

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

# MAKING ROUNDS

FALL 2019



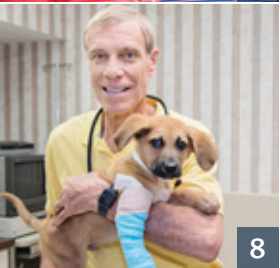
**CAPE FEAR VALLEY**  
HEALTH

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## MAKING ROUNDS

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Cape Fear Valley  
P.O. Box 2000  
Fayetteville, NC 28302-2000

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

If your address is incorrect or you would like to be removed from our mailing list, call (910) 615-6445 or send an email to: [dbyers@capefearvalley.com](mailto:dbyers@capefearvalley.com).

**EDITOR :** Donnie Byers  
PUBLIC RELATIONS COORDINATOR  
[dbyers@capefearvalley.com](mailto:dbyers@capefearvalley.com)

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



A Joint Commission  
**TOP PERFORMER**



## LETTER *from the* CEO

From a 200-bed community hospital to a regional academic center, Cape Fear Valley Health's transformation over the years has been truly remarkable. Our health system serves southeastern North Carolina residents, stretched across seven counties with the help of eight hospitals, more than 60 primary and specialty clinics, and numerous outpatient facilities.

In 2017, Cape Fear Valley Health made a significant reinvestment into the community by launching five new medical residency programs. They were created through a partnership with Campbell University's Jerry M. Wallace School of Osteopathic Medicine. The programs started with 32 physician residents training in internal medicine, general surgery, emergency medicine, obstetrics and gynecology, as well as a transitional year program. A psychiatry residency program was added in 2018.

More than 4,200 fourth-year medical students applied for 47 slots this year. This shows just how competitive entry is. The overwhelming interest allows us to choose top candidates.

Today, the program has 105 residents. That makes Cape Fear Valley Medical Center a major teaching facility like Vidant, Duke University, University of North Carolina and Wake Forest University. And the program will continue to grow, with a planned 300 residents annually.

The growth is good news for North Carolina, which will need an additional 2,000 primary care physicians by 2030, to meet the needs of an aging population. Specialty physicians will be in even greater demand.

Our growing residency program bodes well for the region's burgeoning needs. New doctors often go into practice within 50 miles of where they do their residency training.


Studies show that residency programs are also economic growth engines. Cape Fear Valley's residency program is projected to create 923 new jobs and generate \$574 million for the region over 10 years, according to Michael Walden, Chief Economist at North Carolina State University. That's equal to bringing a large company to town.

A cardiology fellowship and podiatry residency are planned for July 2020. Additional fellowships in pulmonary medicine, critical care medicine and others will follow. Our health system also helps train nearly 90 Campbell University medical students a year.

All this training creates a need for additional space. Cape Fear Valley Health Foundation is embarking on a capital campaign to build The Center for Graduate Medical Education and Research. The building will house a 500-seat auditorium, new and expanded simulation labs, office and study space, and new home for Cape Fear Valley's Neuroscience Institute. You can read more about the plans in this issue.

The new training facility is a big step for our community. I feel confident it will help us continue meeting the region's needs well into the future – because Cape Fear Valley Health is committed to training the best and brightest physicians for coming generations.

Mike Nagowski  
CEO, CAPE FEAR VALLEY HEALTH

A photograph of Tommy Williams, a middle-aged man with a beard and glasses, wearing a grey t-shirt. He is leaning against a tree trunk on the right side of the frame. The background shows a bright, sunny day with green foliage and a blue sky with light clouds. A semi-transparent blue box is overlaid on the lower left portion of the image, containing white text.

Tommy Williams underwent robotic surgery last year after learning he had rectal cancer. He almost wasn't diagnosed.



# Colorectal Cancer

Don't ignore this potentially fatal disease

:: by *Donnie Byers*

**When it comes to colorectal cancer, early discovery and treatment are everything.**

The disease is currently the third-most commonly diagnosed in the U.S., with 100,000 new colon cancer cases a year and another 40,000 annually for rectal cancer.

At that rate, one out of every 22 men will eventually develop colorectal cancer. Women aren't that far behind, at a rate of 1 in 24. The numbers add up to 50,000 deaths a year. The good news is that colon and rectal cancers are easy to diagnose and often have good outcomes when treated early.

Colorectal cancer typically affects older adults but can strike at any age. The U.S. has seen a noticeable increase in cases among younger Americans in recent years. The disease also affects ethnic groups disproportionately.

African Americans are diagnosed with and die from the disease at a far higher rate than Caucasians. Experts blame environmental and socioeconomic factors such as poverty, diet and lifestyle.

The population group doesn't respond as well to new cancer therapies involving the immune system either. An American Society of Colon and Rectal Cancer Surgeons study found that African Americans have a greater propensity for right-side colon cancer, which tends to be more fatal.



**“They said it could’ve become cancerous over time. Thank God for the colonoscopy.”**

Theresa Bryant had a TAMIS performed to remove polyps found during a routine colonoscopy. The growths were benign, but her doctors still wanted them out.

As daunting as the data seems, U.S. colorectal cancer deaths have been in steady decline for several decades. Better education, screenings and treatments are big reasons why.

Colorectal cancers typically begin as small, noncancerous polyps along the interior colon wall. Open surgery used to be the only way to remove larger polyps and cancerous growths. Although reliable, the method leaves a prominent surgery scar on the abdomen.

Less-invasive laparoscopic surgery has grown in popularity. But the procedure still leaves small incision scars across the abdomen. The holy grail of surgery is to leave no scars. A relatively new procedure called Transanal Minimally Invasive Surgery, or TAMIS, finally achieves the impossible.

Using standard laparoscopic instruments, surgeons can remove polyps and cancerous lesions through the rectum without incisions. The key is a special laparoscopic surgery port placed into the anus opening.

The laparoscope and other instruments are passed through the port to remove the targeted tissue. Once the lesion is removed, the rectum wall is then sutured closed.

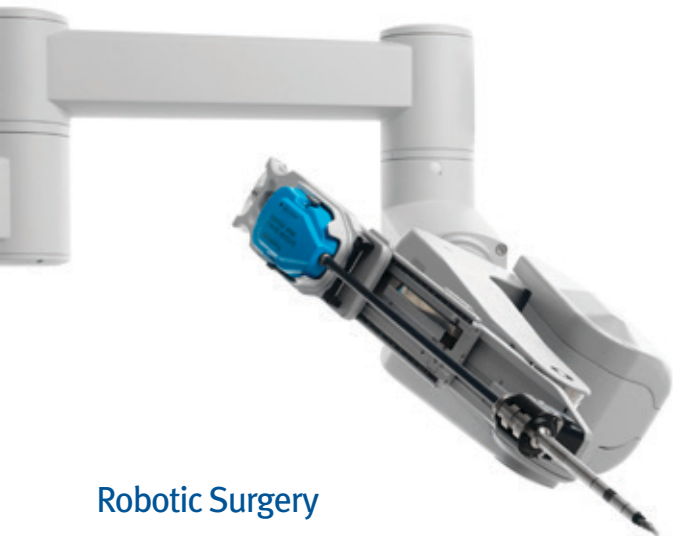
Theresa Bryant, 60, had TAMIS performed after a routine colonoscopy discovered polyps on her rectal wall. The growths were benign, but her doctors still wanted them out.

“They said it could’ve become cancerous over time,” Bryant said. “Thank God for the colonoscopy.”

Ravinder Annamaneni, M.D., of Ferncreek General Surgery, performed Bryant’s procedure. He says he opted to do TAMIS because it’s less painful and has a quicker recovery time.

“TAMIS allows you to go in from below with no cuts to the belly,” he said. “Sometimes the patient can go home the same day.”

The lack of pain was impressive in Bryant’s case. Her polyp was 3.5 inches wide. The sheer size would normally have required traditional surgery.



## Robotic Surgery

Large polyps and cancers often require patients to use a colostomy bag following surgery, because more of the digestive tract is cut out. This leads to less control over bowel movements.

Bowel leakage and other complications can also arise if the surgery site is too close to the anus.

“You have to redirect the bowel waste to avoid life threatening complications,” Dr. Annamaneni said. “If there’s no colon length left, then a colostomy bag is needed.”

The goal is to avoid colostomy bags altogether. But if they’re unavoidable, temporary bags are preferred over permanent ones. Robotic-assisted surgery, like Cape Fear Valley Health’s da Vinci® surgical system, can increase the odds for a better outcome.

The da Vinci surgical system uses advanced laparoscopes and a high-definition 3D camera. The camera provides a much better view of the incision site, which leads to fewer complications.

Dr. Annamaneni says the magnification is 10 times greater than the human eye and deeper in the colon or rectum, providing greater detail. The da Vinci system also uses four articulating robotic arms, which are more precise than their two human counterparts.

Robotic surgery is also less painful, allows faster recovery and a quicker return to normal activity. These are big advantages for older patients who are more apt to experience post-surgical complications due to lengthy bed stays.



**Ravinder Annamaneni, M.D.**  
Ferncreek General Surgery

Tommy Williams underwent robotic surgery last year after learning he had rectal cancer. He almost wasn’t diagnosed.

The 60-year-old avoided colon cancer screenings for years despite his brother dying from stage 4 colon cancer. Williams just felt uncomfortable with the idea of a colonoscopy.

Last year, his doctor finally convinced him to do an at-home screening test. The mailed-back results showed he had early stage rectal cancer.

The lesion was relatively small in size, at an inch wide. But it was close to the anus, so there was a strong chance he would need a colostomy bag following surgery.

Dr. Annamaneni chose to use the da Vinci system to improve his odds for a better outcome.

The surgery went better than expected, and Williams only needed a temporary bag, which has since been removed.

Needless to say, Williams is glad his cancer was caught in time.

“If cancer runs in your family, then you want to be safe and check for it,” he said. “They caught mine early, so I’ll be able to resume a normal life.”



# Flu **it's** season

Keep an eye on symptoms that could be from a more serious problem

*:: by Donnie Byers*

## **If anyone knows how serious the flu can be, it's Dr. David Barkman.**

Last winter, the Fayetteville veterinarian came down with the seasonal illness, despite getting a flu shot just weeks before. He avoided going to the doctor, but finally relented, thanks to his son's urging.

The elder Barkman soon started to feel better, but then he felt worse, much worse.

"Even my hair hurt," he said. "Nothing helped. Not ibuprofen, not Tylenol, nothing."

With some more urging from his son, Barkman went to an urgent care and was later admitted to Cape Fear Valley

Medical Center. Testing showed he was experiencing atrial fibrillation, or AFib. The life-threatening condition is essentially quivering or irregular beating of the heart (arrhythmia).

If left untreated, AFib can lead to blood clots, stroke, heart failure and other heart-related complications. At least 27 million Americans experience the problem, according to the American Heart Association.

AFib is caused by errant electrical signals in the upper heart chambers (atria). This causes the lower heart chambers (ventricles) to beat out of sync.

Symptoms may not appear at first. When they do, they can include palpitations, shortness of breath and fatigue. Doctors





Flu shots are given at primary care physician offices or at pharmacies, such as Center Pharmacy and Hoke Pharmacy, with little to no insurance co-pay.

#### CENTER PHARMACY

Medical Arts Center Building  
101 Robeson St., Suite 107  
Fayetteville, NC 28301  
Open Monday – Friday, 9 a.m. to 6 p.m.  
Saturday, 9 a.m. to 1 p.m.

#### HOKE PHARMACY

Health Pavilion Hoke  
300 Medical Pavilion Drive, Suite 100  
Raeford, NC 28376  
Open Monday – Friday, 9 a.m. – 6 p.m.  
Saturday, 10 a.m. to 2 p.m.

can diagnose AFib with stress tests, electrocardiograms (EKGs), echocardiograms, and other imaging tests.

An estimated 3 to 6 million Americans have AFib. The number will only rise due to the aging U.S. population. Studies show just 2 percent of people younger than age 65 have it.

Since women live longer than men, more women experience the condition than males. And people of European descent are more likely to suffer AFib than African Americans.

Other risk factors include high blood pressure, obesity, diabetes, heart failure, ischemic heart disease, hyperthyroidism, chronic kidney disease and heavy drinking.

Barkman's diagnosis was a bit of a mystery to doctors. He was in great health for his age and didn't have a family history of heart disease. He also had routine EKGs during annual checkups. His doctors now think the flu brought on his sudden heart problems. It's not unheard of.

A flu diagnosis increases the risk of atrial fibrillation by 18 percent, according to a 2016 report by Heart Rhythm magazine. The finding has led to recommendations for annual flu shots to decrease AFib risk. The good news is that flu shots are widely available and often covered by insurance with little to no out-of-pocket cost.

But people should get their shots early. Vaccines can run out during a brutal flu season. And it takes about two weeks for the human body to develop the antibodies to protect from the flu.

The Centers for Disease Control and Prevention (CDC) recommends people get flu shots by the end of October, so they can be inoculated before flu season kicks into high gear.

Experts say flu vaccinations reduce the risk of flu by 40-60 percent when that year's vaccine is well matched to the flu strains circulating that winter. An estimated 5.3 million

flu-related illnesses were prevented during the 2016-2017 flu season alone.

The flu shot didn't help in Barkman's case, but he feels it definitely helped his wife avoid the flu and possibly helped his own symptoms. He also learned a valuable lesson: seek medical attention if flu symptoms are bad enough.

He needed to have his heart shocked back into rhythm after his arrhythmia was diagnosed. He then spent five days at Cape Fear Valley Medical Center recovering and undergoing more tests, including echocardiograms, ultrasounds, X-rays, and even cardiac catheterization. The tests were to ensure he didn't have any heart blockages.

"The flu is serious business," Barkman said. "I feel incredibly fortunate to have received exceptional care from the team at Cape Fear Valley Health.

"The physicians, nursing staff, cardiology physician and physician assistant all helped me get the treatment I needed quickly so I could get back on the road to recovery. It's very likely the team at Cape Fear Valley Health saved my life."

For more information about the flu, visit the Centers for Disease Control and Prevention website at [www.cdc.gov](http://www.cdc.gov).

#### Serious Flu Symptoms To Watch Out For:

- Shortness of breath or difficulty breathing
- Chronic or persistent pain in the chest or abdomen
- Confusion, dizziness or difficulty waking
- Seizures
- Lack of urination
- Severe muscle pain or weakness
- Chronic medical condition worsening
- Fever or cough that improves, but then returns and worsens

# MIND Your Waist Improve Your HEALTH



:: by Ginny Capiot

## New diet provides improved health *and* lowers risk of dementia

**For years scientists have promoted diets designed to improve health and lower our risk of heart disease or diabetes.** But what if a diet could do those things and also lower our risk of dementia?

Meet the MIND diet. It stands for Mediterranean-DASH-diet Intervention for Neurodegenerative Delay, and it's a mouthful for sure.

It was developed by picking certain aspects of the popular Mediterranean and DASH diets and combining them with strategies known to support brain health.

The Mediterranean diet is regarded by experts to be one of

the best for general health. It's rich in vegetables and fruits, nuts, legumes and whole grains, with fish and seafood as the primary sources of protein.

Olive oil is the main source of fat, and wine is allowed in moderation. Poultry and dairy foods are allowed in moderation as well, while red meats and sweets are rarely eaten.

DASH stands for Dietary Approaches to Stop Hypertension and its approach is similar to the Mediterranean diet. It calls for plenty of fruits, vegetables and whole grains along with beans, nuts and lean proteins. However, the DASH diet is stricter on fats and added sugars.

## Hybrid Diet

The MIND diet is a hybrid of the Mediterranean and DASH diets and focuses on preserving brain function. For example, both the Mediterranean and DASH diets recommend eating lots of fruit. In general, fruit hasn't been proven to improve brain function, but berries have been. So, the MIND diet encourages including berries – especially strawberries and blueberries.

The MIND diet also recommends certain foods in certain amounts:

**Green, leafy vegetables (such as kale, spinach or salad):** At least six servings per week.

**Other vegetables:** At least one serving per day.

**Berries:** At least two servings per week.

**Nuts:** At least five servings each week.

**Olive oil:** Use olive oil as your main cooking oil.

**Whole grains (such as oatmeal, quinoa, brown rice or whole-wheat pasta):** At least three servings a day.

**Fish (not fried):** At least once a week. Fish with high amounts of omega-3 fatty acids, such as salmon, trout, and tuna are best.

**Beans:** More than three meals per week.

**Chicken or turkey (not fried):** At least twice a week.

**Wine:** One glass daily.

Certain foods should be limited. Consume less than four servings of red meat, less than one serving of cheese, and less than five servings of pastries and sweets per week. Less than one tablespoon of butter should be consumed per day.

Courtney George, a Cape Fear Valley Health dietetic intern, says the MIND diet's purpose is to prevent the accumulation of free radicals within the body. Free radicals are single atoms bouncing around the body looking for electrons to pair with. They can cause a lot of damage, particularly to brain cells.

Substances that create free radicals are found in fried foods, alcohol, tobacco smoke and more. But the foods in the MIND diet are known to fight the creation of free radicals.

"Everything recommended makes sense to me, because they are all anti-inflammatory foods," George said. "They give you a lot of nutrients that prevent your body from breaking down."

George says Omega-3 fatty acids found in fish are necessary for brain development and therefore a key component to the MIND diet's success.

"Our brain is mostly fat," she says. "It *needs* fat. And healthy fats like Omega-3 are protective. That's why it is recommended that children and mothers take them."

**What's important is to make a lifestyle change, to emphasize overall health and to listen to your body. It will tell you what it needs.**

George views nutrition science as a living, breathing organism which changes often. Although it's new, she says it's based on nutritional concepts that have been universally accepted for a while. It includes eating more plants and whole foods.

The first MIND diet study was published in 2015. It showed that older adults who followed it experienced a slower decline in thinking skills compared to those who followed the Mediterranean or DASH diet.

Perhaps the best part of the MIND diet is how easy it is to get started. According to George, anyone can implement it at any time. It doesn't have to be an all or nothing endeavor. One can make a few changes every few weeks.

"What's important is to make a lifestyle change," George said, "to emphasize overall health and to listen to your body. It will tell you what it needs. Because at the end of the day your body is the best scientist."

by Donnie Byers



# Lasting Effects

## Smoking poses dangers to smokers even after they quit

**They say God moves in mysterious ways. Rebecca Garrigan-Pegueros would probably agree.**

The Fayetteville retiree is probably alive today, thanks to a bit of divine intervention last fall. She was experiencing shortness of breath and worried it was due to her heart. Tests showed it wasn't heart disease, but doctors urged her to get her lungs checked.

The patient decided to hold off, because the holidays were fast approaching. She changed her mind, however, after thumbing through a copy of *Making Rounds*. Inside, was a compelling article about why former smokers still need lung cancer checks.

Pegueros hadn't smoked in 20 years, but as a former nurse, she knew the long-term risk, even for quitters. The story pointed out that 175,000 Americans are newly diagnosed with lung cancer and another 163,000 die from it every year. The alarming numbers make the disease the leading cause of death in the U.S.

The article wasn't all doom and gloom. It revealed that Cape Fear Valley was offering a new low-dose CT lung cancer screening for current and former smokers up to age 77. Pegueros was about to turn 77 herself, so the irony was just too hard to ignore.

She immediately scheduled an appointment with her primary care physician and requested the lung screening test. Subsequent test results revealed she had stage I cancer in her left lung. A biopsy later confirmed it.

Cancer is a life-changing diagnosis with days often filled with angst. The hardest part can be waiting for treatment. Getting in to see a specialist and further testing can take weeks or even months. That's where Cape Fear Valley's Lung Nodule Clinic can help.

The Cape Fear Valley Medical Center clinic accepts both physician- and self-referrals, so treatment can start sooner. It also has a dedicated and knowledgeable staff that can help better navigate the often-scary treatment journey.

Pegueros had her initial low-dose CT cancer screening on Feb. 4 and was seen by Irlene Locklear, M.D., the Lung Nodule Clinic staff physician, the following week. The patient then underwent a CT-guided biopsy, followed by a PET scan, to take a closer look at her lung cancer – all within four weeks.

The wait to be seen by a treatment specialist can sometimes take months, according to Carol Pyne, RN, OCN, Cape Fear Valley's Lung Nodule Nurse Navigator.

"We can get the ball rolling quicker," she said. "Without the Lung Nodule Clinic, the patient wouldn't have gotten her diagnosis and started treatment nearly as fast."

## New Technologies

Low-dose CT scans are preferred for lung cancer screenings, because they produce far better detail than traditional X-rays. The scans are performed with special X-ray cameras that rotate around the patient. Cross-sections, or sliced images, of the body are then spliced back together by powerful computer software.

Due to her early diagnosis, Pegueros qualified for CyberKnife® Robotic Radiosurgery at Cape Fear Valley Cancer Treatment and CyberKnife Center. The non-invasive surgery alternative uses high-dose radiation beams to kill cancer cells anywhere in the body, including the prostate, brain, spine, liver, pancreas, kidneys and lungs.

The radiation is delivered from a state-of-the-art robotic arm resembling those used in auto plants. The arm sits at the operating table and rotates around the patient, firing pre-programmed radiation doses at targeted sites.

The flexibility and precision allow the CyberKnife to treat parts of the body, such as the spine and lungs, that couldn't otherwise be treated by radiation or other radiosurgery

methods. That's because the organs are highly fibrous, which traditionally required open surgery.

CyberKnife radiosurgery also minimizes radiation exposure to the patient, since its targeting is so precise. This preserves as much healthy tissue surrounding the tumor as possible. Patients experience less pain and faster healing, as a result.

No anesthesia is required either, since the device never physically touches the patient. And recovery is almost immediate, due to low risk of complications and damage to healthy tissue. The low risk is a big deal for older patients, who are often not ideal candidates for open surgery.

"It's an excellent non-invasive treatment for early stage lung cancer patients," said Abhijeet Bhirud, M.D., a Cape Fear Valley Cancer Center radiation oncologist. "It has significantly less side effects than traditional surgery."

## CyberKnife is an excellent non-invasive treatment for early stage lung cancer patients. It has significantly less side effects than traditional surgery.

CyberKnife treatments are done on an outpatient basis and typically last between 30 to 90 minutes. The number of treatment sessions depend on tumor size, shape and location. One to five sessions are typically required.

Pegueros underwent four treatments, with sessions every other day. They lasted 45 minutes to two hours. The first two sessions were harder than the last two, but you won't hear her complain. She's just glad she picked up that issue of Making Rounds that fateful day.

"Sometimes, I just lay them aside and read them much later," Pegueros said. "It was like God put that magazine in front of me to read that day."

Low-dose CT testing is offered at Cape Fear Valley Medical Center, Highsmith-Rainey Specialty Hospital, Health Pavilion North, Bladen County Hospital and Hoke Hospital, as well as Central Harnett Hospital in Lillington and Betsy Johnson Hospital in Dunn.

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To learn more about testing or the Lung Nodule Clinic, call (910) 615-5561. Referrals can be through a primary care physician or self-referrals.

# Making Room

Growing residency program to get its own dedicated space on campus



:: by Lia Tremblay

In the 63 years since a modest Cape Fear Valley Hospital opened its doors, the surrounding campus has continually grown to meet the needs of area patients and families. Soon, the health system will dust off the golden shovels again for another groundbreaking.

In a spot right next to Cape Fear Valley Cancer Treatment and CyberKnife® Center, a five-story building will be constructed to house Cape Fear Valley's growing residency program. Together with Campbell University's Jerry M. Wallace School of Osteopathic Medicine, the residency program began in 2017 to help address an increasing shortage of primary care and specialty physicians in nearby rural areas.

In two years, the program has already more than tripled in size, going from 32 residents to 105. Within the next decade, it will swell to include 300 residents.

Clearly, it's time to make more room.



## What Will the Building Hold?

Currently referred to as The Center for Graduate Medical Education and Research, the structure will span five floors.

The first floor will be anchored by a 500-seat auditorium, the only area on campus large enough to hold all 300 residents and the faculty and staff guiding them through the program. The space will be modifiable to expand for large gatherings or break down into smaller instructional arrangements. It will be outfitted with state-of-the-art audiovisual equipment for technologically advanced instruction.

The second floor will contain office space for faculty members and program directors, as well as private conference rooms.

The third floor will be the home to brand-new simulation labs, where residents can practice with technology that simulates the procedures and interactions they will eventually face with actual patients. High-tech, interactive training mannequins help them to prepare for the hands-on experience of everything from neonatal care to identifying and treating heart attacks. And a laparoscopic simulator offers plenty of practice with the complicated maneuvering of small cameras and instruments that guide minimally invasive surgeries.

The fifth floor will be the home of Cape Fear Valley's Neuroscience Institute, where neurology and neurosurgery specialists will have a new, dedicated workspace and a more convenient location for patients and their families.

The building will also offer study spaces and lockers for the residents, serving as a convenient "home base" for their time away from the brisk pace of the hospital. The fourth floor will be shelled out for additional growth as the health system's needs change over time.

It all starts this fall, when an older, disused building will be demolished to make room for the construction to come. Once cleared, construction will begin in January. The move-in date is set for May 2021—just in time for a new class of residents to arrive on campus.

## The Funds Involved – And the Rewards to Come

Along with the fall groundbreaking, Cape Fear Valley Health Foundation will kick off a fundraising campaign to assist with the cost of this \$28.3 million project.

You may know the Foundation for its more direct patient and family assistance efforts, such as providing gas cards for commuting cancer patients, comfort items for hospitalized children, or overnight accommodations for families in need. But Executive Director Sabrina Brooks says these larger projects are also an essential part of their work.

"Our mission is to build awareness and philanthropic support for Cape Fear Valley Health and the work they do for patients and families," she said, "so it's important to be involved in expanding health and wellness with a project like this. The residency program adds another level of quality to the care Cape Fear Valley offers."



### Caring for the Future: How You Can Help

Cape Fear Valley Health Foundation has already secured 75 percent of the funding needed for this project.

The Foundation will be seeking to raise an additional \$3 million from the community: individual donors, area businesses and regional foundations.

Whether large or small, your gift will make a significant impact on the future of North Carolina's health and economy.

Pledges can be paid over a period of up to five years, and naming opportunities are available.

For more information, please contact Major Gifts Officer Marge Betley, at [mbetley@capefearvalley.com](mailto:mbetley@capefearvalley.com) or (910) 615-1358.

**Studies show that doctors tend to begin their careers within a 50-mile radius of where they complete their residency, so those few years on this campus could lead to a lifetime in this part of the state.**

The Foundation's Major Gifts Officer, Marge Betley, says most of the needed funds have already been secured. The effort was kicked off in the spring with a \$1 million grant from the Thomas R. and Elizabeth E. McLean Foundation. Another \$1 million was voted into the total by the Foundation's own board of directors.

"That gives the public a nice level of confidence that their gift will be a good investment," Betley said.

With so much successful fundraising during this "quiet phase," only about \$3 million will need to come from the community during the more public effort this fall. The campaign will include appeals to people who have not only the capacity to support such a large endeavor, but also an affinity for healthcare and what this investment means.

"Physicians who are connected to the program are especially excited," Betley said, "and there is buzz throughout the community about how this project will benefit the entire area. To have 300 residents, plus 50 to 60 faculty and administration positions, it's really the equivalent of a large company moving in."

That means more money flowing into and around Fayetteville. The construction phase alone will pour \$11.7 million into Cumberland County, and the operation of the residency program is set to spill \$25.2 million annually into the southeastern North Carolina region.

"The economic impact is huge," Brooks said. "A residency program brings these professionals to our community for three to six years, and in that time they become a part of the community, living here and spending money here."

And at the end of that time, these new physicians will be well prepared to bring their expertise to the rural areas that need them most. Alumni who continue to work in southeastern North Carolina will contribute an estimated \$18.8 million annually to the regional economy.

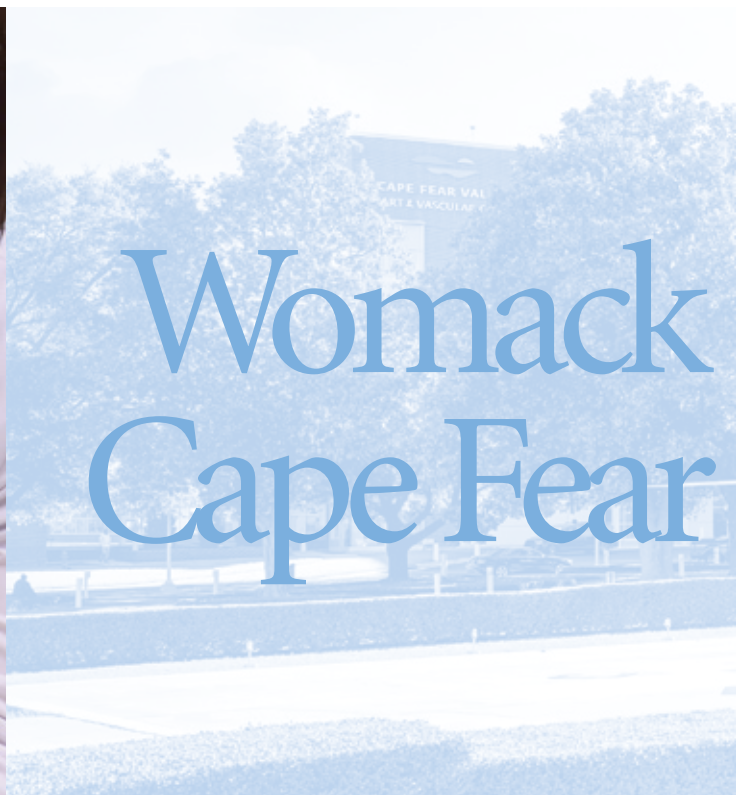
"Studies have shown that doctors tend to begin their careers within a 50-mile radius of where they completed their residency," Brooks said. "And they are usually at an age where they are putting down roots, thinking of getting married and having children. So those few years on this campus could lead to a lifetime in this part of the state."





“ The economic impact is huge. A residency program brings these professionals to our community for three to six years, and in that time they become a part of the community, living here and spending money here. ”

– Sabrina Brooks



# Womack Cape Fear

**In the spring of 2018, Womack Army Medical Center closed its inpatient pediatric ward** due to low demand for care and began sending children to Cape Fear Valley Medical Center for treatment.

Although difficult at the time, the decision has spawned a successful working partnership between the two hospitals. It also kickstarted transformational changes directed under the National Defense Authorization Act (NDAA) for Fiscal Year 2017.

The federal legislation outlined the U.S. Department of Defense's budget and expenditures, ranging from simple line item purchases to major contracts and staffing goals.

Within the bill, was specific direction to begin resource sharing and collaboration between military and civilian centers. As a result, Womack and Cape Fear Valley signed a formal agreement last year for Womack providers to do rotations at the civilian hospital.

Capt. Ann Schilling, M.D., Womack's medical director for newborn care and inpatient pediatrics, said the agreement made sense since Womack's pediatric inpatient unit was so underutilized.

"On an average day, we had only one to two patients," she said.

Capt. Ann Schilling, M.D., examines Eliana Torrealba at Cape Fear Valley Medical Center during morning rounds on June 13.

*:: by Donnie Byers*

# Partnership With Valley A Success

If anyone understands the dilemma, it's Abhik Biswas, M.D. The retired naval officer now serves as Cape Fear Valley Medical Center's medical director of inpatient pediatrics. He reads far more civilian charts than military charts on any given day – even under the new partnership.

“I feel the camaraderie between Cape Fear Valley and the Army is something long overdue,” Dr. Biswas said.

Womack physicians treat inpatient pediatric unit patients under the agreement. Cape Fear Valley pediatric intensivists treat Pediatric Intensive Care Unit patients. The Army physicians also provide teaching support for Cape Fear Valley's numerous physician residents and medical students.

Womack sends both pediatricians and family medicine physicians to do rotations at Cape Fear Valley Medical Center. Even Capt. Schilling makes the drive into Fayetteville on occasion.

“It's our job to always have someone here from 8 a.m. to 6 p.m. every day,” she said. “I come here about once a month, sometimes once every six weeks or so, depending on the schedule. The rest of the time I'm at Womack.”

Dr. Biswas says the Womack physician presence helps military families better coordinate follow-up care after discharge.

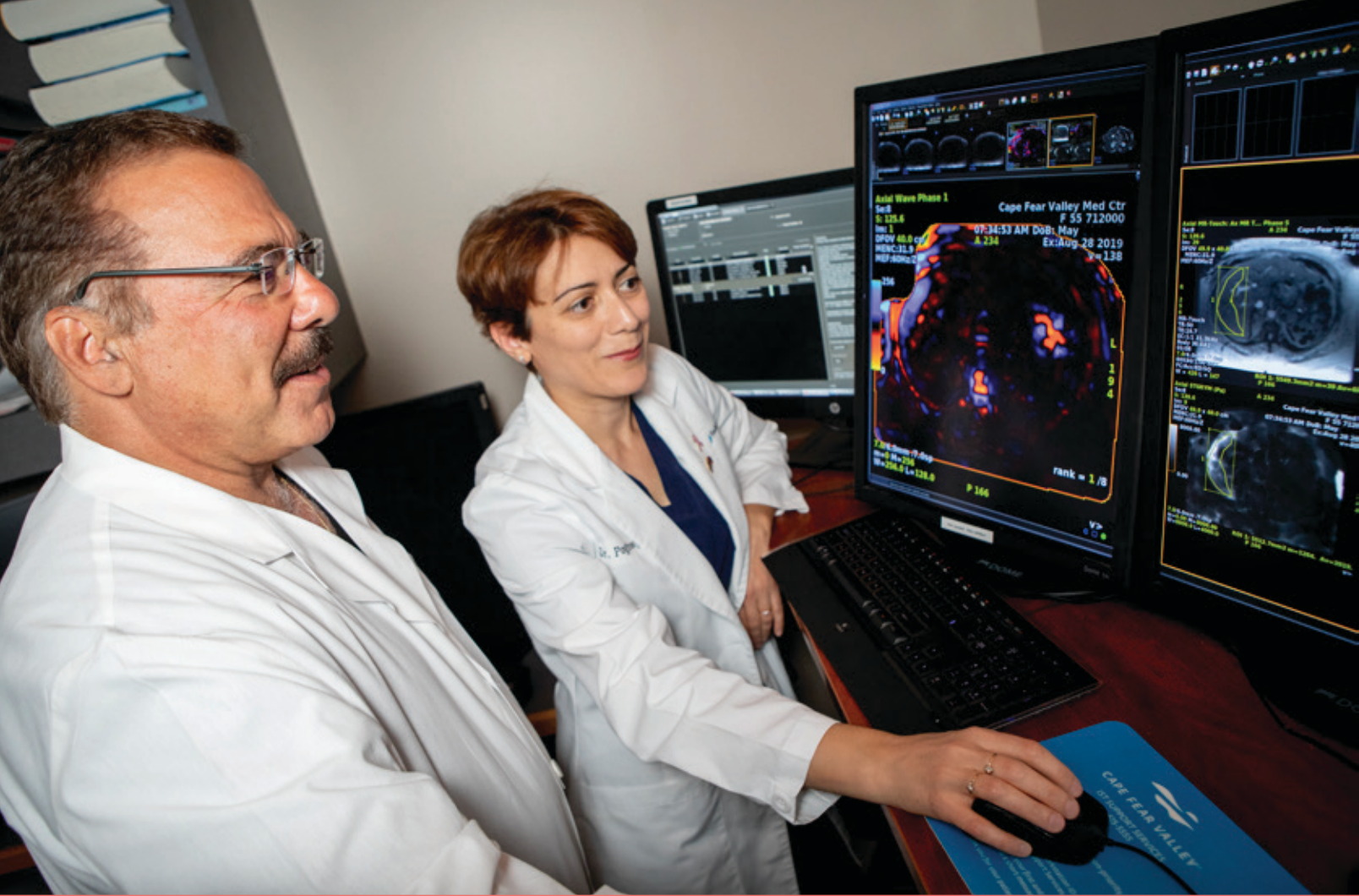


Capt. Ann Schilling and Dr. David Smith make rounds with residents and students at Cape Fear Valley Medical Center on June 13.

“The Womack attending physicians are able to expertly navigate the TRICARE system for these families,” he said. “This ensures timely and appropriate post-hospitalization care.”

Melinda Torrealba has seen how smoothly the new arrangement works. She delivered her baby, Eliana, at Womack Army Medical Center in May. The next month, her daughter was treated at Cape Fear Valley.

“The nurses and doctors here have been amazing,” Torrealba said.



# The Price of Obesity

## Fatty Liver Disease numbers are growing

Obesity and diabetes have both become epidemics in the U.S., so complications are also on the rise. One of the more serious is fatty liver disease.

Like the name implies, fatty liver disease is too much fat stored in the liver. Some fat is normal, but if it constitutes more than 5 to 10 percent of a liver's weight then the organ is considered fatty. The buildup makes it harder for the liver to function.

:: by Donnie Byers

The liver's main job is to filter blood coming through the digestive tract before it reaches the rest of the body. It also detoxifies and breaks down drugs and chemicals, stores vitamins and minerals, and helps promote good red blood cell growth.

Heavy drinking is the main cause of fatty liver disease, but Nonalcoholic Fatty Liver Disease (NAFLD) is on the rise. The condition primarily results from metabolic syndrome, a group of risk factors that raises risk for heart disease and other health problems, such as diabetes.

The risk factors include high blood pressure, diabetic insulin resistance, excessive belly fat, and abnormally high cholesterol or triglyceride levels.

**MRE is still a relatively new procedure. Cape Fear Valley Medical Center is one of two medical facilities in the state to offer it.**

Although NAFLD tends to develop among those who are obese or diabetic, it can also develop among people without any risk factors. Sufferers can experience swelling in the liver (steatohepatitis), which can lead to cirrhosis and liver cancer.

Many sufferers don't exhibit any symptoms at first. When they do occur, symptoms can include fatigue, weakness, weight loss, nausea, appetite loss, abdominal pain, jaundice, itching, swollen legs and abdomen, mental confusion, and spider-like blood vessels.

NAFLD affects up to 25 percent of Americans and there is no FDA-approved treatment currently. But there is hope on the horizon.

Ronald Barbour, 73, was diagnosed with fatty liver disease more than a decade ago. Hoping for relief, he signed up for a clinical trial, but it was unsuccessful.

Undeterred, Barbour agreed to undergo another clinical trial last year. It required taking three experimental drugs, eating a low-carb diet, and undergoing liver biopsies to track his progress over a year.

When the trial ended this summer, tests showed his liver enzymes were within normal range again. Such a recovery was almost inconceivable a few years ago.

"My test results were definitely a lot better than when I started," Barbour said.

The Eastover retiree was part of a clinical trial conducted by Cumberland Research Associates, which performs cutting-edge

research through a national consortium of academic centers. Research locations include San Antonio, Miami and Durham.

John E. Poulos, M.D., is one of 13 physicians and physician assistants helping conduct clinical trials utilizing resources provided by Cape Fear Valley Medical Center. He says the trials are showing success in patients suffering from liver inflammation and scarring.

The breakthroughs are important, he said, because chronic liver damage can lead to cirrhosis, liver failure and eventual death.

"We need to get these patients treated before they develop chronic liver disease," Dr. Poulos said. "That's why it's imperative we raise awareness about these conditions and the treatments that clinical trials offer."

Obesity is the biggest risk factor for fatty liver disease. Factor in diabetes, and liver damage risk increases dramatically. Physicians used to rely solely on painful liver biopsies to confirm damage, but a new imaging technique is changing that.

Called Magnetic Resonance Elastography (MRE), it works by combining traditional MRI imaging methods with sound waves to create a visual map (elastogram) detailing tissue stiffness. Since the liver is naturally soft and pliable, MREs can easily detect rigidity in the organ.

Tereza Poghosyan, M.D., a Valley Radiology radiologist, says a chain of events causes the rigidity. It starts with inflammation of the liver, also known as hepatitis. Chronic hepatitis produces scarring, or fibrosis. Too much scarring eventually leads to cirrhosis, which is clearly indicated by stiff liver tissue.

"Liver cirrhosis has no cure," Dr. Poghosyan said, "but removing the cause may slow the disease's progression."

MRE was invented by the Mayo Clinic and is still a relatively new procedure. Patients often have to travel to long distances to have it performed. Cape Fear Valley Medical Center is one of two medical facilities in the state to offer it.

Cape Fear Valley purchased the cutting-edge technology last year to assist with clinical trials. The goal was to make diagnosing liver problems safer and less painful for trial participants.

That's good news for Ronald Barbour, since he's hoping to do another clinical trial.

"I was already optimistic about the second clinical trial," he said. "I'm more than apt to do another."

*For further information regarding participation in a clinical trial for fatty liver please contact Cumberland Research Associates at (910) 484-8163.*



# A Clearer View

Cataracts don't have to blur your life for long

:: by Lia Tremblay

Americans are enjoying longer, healthier lives than their parents and grandparents did. But along with wisdom and experience, that lifespan brings plenty of age-related complications. Among them are cataracts, the world's leading cause of blindness. By age 80, more than half of Americans either have a cataract affecting their vision or have had surgery to correct one.

A cataract is a clouding of the natural lens, which sits inside the eye just behind your pupil. Smaller than a dime, the lens works all day to process the light coming in and help you see. Throughout most of our lives, this lens is nice and clear like the one in your camera. But over time, it can become cloudy and make the things we see appear blurry or discolored.

When cataracts have finally caught up to you, you'll know by an increasing blurriness in your vision—and it's often more noticeable at night.

"Problems with nighttime driving are usually what bring people in," said Michael Woodcock, M.D., an ophthalmologist at Carolina Vision Center. "When the cataracts are interfering with the quality of your sight and your ability to do the things you want to do, it's time to act."

Dr. Woodcock has performed about 50,000 cataract surgeries in his nearly 30 years of practice. As the principal investigator on more than two dozen FDA studies leading to the approval of LASIK and new high-technology cataract implant lenses, he has seen the standards come a long way over time.

"It used to be a three-day hospital admission," he said, "and a 2.5-inch needle to inject an anesthetic behind the eye."

These days, fortunately, simple numbing drops do the trick and most patients are back on their feet in minutes.

A more recent advancement in cataract surgery is one that Dr. Woodcock is particularly proud of. He was the first ophthalmologist in the state to use the Optiwave Refractive Analysis (ORA) System with VerifEye™ Technology. It's a complex system that allows a patient's eye to be mapped and precisely analyzed, in real time, during the surgical procedure. This lets Dr. Woodcock find just the right lens and placement much more accurately than ever before – with the patient's help. He is one of the most experienced cataract surgeons in the world using this technology.

"I call it audience participation," he said. "I need you to look at the measuring device so I can adjust how well you can see. It's much more accurate than the measurements we do in the office, and I rely on patient feedback to refine the outcome."

And the outcomes are remarkable. Patients are typically on their feet in a matter of minutes, with better vision than they had before cataracts appeared. The new lens isn't just clearer than the one it replaces; it's also precisely chosen to address nearsighted or farsighted vision. It can even correct astigmatism, a condition in which vision is compromised by an irregular shape of the eye's outer surface.

“About 95 to 98 percent of those patients see just fine after correction of the astigmatism,” said Dr. Woodcock. “We want all of these patients to have not just freedom from cataracts, but the best overall vision possible with the least need for glasses.”

The strategy for correcting complicated vision varies from person to person. In some cases, one eye is corrected for nearsightedness and the other for farsightedness. This is called monovision, and is usually for patients who are accustomed to wearing contact lenses in that arrangement. Some patients may be corrected for nearsightedness and use glasses for reading.

“In many cases, we’ll use a multifocal lens that corrects vision for different ranges, allowing the patient to see near and far without glasses,” said Dr. Woodcock, “but we gauge their experiences and expectations to decide the way forward.”

In addition to the ORA system, Dr. Woodcock uses a 3D operating system with a high-definition TV so students can observe the procedure.

“I’m always happy and willing to teach other doctors,” he said. “And I’m glad Cape Fear Valley has the technology so we can be leaders in this area.”

While blazing a trail with this surgery, Dr. Woodcock is also taking the lead with the lenses themselves. Recently, he was approved to begin using Alcon’s PanOptix® Trifocal Intraocular Lens in his procedures.

FDA-approved in August, the lens delivers an exceptional combination of near, intermediate and distance vision, with little to no need for glasses after surgery. Carolina Vision Center will be the first in North Carolina to offer this lens to cataract patients.

It means a lot to Dr. Woodcock that he can perform his field’s most precise, advanced type of surgery, using the latest lens technology right here in Fayetteville.

“Patients don’t have to leave town to get the best treatment available for their eyes,” he said. “It’s truly second to none, and it makes me proud of our health system and our city.”



Michael Woodcock, M.D.  
Carolina Vision Center

“About 95 to 98 percent of those patients see just fine after correction of the astigmatism. We want all of these patients to have not just freedom from cataracts, but the best overall vision possible with the least need for glasses.”

# We All Bleed the Same. Or Do We?

African American blood donors  
hold the power to save those in  
need of transfusions

:: by Ginny Capiot



**They say that human differences are just skin deep.** Underneath it all we all bleed the same blood. But do we? Those who work in the world's blood banks might disagree as they struggle to find minority blood donors.

There are four blood types: A, B, O and AB, that can be positive or negative. But a lot more goes into matching a patient in need of blood with the perfect donated pint.

The problem is the body's antigens. Comprised of proteins and sugars, these antigens attach themselves to our red blood cells. There are 360 known antigens, which

can attach themselves in an almost infinite number of combinations.

Antigens usually have no effect on our blood, or how it is transfused to those in need. But these antigens can sometimes be rejected by the blood recipient. This causes a transfusion reaction. In rare instances, the reaction can be fatal.

Reactions are more likely in patients who require frequent blood transfusions. Their immune system constantly encounters new antigens and creates new antibodies to fight the foreign antigens.



A transfusion is far more likely to be successful if a donor's blood is similar to the recipient's. This is why minority blood donation is so important: blood can be ethnically specific.

Hereditary blood-based diseases, such as sickle cell disease and thalassemia, are more common among minorities. And blood types seem to be ethnically linked as well.

Just 27 percent of the world's Asian population has type A blood, compared to 40 percent of Caucasians. African Americans tend to have type O or B blood.

Sickle cell patients are less likely to react to blood donated from African Americans. Yet, African Americans account for just one percent of U.S. blood donors. There are many reasons why. The most common reason given is that no one has asked them to donate.

Lindsey Graham, Cape Fear Valley Blood Donor Center Marketing Coordinator, would like all persons of color to consider themselves asked.

"Some sickle cell patients can require up to four pints of blood weekly," she said. "An increase in African American donors would ultimately increase the amount of blood available to treat sickle cell anemia patients."

Cape Fear Valley Health transfuses approximately 1,100 units of blood each month. But it's a struggle to meet that number because of too-few local donors.

"We need more minority donors," Graham said. "Acknowledging and celebrating the differences in our blood can mean the difference between life and death for patients who need transfusions."

Corey Howard is the kind of donor Graham seeks. The 30-year-old African American has been a regular donor at Cape Fear Valley Blood Donor Center for the past five years.

Howard says he wasn't aware of the donor disparity, but did notice how rare it was to see another African American donor while giving blood.



"Fayetteville has a large African American population," he said. "I'm glad giving blood is one way I can make a difference in the community."

Now that Howard knows the importance of minority blood to our community's blood bank, he says he's even happier to give.

"People need to remember that they never know when they might be the person in need," he said. "We really can make a difference if we donate."

**To learn more about volunteer blood donation, call Cape Fear Valley Blood Donor Center at (910) 615-LIFE, or visit [www.savingliveslocally.org](http://www.savingliveslocally.org).**

CAPE FEAR VALLEY HEALTH : NEWS *briefs*

## We're Here For You

Cape Fear Valley Health has partnered with Campbell University's Jerry M. Wallace School of Osteopathic Medicine to open a medical residency program dedicated to training new physicians. The goal is for them to take up practice in rural communities, which are facing a shortage of physicians. Some of these resident trainees joined Cape Fear Valley to provide free screenings at community events in Roseboro, Jacksonville, Kinston, White Lake, Burgaw and Bakersville.



## New Room Numbering System

Cape Fear Valley Medical Center recently changed its room numbering system to ease wayfinding through the hospital. The revised system is based on location and uses three numbers and a letter:

- The first number represents the floor
- The next two numbers are the room number
- The last letter represents the building (i.e. S-South Tower, N-North Tower, R-Rehab, V-Valley Pavilion)



## Highsmith-Rainey Unveils History Display

Cape Fear Valley Health Foundation held an unveiling ceremony on July 18 for the new history display at Highsmith-Rainey Specialty Hospital. It detailed the history of the hospital and its associated school of nursing. The ceremony was attended by members of the Cape Fear Valley Health Board of Trustees and Health Foundation board, as well as staff and graduates of the Highsmith-Rainey Nursing School. Pictured are left to right: Kelly Steere, Highsmith-Rainey Director of Nursing; Michael Zappa, M.D., Highsmith-Rainey Specialty Hospital President; Gaynelle West and Betty Kirby, graduates of Highsmith-Rainey Nursing School; and Debbie Marshburn, Cape Fear Valley Health Chief Nursing Executive.

## Cape Fear Valley Wins Several AHA Patient Care Quality Awards

Cape Fear Valley Medical Center has received several Get With The Guidelines Awards® from the American Heart Association for patient care quality. The awards are:

- Stroke Gold Plus Target Elite Plus Honor Roll Award
- Heart Failure Gold Plus Quality Achievement Award
- Resuscitation Gold Plus Quality Achievement Award for Adult Population Patients
- Resuscitation Gold Quality Achievement Award for Newly Born Population Patients
- AFIB (Atrial Fibrillation) Gold Quality Achievement Award
- STEMI (Heart Attack Treatment) Receiving Gold Plus
- Non-STEMI (Heart Attack Treatment) Receiving Silver

The Get With The Guidelines® is a hospital-based quality improvement initiative created by the American Heart Association and the American Stroke Association to improve care for patients with cardiac disease and stroke.



## Cape Fear Valley Health Holds Free Clinic and Health Fair

Cape Fear Valley Health held its annual free clinic and health fair at this year's Umoja Festival.

Cape Fear Valley Internal Medicine physician residents provided on the spot-consultations to 114 participants, who also received free screenings for blood pressure, blood sugar levels, cholesterol, body mass index and lung functioning.

Nursing students from Fayetteville State University and medical students from Campbell University's Jerry M. Wallace School of Osteopathic Medicine also assisted with the clinic.

A variety of Cape Fear Valley departments and local non-profits staffed educational exhibits and provided giveaways to those in attendance.



CAPE FEAR VALLEY HEALTH : *NEW physicians***Cardiology****Manoj Bhandari, M.D.**

Cape Fear Cardiology Associates  
3634 Cape Center Drive, Fayetteville  
(910) 485-6470

**Cardiology:** Montefiore Medical Center,  
Bronx, N.Y.

**Internal Medicine:** Bronx Lebanon  
Hospital Center, Bronx, N.Y.

**Medical Degree:** Tribhuvan University  
Institute of Medicine, Kathmandu, Nepal

**Geriatrics****Kimberly Baptiste, M.D.**

Senior Health Services  
101 Robeson St., Suite 202, Fayetteville  
(910) 615-1630

**Geriatrics:** Mountain Area Health  
Education Center, Asheville, N.C.

**Family Medicine:** St. Joseph Medical  
Center, Yonkers, N.Y.

**Medical Degree:** University of Nebraska,  
Omaha, Neb.

**Infectious Disease****Obiefuna Okoye, M.D.**

Carolina Infectious Disease Consultants  
395 West 27th St., Lumberton  
(910) 738-3434

**Infectious Disease:** Tulane University,  
New Orleans, La.

**Internal Medicine:** Huron Hospital, East  
Cleveland, Ohio

**Medical Degree:** University of Nigeria,  
Enugu, Nigeria

**Neurosurgery****Melissa Stamates, M.D.**

Cape Fear Valley Neurosurgery  
1219 Walter Reed Road, Fayetteville  
(910) 615-3350

**Neurosurgery:** The University of Chicago,  
Chicago, Ill.

**Endoscopic and Skull Base Neurosurgery  
Fellowship:** North Shore University  
Health System, Evanston, Ill.

**Medical Degree:** Ohio State University,  
Columbus, Ohio

**Podiatry****Hughey Carter, DPM**

Cape Fear Valley Podiatry  
1738 Metromedical Drive, Fayetteville  
(910) 484-4191

**Podiatry:** Florida Hospital, Orlando, Fla.

**Medical Degree:** Kent State University,  
Independence, Ohio

**Board Certification:** American Board of  
Foot and Ankle Surgery


**CAPE FEAR VALLEY HEALTH : PHYSICIAN *briefs***


**Nancy Finnigan, DO, FACP**, Internal Medicine Residency Program Director, **Chika Okafor, M.D.**, and **Mayank Singhal, M.D.**, Associate Program Directors, supervised internal medicine residents at this year's Umoja Festival free health clinic. Campbell University medical students and Fayetteville State University nursing students also volunteered. A total of 114 adults met with a doctor to discuss their screening results.



Scott Cameron, M.D.



Kristen Coggin, M.D.



Keith Gallaher, M.D.

Neonatologists **Scott Cameron, M.D.**, **Kristen Coggin, M.D.**, and **Keith Gallaher, M.D.** have joined Cape Fear Valley Health. These physicians have more than 50 years of collective experience caring for sick and preterm infants. They will continue to direct the medical care of babies in the level IV neonatal intensive care and intermediate care units at Cape Fear Valley Medical Center.

**Dorrette Grant, M.D.**, has joined Cape Fear Valley OB/GYN at 1341 Walter Reed Road. For an appointment, please call (910) 615-3500.



Dorrette Grant, M.D.

**Scott Klenzak, M.D.**, has been elected as North Carolina Psychiatric Association's (NCPA) fourth representative to the American Psychiatric Association (APA) Assembly of District Branches. He will serve as a member of the NCPA Executive Council for a three-year term. Dr. Klenzak will represent the NCPA at the Nov. 15-17 assembly meeting in Washington, D.C. and the April 24-26 assembly meeting in Philadelphia. He is the Program Director for the Cape Fear Valley Health Psychiatry Residency Program and practices psychiatry at Cape Fear Valley Behavioral Health Care.



Scott Klenzak, M.D.

**Kalpana Krishna, M.D.**, has earned the honor of Fellow of the American College of Physicians (ACP). This achievement acknowledges excellence in and dedication to internal medicine. Dr. Krishna practices at Cape Fear Valley Internal Medicine at 1218 Walter Reed Road. For an appointment, please call (910) 615-3780.



Kalpana Krishna, M.D.

# What's in a COLOR?

Thousands of people\* work in a hospital to provide exceptional care. But knowing exactly who is who can be overwhelming. Doctors usually wear white lab coats, but understanding everyone else's attire can be a bit trickier. Many Cape Fear Valley employees wear color-coded uniforms to help people recognize who they are and what they do.



\*At Cape Fear Valley, we have more than 7,300 employees

## Nursing : RNs/LPNs

Solid white, solid royal blue or any combination

## Nursing : Non-Licensed Staff

Solid dark gray, solid wine or any combination

*(Nursing assistants)*

*Areas with children may wear child-friendly prints*



*But wait, there's more!*

### Radiology

Navy blue tops and khaki pants



### PT/OT/ST

Aloe tops and dark blue pants



### Food & Nutrition and Dietitians

Bahama blue tops and pants



### Laboratory

Lavender tops and black pants



*Phlebotomist who takes your blood*



### Patient Transportation

Royal blue polo shirt and khaki pants



### Environmental Services

Charcoal top and black pants



### Emergency Dept. Paramedics

Solid red or red and black



### Respiratory Care

Solid black or black and white

## CAPE FEAR VALLEY HEALTH SUPPORT *for the* Community

### Alzheimer's Caregiver Support Group

Third Tuesday of each month  
2 – 3 p.m.  
Medical Arts Center  
101 Robeson St., Suite 106  
Sam Hutchinson at (910) 615-1633

### Arthritis Support Group

Fourth Monday of each month  
(except February, July and December)  
7 – 8 p.m.  
Cape Fear Valley Rehabilitation Center  
Library  
Rachel Farnham at (910) 615-4499

### Better Breathers Support Group

Second Thursday of each month  
5 – 6 p.m.  
Cape Fear Valley Rehabilitation Center  
Cardiopulmonary Rehab Classroom  
(910) 615-7822 or (910) 615-7845

### Cancer Support Group

Mondays  
10 – 11 a.m.  
Health Pavilion North Cancer Center  
6387 Ramsey St., Suite 140  
(910) 615-3856 or (910) 615-3844

### Defibrillator Support Group

Meets quarterly, Jan. 16, April 16,  
July 16, Oct. 15  
6 – 7:30 p.m.  
Cape Fear Valley Cancer Center  
1638 Owen Drive  
Laurie Costello at (910) 615-8753

### Facebook Cancer Support Groups

*There are two online groups:  
Ladies Only and Just the Guys*  
Join an online group where patients can  
share issues and concerns that arise from a  
cancer diagnosis and its impact on daily life.  
To join a group, call (910) 615-6580

### Mended Hearts of Fayetteville

Second Thursday of each month  
6 – 7:30 p.m.  
Cape Fear Valley Rehabilitation Center  
Auditorium  
(910) 615-6580

### Scleroderma Support Group

Third Saturday of each month  
10 a.m. – noon  
Medical Arts Center, Room 106A,  
101 Robeson St.  
(910) 308-9792 or (910) 237-2390

### Spinal Cord Injury Support Group

First Monday of each month  
3 – 4 p.m.  
Cape Fear Valley Rehabilitation Center  
Patient Cafeteria  
(910) 615-4051 or (910) 615-6066

### Stroke Support Group

Third Wednesday of each month  
3 – 4 p.m.  
Cape Fear Valley Rehabilitation Center  
Physical Therapy Gym  
(910) 615-4344



Your heart. Our Hands.  
One focus.



CAPE FEAR VALLEY  
HEART *and* VASCULAR CENTER

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



When a hospital focuses on quality care,  
it's the patients who come out the winners.

So when Healthgrades named Cape Fear Valley Medical Center one of America's 100 Best Hospitals for Cardiac Care *and* Coronary Intervention, we knew our patients would benefit the most.

Patients treated at hospitals that receive the Coronary Intervention award have, on average, 46 percent lower risk of dying than if they were treated at hospitals that did not receive the award. The risk of dying was 27 percent lower at hospitals that received the Cardiac Care award.\*

\*Statistics based on Healthgrades analysis of MedPar data for 2015-2017



**CAPE FEAR VALLEY**  
HEALTH SYSTEM<sup>SM</sup>

P.O. BOX 2000  
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Seeking a hospital to care for your family? Choose one with quality that's verified by trusted outside sources. You won't find another health system from the Triangle to the coast with the quality and scope of services offered at Cape Fear Valley. And you won't find one as committed to your family's health.

  
**CAPE FEAR VALLEY**  
HEALTH

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

