Heart Attack:
John credits St. Mary’s with saving his life
Welcome, new physicians!

St. Mary’s Medical Group is pleased to welcome Milene Argo, M.D., and Aaron Carr, M.D. In addition, St. Mary’s this summer welcomes its third class of internal medicine resident physicians, completely filling all positions in Northeast Georgia’s first residency program.

Milene Argo, M.D.

Dr. Argo practices adult internal medicine and came to Athens Internal Medicine Associates on May 8 from Demorest, Ga.

She attended the University of Georgia, earned her bachelor's degree in biology with high honors from Georgia Tech, and earned her medical degree from the Medical College of Georgia. She completed her internal medicine residency at Atlanta Medical Center.

Dr. Argo joins Drs. Patt Brooks, Matthew Farmer, Mark Firth, Jane Fleagle, Elizabeth Smith and Lisa Smith at AIMA. athensinternalmedicine.com or 706.548.8600.

Aaron Carr, M.D.

Dr. Carr is a general surgeon and assistant clinical professor of surgery at the University of California Davis Medical Center who is joining Athens General and Colorectal Surgeons effective June 1.

He earned his bachelor’s degree in physics, Magna Cum Laude, from the University of Alabama, Birmingham, and his medical degree from the University of South Alabama College of Medicine, Mobile. He completed his residency in categorized general surgery at Atlanta Medical Center.

Dr. Carr joins Drs. Sergio Mejias, Ryan Katz and W. Andrew Lawrence at AGCS. athensgeneralsurgeons.com or 706.548.5488.

Resident physicians

For the third year in its three-year history, the Augusta University/University of Georgia Medical Partnership Internal Medicine Residency Program at St. Mary’s Health Care System has filled all 12 openings for its new class of medical residents.

“All of the faculty, physicians, and staff, as well as the hospital, have made this a sought-after program in Northeast Georgia,” said Pete Yunyongying, M.D., Program Director for the IMRP.

The new residents will join the Classes of 2018 and 2019 on July 1 to begin their three-year journey to independent practice.
When a blood clot blocks blood flow to part of the brain, a stroke happens. Up to 2 million brain cells die each minute. That’s why stroke is the nation’s leading cause of disability and one of the leading causes of death.

If doctors can unclog the artery, they may be able to save brain tissue that otherwise would die. St. Mary’s is able to administer Alteplase, a clot-busting drug that can dissolve small clots. But patients with clots in large blood vessels may need to be airlifted to a major metropolitan hospital that can physically remove the clot in a procedure called neurointervention.

Now, St. Mary’s and Georgia Neurological Surgery (GNS) are bringing this life-saving procedure to St. Mary’s Hospital.

“This is state-of-the-art stroke care,” says Joanne Lockamy, St. Mary’s Stroke Coordinator. “We will be the first hospital in Northeast Georgia to offer it. It will save critical time for our large-vessel occlusion stroke patients and may dramatically improve outcomes for many people.”

To make it possible, St. Mary’s Foundation has launched an $800,000 fundraising campaign to offset the cost of acquiring and installing a biplane neuro imaging system. And GNS has recruited a specialist in the procedure, Neil Woodall, MD, who will be joining the practice in August.

The biplane works by providing 3D images of complex blood vessel systems. Using these real-time images, Dr. Woodall will be able to thread a tiny tube called a catheter up through the inside of blood vessels and remove the blood clot. The biplane also can be used for the diagnosis and treatment of brain aneurysms, brain and neck tumors, as well as other neurological and cardiac procedures.

Even with the new technology, speed is critical, Lockamy says. “Once brain cells die, they can’t be brought back,” she stresses. “The longer patients wait to seek care, the less brain tissue we can save. When stroke symptoms appear, call 911!”


Donate at stmarysathens.org/about-us/foundation or call 706.389.3926
St. Mary’s Sacred Heart Hospital in Lavonia has received the Healthgrades 2017 Patient Safety Excellence Award™. The designation recognizes superior performance in hospitals that have prevented the occurrence of serious, potentially avoidable complications for patients during hospital stays.

St. Mary’s Sacred Heart Hospital placed among the top 5 percent of all short-term acute care hospitals reporting patient safety data to the Centers for Medicaid and Medicare. The hospital received the award for its excellent performance as evaluated by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

St. Mary’s Sacred Heart Hospital has received the award three years in a row (2015-2017) and is the only hospital in Northeast Georgia* to be named among the top 5 percent in the nation for Patient Safety for two consecutive years (2016-2017).

During the 2013-2015 study period, Healthgrades found that patients treated in hospitals receiving the Patient Safety Excellence Award were, on average, less likely than patients treated at non-recipient hospitals to experience accidental punctures and cuts, a collapsed lung during chest surgery, catheter-related bloodstream infections, or bed sores.

"Our staff works hard day-in and day-out to achieve and maintain these high standards, and our partnership with the medical community is paramount to our success," says Don McKenna, St. Mary’s Health Care System President and CEO.

"Patient safety is our top priority," adds Jeff English, President of St. Mary’s Sacred Heart Hospital. "We are deeply honored that our efforts have been recognized by Healthgrades as among the best in the nation."

For more information about Healthgrades or to download a full copy of the report, visit www.Healthgrades.com/quality.

*Northeast Georgia is defined as Banks, Barrow, Clarke, Dawson, Elbert, Forsyth, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, Walton and White counties in Georgia as defined by the US Environmental Protection Agency.
If you are having a stroke you deserve the best care possible, whether you live in a major city or a small town.

That’s why St. Mary’s Good Samaritan Hospital in Greensboro is proud to be Georgia’s Coverdell Champion Hospital of the Year for stroke care, very small hospital category (25 or fewer beds), in both 2016 and 2017.

The recognition is based on Good Samaritan’s performance on rapid access to assessments, diagnostics, and treatment capabilities. A key is door-to-needle time for giving Alteplase, a drug that can dissolve the blood clots that cause most strokes.

“In a stroke, up to 2 million brain cells die every minute. As Georgia’s first remote treatment stroke center, we employ the highest standards for quality and safety so that we can deliver care fast.”

~ Beth Watkins, Emergency Department Manager, Good Samaritan Hospital

As soon as EMS notifies Good Sam that they are coming with a possible stroke patient, our team starts getting ready:

- Emergency physicians alert nursing, radiology and laboratory.
- Staff activates the REACH remote stroke consultation system, which connects Good Samaritan to an Augusta University neurologist in real time.
- The patient is rushed in for blood testing and a CT scan of the brain.
- If the patient meets criteria, Alteplase may be given to try to dissolve the blood clot and prevent further damage.

The Georgia Coverdell Stroke Registry is part of the state Department of Public Health. It works with hospitals and EMS to improve stroke care in Georgia. For the Hospital Champions designation, every hospital in the state was assessed for stroke care delivered in 2016.

For more information, visit stmarysgoodsam.org.

"In a stroke, up to 2 million brain cells die every minute. As Georgia’s first remote treatment stroke center, we employ the highest standards for quality and safety so that we can deliver care fast."

~ Beth Watkins, Emergency Department Manager, Good Samaritan Hospital
Help is at Hand

St. Mary's Care Alert brings help with the push of a button

By Caroline Silva and Mark Ralston

St. Mary’s emergency response system, Care Alert, offers independence to subscribers and peace of mind to their family members.

Care Alert is an emergency response system that is monitored 24 hours a day, seven days a week. Subscribers, most of whom live alone, can summon help with the push of a button in case of any emergency.

"An emergency can be anything from falling to symptoms of a heart attack or stroke," says Mary Calfee of St. Mary’s Care Alert team. “It’s great for older adults and younger people who have medical conditions that put them at risk for falls or other emergencies. They can contact help by simply pushing a button.”

User-friendly options

For the convenience of subscribers, the personal call button comes as a necklace or bracelet, and both are water resistant. The call button can even be worn in the shower, where many falls happen.

The size of the pendant or bracelet will depend on the size of the wireless unit to which it is linked. Units come in various sizes. Each unit has its own range and is tested upon installation. Units can work either with a landline or a cellular device. The cellular device comes with its own technology and does not depend on the user’s cellphone.

Sydelle Young, St. Mary’s Remote Monitoring Coordinator for Care Alert, says the most popular Care Alert unit is the BOB 3600, which provides coverage inside and around the outside perimeter of the home, but St. Mary’s offers the full range of Care Alert devices to fit every need.

“I encourage my friends to get the program if it benefits their circumstances,” says Care Alert subscriber Mary Gould of Athens. “I certainly feel safer having it.”

Left: Mary Gould shows her Care Alert call button. With her are St. Mary’s Care Alert Coordinator Sydelle Young and Home Health Care scheduling specialist Mary Calfee, who also assists St. Mary’s Care Alert subscribers.
How it works

The process to get Care Alert is simple: Call 706.389.3296 (toll-free, 888.557.4462) and talk to Sydelle or another St. Mary’s Care Alert representative. They will take your information on the spot and help you determine which unit best meets your needs. Installation in your home is simple and can be done by the subscriber, or St. Mary’s will install it for a one-time fee. After that, basic service costs just $36 a month.

The system is simple and easy to understand: If you fall, feel sick, or have any other emergency, just push the call button. The monitoring company, Critical Signal Technologies, will respond in seconds. Care center operators will have your pre-supplied information at their fingertips, such as where you live, known health conditions, and who you want notified. Multi-language options are available.

- If you are within voice range of your main unit, the care center operator will use the system’s built-in two-way speakerphone with ClearVoice technology to talk to you.
- If you are unable to speak or outside of speaking range, the operator will start your call process.
- You can specify in advance who you want to have notified and in which order, for example, EMS first, then a neighbor, then a family member.
- Upgrades are available that allow your unit to work as a smoke alarm, use a strobe light alert for the hearing impaired, or be activated by puff/sip devices.
- If you press the button by accident, just let the operator know to cancel the call process.
- Certain units can be taken with you when you travel. Just let the call center know where you are staying.

Peace of mind

When Mary Gould experienced a stroke in January 2013, she sought immediate care and has had an excellent recovery. But she and her family worried that she could have another health crisis that might leave her unable to call for help after she returned home. She signed up for Care Alert in February.

“One of its best features is that I can use it anywhere in my home and it is super-fast,” Mary says. “I can stay busy around the house and still feel safe.”

Sydelle agrees. “The system helps our subscribers keep their own independence,” she says. “Many of our subscribers live alone and would not be safe or comfortable without it.”

So far, Mary has not needed to press the button, but she has friends who have. One was alone at home when she heard someone trying to break in. She pushed the button and when the Care Alert operator answered on the main speaker, the would-be intruder ran off.

“That just shows that Care Alert can be used for any kind of emergency, not just medical,” Mary says.

Mary especially loves the peace of mind it gives to her out-of-state family members. "They feel a lot better knowing that I have the ability to get help if something happens and I can't get to the phone."

"I feel much safer now that I have the device."
Bogart man credits St. Mary’s with saving his life

John Hammonds may be the last person you would expect to have a heart attack. Nearly 6 feet tall and a lean 165 pounds, the retired nuclear power plant operator and martial arts instructor stayed active riding his road bicycle, training German Shepherds, doing uphill wind sprints and keeping up with his grandchildren.

And yet, on Aug. 25, 2016, John suffered a serious heart attack, the kind doctors call "the widow maker".

Thanks to St. Mary’s, he not only survived, he continues to thrive.

Active and loving it

John has never been a couch potato. He went from the U.S. Navy into a 27-year career in nuclear power plant operations. Working at Plant Edwin I. Hatch near Vidalia, Ga., he ran the nuclear facility’s engineering department, moved to operations, and then went into training. At the end of his career, he traveled as an on-loan crisis management educator with the Institute of Nuclear Power Operations and did some consulting.

During many of those years, he also taught marital arts and trained protection dogs. He let go of both in the 1990s to focus on family and his career.

"Now I train dogs, raise bees, chase grandchildren, things like that," the Bogart resident says. "I'm blessed to be able to do that."

After stepping away from martial arts instruction, John fell into a low spot physically. He didn’t like it, so when a friend in Vidalia invited him to join a bike ride, he did. On that first ride, his friend dropped him, the cycling term for leaving him behind.

"I'm not one to walk away from a challenge," John says. "It wasn't long before I dropped him. I was riding about 100 miles a week in Vidalia."
It was a good choice. St. Mary’s is an accredited Chest Pain Center with PCI, the technical term for balloon angioplasty and stent implantation. Despite his deteriorating condition, he walked into the Emergency Department and began routine check-in. But when he doubled over, he was rushed in for an emergency EKG. The readout was clear: heart attack.

John remembers being given aspirin and nitroglycerin. He also remembers Charles Neckman, MD, an interventional cardiologist with Oconee Heart and Vascular Center, asking him a lot of questions: What are your symptoms? When did they start? Do you have a family history of stroke or heart attack? Turns out, he did.

New lease on life

Within minutes of walking through St. Mary’s doors, John was in the Cardiac Catheterization Laboratory. Under twilight anesthesia, he remembers watching the monitors as Dr. Neckman used the cath lab’s sophisticated technology to find a blocked blood vessel in John’s heart, reopen it, and implant a medicated stent.

“I could see where the blood vessel looked like it just stopped, and then blood started flowing again,” John recalls.

The procedure resolved a 100 percent blockage of John’s left anterior descending artery (LAD), which is the largest artery providing oxygen and nutrients to the muscle tissue that makes the heart contract, pumping blood. It’s called the widow maker because a complete blockage in the LAD can result in death within minutes.

Fortunately, at the moment John’s LAD became fully blocked, he was already in St. Mary’s Emergency Department, minutes away from the cardiac catheterization procedure that would save his life.

“John’s experience shows us two things,” says Dr. Neckman. “John shows the life-saving importance of getting to a hospital fast when heart attack symptoms begin. John also demonstrates how being fit can make a difference in the body’s ability to keep functioning under extreme stress. If he hadn’t been in such good condition, I’m not sure he would have had such a good outcome.”

John stayed at St. Mary’s for about four days to make sure it was safe for him to return home. Six weeks later, he came back for a nuclear stress test that showed no additional signs of coronary artery disease. While his heart has some scar tissue from his heart attack, it is still strong. In late November, Dr. Neckman gave him unrestricted clearance to return to cycling, running, dog training and chasing his grandchildren.

“Had I not gotten to St. Mary’s emergency room and had Dr. Neckman not put in that stent in time, I wouldn’t be talking to you,” he says. “St. Mary’s saved my life.”

Friends call and ask me how I feel and I say, ’For somebody who’s supposed to be dead, I’m feeling pretty good.’”

In October 2012, an opportunity arose for John and his wife, Kristi, to move to the Athens area to be closer to their eldest daughter and her family. They settled in a beautiful home in Jackson County. But after moving, John’s miles on the bike declined. In 2016, even though Northeast Georgia was suffering through the hottest summer on record, he was determined to start rebuilding. On Aug. 25 he set off on a 15-mile ride. It was hot, but he felt okay.

When he got home, though, he didn’t cool down like normal, and as he walked to his house, he had a moment of dizziness and nausea. “That’s not right,” he thought, but it passed quickly. He ran a few wind sprints up the hill in front of his home and felt better. He went inside, took a shower, and then drove with Kristi to a sporting goods store on the Atlanta Highway.

On the way there, his left arm began to hurt. In the parking lot, Kristi said, “You don’t look good.” He said he would be all right after he walked around a little. A few steps later, he gave her the keys. “Take me to the hospital,” he said.

Increasingly alarmed, Kristi drove toward Athens. John was rapidly feeling worse. His arm hurt. His chest hurt. He broke out in a cold sweat and was squirming with discomfort. When they reached the Atlanta Highway sign for St. Mary’s, he told Kristi, “Take me there.”
When your heart needs help, St. Mary's provides

5-Star Care ★ ★ ★ ★ ★

Imagine you're having a normal day, but you don't feel normal. You're a little light-headed and get short of breath just walking around. At one point, you worry that you're going to faint. Do you:

- Eat a snack and hope you'll feel better?
- Call your doctor?

**Answer: Call your doctor.**

The symptoms you are experiencing could arise from any of several conditions, ranging from dehydration to bradycardia – the technical term for when your heart beats too slowly. You need your doctor's help to find out what's wrong.

Left, Middle: St. Mary's state-of-the-art technology, including Cardiac MRI and 3D echocardiography (pictured here), can provide physicians with highly detailed information about the patient's heart and how well it functions.

Left, Bottom: Cardiologists John Layher, MD, left, and Amit Shah, MD, prepare to implant a subcutaneous implantable cardioverter defibrillator during a procedure in St. Mary's Cardiac Catheterization Laboratory. If the patient's heart stops beating, the device automatically delivers an electric shock to restart the heart.
**What's normal, what's not**

Unless you’re a trained athlete, your heart should beat about 60-100 times a minute when you’re at rest (athletes often have slower heart rates). If it beats less than 60 times a minute, medical care may be necessary, especially if you have symptoms. See a list of symptoms in the sidebar.

Your heart pumps blood to every part of your body. If it beats too slowly, muscles and organs – including your brain – may not get enough oxygen-rich blood. As a result, low heart rate can leave you feeling weak, dizzy, or confused, or you may faint. Worse, the condition may put you at higher risk for heart attack or heart rhythm disorders that can be fatal.

“There are a lot of causes for a slow heart rate,” says John Layher, MD, a cardiologist with Oconee Heart and Vascular Center. “Older people tend to have a slower heart rate than younger people. Patients who have damage from a previous heart attack or who have metabolic problems such as low thyroid hormone may also have heart rate problems. In addition, some medicines can suppress your heart rate.”

With so many causes -- and so much at stake -- it’s important to get checked out, Dr. Layher says.

“Sometimes, a heart rate disorder may be just a mild annoyance, but when it affects a patient’s quality of life or puts them at risk of injury or death, it’s time to intervene,” Dr. Layher says. “We don’t want you to keel over from a fatal arrhythmia, but we also don’t want you to faint while you’re behind the wheel.”

**Feel the beat**

If you’re experiencing symptoms of low heart rate, your primary care doctor may refer you to a cardiologist, a doctor who specializes in heart and blood vessel care. Your cardiologist will listen to your heart and may order diagnostic testing. Key tests, all of which are available at St. Mary’s, include:

- **Electrocardiogram (EKG)** – Measures the electrical signals that cause the heart to beat.

- **Echocardiogram** – Non-invasive ultrasound waves provide images of the heart’s chambers as they contract to pump blood. St. Mary’s offers state-of-the-art 3D versions of this test.

- **Stress test** – While the patient exercises on a treadmill or stationary bike, EKG and blood pressure testing reveal how well the heart responds to stress.

- **Nuclear stress test** – High-tech imaging helps determine how well the heart is pumping blood and whether heart muscle is getting enough oxygen.

- **External monitor** – Painlessly provides 24/7 monitoring of the heart’s function for up to 30 days, with recordings transmitted to your cardiologist at the push of a button or when the device detects a problem.

- **Implantable monitor** – Smaller than a AAA battery, the device is inserted just beneath the skin of the chest and can monitor heart function for up to three years. A bedside unit automatically transmits recordings for your cardiologist to review.

**Raise the tempo**

When needed, your cardiologist may recommend an implantable device to reduce symptoms or protect against dangerous rhythm disorders. St. Mary’s has received a 5-Star rating from Healthgrades for pacemaker procedures, the highest possible. Two general types of devices are available:

- **Pacemaker** – Implanted under the skin near your collarbone, a pacemaker continually monitors your heart. If your heart rate becomes too slow, the pacemaker sends electrical signals to cause it to beat faster. Modern pacemakers may last for years between battery changes, and many also work as event recorders, using remote transmission technology to send information to your cardiologist when needed.

- **Defibrillator** – Like a pacemaker, an implantable defibrillator is inserted under the skin of your chest and monitors your heart 24/7. When it detects a dangerous pause in your heart’s pumping action, it sends a shock to get your heart going again. At the same time, it makes a record of the event that it can automatically transmit to your cardiologist.

A pacemaker also may be helpful for patients with heart failure. This alarming-sounding condition happens when the heart becomes weak. Heart failure frequently is caused by a heart attack, but it can be caused by anything that damages the muscle tissue that makes your heart contract, including certain cancer treatments.

For patients with heart failure, the pacemaker may strengthen the signal that tells the heart to beat. With a stronger signal, more of the remaining muscle contracts, improving the amount of blood the heart pumps. As a result, a pacemaker may help a heart failure patient feel more energetic and enjoy a higher quality of life, Dr. Layher says.

Both types of devices can be implanted at St. Mary’s Hospital, and St. Mary’s cardiology practices – Oconee Heart and Vascular Center and Northeast Cardiology – provide ongoing monitoring and follow-up. For more information, talk to your doctor or visit stmarysathens.org.

**Symptoms of slow heart rate:**

- **Dizziness**
- **Weakness**
- **Shortness of breath**
- **Fatigue**
- **Easy tiring during physical activity**
- **Confusion or memory problems**
- **Chest pain**
- **Fainting or near-fainting**

Not all symptoms appear in every patient or in every episode. Symptoms typically come and go, and generally get worse over time.
Imagine that you are having lunch with your best friend. Suddenly her words become slurred. One side of her mouth seems to have stopped working and the whole right side of her face looks droopy.

She drops her glass of tea and her arm falls uselessly to her side. Alarmed, she tries to get up but can barely stand. Do you:

• Take her home?
• Call 911?

Answer: Call 911.

Your friend is displaying classic symptoms of a stroke. It’s a medical emergency that is as serious as a heart attack. Fast treatment can make a difference, reducing the risk of death and disability. The key is that the patient has to get to a stroke-capable hospital fast.

"In a stroke, up to 2 million brain cells die every minute," says Joanne Lockamy, RN, St. Mary’s stroke coordinator. "With the clot-busting drug Alteplase, we can stop some strokes in their tracks, but it has to be given soon after symptoms appear. Once brain tissue dies, nothing on earth can bring it back. That’s why it’s vital that people call 911 immediately when symptoms appear."

What is a stroke?

A stroke happens when blood flow to part of your brain is interrupted. Brain tissue “downstream” from the problem can’t get enough oxygen and nutrients. Almost immediately, cells most directly affected begin to die. Nearby tissue will become stressed and may also die without treatment. Most often, the stroke is caused by a blood clot that gets stuck in an artery. In about 20 percent of cases, it’s caused by a ruptured blood vessel.

"Strokes caused by bleeds are part of the reason you can’t simply give Alteplase to everyone with stroke symptoms," Lockamy says. "If you give it to someone whose stroke is caused by internal bleeding, you could make it worse."

Also tricky is the fact that some conditions that aren’t stroke – such as Bell’s Palsy – may mimic stroke symptoms.

"Stroke is a complex condition," says C. Van Morris, M.D., a neurohospitalist who practices at St. Mary’s with H. McCord Smith, M.D. and Alan Morgan, M.D. "How we treat it depends on a number of factors, such as what part of the brain is affected, when symptoms began, whether it is caused by a blood clot or a ruptured vessel, and whether the symptoms we see are actually caused by a stroke or are the result of something else."

"Stroke is most common in adults age 65 and over, but we are seeing an increasing number of cases in younger people," Dr. Morgan says. "High blood pressure, smoking, family history, diabetes, obesity, high cholesterol and a sedentary lifestyle are known to raise your risk. A healthy diet, regular exercise and prevention or management of diabetes, high blood pressure and high cholesterol can reduce your risk."

"It is estimated that 80 percent of strokes could be prevented if we could get everyone to eat right, exercise, and never start smoking," adds Dr. Smith. "Here in Georgia, we are right in the middle of the nation’s stroke belt. We can bring the number of strokes down, but we will always need people to know the signs and symptoms of stroke."

St. Mary's offers leading-edge care for brain attack

When a stroke strikes
How does St. Mary’s help?

All three hospitals in St. Mary’s Health Care System use a team approach to quickly and accurately diagnose stroke and begin treatment.

- **St. Mary’s Hospital** in Athens is a Joint Commission certified advanced primary stroke center. Named one of America’s 100 Best Hospitals for stroke care 2017 by Healthgrades, St. Mary’s has earned the American Heart Association/American Stroke Association Gold Plus Award for stroke care eight years in a row.

- **St. Mary’s Good Samaritan Hospital** in Greensboro is Georgia’s first designated remote treatment stroke center and the recipient of the Georgia Coverdell Stroke Program Champion Hospital of the Year, Very Small Hospital Category, for 2016 and 2017.

- **St. Mary’s Sacred Heart Hospital** in Lavonia now uses the REACH telestroke system to connect emergency department physicians with Augusta University neurologists in minutes, day or night, and provides high-tech CT, laboratory and other vital services for fast diagnosis and Alteplase treatment.

St. Mary’s stroke care continues after the emergency, too:

- Neuroscience critical care and step-down care at St. Mary’s Hospital
- The Center for Rehabilitative Medicine at St. Mary’s and the Swing Bed Program at St. Mary’s Good Samaritan Hospital, providing 24/7 nursing care and intensive physical, occupational and speech therapy to help patients maximize their recovery

Inpatient and outpatient care at St. Mary’s Sacred Heart Hospital, including 24/7 hospital care and inpatient and outpatient physical therapy and speech therapy

- Home Health Care/Hospice Services, bringing nursing, rehab and other services to patients in their homes across a 13-county area of Northeast Georgia

- St. Mary’s Neurological Associates, a physician practice providing preventive care and post-stroke care management in an office setting

- Education and wellness services, including stroke education, smoking cessation, nutritional counseling, diabetes self-management classes, a Coumadin clinic, and the full range of fitness services at St. Mary’s Wellness Center.

For more information, visit stmarysathens.org.

**What are the signs of stroke?**

The American Heart Association / American Stroke Association recommends you think F.A.S.T. –

- **F**ace drooping or numb, especially on one side
- **A**rm or leg weakness; difficulty raising one or both arms or walking
- **S**peech slurred, hard to understand, or not making sense
- **T**ime to call 911!
St. Mary's is one of America's 100 Best Hospitals for GI care

It's hard to talk about gastrointestinal problems – and that's a tragedy, because up to 70 million Americans are affected by some form of digestive disease, according to the National Institutes of Health. From reflux disease to colorectal cancer, GI conditions impact quality and length of life for many, many people.

St. Mary's is here to help. We are the only hospital in Georgia to be named one of Healthgrades America's 100 Best Hospitals for Gastrointestinal Care for three consecutive years (2015-2017). And we're the only hospital in the Northeast Georgia region* to be named one of Healthgrades America's 100 Best Hospitals for GI Care for 2017.

Healthgrades looks at complications, mortality, and other factors related to treatment of bowel obstruction, gastrointestinal bleed, pancreatitis, esophageal/stomach surgeries, small intestine surgeries, colorectal surgeries and gallbladder surgery. Their analysis, which includes nearly 4,500 hospitals across the U.S., named St. Mary's as one of the nation's 100 best for GI care.

According to Healthgrades, from 2013-2015, patients treated at hospitals receiving the America's 100 Best Hospitals for Gastrointestinal Care Award have, on average, 27.3 percent lower risk of experiencing a complication or dying while in the hospital.
Working to help you feel better

St. Mary’s medical staff provides a wide range of services to help treat GI problems and manage chronic conditions, from medication therapy to lifestyle changes to surgery.

- Colonoscopy – in addition to diagnosing conditions that affect the colon, colonoscopy also can be used to remove polyps and address other problems.
- ERCP – minimally invasive procedure to check health of ducts draining the gallbladder, liver and pancreas, remove gallstones, and treat duct obstructions.
- Interventional GI procedures – uses the power of modern imaging to assist with placing feeding tubes and internal drainage catheters.
- Surgical services – robotic, minimally invasive and open procedures for conditions such as gallbladder removal, bowel obstruction, diverticulum repair, advanced irritable bowel syndrome, colorectal cancer, hiatal hernia repair and more.

Step one – tell your doctor

GI problems can be embarrassing. Even common conditions such as reflux disease, chronic constipation and hemorrhoids may be difficult to talk about. But the path to a better, healthier life begins with an honest talk with your doctor.

"When you build a relationship with your doctor," says Bruce Middendorf, M.D., St. Mary’s Medical Director, "you build a level of trust that makes it possible for your doctor to help you with problems that are impacting your life and may put you at risk for serious illness."

So, if you are one of the nearly 70 million Americans affected by gastrointestinal disease, take the first step: talk to your doctor. If you don’t have a doctor, visit our Find a Doctor page at stmarysathens.org or call us at 706.389.3892.

St. Mary’s is here to help. Your health is our mission.

"Your doctor is there to help you, not judge you."

"When you build a relationship with your doctor," says Bruce Middendorf, M.D., St. Mary’s Medical Director, "you build a level of trust that makes it possible for your doctor to help you with problems that are impacting your life and may put you at risk for serious illness."

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St. Mary’s is here to help. Your health is our mission.

*) Northeast Georgia is defined as Banks, Barrow, Clarke, Dawson, Elbert, Forsyth, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, Walton and White counties

1) Statistics are based on Healthgrades analysis of MedPAR data for years 2013 through 2015 and represent 3-year estimates for Medicare patients only.
Achieving certification in these procedures recognizes St. Mary's commitment to provide care in a safe and efficient manner for patients.

~ Patrick Phelan, Executive Director, Hospital Business Development, The Joint Commission

JOINT COMMISSION CERTIFIED IN 7 SPECIALTIES:

• Advanced Primary Stroke Center
• Advanced Inpatient Diabetes
• Total Knee Replacement
• Total Hip Replacement
• Spine Surgery
• Heart Failure
• COPD

St. Mary's Hospital
1230 Baxter St.
Athens, GA 30606-3791