Esophageal cancer meets its match

JOINT SURGERY FOR ACTIVE ADULTS

Gifts that keep on giving

50 Looks Good!

GEORGE CLOONEY makes the midcentury milestone work for him—and so can you

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SPECIAL
Active Adults Can Start Living Again
A joint replacement alternative ended this former UGA football player’s chronic pain and gave him back his active lifestyle.

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ON THE COVER
George Clooney is the object of affection the world over. And as this year marks the star’s midcentury birthday, he reflects on his life and health. Learn the dos and don’ts for how to look this good at 50!
A Lasting Gift to the Community
Your donation helps GMC deliver the best healthcare

Our community is an amazing place that more than a million people now call home. It is diverse, visionary and always advancing forward, and it has proved time and again its passion and dedication to doing whatever it takes to deliver the very best.

At Gwinnett Medical Center, our 4,200 associates and 800 affiliated physicians share these same values. And our more than 40 state, regional and national accolades since 2007 prove that we, too, share in our community’s passion and dedication to deliver the best.

But this system, which includes state-of-the-art hospitals in both Lawrenceville and Duluth, did not evolve by chance. As we grew from our humble beginnings to a multicampus collection of healthcare facilities across the area, which now serves more than 400,000 patients each year, we needed a way to bring people together to support GMC in fulfilling our mission to provide the highest quality of healthcare to our community. In 1990, the Gwinnett Medical Center Foundation was formed, and for more than 20 years we have been inspired, blessed and empowered by philanthropy. The Foundation enables people from all walks of life to come together and give their time, talents and treasure to strengthen our community’s healthcare system.

Donors contribute on many different levels. But whether individually or corporately, for a specific initiative or in honor or memory of a loved one, all contributions have a high impact because every penny goes directly to improving Gwinnett Medical Center. The Foundation works closely with us as we address immediate care to our community. In 1990, the Gwinnett Medical Center Foundation was formed, and for more than 20 years we have been inspired, blessed and empowered by philanthropy. The Foundation enables people from all walks of life to come together and give their time, talents and treasure to strengthen our community’s healthcare system.

If you have a passion for this community and seeing it thrive, I ask you to please consider giving to the GMC Foundation. It is a gift that our entire community will feel for generations to come.

Philip R. Wolfe
President and CEO
From *first* breath, to *first* baby, to *first* mammogram

Gwinnett Medical Center is *first* class for women’s services.

From our private birthing suites, featuring Jacuzzi tubs and the latest technology, to our nationally accredited Gwinnett Breast Center, Gwinnett Medical Center is here to offer you the best care possible.

The Gwinnett Women’s Pavilion provides high-quality maternity and education services as well as a Level III neonatal intensive care unit, and our Gwinnett Breast Center offers state-of-the-art imaging services.

For more information on women’s services at Gwinnett Medical Center, visit [gwinnettmedicalcenter.org/women](http://gwinnettmedicalcenter.org/women).
The Dynamic Duo shows up every Friday at Glancy Rehabilitation Center. Bill Orlikowski and Reed Harris both had strokes in 2007. Today they are two of many stroke survivors who provide support through the Peer Visitor Program at Gwinnett Medical Center–Duluth’s Glancy Rehabilitation Center.

“I do the talking and Reed does the listening and remembering,” Orlikowski says jokingly. Orlikowski has lingering issues with his left side and his memory, while Harris has fought his way through aphasia to speak in halting words. (See “What Is Aphasia?” below.) Because of lingering stroke effects, both men have retired from their careers. Orlikowski worked as a graphic artist in the printing industry, while Harris spent 20 years in distribution for CIBA Vision.

Progress Personified

“Having a stroke is scary,” Orlikowski says. “The survivors are so glad to see us walk into the room. Especially those with aphasia are glad to see the progress Reed has made. “The first thing we do is tell them we are also stroke survivors so they can see there is light at the end of the tunnel,” he adds. “Then we stress stroke recovery is not like getting over a cold. People tend to get discouraged. It’s slow progress. Rehab reminds the brain that the [poorly functioning] body part is still there and helps the brain reroute its signals.”

“At Glancy Rehab, we believe it takes a team to help stroke survivors heal,” says Sunil Bhole, M.D., medical director of Glancy Rehabilitation Center and a fellow of the American Academy of Physical Medicine and Rehabilitation. “We’ve implemented some things that make our Peer Visitor Program unique. Whenever possible, the peer visitor is matched to the stroke patient by life phase, stroke symptoms or other commonalities. And the volunteer is a part of the caregiving team, giving input to the nurses and rehabilitation specialists where appropriate. It’s a true partnership among the caregivers, the patient, the patient’s family and the peer visitor volunteers.”

Specialized Training

In 1996, the American Stroke Association (ASA) began training stroke survivors who were at least 18 months post-stroke to visit recent stroke patients to provide encouragement, information and support. For the pilot program in Atlanta, healthcare professionals from Atlanta-area hospitals joined forces.

What Is Aphasia?

An acquired communication disorder, aphasia impairs a person’s ability to process language but does not affect intelligence. Varying levels include difficulty reading, writing, understanding speech and speaking. Aphasia sometimes results from a stroke or other brain injury.

Glancy Rehabilitation Center offers an Aphasia Conversation Group on Thursdays from 1:30 to 3:30 p.m. Caregivers and those with aphasia are welcome. Learn more by e-mailing Bob Booth at bbooth@boothcomputing.com.
Glancy Rehabilitation Center was one of the first participating facilities. “Glancy Rehabilitation Center is the hub,” says Karen Knieter, education coordinator for the ASA’s Peer Visitor Program of Metro Atlanta. “Even today the program at Glancy provides therapy in life skills the other centers haven’t even thought of. For instance, there’s a mock grocery store; a Wii to practice activities like bowling, tennis and golf; a patio with various walking surfaces; and gardening in beds at wheelchair level. Glancy’s recreational therapists think of things people will want to do when they’re back in their own lives, and help them regain that life.”

Through the American Stroke Association, Glancy Rehabilitation Center provides peer visitor training. The training takes about 12 hours and is usually held on consecutive Saturdays. In addition to a binder with extensive material on stroke, nurses, therapists and others present information. Participants are taught how to relate to other stroke survivors and how to answer their questions, whether those questions are physically, mentally or emotionally based.

“I advise anyone who’s had a stroke to take this training,” Orlikowski adds. “Even if you don’t have time to be a peer visitor on a regular basis, you learn so much about stroke. When Reed and I visit patients, we’ve learned every stroke is different, but we can share our personal experiences with them. We’re careful not to make promises, though, and to advise them to follow what the doctor says.

Caregiving Advice from Peer Visitors

• **Speak up.** As stroke survivors heal, they don’t always notice progress. When caregivers see improvements, they need to acknowledge them.

• **Stay upbeat.** It’s easy for a stroke survivor to get discouraged. Be alert for signs of depression.

• **Don’t go it alone.** “It’s normal to try to take everything on yourself. But don’t,” says peer visitor Bill Orlikowski. “Ask for help.”

“I don’t complain,” Orlikowski continues. “Every Friday I come in here and see how lucky I am.”

“Me, too,” says Harris, letting his smile take the place of the words that are still difficult for him to say.

On this Friday, as on all Fridays, the Dynamic Duo sets off to visit nine new stroke survivors. By day’s end, those nine patients will have new hope and courage.

Sign Up for Stroke Support

The Stroke Support Group meets the third Wednesday of each month from 1 to 2 p.m. Caregivers, friends, family and stroke survivors are all welcome. Learn more by calling 678-312-6167. Or to learn more about Glancy Rehabilitation Center and the Peer Visitor Program, visit gwinnetmedicalcenter.org/glancyrehab or call 678-312-6000.
In Georgia, nearly 2.7 million citizens are obese. Although experts grapple with the societal implications, the Center for Surgical Weight Management at Gwinnett Medical Center–Duluth is helping people regain their health, one person at a time.

Meet three people who are changing their lives through bariatric surgery

1. VIRGINIA LINDSTROM, 44

When Virginia Lindstrom was a toddler, her parents were told she wouldn’t live past age 5. She had diabetes, and the insulin treatments of that era created terrible reactions. “My dad used to apologize for the genetics,” she recalls.

“I was on a U-500 insulin pump, which is five times what most people with diabetes require,” she says. “Despite my efforts, the weight kept creeping up.”

By 2009, Lindstrom weighed close to 300 pounds.

“The day I took my daughter whitewater rafting was the final straw. I fell out of the raft and my fear was that I’d be the ‘pantsed’ whale as they pulled me back in,” she says. “Also,
I was watching my dad’s health decline—I didn’t want to be like that.”

Lindstrom had a gastric bypass because of its track record of helping diabetes patients. “I hoped eventually to decrease the insulin after the surgery, but the results went way beyond that,” she says.

“My insulin pump was discontinued the day after surgery. I have no more hamster wheel of sugar highs and lows,” she adds. “Before, I was on 13 medications every single day. Now that number is zero.

“I have a lot more energy for my 12-hour shifts as an emergency department nurse at Gwinnett Medical Center–Lawrenceville,” Lindstrom says. Then she smiles. “I can wear my daughter’s jeans.”

As soon as Lindstrom weighed below the 250-pound limit, she took a zip-line tour. Next up is kayaking and then scuba diving, something she was unable to get certified for before because of her insulin pump.

“My dad passed away last summer,” she says. “I’m happy he lived long enough to see the positive changes in my life and to know that genetics weren’t going to do me in.”

YVONNE WALLACE, 56

“I just wasn’t designed to be a size two,” says Yvonne Wallace, the first patient at the Center for Surgical Weight Management. “I look like my dad’s folks.”

Despite acknowledging that inheritance, Wallace often felt embarrassed about her size.

“I was always crossing my hands in front of me, like I was trying to cover myself,” she says. “I never wanted to ride in anyone else’s car. The seat belt might not fit, and I was conscious that my weight meant extra gas expense.

“I looked at mirrors, but not in mirrors,” she adds.

Through marriage and children, Wallace struggled to keep her weight and health under control.

“My husband was a teacher and he took on many of the after-school activities our children had,” she recalls. “After he died in 1995, my priority was to be with my boys. I’d take them to games and make sure their lives were going smoothly. I neglected myself.

“Being a social worker, you’d think I’d have known better,” Wallace says. “You can’t help others effectively if your own body is struggling.”

Postsurgical support at the Center for Surgical Weight Management at Gwinnett Medical Center–Duluth includes:

• Monthly support group meetings
• Nutritional counseling
• Psychological assessment and support
• Clothing exchange closet
• Physical fitness classes
• Life coaching classes
• Cooking classes
• Private online message board
• Comprehensive follow-up care

As her children entered their late teens, Wallace enrolled in seminar at Mercer McAfee School of Theology. Although this path had long been her dream, the stress piled on, and her weight crept up to 288 pounds. Her health began to deteriorate with hypertension, sleep apnea, acid reflux, high cholesterol and painful joints.

By October 2009, Wallace felt the worst she’d ever felt and her blood sugar was rising. She knew diabetes could be next. “I said, ‘OK, it’s time. I need help. I can’t do this on my own,’ ” Wallace says. “About two weeks later, I read that GMC–Duluth was starting a bariatric program. I said, ‘OK, God. I’ll go see about this.’”

Wallace went to an informational session given by Robert Richard, M.D., FACS, medical director of the Center for Surgical Weight Management at GMC–Duluth, and completed the required medical, psychological and nutritional appointments. “I had confidence in Dr. Richard,” Wallace
RHONDA HAIRSTON, 41

“I was never comfortable in my own skin. Now I see it was a form of depression,” says Rhonda Hairston. “If I’d just realized then how I looked I’d never have let it get here.” For Hairston, “here” was weighing 260 pounds.

She, her husband, Joe, and their three teenage children have all the usual stresses of family life. But the Hairstons added one more stress in 2008. As the economy took a dive, Joe had to take a job in South Carolina, and Rhonda had to assume all the parental roles. “You have to stay on the happy side,” she says. “It’s tough sometimes.”

For Hairston, the tipping point came with her health. “I was on the verge of having something go really wrong. I was having elevated blood pressure and blood sugar readings.”

For years she dieted, but exercise was too painful on her joints. With her husband competing in triathlons and her kids in sports, she felt left out. “I was always making excuses not to go hiking, not to go swimming.

“This surgery was the jump-start I needed to do things that would work,” Hairston says of her sleeve gastrectomy. It required one night in the hospital and she took one week off from her job. “I had the surgery on Friday, and on Monday I was on my treadmill. I was determined to begin putting exercise into my life as quickly as I could. This is something my family loves—and I know it’s good for me.”

In December 2011, Wallace will finish seminary and begin living the next part of her dream.

“This surgery is a tool,” she adds, “For me, an effective tool. I feel like I’m in control. And I’m choosing to live the rest of my life making healthy choices.”

YVONNE WALLACE’S 18 MONTHS OF WEIGHT LOSS

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Rhonda Hairston, nine months after surgery. stays active with dog Wiley.
Imagine walking around the shopping mall and seeing a man suddenly get weak on the right side and fall down, and no one understanding his calls for help. But not you. You know what might have happened. If you recognized these as signs of stroke, you could help save the man’s life.

Stroke can occur suddenly when blood flow is interrupted by a blockage or break in a blood vessel in the brain. The most common symptoms are sudden drooping of the face, weakness in arms or slurred speech (see “Act FAST”), but can vary depending on the part of the brain injured. Less common symptoms include a sudden change in vision (double, blurred or no vision), dizziness, or loss of balance or coordination. Also, a severe headache with no known cause potentially means stroke. In any of these situations, even if the symptoms go away after five or 10 minutes, call 911.

Emergency medical services assess, transport and call ahead to stroke-ready hospitals, such as GMC-Lawrenceville and GMC-Duluth, so that the stroke team is ready on arrival. This ensures the person is quickly evaluated for the “clot buster” medicine tPA (tissue plasminogen activator) that can potentially reverse or lessen the effects of an ischemic (blocked blood vessel) stroke.

Lessen your own chances for stroke by knowing and controlling your risk factors: high blood pressure, diabetes, high cholesterol, excess weight and inactivity. Regular follow-up visits with your doctor can help keep these risk factors under control to avoid the potentially disabling consequences of stroke.

Quick—Is It Stroke?
Recognizing the signs could help save a life

Act FAST
If you suspect you are or someone else is experiencing the following symptoms, act “FAST.” It can help in the detection and early treatment of stroke. Every minute counts!

F = face. Have the person smile or show you teeth while you check for facial droop or asymmetry.
A = arm. Have the person hold out his or her arms in front and note any one-sided arm weakness.
S = speech. Ask the person to repeat a simple sentence like “You can’t teach an old dog new tricks.” If he or she cannot speak or the words are slurred, it could be a stroke.
T = time. If even one of the above signs is present, call 911.

Lessen your own chances for stroke by knowing and controlling your risk factors:
• High blood pressure
• Diabetes
• High cholesterol
• Excess weight
• Inactivity
• Smoking

Sign Up for a Free Class
Let’s Talk About Stroke
Presented by Susan Gaunt, neuroscience clinical nurse specialist

• May 17, noon–1 p.m., GWP Rose Room, 550 Medical Center Blvd., Lawrenceville
• May 24, noon–1 p.m., Glancy Kiwi Room, 3215 McClure Bridge Road, Duluth

To register, call 678-312-5000 or visit gwinnettemedicalcenter.org/classes.
Too often, active adults in their 40s and 50s limit their daily routines to a fraction of normal. The reason? Knee pain. Whether they think This is just another part of getting older or I’m too young for surgery, the pain can severely hamper an otherwise fun and active life.

Tom Elliott, now in his 50s, loves golfing and playing with his grandchildren—two things that were nearly impossible before he decided to see Gary Levengood, M.D.

Elliott was the starting tight end for the University of Georgia football team in 1976. In one game, as he ran a route that legendary coach Vince Dooley designed just for him, he caught his toe in a hole and tore his anterior cruciate ligament and lateral meniscus (outer cartilage).

“I felt the top of my knee go over the bottom of my knee, and I hit the ground,” Elliott recalls about his career-ending injury.

Two surgeries and many years later, Elliott regained strength and continued being active, until a run through Mountain Park in Lilburn found him experiencing sudden knee pain unlike anything before. Several steroid injections, unfortunately, gave him only temporary relief.

“I wanted to wait until the last possible moment to have it fixed because I felt that I was still fairly young,” Elliott says. “It got to the point where I could barely move my leg after walking just short distances because of the intense swelling.”

The limping eventually began to affect his hip and back, and he was forced to walk hunched over. His life was starting to become something he never dreamt it would be: restricted.

EXCEEDING EXPECTATIONS

He decided to pay a visit to Dr. Levengood, a board-certified orthopedic surgeon and sports medicine specialist at Gwinnett Medical Center–Duluth. Elliott went into the appointment expecting Dr. Levengood to tell him a knee replacement was his only option. He was pleasantly
surprised, however, when the doctor determined another procedure would be a better option for him: a custom partial knee resurfacing using ConforMIS iDuo bicompartamental arthroplasty.

Dr. Levengood came to this solution because the inside compartment of Elliott’s knee was healthy. It was the outside and patella compartments that were damaged and needed repair. By doing the partial knee resurfacing, Dr. Levengood could go in and leave the soft tissue in place and only resurface the areas of the knee that needed to be fixed. It was the ideal procedure for someone like Elliott who wanted to maximize his knee functionality.

The surgery is done as an outpatient procedure and is common among people ages 40 to 60 who show the beginning stages of arthritis but want to continue their active lifestyles.

ACTIVE AS ALWAYS

“My first round of golf was just three and a half weeks after surgery,” Elliott happily reports. “I have more flexibility than I had prior to surgery. I’m able to do everything I want to do.”

He was surprised with the lack of pain he experienced following the procedure. He had talked to many people who previously had knee surgery and they all said the pain was unbearable.

“I kept waiting for the pain to hit me and it never did,” he says. “Compared to the pain I experienced before surgery, after surgery I barely had any discomfort.”

Because of the expert care of Dr. Levengood and the surgical staff at GMC–Duluth, Elliott is once again living out his active lifestyle.

“If I had to do it over again,” Elliott says, “I would’ve done it five years earlier.”

“My first round of golf was just three and a half weeks after surgery. I have more flexibility than I had prior to surgery. I’m able to do everything I want to do.”

—Tom Elliott, Knee Resurfacing Patient
For 70 years, members of this community have stepped forward to serve and give to help transform healthcare. Rapidly changing technology, a booming population and the need to provide the best in clinical quality will necessitate ongoing community help as Gwinnett Medical Center continues to advance healthcare.

One way to have a lasting impact on the scope and quality of healthcare for future generations is through planned giving.

“Generally, people think of planned giving as a bequest in someone’s will, but planned giving encompasses a range of alternatives,” says Jason Chandler, president of the Gwinnett Medical Center Foundation. “Gifts can be structured to make meaningful contributions while meeting the donor’s personal planning goals as well.”

Some of the ways donors can structure their giving include retirement plan gifts, charitable trusts, bequests, gifts of real estate or securities, and gift annuities. One method, a charitable lead trust, provides an inheritance to your loved ones at a future time.

“These are not just options for the wealthy,” Chandler says. “Many of our planned-giving partners are just like you and me, regular families in those busy prime-of-life years.”

LEAVING A LEGACY
The Legacy Circle is a new giving society to recognize the GMC Foundation’s planned-giving donors. Among the Legacy Circle charter members are Kathryn Parsons Willis and Paige and Reagan Havens.

For Kathryn Parsons Willis, giving to the GMC Foundation was part of her childhood.

“I was raised on my parents’ dedication to the hospital,” says Willis, who has made the GMC Foundation a beneficiary in her will. “General Glancy actually called my mother first, and she led the charge to get the hospital going. Later she was on the board.”
“Mother and Father were both involved in the early days of Joan Glancy [which evolved into GMC–Duluth],” Willis continues. “Later, my five children were all born at Joan Glancy Hospital. I’ve been involved with Gwinnett Medical Center at all levels, from patient to board member, and continue to call it home. I have seen how important the health of the community is to Gwinnett Medical Center. It’s a mission I believe in.”

For Paige and Reagan Havens, keeping healthcare strong in the community has been a family goal, and working toward that goal has meant they’ve been involved in the GMC Foundation’s fundraising efforts for more than 10 years. They have made the GMC Foundation a beneficiary in their life insurance policies.

“It’s an easy way to give,” Paige says. “We’re in our 40s and wanted to show people our age that you don’t have to be elderly to put the Foundation in your end-of-life giving plans. We’re glad we can help secure healthcare long-term for the community this way.”

EXPERTS TO GUIDE YOU
If you are considering planned giving, “don’t let the financial language confuse you,” Paige says. “The GMC Foundation can help you understand which form of planned giving would be best for your needs.”

Experienced professionals who understand tax law and finance are available through the Gwinnett Medical Center Foundation to help donors understand their options and make planned-giving choices.

“We understand that while tax laws can be confusing, there are so many people with a passion for giving and helping in our community,” Chandler says. “That’s why we do everything we can to make the process as easy as possible for our generous donors.”

Giving to a Good Cause
The Gwinnett Medical Center Foundation is a charitable not-for-profit 501(c)(3) organization that supports Gwinnett Medical Center by funding healthcare programs, services and capital expansion projects that benefit the healthcare needs of this community. Past projects have included:

• The building of Gwinnett Medical Center–Duluth, a state-of-the-art, 81-bed hospital on Howell Ferry Road just between Pleasant Hill Road and Peachtree Industrial Boulevard.
• The completion of the north tower, adding 155 spacious patient rooms to Gwinnett Medical Center–Lawrenceville.
• The opening of GMC Imaging–Hamilton Mill, expanding GMC’s imaging services closer to home for many who live in North Gwinnett.

Current projects include the Open Heart campaign, which is bringing desperately needed cardiovascular services north of the perimeter. To learn more, visit openheartgwinnett.org.
Michael A. Amaral, M.D., FACS, is a board-certified neurosurgeon at the Brain & Spine Institute at Gwinnett Medical Center, a fellow of the American College of Surgeons and an active member of the American Association of Neurological Surgeons.

Dr. Amaral was born and raised in Paris. His father was a U.S. official affiliated with NATO and his mother was French. After obtaining a B.A. in biology at Boston University, he rejoined his family in Belgium. His medical education was at the Brussels University School of Medicine, and he practiced there as a family physician before undertaking his neurosurgical training at the University of Chicago.

In 1996, Dr. Amaral decided to focus on complex spine surgery. He became interested in sacroiliac dysfunction when a co-worker was successfully treated after remaining undiagnosed for several years. He has since lectured on the subject nationally and internationally.

Dr. Amaral’s knowledge and talent make him a unique physician. To find out what makes him unique outside the white coat, see the next page.

Meet Michael Albert Amaral, M.D., FACS

Practice: The Brain & Spine Institute at Gwinnett Medical Center
Specialty: Neurosurgery
Medical school: University of Brussels
School of Medicine, Brussels, Belgium
Years practiced: 25 years (three at GMC)
Birthplace: Paris
When I was a child I dreamed of becoming a cartoonist or a physicist. I still love cartoons and comics and collect French comic books.

My first job was as a maintenance worker for NATO’s Supreme Headquarters Allied Powers Europe (SHAPE).

I realized I wanted to be a doctor when a physician friend of my parents set up a practice down the street. He and his wife would often stop by for a cup of tea or coffee. I found his stories enthralling.

If I weren’t a doctor I would do something that has to do with mathematics and physics. It’s a hobby and I have some published work in physics.

To unwind after a long day, believe it or not, I do advanced mathematics for the challenge.

If a movie were made about me, I would be played by George Clooney because of his classic style.

My favorite restaurant is Pappadeaux for the creole shrimp.

My first car was an old station wagon, a gift of my parents. I drove it into the ground and the car did not survive me.

My favorite summer vacation was spent in a cottage on a lake in Plymouth, Mass., where my family would get together in the summer.

Right now I’m reading something about advanced calculus, but my personal library has more than 2,000 books on everything imaginable.
More than 3.3 million adults suffer from Barrett’s esophagus, a precancerous condition affecting the lining of the esophagus. The esophagus is the hollow muscular tube that carries food, liquids and saliva from the mouth to the stomach. Normally, the esophagus is lined by squamous cells that protect the underlying esophagus from injury resulting from swallowed food and reflux of gastric contents.

“Barrett’s disease occurs when the esophagus is chronically exposed to stomach acid, a condition known as gastroesophageal reflux disease, or GERD,” says Kerry King, M.D., a gastroenterologist at Gwinnett Medical Center. “With prolonged acid exposure, normal squamous cells in the esophagus can undergo genetic changes and are then vulnerable to further changes that can ultimately lead to esophageal cancer.”

Historically, Barrett’s esophagus was treated with photodynamic therapy, but this was not widely used because of significant complications, including narrowing of the esophagus, perforation and bleeding. Because of the complications of earlier ablation devices, many patients did not receive treatment before the disease developed into esophageal cancer. Therefore, the standard treatment for Barrett’s disease was “watch and wait” using upper endoscopy with biopsies to check for suspicious cellular changes known as dysplasia.

A NEW SOLUTION

To help prevent esophageal cancer, which is often incurable, GMC offers a state-of-the-art treatment: HALO. Unlike traditional ablation methods, HALO provides uniform and controlled ablative therapy, which not only removes the abnormal cells but also allows for regrowth of normal cells. It’s also easier to effectively treat patients using the HALO system without injuring healthy underlying tissue.

“During the endoscopy procedure, an ablation catheter [HALO] is positioned in the esophagus adjacent to the abnormal tissue,” Dr. King says. “Using the HALO energy generator, we deliver a gentle burst of ablative energy, which removes a very thin layer of the diseased esophagus. This endoscopic procedure is performed in an outpatient setting under intravenous sedation and takes less than 30 minutes on average.”

In published clinical studies, more than 98.4 percent of participants were Barrett’s-free 30 months after undergoing after several treatment sessions using HALO.

“It usually starts with GERD, which can cause Barrett’s disease, which in turn can lead to esophageal cancer,” Dr. King says. “That’s why it’s important to seek medical treatment and evaluation for symptoms of GERD, the most common being heartburn.”
You don’t have to be one of them.

Varicose veins that are cosmetically unappealing or cause pain are prime candidates for vein treatment. At Gwinnett Medical Center–Duluth, we offer a nonsurgical procedure for veins including the newest and most effective laser treatment, VenaCure EVLT (endovenous laser treatment).

To learn more about vein treatment options at Gwinnett Medical Center–Duluth, or to schedule an appointment, call 678-312-3444.

This procedure is covered by most insurances and Medicare.