who’s headed all the way to New Mexico. As Dr. Van Fossen prepares to send them off into their surgical careers, she hopes they’ll stay in touch with her and each other.

“We’ve built relationships for years to come,” she said. “I’ve told them to call me anytime, to run a case by me or just catch up. I’m so proud of them.”

# COMMUNITY *giving.* COMMUNITY *healing.*

These words reflect the work of Cape Fear Valley Health Foundation. Gifts through the Foundation strengthen our community by improving and enriching local 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. For more information about the Foundation, please contact our office at (910) 615-1285, email [foundation@capefearvalley.com](mailto:foundation@capefearvalley.com) or visit our website at [cfvfoundation.org](http://cfvfoundation.org).

## *Focus areas in 2021 include:*

*Caring for the Future Capital Campaign* to support our expanding medical residency program and the Center for Medical Education, all in an effort to provide the needed doctors for the southeastern region of North Carolina.

Continued support of healthcare during the **COVID-19 pandemic** through unrestricted contributions.

Improving the **overall health and wellness** of the communities we serve through innovative initiatives.

Recognizing the impact neurological diseases have on patients and their families, both the **Alzheimer's Patient and Family Support** program and the **Parkinson's Patient Support** program were established in 2021 thanks to donor-driven initiatives.

## 2021 COMMUNITY DONATIONS

We extend our gratitude to all donors to Cape Fear Valley Health Foundation for their financial support of our programs. The following is a cumulative list of all donors who have given \$1,000 or more during 2021. Due to space limitations, we are not able to list all our donors, but your gifts, no matter the amount, are all greatly appreciated. Any omissions or errors in the donor listings were unintentional. If there are errors, please accept our apologies and contact us at (910) 615-1285 or [foundation@capefearvalley.com](mailto:foundation@capefearvalley.com) so the situation may be corrected. Thank you.

### VISIONARY SOCIETY \$500,000 TO \$999,999

The Duke Endowment

### FOUNDER'S SOCIETY \$100,000 TO \$499,999

Ann and Tony Cimaglia

Dr. Wes Jones and Mrs. Lucy Turk Hollis Jones / J. Wes and Lucy Jones Advised Fund of Cumberland Community Foundation, Inc.

The Giving Tuesday Catalog Fund, the Manning Family Advised Fund, the Fayetteville New Car Dealers Association Advised Fund, and the unrestricted community endowments of Cumberland Community Foundation, Inc.

Thomas R. and Elizabeth E. McLean Foundation

Jay W. and Charlene J. Wyatt

### CHAIRMAN'S SOCIETY \$50,000 TO \$99,999

Tommy and Peggy Arnold

Chisholm Foundation for Youth and Community Transformation

### PRESIDENT'S SOCIETY \$25,000 TO \$49,999

Lauren and David Allred

Dr. Rakesh Gupta and Dr. Vinita Gupta

North Carolina Healthcare Foundation

Riddle Family Foundation

Jim and Nancy Soffe

Drs. Paul and Monica Spartzak

Spirit of Children / Spirit Halloween

State of North Carolina / DHHS Admin & Support

### AMBASSADOR'S SOCIETY \$10,000 TO \$24,999

Carolyn Riddle Armstrong Family Foundation

Dr. H. Scott and Avery Cameron

Fort Bragg Federal Credit Union

Insulet Corporation

J.P. Riddle Charitable Foundation

Michael and Kimberly Nagowski

Olde Fayetteville Insurance & Financial Services, Inc.

Judy Philbrook

Puppy Creek Fire Department, Inc.

Dr. David A. and Jenna Schutzer

Select Bank & Trust

Sharlene Riddle Williams Family Foundation, Inc.

Stuart D. Shelton, MD

Smithfield Support Services Corporation

Spencer L. Cummings and Felicia Barnes-Cummings

The Duke Energy Foundation

Truist

(formerly Branch Banking and Trust Company)

Valley Auto World, Inc.

Sharon and Mike Williford

### PACESETTER'S SOCIETY \$5,000 TO \$9,999

American Cancer Society

Wanda and Mike Bordone

Scott and Janet S. Cameron

Bragg Mutual Federal Credit Union

Drs. Chris and Serina Tart / Chris and Serina Tart Advised Fund of Cumberland Community Foundation, Inc.

Compassionate care of local cancer patients through the work of Friends of the Cancer Center. Gifts to the Irene Thompson Byrd Cancer Care Endowment ensure this care will continue for generations to come.

## 2021 COMMUNITY DONATIONS

### PACESETTER'S SOCIETY *continued...*

Dr. Beverly A. Davis and Dr. Michael Sanders  
Bart and Jeannie Fiser  
K&L Gates  
Dr. Marion Gillis-Olion and Dr. Ladelle Olion  
Gladys Hill / Light Up Fayetteville Pink  
Peggy Holt  
Bret and Kelly Johnson  
Chris and Angela Neal  
Virginia Thompson Oliver  
Dr. Henry E. and Diane M. Parfitt  
Brian Pearce  
Piedmont Natural Gas Company  
Lonnie M. and Dana Player  
Christy Shaffer  
Shakir Family and Friends  
The Arts Council of  
Fayetteville/Cumberland County  
The Links Incorporated  
Dr. Kelly Van Fossen and Dr. Duke Matsuyama  
Wells Fargo Foundation  
Drs. Reginald and Roxie Wells  
Catherine A. Wilt  
Wyrick Robbins Yates & Ponton LLP  
Dr. Michael J. and Maria R. Zappa  
*Three donors wish to remain anonymous*

### DIAMOND CIRCLE

#### \$2,500 TO \$4,999

Lisa A. Adams  
Mr. Michael Alexander / Careismatic Brands, Inc.  
Linda C. and Philip Aranas  
Neeti Kapur and Amol Bahekar  
Tim Barlow, CRNA and Valerie Barlow, NP-C  
Misti and David Baskett  
John Bigger  
Rev. Cynthia Brasher  
Sabrina and William Brooks  
Bradley and Maria Broussard

Castle Uniforms Inc.  
Lynda Bell Clark  
Victoria Downing-Watson  
Dr. Sanjeev and Seema Slehria Advised Fund of  
Cumberland Community Foundation, Inc.  
Dr. and Mrs. Mark Eaton  
Melissa Harrelson  
Sree Latha Krishna Jadapalle, MD  
and Venugopal Jogi  
Chaka and Jermaine Jordan  
Scott Klenzak, MD and Jessica Kouba Klenzak  
Dr. Stephen H. and Marsha Kouba  
MB Kahn Construction Co., Inc.  
Susan N. MacRae  
Dr. and Mrs. Donald and Michelle Maharty  
Debbie Marshburn  
Dr. Robert E. Maughan, M.D.  
Pepsi Bottling Ventures  
Tom and Kathy Jo Powell  
Dr. W. Dickson and Emily K. Schaefer  
Michael and Asheley Tart  
The Gary Davis Family Foundation  
Chuk and Chinazor Umerah  
Victoria Baskett Patient Safety Foundation  
Jennifer L. Watson  
Dan and Jill Weatherly  
Debra W. Williams  
Sandra Williams  
Dennis M. and Melissa M. Wisneski  
Phill and Marcia Wood  
*Two donors wish to remain anonymous*

### PLATINUM CIRCLE

#### \$1,000 TO \$2,499

Ama O. Adu-Mireku  
Dr. Charles D. Allen, Jr.  
Richard and Margaret Ann Alligood  
Dr. Harry and Amber Ameredes  
Sandy and Jim Ammons

Dr. Ravinder and Pallavi Annamaneni  
Charlie Rae Ashley  
Julie and Chris Aul, MD  
Ryan and Janene Aul  
Benjamin Beason  
Philip R. Black  
Patronella Blue  
Boone Trail Fit Body Boot Camp  
Dr. Judith Borger and Benjamin Borger  
Chris and Stephanie M. Bostock  
Bowman and Melissa Smith Advised Fund of  
Cumberland Community Foundation, Inc.  
The Bradley Family: Wayne, Amy,  
Colby, Carson and Morgan  
Peter and Susan Brasket Charitable Fund  
Wendy Breedon  
Teresa Bullard  
Kimberly W. Bullins  
Leslie Campbell  
Cape Fear Valley Health Mobile Integrated  
Healthcare (EMS) Employees  
Cargill, Inc.  
Dr. Sandra Carr-Johnson  
Chakungal and Sreelekha Sashidhar Advised Fund  
of Cumberland Community Foundation, Inc.  
City of Fayetteville Fire Department  
Louis Cox and Sarah Holt Cox  
Michelle Cox  
David P. and Shoko Craig  
Emily Cribb  
Cumberland Cardiology, P.A.  
Sheri Dahman  
Lara K. Davis, RN  
Anita Davis-Melvin  
Judy Dawkins  
John G. and Carolyn Dawson  
Deep Creek Grill  
Susan Dees  
John L. and Jamie A. Dickerhoff

Timothy W. and Sonja D. Drews  
Sylvester U. Ejeh, MD, FACC, FSCAI and Ijeoma Acholonu Ejeh, MD, FACS  
Express Employment Professionals  
Robert Exum, Jr. and Genevieve L. Garrou Exum  
Lisa Fikac  
First Citizens Bank  
Ken Fleishman, MD  
Sam Fleishman, MD  
Robert L. Godwin and Kristie T. Godwin  
Dr. Tony and Meredith Grello  
Diana S. Hicks  
Hannah L. Holt  
Kathryn T. Hostetter  
Greg Howard  
Nat Howe  
Stephanie Keating  
Ms. Amber Kirby  
Larry L. and Debra F. Lancaster  
Luke and Beth Langley, PhD, RN, CCRN-K  
Pierre Q. Lee  
Lincoln Financial Group  
Mrs. Kelly Lupo  
Rita McCarthy

Claire and Dillon McLain  
Eleanor Irene McLaurin  
Leigh McNeill  
Mr. C. John Malzone  
Jan Mathews  
Drs. Kenneth and Gwenesta B. Melton  
Keith Messner, M.D., M.B.A.  
Mike Winesette Advised Fund of Cumberland Community Foundation, Inc.  
Mount Carmel Church of God of Prophecy  
Jeffrey and Karen Nolte  
Wendy K. Parker  
Susan Phelps  
Beth B. Polumbo  
Tim Price, LaFayette Ford  
Davis W. and Kelsey Puryear  
Shonda Ray  
Jack and Bobbie Rostetter  
Royal Kings MSC  
Sharon Rush  
Ann R. Sauls  
Jo Sautter  
Seven Branch Farm  
Kathy E. Seward, M.D. and Duane M. Seward

Elizabeth Simmons  
Renee H. Singleton  
Syreeta A. Stewart  
Dr. and Mrs. Myron S. Strickland  
Pamela Suggs Story  
Lisa Stubbs  
John R. Sutton  
Ms. Chasity Swails  
Mary L. Talley  
Deanna Thompson  
Lisa M. Thompson  
David J. and Maureen A. VanRassen  
Virginia L. Yarborough Advised Fund of Cumberland Community Foundation, Inc.  
Dr. Sathyamurthy and Dr. Shobha Viswanath  
John A. Wallace  
Ralph E. White  
Valley Radiology, P.A.  
Village Internal Medicine  
Wingate University  
Amanda Wright  
*Seven donors wish to remain anonymous*



Gifts through Cape Fear Valley Health Foundation strengthen our community by improving and enriching local healthcare.

Scan the QR code to make an easy donation and support our mission of providing healing to those who receive care from Cape Fear Valley Health.





# BRIGH<sup>+</sup>ER Days Ahead

**Bladen County Hospital's  
Emergency Department  
is getting a makeover!**

*:: by Ginny Capiot*







Newly renovated patient room

**When Hurricane Florence struck Bladen County in 2019**, the hospital received a lot of damage. While portions of the building were renovated, the 11-bed Emergency Department was not. In fact, the ED has had no construction upgrades in a few decades. That is until now.

The hospital's Engineering Department is working to bring a brighter, more cheerful Emergency Department to Bladen County residents. Renovations will take place in phases, as the Emergency Department will remain open during construction. Currently seven rooms are finished, with four more – and the nursing station – to go.

“The ED is not an easy place to shut down,” said Tommy Lindsay, Facilities Manager for Bladen County Hospital. “This is our store front.”

Lindsay and his team have been working hard to make the upgrade without disturbing patient care, and the finished product will be more appropriate for a modern healthcare setting.

“We’re adding new flooring, new countertops and new sinks that will be easier to clean,” Lindsay said. “And we’re replacing nightstands with custom-built cabinets, which saves us a lot of floor space and gives more room around the patient.”

Perhaps the most noticeable change to the department, however, will be the lighting. All the old halogen bulbs, which unavoidably cast everything in a yellow light, have been replaced with LED lights. The change may sound small, but it gives the entire department a cleaner, brighter, more welcoming feel.



Before renovations

**“We’re really excited about the renovations. The Emergency Department is the front door to any hospital, and we are making it more welcoming.”**

“We’re really excited about the renovations,” Susan Phelps, Chief Nursing Officer, said. “The Emergency Department is the front door to any hospital, and we are making it more welcoming.”

The final phases of construction should be complete before summer begins, and then residents who must visit the Emergency Department can enjoy an atmosphere that will match the quality care that is provided there.



# Diabetes Camp

**builds skills and community  
for kids and families**

*by Roxanna Ross*

**For one summer week, local children and teens with diabetes** can experience a sleepaway camp made just for them. Children who go to Diabetes Camp will also gain new skills and knowledge, as well as special friends and memories.

Camp organizer Brunilda Cordero, MD, says that the camp is designed to mix fun with learning, and that one of the camp's goals is to help children take better independent control of their medical condition by the time the camp is over. Dr. Cordero, who is Medical Director of Cape Fear Valley Pediatric Endocrinology, said this is the only camp of its kind in southeastern North Carolina.

“One of the results that we have seen is that children who attend the camp see a reduction of almost two points in their A1c hemoglobin test following Diabetes Camp. That’s significant,” Dr. Cordero said. The A1c test indicates a patient’s average level of blood sugar over the past two to

three months. “When they go home, they are more able to manage their diabetes independently.”

The camp was founded in 2008 and owes much of its funding to an annual Spring Ball and games in the fall that raise money for the camp and allow organizers to keep registration fees affordable for children and families. This year there are 90 slots for campers.

“We have received a lot of support from the community,” Dr. Cordero said. “This is something I am so proud of, how our community has contributed. It is a blessing for the children.”

After the past two summers were cancelled because of COVID-19, Dr. Cordero said she is looking forward to bringing back the camp in a safe environment. While a COVID-19 vaccination is not required to attend, it is preferred. Dr. Cordero said all parents with children who have underlying conditions, such as diabetes, should talk to

their pediatrician about vaccination. The camp always has several doctors, registered nurses, and diabetes educators on site during the camp.

“When children are diagnosed and learning to deal with diabetes, nothing pretty comes to mind for them, it’s all dark. But at camp, we teach them diabetes management, when to check their sugar, let them try insulin pumps, give them skills for handling low blood sugars, and at the same time they’re doing fun activities,” Dr. Cordero said. “Even if they’re already skilled at managing their diabetes, it’s a great social event for them.”

The camp experience culminates in a talent show on the final night, which Dr. Cordero said is always richly anticipated by the campers.

“There are prizes, and everybody is excited,” Dr. Cordero said. “We’ll see the kids practicing and rehearsing at night because they want to win the prize.”

## Diabetes Camp

July 10-16, 2022

Camp Rockfish  
226 Camp Rockfish Rd, Parkton NC

Early Registration, \$250  
deadline : June 10

Registration, \$300  
deadline : June 24

For more information about Diabetes Camp, please call Brunilda Cordero, MD, Medical Director of Pediatric Endocrinology at (910) 615-1885, or visit [sweetkidswithdiabetes.com/diabetescamp](http://sweetkidswithdiabetes.com/diabetescamp).



# Diabetic-friendly recipes for the whole family

## Chicken Fingers

Kids love chicken fingers, and you’ll love knowing this recipe cuts the fat and grease that comes with traditionally fried chicken fingers.

### Ingredients:

3/4 cup cornmeal  
1/2 tsp garlic powder  
1/4 tsp black pepper  
1/4 tsp dried thyme  
1 egg  
1 egg white  
1 lb. boneless, skinless chicken tenderloins

### Directions:

Preheat oven to 350 degrees F. Spray a baking sheet with cooking spray.

In a shallow dish, mix together cornmeal, garlic powder, black pepper, and thyme.

In another shallow baking dish, whisk together the egg and egg whites.

One at a time, dip each chicken strip in the egg mixture and then coat it in the cornmeal mixture before placing on the baking sheet.

Bake for 30 minutes or until done (internal temperature of 165 degrees F). Turn chicken pieces over halfway through cooking time.

## French “Fries”

Kid-favorite French fries go great with chicken fingers, but they are notoriously unhealthy. Instead, try these “fries” for a healthier side.

### Ingredients:

8 oz fresh green beans (trimmed)  
1 egg  
1 egg white  
1 dash hot sauce  
1/2 cup cornmeal  
1/2 tsp garlic salt  
1/8 tsp black pepper  
2 tbsp grated Parmesan cheese

### Directions:

Preheat the oven to 425 degrees F.

In a shallow dish, whisk together the egg, egg white and hot sauce.

In another shallow dish, mix together the remaining ingredients.

Dip each green bean in the egg mixture and then lightly coat in the cornmeal mixture.

Place the green beans on a baking sheet and bake for 25 minutes, until lightly golden.



# Addressing **HEALTHCARE DISPARITIES** takes a team effort

:: by Roxana Ross

The phrase “healthcare disparities” describes a wide variety of inequalities in how different groups of the population are able to get medical care and how this contributes to varying rates of disease and disabilities within those communities. Some disparities are attributed to geography, while others are tied to ethnicity, economic resources, gender or other underlying factors. Raising awareness of these disparities can be a first step to addressing issues by encouraging certain screenings because of statistical increases for preventable diseases, but other issues are more complicated.

“Ensuring access to care prior to the development or worsening of chronic diseases like diabetes, high blood pressure and heart disease, and leveraging continuity of

care touchpoints after office visits and during and after hospitalizations are ways to decrease healthcare disparities in our community,” said Hoke Hospital President Roxie Wells, MD, who is also a longtime advocate for addressing healthcare disparities. “Throughout my 25 years in this field, we’ve discussed the cost of healthcare from a financial perspective. However, it’s imperative we recognize the costs of loss of life and the development of lifelong disabilities associated with healthcare disparities. When we fail to address these issues, people develop more severe medical conditions, which impacts their daily lives in significant ways and may lead to early deaths. Closing the gaps on access to care by leveraging programs like our health system’s Coordination of Care and Community Paramedics saves lives and decreases the overall monetary cost of healthcare.”

## Coordination of Care

When a patient is preparing to be discharged from the hospital, the Coordination of Care program helps make sure that the patient is adequately able to take care of themselves or receive follow-up care. Corporate Director of Coordination of Care Jolie Hathcock said the program is often referred to as “continuity of care.”

“We assist patients to get all the resources they need,” Hathcock said. “For instance, if they are newly diagnosed with diabetes, we can give them information about diabetic classes, provide them with a glucometer to check their blood, and make them aware of several community resources that they can take advantage of at no cost.”

The program, which includes social workers trained to assess a patient’s needs and living situation, might set up visits with a home healthcare nurse, provide medical equipment, arrange follow-up appointments, or help with paying for medication. When more resources are needed than what a patient can receive and still live independently, the program can also assist with placement in care facilities. Patients can ask about getting assistance through this program by speaking with their Cape Fear Valley primary care physician, as well.

Many of the resources that the program shares with patients are referrals for services offered by other community organizations. A searchable list of community resources that can help patients with specific issues is located on Cape Fear Valley’s web site, at [capefearvalley.com/patients/community-resource-list](http://capefearvalley.com/patients/community-resource-list). Services are ordered by more than 50 topics, such as Blind and Visually Impaired Services, Clothing, Home Repair and Transportation.



“Society as a whole has started focusing more on the patient and the family to be more active and participate in the discharge plan,” Hathcock said. “Patients have choices, and options. Sometimes the social workers have to step in and have difficult conversations, like determining if it’s safe for a patient to return home or be placed in a facility where they can receive a higher level of care than what they can expect at home.”

Hathcock said the program’s goal is to see that a patient’s care continues once they leave the hospital, so patients are less likely to be readmitted for issues that re-emerge once they are home again.

“We want to make sure everyone has a follow-up primary care appointment before they leave the hospital,” Hathcock said. “We find that when those appointments are not kept, something brings them back soon to the hospital. That’s why it’s important that we educate patients while they’re here. It’s also important that patients and their families be honest about their fears and concerns.”

## Community Paramedic Program

High-risk patients who have been recently discharged from the hospital might receive a home visit through the Community Paramedic Program. In this program, paramedics perform health assessments, home safety assessments, review patients’ medications with them, and support other discharge needs. This program is credited with reducing readmission rates to record lows of less than 2 percent for patients they regularly follow for key diagnoses. Last year, the paramedics in the program performed more than 7,000 such visits.

“The paramedics check blood pressure, lung function and other important vitals,” said Community Paramedic Manager Alinda Bailey. “They have conversations with the patients, many of whom might not otherwise be able to easily see any sort of medical provider, and they get to know them. They are an important tool to help keep many patients from falling through the cracks.”

Because there are so many non-medical aspects to a person’s life that can affect their mental and physical health, it’s important to think holistically when trying to improve the community’s health profile and create more healthy outcomes for families.

“For the health system to make good on its vision to improve the quality of every life we touch, we have to make sure we aren’t neglecting these opportunities to connect patients and their families with other services and organizations,” Dr. Wells said. “We want to take care of our community’s health, and that’s really a team effort when you’re working against these longstanding healthcare disparities that especially common in rural or economically disadvantaged communities.”

A man with short dark hair, wearing a bright red t-shirt, is leaning on a rustic wooden fence. He is smiling and looking off to the side. The background is a wooded area with bare trees and some evergreens under a clear blue sky. The fence is made of weathered wooden posts and rails with a wire mesh in between.

# Back on His Feet

An ankle  
replacement  
corrects years of  
wear and tear

:: by Lia Tremblay

## Bruce Sobieralski of Parkton has always felt right at home in the great outdoors, but a

memorable hike back in 2005 left him with an unpleasant souvenir. He was enjoying the sweeping vistas of Utah's Cottonwood Canyon when a quick jump across the rocky terrain ended with a nasty ankle sprain. The injury never healed properly, and that jump became something he wouldn't soon forget.

"I had issues with it for years," he said. "It just got more painful and less mobile as time went on."

More than a decade later, his job in distribution at a major food manufacturer had him working long hours on concrete floors. Every day, his bad ankle got a little harder to ignore.

Last summer, he finally saw his doctor about it. He was quickly referred to Hughey C. Carter, DPM, a podiatrist at Cape Fear Valley Podiatry.

"He took lots of X-rays of my ankle, my foot, up my leg," said Sobieralski. "Then we talked about it, and he explained the injury and why it was getting worse. He said he could do a surgery on it that would help, so I said let's do it."

If you're surprised to find that podiatrists do surgery, you're not alone. There is a persistent misconception that their practice is limited to things like bunions and blisters. But Dr. Carter said that's only part of the work they do.

"Surgery is very common in podiatry," he said. "We really handle any pathology from about the mid-leg down to the toes, including things like complex deformities that require surgery."

In Sobieralski's case, years of wear and tear on an improperly healed sprain meant an ankle replacement was necessary. He went under the knife in October.

"I think I was in surgery for five hours," he said. "I have two screws in there now, it's basically rebuilt."

With the surgery behind him, Sobieralski was in for a long recovery. He spent several weeks in a cast, and then a walking boot. For a man who's used to being active, the downtime took some getting used to.

"I watched a lot of movies," he said. "And wrote some letters, and tried to help around the house as much as I could."

When it came time to begin his post-op physical therapy, Sobieralski was happy to get to work. He'd learned what can



Hughey Carter, DPM  
Cape Fear Valley Podiatry

happen when an ankle doesn't heal the way it should, and knew physical therapy was an important part of the process.

"They gave me exercises to do twice a day," he said. "I'm still doing them."

Dr. Carter said it's important to make sure patients understand the things they'll need to do to fully heal, and the time it could take.

## Find a good doctor, one you can trust, and ask lots of questions.

### "It's been a long road to recovery, but it's worth it."

"I always have a really long talk with these patients about their expectations," said Dr. Carter. "Surgery doesn't always make everything perfect again, and it could be a year before you feel the full benefit of it."

Sobieralski said after talking to Dr. Carter, he felt well prepared for the surgery and the road ahead.

"He's a very thorough doctor," he said. "I felt nervous about surgery at first, but I was impressed with Dr. Carter and really ready to get it done."

Four months after the surgery, Sobieralski said he's not at 100 percent yet, but the mobility in his ankle is markedly improved. He's starting to get back to some of his favorite outdoor activities. A trained horticulturist, he's even designing an edible landscape with his wife.

For others with a similar issue, he has some advice: Find a good doctor, one you can trust, and ask lots of questions. Then prepare for relief that might not come fast or easy.

"It's been a long road to recovery," he said, "but it's worth it."



# Gotta Go

**Urinary incontinence doesn't have to be a life sentence**

*:: by Lia Tremblay*

**If you're a woman, especially one who has given birth, you may have had this experience:** Your day is humming along just fine, and then out of nowhere comes a sudden, embarrassing bladder leak. It may have been precipitated by a hearty laugh, a strong cough, or a powerful sneeze, or it may have had no apparent cause at all.

Many women hesitate to talk to their doctors about the issue until it's been happening for some time. Because it can be embarrassing to talk about, some will simply

soldier on, stocking up on absorbent pads and planning their days around easy bathroom access.

"I am surprised at how many women will wear protective garments and bring extra clothes along with them in case they have an 'accident' before they seek help," said David Schutzer, M.D., of Hoke OB/GYN. "When the incontinence affects their quality of life, then it is time to seek out advice."

There are two main causes of urinary incontinence Dr. Schutzer sees in his patients:



**Stress incontinence** is caused by a weakening or prolapse of the valve that usually keeps urine inside the bladder. Any increase in pressure in the pelvis (such as from a laugh or sneeze) can overwhelm that valve, resulting in a leak.

**Urge incontinence**, or overactive bladder, is caused by a sudden contraction of the muscle around the bladder. These contractions can come on with no warning, and the result is an urgent race to the restroom.

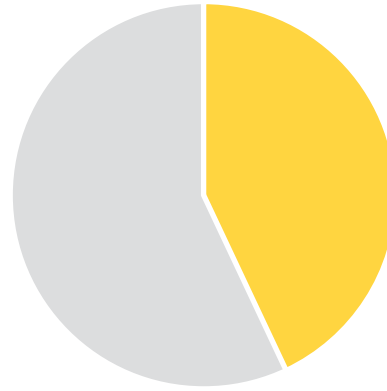
Stress incontinence is more common, and typically begins during the childbearing years. The intense pressure of a growing fetus and the experience of giving birth (whether vaginally or by Cesarean section) can significantly weaken the pelvic floor and urinary sphincter. These effects can be compounded by multiple pregnancies, or particularly complicated ones.

“Therapies for stress incontinence have become much less invasive, with quicker recoveries and higher success rates.”

“Many of these cases improve or resolve over time,” said Dr. Schutzer, “but stress incontinence may reappear as women age.”

With or without childbirth, some conditions increase pressure in the abdomen, contributing to stress incontinence—especially chronic constipation, asthma, COPD, smoking and obesity.

By retirement age, most women will have experienced urinary incontinence. According to a recent AARP poll, 43 percent of women aged 50 to 64 have been through it. For women aged 65 to 80, that number rises to 51 percent.



According to a recent AARP poll  
**43%**  
of women aged 50 to 64 have experienced urinary incontinence.

“It is important that women understand how common this is,” said Dr. Schutzer. “It affects about 15 million women in this country.”

Knowing they’re not alone helps put an embarrassed patient at ease, and Dr. Schutzer said a thorough explanation of the anatomy behind the leak also helps. Then it’s time to decide on a treatment.

“If someone has contributing causes, then we discuss trying to control their associated medical problems or weight loss,” he said. “We might discuss enrolling in an exercise program with a physical therapist that has special training in pelvic floor therapy. Or we could discuss surgery for correction of any anatomic issues that may contribute to her incontinence.”

Whether the solution comes from a lifestyle change, an exercise regimen or a surgical solution, Dr. Schutzer said the outcome can be a big sigh of relief.

“I have had some patients who were avoiding social situations, or had stopped going to exercise classes they enjoyed, out of fear of having an episode,” he said. “But many have returned to their normal social lives after corrective actions. Several come to mind who were able to enjoy playing on the trampoline with their children.”

Dr. Schutzer said it’s exciting to see outcomes that might not have been possible when his career began.

“Over the almost 30 years since I started in gynecology,” he said, “the therapies for stress incontinence have become much less invasive, with quicker recoveries and higher success rates.”



## Cape Fear Valley Medical Center announces expansion

In March, Cape Fear Valley Health System announced a \$110 million expansion to its flagship hospital, Cape Fear Valley Medical Center, which will add 100 beds to the facility's capacity. The construction, which is expected to start this fall, will build two new floors on top of the existing Valley Pavilion section of the medical center.

CEO Michael Nagowski said this expansion has been an anticipated part of the health system's long-term planning, and that the health system has been saving funds in preparation of this. He also estimated that the expansion, when completed, will create an additional 187 full-time equivalent positions at the medical center.

"We recognized that we need this expansion to meet the growing needs of our community, and to provide meaningful assistance to reduce delays in our Emergency Department," he said. "We expect that this will dramatically improve wait times in the ER."

The expansion is expected to be completed in Fall 2024. About 40 percent of the new beds will be designed as ICU beds, with the remaining beds designated for medical/surgery inpatient and observation. All of the beds will be located in private patient rooms. The additions will raise Valley Pavilion from five to seven stories. Plans also call for the inclusion of two rooftop helipads, which will allow patients to be taken by elevator directly into the hospital emergency department. Currently, the hospital's helipad is located on the front lawn, and patients must be transported less directly from the helipad into the building.



## Two new electric cars running at Cape Fear Valley Medical Center

Two new vehicles began rolling earlier this year at Cape Fear Valley Medical Center for patients and visitors who need a lift to and from their parking spots. The Global Electronic Motors (GEM) cars are used by the hospital's Patient and Visitor Shuttle Service, which gives rides around the campus for patients and visitors to and from the Cancer Center and the Pavilion Parking Deck.

A new four-seater vehicle and a new six-seater model replaced two older gas-powered golf carts that had been in service for several years at the campus. The golf carts were replaced because they had begun to require frequent maintenance and down time. By switching to electric models, the change will also eliminate the exhaust caused by the old carts.

The two GEM cars cost a combined \$50,336, which was funded by generous community donations to the Cape Fear Valley Health Foundation and Friends of the Cancer Center.



## New primary care clinic in Red Springs joins Cape Fear Valley Health

Cape Fear Valley Primary Care – Robeson Family Practice opened in February. Herman Chavis, M.D., Kenneth Locklear, M.D., and Jamie Jones, FNP, transitioned from private practice to the Cape Fear Valley team. The clinic is located at 1002C East Fourth Ave., Red Springs, and is open Monday through Friday from 8 a.m. to 5 p.m. To make an appointment, call (910) 843-3311.



## New Fayetteville primary care clinic joins Cape Fear Valley Health

Cape Fear Valley Primary Care – Highland Family Practice opened in March, when George Pantelakos, M.D., transitioned from private practice to the Cape Fear Valley team. The clinic is located at 1248 Ft. Bragg Road, Fayetteville, and is open Monday through Thursday from 8 a.m. to 5 p.m. and Friday from 8 a.m. to noon. To make an appointment, call (910) 323-0334.

NEWS *briefs*

## Paramedic Teams compete in N.C. EMS Paramedic Competitions

Cape Fear Valley Mobile Integrated Health Care (MIH) recently had three paramedic teams compete in regional North Carolina EMS paramedic competitions. The team from LifeLink Air, which included Paramedics Cody Chavis and Alex Watson, won the Eastern regional held at Cape Fear Community College. The team from Hoke EMS, which included Paramedics Kellie Rhoton and Maria Nawotniak, was the runner-up at the competition held at Surry Community College. Cumberland EMS also had a team compete, with Paramedics Brandon Scott and Chevonna Rose. The competition is a written test and skills-based treatment scenario of simulated medical and/or trauma patients. The LifeLink team will compete again May 1, in the N.C. State paramedic competition.



## Spirit of Children donates \$40,811 to Child Life program

Earlier this year, the Dickerson family, who operate the Spirit of Halloween stores in Fayetteville, presented a check for \$40,811 to Cape Fear Valley Health Foundation, the proceeds from the annual Spirit of Children donation program. The Spirit of Children is a national fundraiser in Spirit Halloween Stores which supports Child Life Programs in hospitals across the United States. Donations are made every time a customer use a special 10 percent discount coupon at check-out, which also means the store will donate 10 percent donation of the purchase.

This year's donation was the largest yet, and will support the Child Life Program and Pediatric Playroom. Child Life specialists are trained in helping children and their families navigate healthcare and cope with illness in a child friendly way through play and create arts.

The Dickerson family and Spirit Halloween have been supporters of Child Life at Cape Fear Valley Health since 2010. They have also sent costumes and hosted Halloween parties for sick children in the past. The program aims to “make hospitals less scary” for children.



## General Surgery



David Little Carter, DO

Cape Fear Valley General Surgery Village Surgical

**Medical Degree:** Virginia College of Osteopathic Medicine

**General Surgery Residency:** Grand Strand Medical Center

**Critical Care Fellow:** General Surgery at Prisma Health Upstate

## Oncology



Avinash Pasam, MD

Health Pavilion North

**Medical Degree:** Osmania Medical College in India

**Internal Medicine Residency:** Louisiana State University, Shreveport

**Fellowship in Medical Oncology and Hematology:** Louisiana State University, Shreveport



## Psychiatry Residency members honored

Three members of the Psychiatry Residency were recently honored. Chief Resident **Victoria Teague, DO**, was given the Austen Riggs Award for Excellence in Psychotherapy. She was one of 10 residents nationwide who was recognized with this award. **Malcolm Vaught, MD**, was selected as one of two PRITE fellows by the American College of Psychiatrists. This is a two-year appointment. Program Director **Scott Klenzak, MD**, was also elected as a Distinguished Fellow of the American Psychiatric Association. This is the organization's highest distinction.



# Thank you sponsors for supporting **STEP UP** **4 HEALTH** and Wellness expo

*Water Station Sponsor:*

Blue Ridge Power

*Presenting Sponsors:*



*Advocate Sponsors:*

Alliance Health  
Cape Fear Valley  
Volunteer Auxiliary

Exelixis  
ServiceSource  
The Health Plan

*Wellness Expo Sponsors:*



*Mile Marker Sponsors:*

Drs. Rakesh and Vinita Gupta  
Iconic Infusions

Methodist University  
Townsend Real Estate

*Companion Sponsors:*

Cape Fear Center for  
Digestive Diseases, P.A.  
PWC

Draughon Brothers, Inc.  
Saam's Party Tents

*Friend Sponsors:*



*Foundation Partners:*

Bragg Mutual  
Federal Credit Union  
Campbell University  
Castle Uniforms  
Fort Bragg Federal  
Credit Union

Southern Regional Area  
Health Education Center  
Truist  
Ann & Tony Cimaglia

# 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.

To learn more about the trials or to apply, contact CICR at (910) 302-8151 or visit [www.ci-cr.com](http://www.ci-cr.com)

### What is CMV?

CMV (Cytomegalovirus) is a common virus that is often overlooked because healthy people who get it rarely show symptoms. But if a woman becomes infected with CMV while she is pregnant, she can pass the infection to her unborn baby. This can cause her child to suffer long-term disability due to birth defects, including hearing loss, or even death in very severe cases.

### Looking for birth control options?

Help advance contraception research! Are you aged 14 to 35 and seeking birth control? Participation in a clinical trial may mean finding better options than those currently available. We're enrolling female volunteers who are interested in a birth control research study.

### Want to help advance RSV research?

Older adults are more likely to develop serious complications from a cold-like virus called Respiratory Syncytial Virus (RSV). Join a clinical trial to help us research an investigational study vaccine to prevent RSV disease.

### Are you 60 years of age or older?

Help us find a way to prevent bloodstream infections. People ages 60 years or older with a history of urinary tract infection, are at an increased risk of developing a bloodstream infection caused by an E. coli bacteria. A clinical research study is now enrolling.

## Support Groups

### Alzheimer's Caregiver Support Group

Meets the third Tuesday of each month  
2 – 3 p.m.

Medical Arts Center  
101 Robeson Street, Suite 106, Fayetteville

For more information, contact Sam Hutchison at (910) 615-1633.

### Bariatric Support Group

Meets the third Thursday of each month  
6 – 7 p.m.

Cape Fear Valley Village Surgical  
1841 Quiet Cove, Fayetteville

For more information, contact Debbie Wooten at [dwooten@capefearvalley.com](mailto:dwooten@capefearvalley.com).

### Better Breathers Support Group

Meets virtually the second Thursday of each month.

For more information or the Zoom meeting link, contact Diane Schultz at (910) 615-7822.

### Mended Hearts

Meets virtually the second Tuesday of each month.  
6 p.m.

For more information or the Zoom meeting link, contact Bill Farr at [wfarr2@nc.rr.com](mailto:wfarr2@nc.rr.com).

### Parkinson's Disease Support Group of Fayetteville

Meets virtually the second Saturday of each month.

For more information or the Zoom meeting link, contact Stephen Koetter at (910) 518-0045 or [pdsgfay@gmail.com](mailto:pdsgfay@gmail.com).



“I love it.  
I wish I had done it earlier.”

At 40, Eva Pi of Fayetteville was unhappy with the body motherhood had given her – so she received a mommy makeover from Leif Nordberg, MD. Dr. Nordberg performed a tummy tuck, lifted her breasts, and finished with some liposuction.

A few months after surgery, she's thrilled with the results.

