

Discover

Exceptional Healthcare Close to Home

The Spark of Hope

**Infertility treatments
with Dr. Pinkerton**

Meet Dr. Hegarty!

**Minimally Invasive
Surgical Techniques**



**George Regional
Health System**

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Letter from Greg Havard CEO

George Regional Health System

Welcome to the spring edition of our *Discover* Community Magazine. And *Discover* is just what we hope you do; *Discover* what your community health system has to offer you and your family! In this edition, we highlight our new Infusion Therapy Clinic, our robust Surgical Services Program, and the miracles of in vitro success.

We also welcome Dr. Reese Lindsey as our Emergency Department Medical Director. Dr. Lindsey is Board Certified in Family Medicine and brings more than 19 years of medical expertise to our community.

Our expansion plans are also well under way. The 20,000 square foot extension of the hospital promises to be a beautiful part of the landscape of our community. The first floor Emergency Department is scheduled to be complete by the end of July with the Radiology Department and second floor OBGYN office scheduled for completion by the end of the year. Our hospital is one of the most outstanding community-owned rural hospitals in the state, and we are excited to have you *Discover* all of the benefits of having exceptional healthcare close to home.

Sincerely,

Greg Havard, CEO
George Regional Health System



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NEXT TIME YOUR ONLINE...

“Like” the George Regional Health System Facebook page to keep up with news and events.



Welcome Dr. Reese Lindsey

Emergency Department Medical Director



Dr. Reese Lindsey joins our staff as the Emergency Department Medical Director. Originally from Cleveland, MS, he feels right at home in South Mississippi. “My hometown of Cleveland is a small, rural area, so I love it here,” Lindsey explains. Dr. Lindsey and his wife have three daughters (7, 10, and 17). Dr. Lindsey is Board Certified in Family Medicine and brings more than 19 years of medical expertise to our community.

High School Athletes 'Win' Through Partnership with Health System

There are more than 450 student athletes at George County High School and inevitably, injuries occur. Through a partnership with Southeast Rehab, students have ready access to an on-site physical therapist at all varsity high school sport events.

After joining Southeast Rehab in 2017, Doctor of Physical Therapy Dillon Evans jumped right in attending multiple sports activities including football, softball, soccer, volleyball, track, and basketball. He specializes in general orthopedics with an emphasis on low back pain, athletic injuries, and preventative medicine.

And it's not just for accidents. Dillon provides pre-game taping services for any athlete that needs it. He's available to screen for injuries and provides consultation on injury prevention for the athletes as well as the coaches. "The George County School District Athletic Department appreciates the services that George Regional Health System provides," Matt Caldwell, Athletic Director and Head Football Coach, expresses. "They do a great job of taking care of our student-athletes."

"If any athlete gets hurt during practice, I can see them for screening at Southeast Rehab. For minor injuries, I teach them how to manage the injury and prevent it from reoccurring. For more serious injuries, I refer them to George Regional Hospital for a thorough examination by their MD," Evans explains. Any Physical Therapy treatment provided has to be ordered through a physician. Dillon is also a Certified Strength & Conditioning Specialist, and he often helps students improve their performance with movement and training recommendations.



Dillon is a life-long resident of George County. He received his Bachelor of Science in Exercise Physiology from the University of Southern Mississippi in 2014 followed by his Doctorate of Physical Therapy from the University of South Alabama in 2017.

Southeast Rehabilitation helps people with physical injuries and chronic diseases get back on their feet through physical, occupational, and speech therapy.

- Aquatic Therapy
- Pediatric Therapy
- Sports Medicine Rehabilitation
- Work Conditioning
- Neurological Rehabilitation
- Hand and Shoulder Rehabilitation
- Neck and Back Pain Therapy
- Wound Care
- Preventative Health and Wellness

For more information, call 601-947-9190 or visit georgeregional.com/southeast-rehabilitation

Community Medical Center

The Health System, through Community Medical Center, has also been providing free sports physicals for every student athlete for the past 15 Years. "We offer sports physicals free of charge, which saves the families of our community around \$21,000 each year. It's a wonderful way for us to give back to our community," adds Dr. Larry Henderson.

Minimally Invasive Surgical Techniques

By Declan Hegarty MD, FACS

When I was ten years old, I had my appendix removed in Ireland. Although it is now 44 years ago, I have vivid memories of how much pain I was in afterwards. I spent a full week in hospital, which was standard care at the time.

When I was 24 years old, as a Science Teacher at Santa Monica High School in California, I remember telling a class of students that “the technology with which 50% of you will make your living, has not yet been invented”. This was a fascinating statistic I had read, and it made me wonder; what could this technology possibly be? I did not realize at the time I was also talking about myself, and how I would be making my living today.

I returned to Ireland in 1989 to attend Medical School, and then completed my General Surgery Residency at Johns Hopkins Hospital in Baltimore and the Lahey Clinic in Massachusetts. In the course of my training, I became fascinated with the rapid development of Minimally Invasive Surgery.

The key to the development of this new surgical technique began with the invention of flexible microscopic fiber optic glass tubes, which gave rise in June of 1969 to the first Colonoscopy. This was an examination of the inside of the colon using a tool, the Colonoscope, that could transmit and receive light and hence images that could be viewed in an eye piece and later on a television screen. This then led to the ability to perform biopsy, stop bleeding, and screen for cancer using the same tool, which most will agree has saved countless lives.

It then occurred to surgeons that if you could view and perform treatment inside the colon with a fiber optic scope, you could do the same inside the abdomen, with the benefit of using only tiny incisions (less than an inch), resulting in a much faster recovery and dramatically less post-operative

pain for the patient. The gynecologists are the first surgical specialty to use the Laparoscope, but then its widespread use spread to almost all surgical disciplines.

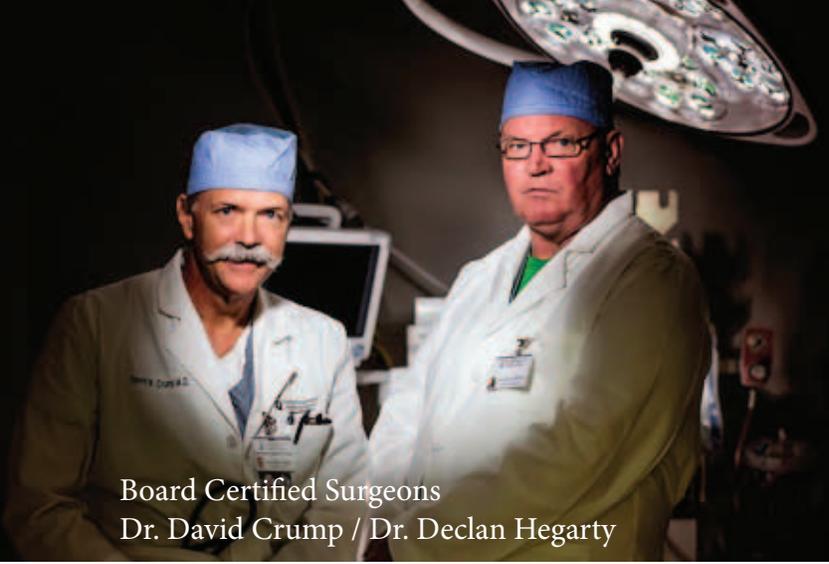
The first gallbladder removal using a Laparoscope was performed in 1985 and the first appendix removal using a laparoscope was performed in 1988, right about the same time as I was telling science students about the “unknown and not yet invented tools” with which they would make their living. By far in General Surgery the biggest impact has been in gallbladder surgery. **Currently more than 95% of patients have their gallbladders removed laparoscopically and are home the same day** or the next day. This is a dramatic contrast to the week-long stay, large incision, and dramatically more post-operative pain associated with the open technique.

The reduction in the size of the incision probably results in dramatically fewer additional complications such as heart attack, stroke, and blood clots to the lungs, which were often responsible for the death of patients, elderly patients in particular. Curiously, I think the original motivation of surgeons to perform procedures with less invasive techniques was to produce less ugly scarring, but in my practice **patients appreciate having less pain, shorter hospital stays, and getting back to full activity much sooner**, and are less concerned by the size of the scar.

Laparoscopic gallbladder surgery was becoming standard care when I began my residency in 1996. I did not see an appendix removed laparoscopically until 2001.

Since 2010 I have been performing hernia repair using the laparoscope and have been amazed with the dramatic difference, compared to when I

Expert Surgical Care Close to Home



Board Certified Surgeons
Dr. David Crump / Dr. Declan Hegarty

performed them with the traditional open technique. A hernia is a weakness or hole in the abdominal wall typically in the groin, the umbilicus or midline of the abdomen, and are either present at birth or a result of previous surgery. This can cause a bulge upon straining, pain, nausea, severe limitation in physical activity, and even entrapment of bowel. Repairs are done on an outpatient basis with most patients returning home the same day and most are back to heavy activities such as golf or heavy lifting within two weeks. When I previously performed these repairs with the open incision, I would inform patients to avoid lifting anything over 20 pounds for six weeks.

The laparoscopic hernia repair technique is particularly useful for a hernia that has been repaired previously and has now recurred, and in the instance of inguinal or groin hernias, identifying and fixing hernias on both sides (seen about 20% of the time). Repair of the other side only adds 15 minutes to the operating time, and saves the patient from having to present for a second operation a year down the road.

When a patient presents with appendicitis, most have their appendices removed with a laparoscope and are home the next day, in stark contrast to when I spent one week in the hospital in the west of Ireland.

It has been interesting to observe this dramatic transition in surgery. Our patient population also spans that period of development, and it is not uncommon for a patient to tell me that they have had both open and laparoscopic procedures performed, and their testimonial, I believe, is the best indication as to how much these new techniques have benefitted our patient population.

Having surgery is stressful, but having to travel out of your community puts unnecessary strain on you and your family. It's good to know that many medical conditions can be treated locally with faster recovery times and reduced risks.

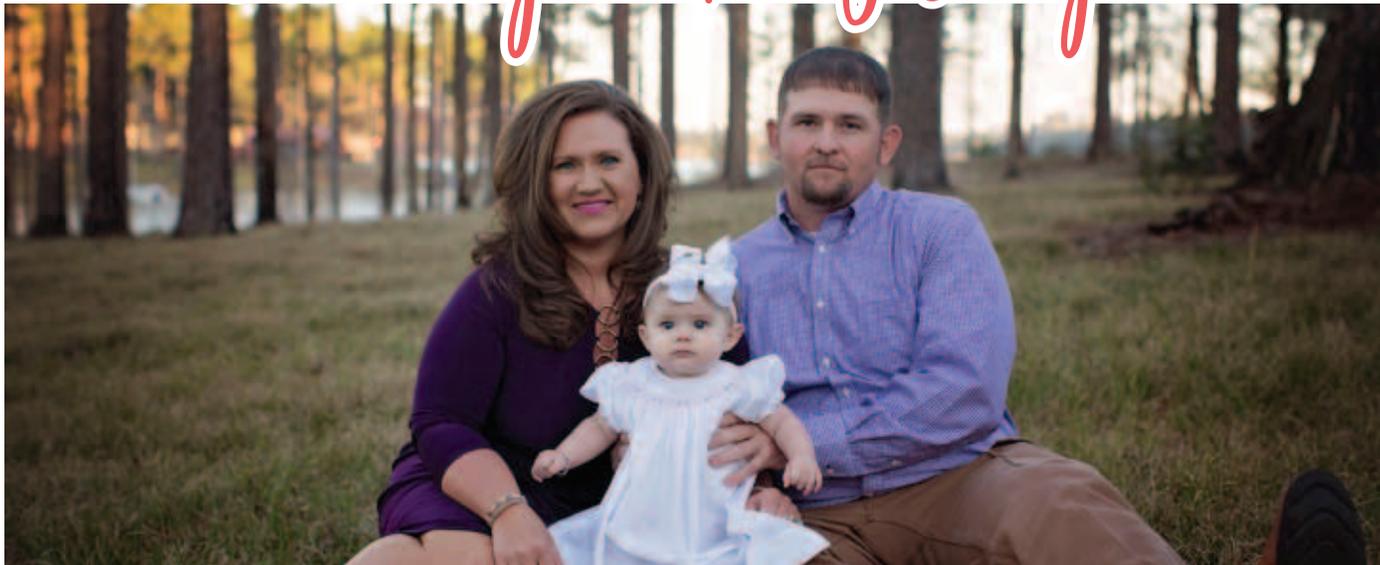
Many procedures can be performed right here at George Regional Hospital. It's our focus to continue to develop and offer these advanced procedures locally, not only for the health of our patients but for the health of our community.

- Gallbladder Surgery
- Skin Cancer Screenings (mole checks)
- Colon Surgery
- Breast Surgery
- Thyroid Surgery
- Laparoscopic Surgery
- Hemorrhoid Surgery
- Appendectomy
- Skin Cancer Surgery
- Benign Skin Lesion Surgery
- Gastrointestinal Surgery
- Minimally Invasive Hernia Surgery
- Pediatric Surgery
- Gallbladder Surgery
- Colon Cancer Screenings
- Scope Tests (for stomach & colon problems)

Board Certified Surgeons Dr. David Crump and Dr. Declan Hegarty of Community Surgical Center have the experience, the knowledge, and the skill to handle your surgical needs...*close to home!* **601-766-0308**

For more information,
call 601-766-0308 or visit georgeregional.com

The Spark of Hope



When Menyone and Braden married 17 years ago, they never thought they would have trouble beginning a family. But after eight long years of test after test and numerous medications...they were still a family of two. “In 2015 a friend of mine recommended Dr. Pinkerton to us. We were both skeptical; what could a doctor in Lucedale do that all of the doctors we had seen in Hattiesburg couldn’t do?” Menyone admitted. After talking it over, Menyone and Braden made the trip to Lucedale with eight years of medical records and a spark of hope.

“Infertility is part science and part art,” says Dr. Pinkerton. There are limited studies and multiple causes of infertility. The process can be slow and emotionally trying but a methodical and patient approach usually pays off. We tested hormone levels and began working through the process of optimizing their reproductive chances.”

Jay Pinkerton, M.D., of Obstetrics & Gynecology Associates, has extensive experience high-risk pregnancies, infertility, and complicated surgeries. Prior to joining the George Regional family in

2011, he was Chief of General Obstetrics and Gynecology at University Hospitals of Cleveland, Case Medical Center, and MacDonald Women’s Hospital, where more than 5,000 babies were delivered each year.

One year—to the day—after starting infertility treatments with Dr. Pinkerton, the Barrows were finally pregnant. “There were times during the year that I wanted to give up... it had been over eight years at this point and Braden and I were frustrated and exhausted. But Dr. Pinkerton would always say, ‘Don’t give up Menyone. We’ve got this.’ He was always so reassuring and confident. I owe him the world.”

A recruiter for Jones County Junior College, Menyone recalls, “I’ll never forget when I found out. It was Thanksgiving week so school was out. Braden had gone on a hunting trip so I was busy on the

“ Dr. Pinkerton would always say, ‘Don’t give up Menyone. We’ve got this.’ ”

farm and doing things around the house. My best friend called and asked if I had checked (to see if I was pregnant), which I

was so busy I hadn't. But I was four days over. It was her birthday so we joke that it was her birthday present!"

On July 25, 2017 Mary-Kathryn Lee Barrow made her entrance into the world weighing 8 pounds, 4 ounces. "We've spent a lot of money and time in Hattiesburg and it only took Dr. Pinkerton one year and we have our precious baby girl. I thank the good Lord and Dr. Pinkerton every day," Menyone praised.

"After seeing so many doctors over an eight year period, it was so refreshing to just walk in and actually have a conversation with the nurses and with Dr. Pinkerton too—the whole atmosphere is just very comfortable."

"We can't thank Dr. Pinkerton and the great staff at George Regional Hospital enough. We could not have asked for better, more personalized care. It was like being taken care of by your own family. We are forever grateful."

Almost 80% of couples are able to get pregnant after a year of trying. When you

get past that mark, however, it's time to seek help. If you're over 35, it's best not to wait longer than six months. "Fertility is influenced by age, and other health issues especially for women," explains Dr. Pinkerton. "Fertility can vary considerably at different times in one's reproductive life. Simple blood tests and a careful history and physical are a good way to begin the process."

After posting about her experience on Facebook, a friend Menyone graduated college with contacted her. "She saw Mary-Kathryn's pictures on Facebook and called me because she's been going through the same thing. She's now driving from Hattiesburg to see Dr. Pinkerton for treatments."

Dr. Jay Pinkerton, along with his wife and practice partner Emily Pinkerton, a Woman's Health Nurse Practitioner, opened Obstetrics & Gynecology Associates in 2011 and began delivering babies at George Regional Hospital.

The Pinkerton's specialize in minimally invasive surgery, high risk pregnancies, and alternatives to hysterectomy.

- Well-woman care
- Gynecological exams for adolescent and adult women
- Obstetrical care
- Chronic pelvic pain
- Infertility
- Ultrasound
- Menopausal disorders
- Incontinence evaluation and treatment

To make an appointment, please call 601-947-6000.

Outpatient Infusion Therapy Services is now available at George Regional Hospital

Whether you need infusions, injections, central line maintenance or blood products, the Infusion Therapy Clinic can provide the services you need without the need to travel far from home.

Therapies Provided:

- IV Antibiotics
- IV Fluids
- Iron Infusions
- Blood Products
- IV Fluids
- Steroid Infusion
- Reclast
- Specialty Injections
- Solumedrol
- Mediport Flushes Conditions
- Multiple Sclerosis
- Rheumatoid Arthritis
- Infectious Disease
- Crohn's Disease
- Ulcerative Colitis
- CHF

Open Monday through Friday from 8:00 a.m. to 4:30 p.m. Flexible weekend, early, and late appointments. 601-673-6194.

“Like” the George Regional Health System Facebook page to keep up with news and events.



George Regional Health & Rehab; More Than a Nursing Home

When choosing a place to care for your loved ones as they struggle with the health issues of aging, choose a place that feels like home. With warm, inviting spaces, large private rooms and bathrooms, an energetic activities program and healthcare providers who truly care, George Regional Health & Rehab strives to provide a home-like setting for precious loved ones. We not only provide long-term nursing services, but also offer specialized short stay rehabilitation with the goal of returning patients to their own homes.

Our spacious activities center is always full of happy noise and lively events. From playful group exercise to Manicures and Music, there’s always something going on to help keep our residents active and involved.

Led by Activities Coordinator Tiki Blakely, the center offers an expansive list of activities each month for residents to enjoy. Activities include:

- Bible Bingo
- Wheel of Fortune
- Popcorn and a Movie
- Group Exercise
- Trivia
- Story Hour
- Manicures and Music
- Crafts
- Cooking Group
- Bible Studies
- Pet Therapy
- And special outings around the community



Do you have a loved one who would benefit from long term care? The staff at George Regional Health & Rehab welcomes community members to tour the facility and talk to our caregivers. The center offers:

- 24/7 Nursing Care
- Activities Program
- Spacious Recreational Area
- Laundry Services
- Beautician Services
- Registered Dietician to plan and monitor meals
- Physical, Occupational, and Speech Therapy
- Respiratory Therapy
- FREE Wi-Fi

