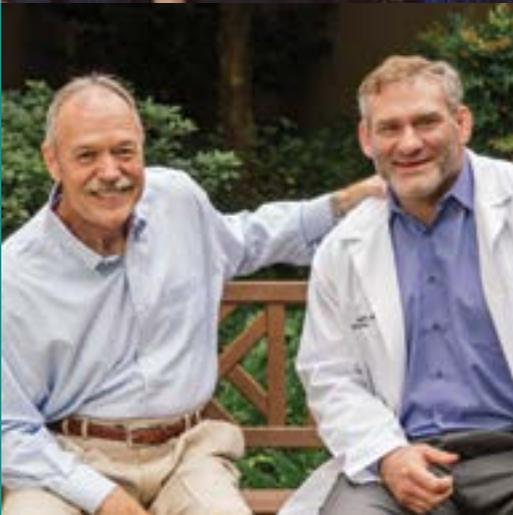




OUTSTANDING OUTCOMES

BY AMY MEADOWS, KARINA ANTENUCCI, AND BETH CASTLE
PHOTOGRAPHY BY AUDRA MELTON



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Whether they're responding to medical emergencies or providing comprehensive care, physicians find ways to offer second chances to patients when they need them most: after a heart attack, during a stroke, and throughout physical therapy. Through the voices of their patients, these stories recount the quick thinking and careful decision-making of some of the most talented doctors in the Atlanta metro area. They aren't just trained in their trades; they're experts in their fields.

DEKALB MEDICAL CENTER

Taking Strides

BY AMY MEADOWS

Doug Peters knew that it was bad when he and his backpack, weighted down with 25 pounds of rice, hit the ground. "I didn't know what I had done, but the pain was unimaginable," Peters says. The 66-year-old was hiking on the Cherokee Nature Trail at Stone Mountain on a quiet Tuesday afternoon in early June when, all by himself on an isolated part of the trail, he inadvertently stepped on some wet, slippery rocks. "My feet went out from under me, and I fell back," he says. "I tried to catch myself with my left leg, and it hyper-bent. I ended up tearing my thigh muscles away from my kneecap."

Peters had suffered a quadriceps tendon rupture. Unable to bend or move his leg, he somehow managed to stand, using his hiking poles for support. He found the nearest emergency phone, and a park ranger met him. Once home, he and his wife, Kathy, headed to the emergency room at DeKalb Medical and called Dr. Christopher Haraszti, the orthopedic surgeon who had treated other members of the Peters family.

"When the emergency room doctor called me, I knew that it was most likely a rupture," Haraszti says. "I ordered an MRI, and just seeing him confirmed what I thought." Peters had an incredibly swollen knee. He also had a deep divot where his kneecap attached to the quadriceps tendon. It was a significant injury that required surgery. Peters was in the operating room before the sun was up.

"When the tendon pulled off, it was about one to two centimeters from where it attaches to the bone of the kneecap," Haraszti says. "That tendon is one of the most powerful muscles in the body, and there is no way to sew it directly to the bone." So, he drilled three holes in Peters' kneecap and weaved FiberWire, an extremely strong suture, through the tendons and

connected them to the kneecap. "It's not an elegant or even a very difficult surgery," he says of the hour-long procedure. "But it's an important surgery."

Peters was able to go home late in the evening on the day of the surgery. An outdoor enthusiast who rock climbs, wakeboards, and more, he was anxious to return to his favorite hobbies. "Dr. Haraszti told me that it would be a long process," he says. "For a professional athlete, it would have been career ending. But doing the surgery quickly and following up with physical therapy would give me the best chance of gaining back as much use of my leg and knee as possible."

For the first five weeks, Peters wore a brace from his hip to his ankle and used a walker. A trial lawyer, he would appear in court dressed "like a lawyer from the waist up, and from the waist down I had on sweat pants," he says. After five weeks, he transitioned to a smaller brace and a cane and began physical therapy with Don Crochet of Crochet Physical Therapy in Decatur. Now several months into his recovery, he is able to walk unassisted and has regained flexibility in his leg.

"It takes nine months to a year to recover from an injury like this," Haraszti says. "Fortunately, Doug got treatment right away and has followed up his post-operative rehab perfectly. He is also motivated and has a very positive attitude. That is so important. I expect a great outcome, with him having a good chance of getting back to about 90 percent of his previous activity level."

"Through this experience, I've learned patience and determination," Peters says. "Having an injury where you almost lose the use of a major limb is overwhelming. But if you have the right professionals around you, you are determined, and you work at it, you can come back from it. And I had wonderful care with Dr. Haraszti and everyone at DeKalb Medical. It made me realize how thankful we all should be to be so close to such outstanding medical care in this area." +

SHEPHERD CENTER

Patience Makes Perfect

BY KARINA ANTENUCCI

Catie Scott doesn't remember the moment that changed her life. In June 2012, when Scott was walking across Piedmont Avenue outside Smith's Olde Bar, a drunk driver hit her. Her memories of the minutes, hours, and days afterward are gone.

At the time, Scott was working for Philips Arena and the Atlanta Hawks. Wally Blase, the team's head athletics trainer, and Eric Waters, head trainer for the Washington Wizards, witnessed the accident and waited for Grady Memorial Hospital's paramedics to arrive and rush her into the intensive care unit. There, doctors assessed her injuries: Her collarbone was broken, as was her lower back in three places; all of the little bones around her right ear were crushed, leaving her permanently deaf on one side; and the damage to the front of her skull was so severe that doctors did not have to remove any part of it to relieve pressure from her brain swelling. She also sustained a brain injury that impaired her speech and memory.

But she had survived, and that was what mattered; she was determined to make a full recovery. After spending two weeks at Grady, her father, a retired surgeon, and family pushed for her to move to Shepherd Center because of its reputation for success with brain injuries and active role in getting patients home. She spent the next three and a half weeks, Monday through Friday, morning to evening, in various therapies, such as speech therapy and physical therapy.

"My determination came from my family first and foremost," Scott says. "I have an incredible sister that literally checked out of her life, spent six months away from her family, and moved to Atlanta. Even on the bad days, she was the one pushing me back up." Scott wasn't allowed to drive yet, but she returned to her East Atlanta home, and her sister drove her to daily therapy at Pathways, the Shepherd Center's outpatient program, where she continued to work on her attention and memory deficits, speech, and balance through the end of October 2012. "The people at Shepherd

Center from the start were so focused on 'You're going to beat this' and 'In the grand scheme of everything, you've got this,'" Scott says. "It was such an incredibly warm environment and so positive. None of us patients were there by ourselves—there was always a team, so you saw other people doing physical therapy and speech therapy. You weren't the only one having a bad day and going through it."

As a patient-goal-centered program, Pathways uses multiple therapy disciplines to help patients and families meet their recovery goals: occupational therapy that targets independence with household tasks such as laundry, cleaning, meal prep, or finances; a pre-driving program that tests reaction times, processing speed, judgment, and safety awareness; and vocational counseling, which prepares patients to return workplace. "We take a very comprehensive yet individualized approach to all our patients, offer-

ing an integrated program where everything you need is in one place," says Dr. Payal Fadia, medical director of post-acute brain injury services at Pathways. "We also offer counseling for patients as well as their families, taking into consideration the impact and adjustment issues that can affect everyone involved. That's what's very special about Shepherd: We are not cookie cutter at all. Everyone's needs are different."

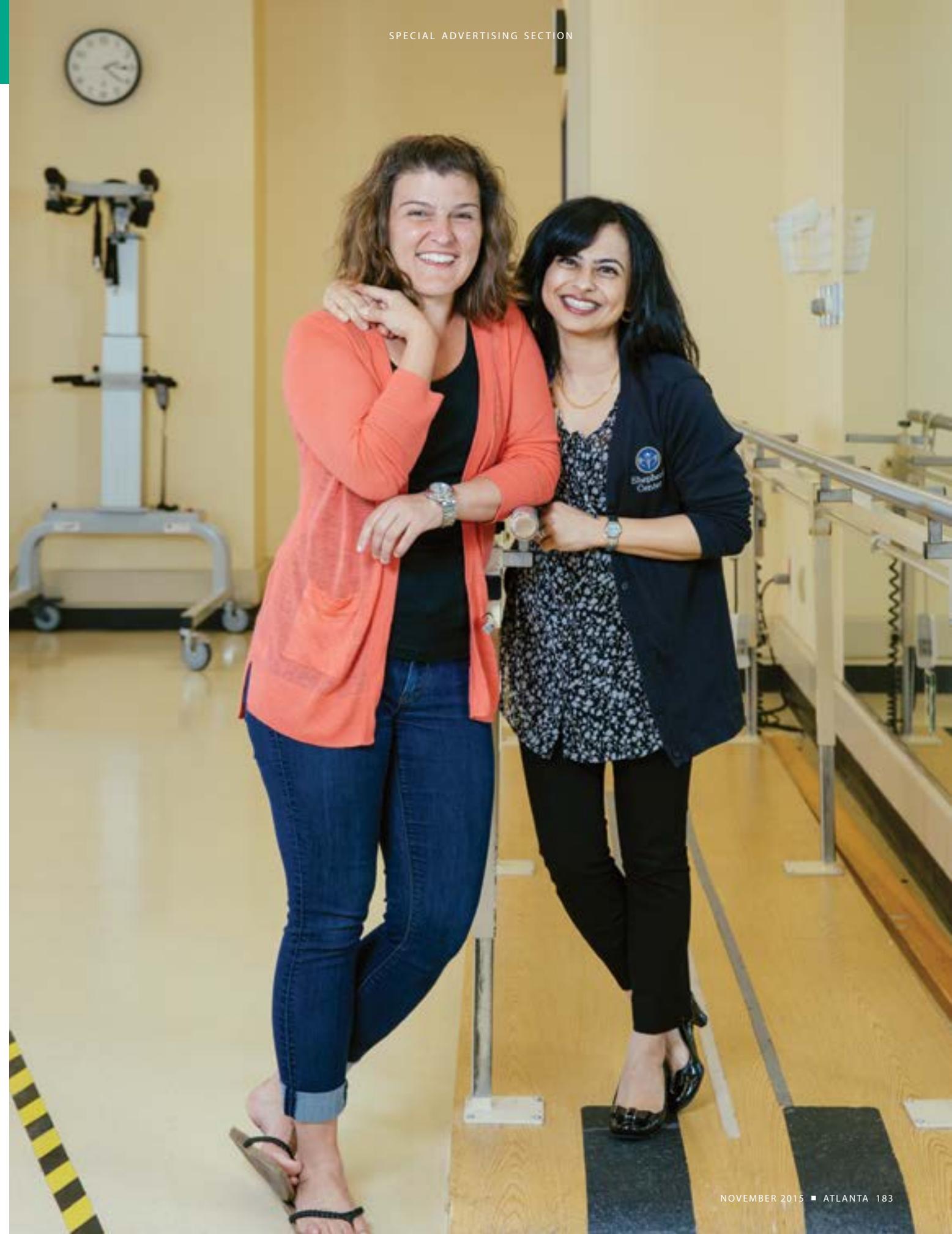
After six months with Shepherd, Scott was able to return to work part time and, eventually, full time. Fadia credits that progress to her resilience: "Catie has an amazing attitude and was very motivated to get her life back and regain her independence. It is at least half the battle, if not more. Her goal was to return to work, and there were no two ways about it."

Scott sees it another way. The 36-year-old says her friends, family, and the Shepherd Center were the driving force behind her recovery. "I love and adore Shepherd Center," she says. "It is forever and always in my heart. Everyone on their team—from the gift shop to the little café and my therapists were incredible." +

“

Catie has an amazing attitude and was very motivated to get her life back and regain her independence. It is at least half the battle, if not more.

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ALLIANCE SPINE AND PAIN CENTERS

A Way to a Means

BY KARINA ANTENUCCI

When Tommy Evans feels a shooting pain course down his spine, his first response seems absurd: He voluntarily shocks himself, sending another jolt of pain through his system. "It is essentially a machine that shocks you," Evans says of the spinal cord stimulator, or SCS, implanted near his spine. "The shock waves tingle, but my back doesn't hurt—it heals the pain."

The SCS has been around for decades, but Evans has only had one for a few years. A traveling salesman, Evans has spent the past 27 years driving four days a week, a relatively sedentary lifestyle. In 2006, his back reared up in protest; a lumbar disc herniation was causing narrowing of his spine, and even after a lumbar-fusion surgery in 2007 stabilized the problem, nerve damage continued to cause him debilitating pain.

Evans talked to several experts—a few chiropractors, a physical therapist, and some doctors—but no one seemed to be able to really help him. Then he met Dr. Robin Fowler, chairman of Alliance Spine

and Pain Centers, which is the largest pain management practice in the Southeast. They formed an intimate connection. "I wouldn't go anywhere else or trust anyone else," Evans says. "He calls to check on me after procedures and says, 'How are you doing, is everything alright?' He has that personal touch."

Fowler began Evans' treatment conservatively, starting with non-steroidal anti-inflammatory (NSAID) medications and physical therapy. Because Evans didn't respond well to those therapies, over the years, Fowler employed a treatment plan to include interventional pain procedures, such as lumbar epidural steroid injections and facet joint treatments, which involved radio frequency ablation of the nerves serving the spine joints at the vertebral level of his spinal tissue.

These pain procedure treatments worked for a few years. But when Evans became less responsive to them, Fowler studied other possibilities. "Faced with the prospect of a life of pain, we explored our treatment options and ultimately chose the spinal cord stimulator as

the best solution," Fowler says.

The SCS sends small electrical signals to the spinal cord via small electrodes that are carefully placed right outside of the spinal cord in the epidural space, similar to the location where epidurals are injected during baby deliveries. Those signals trigger a vibration-like massaging sensation that masks pain, reducing discomfort by at least 50 percent. The generator that powers the system is typically placed in the buttocks or a patient's flank through a small incision under the skin's fatty tissue.

Like pacemakers, SCS's are rechargeable and can last 10 years before needing to be replaced. Once per month, Evans wears a special belt around his waist to recharge the battery through his skin.

Does the 64-year-old still feel pain? Yes, but the SCS helps. When he feels that familiar sensation shoot down his leg, he simply swipes the implant with a magnet, causing a relieving jolt. And for him, that's enough. "I would not be able to walk or get into a car if it weren't for Dr. Fowler," Evans says. "He has been a miracle worker for me." +

EMORY SAINT JOSEPH'S HOSPITAL

Strength in Numbers

BY BETH CASTLE

Jim Bronaugh knows firsthand the importance of doctors collaborating on a patient's care. When Bronaugh was diagnosed with prostate cancer at the same time he was being treated for heart disease, his cardiologist and urologist at Emory Saint Joseph's Hospital worked together to develop treatment options that would lead to the best outcome for their 55-year-old patient.

"The collaboration between my two doctors was imperative," Bronaugh says. "They had to know what

was going on with the whole patient, not just one part, to make the right decisions for me." Bronaugh, who is vice president and chief engineer for Pittman Construction Company of Atlanta, started talking to doctors about heart disease in 2002 when they realized his heart wasn't getting enough blood flow and oxygen, a condition called an unstable angina. They inserted a stent to open a blocked artery, but over the next 12 years, Bronaugh was diagnosed with more blockages.

Eventually, he had a total of seven stents.

In 2014, Dr. James Stewart of Emory Heart & Vascular Center issued a dire warning: "He looked me dead in the eye and said my heart disease was not looking good, that I had to make some radical changes," Bronaugh says. "I had to change my eating and exercise habits and get my cholesterol way down or else. I knew he was right."

Fifty-four at the time, Bronaugh had begun to experience prostate problems. His doctor had monitored his prostate-specific antigen, or PSA, level for years, and his results had always been normal. But that year, the blood level in his results rose dramatically, a common sign of prostate cancer. Bronaugh's doctor told him to see a urologist.

Bronaugh made an appointment with Dr. Martin Sanda, Chair of the Department of Urology at Emory University School of Medicine and pros-

tate cancer surgeon at Winship Cancer Institute of Emory University. A biopsy in May 2014 showed he had prostate cancer. Sanda recommended a radical prostatectomy to remove the prostate gland and tissue around it.

Because of Bronaugh's history of heart disease, Sanda and Stewart conferred to determine whether Bronaugh's heart was healthy enough to withstand the surgery. Bronaugh also met with a radiology team to discuss the option of radiation treatment in case surgery was not possible. He says he was told radiation would produce a good outcome but that having the prostate removed would be better.

The doctors agreed the surgery could proceed, and Sanda performed the prostatectomy in August 2014.

"Collaboration between physicians is critical when dealing with prostate cancer since it tends to strike men when they are at an age when they're likely to have other health concerns," Sanda says. "Treatment for cancer of any kind puts stress on the body, and it can't be treated in a silo mentality. We, as doctors, have an obligation to take care of the whole patient."

Bronaugh is cancer free now, but he sees Sanda once yearly for follow-up tests. He has appointments with Stewart twice a year to monitor his heart condition, which he says is under control thanks to dramatic changes in his diet beginning in 2012. He says Sanda and Stewart continue to confer on his care, a collaboration that's vital to his wellbeing. "I can't say enough about the importance of Dr. Stewart and Dr. Sanda working together on my behalf," Bronaugh says. "I knew they were the best in their fields, and I always felt comfortable with what they told me." +



ATLANTA MEDICAL CENTER

First Responders

BY KARINA ANTENUCCI

One evening in June 2015, Alyssa Lemay's left arm fell asleep. It was around 9 p.m., and the 23-year-old had spent the day with family at a waterpark. Now she felt odd. Dehydrated, she went into the kitchen for a drink, but she dropped the lid of her beverage and couldn't pick it up. Then, she collapsed.

"I tried different maneuvers to get up and then just laid there and started thinking I was the epitome of the Life Alert commercial—I've fallen and I can't get up—laughing at myself, and crying," Lemay says. Her

mother, deaf, was in a nearby room and didn't see her daughter lying on the floor, but her dog Bentley, a 3-year-old boxer-lab mix, began jumping frantically, alerting her to Lemay's distress. The signs of a stroke were instantly recognizable: drooping face, difficulty with speech, and difficulty moving the left side of the body. Her mother quickly dialed 911.

Instead of taking Lemay to a hospital in Peachtree City where she lived, the paramedics rushed her to Atlanta Medical Center, a move that most definitely saved her life.

As an advanced primary stroke center, Atlanta

Medical Center has highly specialized personnel who use adept knowledge of blood clots, aneurisms, and interventional procedures to care for stroke patients. Dr. Husham Mishu, who launched the stroke program 12 years ago, was on call the evening of Lemay's stroke. He and the ER doctor determined she wasn't a migraine patient because she didn't have a headache. Her cat scan showed what looked like a clot in one of her blood vessels, so the doctors proceeded with a tPA treatment, a clot-busting drug that needs to be administered within one to three hours of a stroke. They also decided to surgically remove the clot, which turned out to be more than an inch long, through a catheter that reached from Lemay's groin to the middle cerebral artery in her brain. Everything from her mother's 911 call to the treatment took place within three critical hours.

"Immediately, the blood flow started up, and her symptoms resolved," Mishu says. "She could instantly speak again and move her left side. If untreated, she could have been left without speech of any kind and

left-sided paralysis for rest of her life."

Mishu, who is the CEO of Midtown Neurology PC and chief of division of neurology at Atlanta Medical Center, says, though uncommon, it's not unheard of for a twentysomething to have a stroke. Lifestyle factors such as bad eating habits, smoking, lack of exercise, and obesity can cause strokes in younger individuals. Post-operation, Atlanta Medical Center and Medical Director Dr. Sakib Qureshi, performed every test on Lemay possible—from blood pressure to a heart test—to determine the cause of the stroke, but nothing showed up. It could have been genetic, as women on her father's side have a history of strokes; but her birth control could also have been a factor, so she's no longer on the pill. Her doctor prescribed an Aspirin a day for the rest of her life.

"When I went into the ER, I had no mobility in my left arm," Lemay says. "Atlanta Medical is just phenomenal. They kept me calm in a state of distress. I can't explain how thankful I am for them."

As for Bentley, he now enjoys steak dinners. +

WELLSTAR

Renewal and Faith

BY AMY MEADOWS

Ashley Hungerford was ready to go home. The 26-year-old had been in the hospital for nearly a week since having a hemorrhagic stroke. A rare condition for someone so young, bleeding in her brain had caused a clot, and the left side of her brain, which controls speech and the right side of the body, had been the victim. Fortunately, she sought treatment immediately at WellStar Kennestone Hospital, and her prognosis was good. She was ready for therapy. But the night before her release, something went wrong.

"I was not feeling well," she says. "I told my mother that I felt like my head was going to explode. I was in so much pain." Her mother insisted this was not normal. "The staff checked into it and determined that my brain was swelling."

"In a young person, when you have a stroke situation, the brain

tends to swell," says Dr. Joseph Hormes, the neurologist who led Hungerford's medical team. "You don't have any spare room for the swelling to accumulate, and it tends to cause more damage. So we had to take a small portion of the skull so her brain could expand." One of the main challenges of a craniotomy is that, once removed, the skull flap needs blood supply so it won't die. Therefore, it was placed in her abdominal wall for safekeeping. Hormes continues, "It's a gruesome procedure, but if you do it correctly in the right patient, the outcome can be fantastic."

For more than three months, Hungerford, who stayed with her parents after her release from the hospital, lived with a portion of her skull in her abdomen. It was uncomfortable and precarious; she had to be careful not to injure her head near the exposed portion of her

brain. And because she also suffers from Crohn's disease, a chronic inflammatory bowel ailment, the use of blood thinners is risky, though necessary to prevent another stroke. "The stroke was the priority, but it sent my Crohn's into chaos," Hungerford says.

During her many months of recovery, Hungerford tried to stay positive, even when she took a scary fall at home after fainting from blood loss due to her Crohn's disease. Her physicians at WellStar Kennestone helped her cope: "You have to reassure the patient that this storm will pass," Hormes says. "They're going to make it to the other side, and there will be sunshine and blue skies."

Ultimately, Hungerford's skull flap was replaced, and she completed her rehabilitation. Now, four years later, she spends time checking items off of her bucket list, including a trip to Greece for her 30th

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I would take one step forward and two steps back. But I never lost my faith. I don't focus on the why. I focus on what's next.

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birthday. She has a new job as the director of development for the Atlanta Dream Center, and she spends time with her family, who, she says, helped her survive the worst days of her recovery. And although she often reflects on her experience, she doesn't dwell on the negative aspects of it.

"There were dark times," she says. "I had those moments. I would take one step forward and two steps back. But I never lost my faith. I don't focus on the why. I like to focus on what's next. Thinking about it isn't going to change what happened. And I can see my accomplishments since the stroke. I'm not a stroke victim. I'm a stroke survivor." +



GWINNETT MEDICAL CENTER

Partners in Practice

BY AMY MEADOWS

Stuart Bozeman was shocked when he found out he had a brain tumor—or a grade-two “oligodendroglioma,” that’s what it was called. He had a low-grade, slow-developing brain tumor. But it wasn’t just the news itself that surprised the then 35-year-old newlywed, who had only been married almost four months when he began experiencing headaches, followed by a frightening seizure in the middle of the night. It was that he received the diagnosis via voice-mail. “I was told that it was inoperable,” Bozeman says of that message in early 2010.

An MRI in the emergency room had detected the tumor after his seizure. “It was in the left frontal lobe, and it couldn’t be operated on because it was like a spider web.” Searching for clinical trials, his wife, Carrie, discovered programs at MD Anderson and Duke University, but they wouldn’t take his insurance. “I couldn’t come up with the money for that,” he says.

The physician Bozeman actually wanted to see was Dr. Michael Stechison, an attending neurosurgeon at Gwinnett Medical Center’s Brain & Spine Institute, but Stechison’s practice didn’t take his insurance either. So, Bozeman went to another facility for a biopsy and to an oncologist, who put him on oral chemotherapy for a month. During that time, Stechison’s office reached out to the Bozemans with some life-altering news: They had signed on to Bozeman’s insurance. “We made an appointment to see him, and his words to me were, ‘I can take care of you,’” Bozeman says. “I said, ‘Let’s do it.’”

“Operable is a relative term for surgeons. It’s a question of balancing risk versus benefits,” Stechison says. “Where a tumor is located determines the risk of removing it. Removing it then depends on a surgeon’s experience and risk tolerance, as well as the risk tolerance of the patient.” The challenge associated with Bozeman’s tumor was that, as a low-grade tumor, it was not aggressive, but it could eventually become aggressive if left to fester. Furthermore, Stechison says, “When it is not aggressive, a tumor will look like the normal adjacent brain tissue. You can’t tell the difference. And

you don’t want to take out functional brain tissue and inflict a neurological deficit. So you have to tailor a surgical strategy to the individual situation.”

For Stechison, that strategy began with Stuart and Carrie Bozeman. He had lengthy conversations with the couple about their options so they could understand every detail before the three of them developed a surgical plan. “Brain tumor patients need to be active participants in the decision-making process,” Stechison says. “You have to give them a voice to help steer the direction in which you go.”

Bozeman underwent two tumor removal surgeries as well as three procedures to manage a staph infection that developed after the tumor was gone. The infection required Stechison to remove a contaminated bone flap from Bozeman’s skull and, after several months, reconstruct the skull with an acrylic prosthetic. Bozeman also received 33

radiation sessions. Amazingly, during his recovery, Bozeman continued his career in local law enforcement and even studied for his master’s degree. He also spent quality time with his wife and two stepchildren, who were 6 and 10 at the time.

“Every day I’m getting stronger and healthier,” says Bozeman, who

has run four Peachtree Road Races, traveled, served on the church board, passed a promotional exam twice, and completed various 5K races since his treatment. Regular MRI and CAT scans have shown no recurrence of the tumor. “You have to keep a positive attitude. And you can never give up on yourself. You always have to look for other solutions to the problem.” For Bozeman, the solution was Stechison. “God was looking after me and sent Dr. Stechison to take care of it,” he adds. “When Dr. Stechison said he could do it, he did. And I was not a number. He truly cared for me.”

“Stuart is a very sophisticated guy,” Stechison says. “He and his wife were good processors of the information I gave them, and they were great partners in this. You need the right kind of patient who can participate in this process, and we did it together.” +

You have to keep a positive attitude. And you can never give up on yourself. You always have to look for other solutions to the problem.



CHILDREN'S HEALTHCARE OF ATLANTA

Improvise, Adapt, and Overcome

BY AMY MEADOWS

To 24-year-old Asha Kumar, Dr. Fernando Burstein is like family. It's not surprising; she's known him since she was two days old. Only 48 hours after her birth, she was brought to Burstein, medical director of the Center for Craniofacial Disorders at Children's Healthcare of Atlanta. He knew then that he would become a significant

person in her life; she had been diagnosed with Apert syndrome, a genetically transmitted disorder that causes abnormal development of the skull.

"Apert syndrome is a rare disorder that happens in utero and causes deformities as a baby grows," Burstein says. "And it was especially unusual in Asha's case because she

didn't have a family history of the syndrome. A spontaneous mutation resulted in her Apert syndrome."

To date, Kumar doesn't know how many surgeries she's had. "When we discuss it among our family, my mother always says it's about 60 plus," Kumar says.

Those surgeries began when she was one month old and have varied in complexity over the years. When she was younger, the surgeries were very serious: reshaping her skull, increasing the space within the skull to allow for her brain's growth, moving her eye sockets to correct wide-spaced and bulging eyes, widening the upper jaw, reshaping her nose so she could breathe properly, and forming her fingers and toes, among others. Many of the surgeries were necessary to avoid complications such as blindness or mental retardation. "Asha's condition went according to script," Burstein says. "Everything she experienced was characteristic of this complex deformity. And with something like this, you do surgeries in stages. Some come at one age, and some come at another."

As Kumar moved from surgery to surgery, she never really thought about the fact that she had to endure such extreme obstacles—and spend so much time in the hospital—as a child. "I didn't know any different," she says. "For me, it was normal. And from the beginning, my parents made sure that I had a normal childhood. I have two older siblings, and they didn't want me to feel different from anyone I knew or interacted with. They put me in activities and allowed me to play. They didn't want to stop my education for any reason. And I wanted to take advantage of all the opportunities

I could gain out of my school years."

Kumar has a bachelor's degree in psychology from Georgia Tech and currently is studying for her master's degree in rehabilitation counseling at Georgia State University. Her major surgeries are behind her, and she's focused on what's next, like that doctorate she wants. As she moves forward with her life, she maintains a close relationship with Burstein and the team at Children's Healthcare of Atlanta. "Surgery and illness and disability are not enjoyable" she says. "But Children's is a great hospital, and they've created such an enjoyable, child-oriented environment. And Dr. Burstein is just wonderful. When I'm talking to him, I'm completely at ease."

For Burstein, who has worked closely with Kumar's entire family for the past two decades, the feeling is mutual. "You don't ever want to bet against Asha," he says. "She can do whatever she wants to do. And it's wonderful to see her now. Her family never gave up. They asked the right questions, and when they saw progress, they were encouraged. They worked together to make her life as successful as possible."

"I feel like my story isn't really that amazing," Kumar says. "This is something I've always had. I learned to figure it out. You just have to adapt to whatever is around you." +



GRADY HOSPITAL

A Sense of Relief

BY AMY MEADOWS

In an instant, your whole world changes," says Dr. Walter Ingram, medical director of the Grady Memorial Hospital Burn Center. "One minute, you're worrying about school and other issues. Then your child is burned, and you're in the hospital. You have to try to get your head around it."

That's exactly what Tyronna Nolley and her husband, Uland, faced on November 13, 2014. When their 9-year-old son, Tyron, went into the kitchen to get some hot sauce from a high cabinet, he decided to use the oven as a makeshift stool. He opened the door and stepped on it, assuming it could

carry his weight. He was wrong. The oven toppled over, spilling a pot of boiling water on the child. Immediately, second- and third-degree burns covered his body—25 percent, they found out later—mainly on his chest, back, legs, and arms. Although not life-threatening, the scald was extremely painful. And when Nolley, who was at work when her husband called her, arrived at Grady Hospital, she couldn't hold back her own tears. "To see him in pain and crying, to know that my baby was burned over 25 percent of his body, I can only imagine how he felt," she says.

Initially, Ingram's goal was to control Tyron's pain with medication, which proved to be challenging because of his age. "You can't just hammer children with medication," the doctor says, adding that morphine was administered in a safe manner to help Tyron deal with the discomfort. After his wounds were cleaned and covered with antibiotics, he received an IV to replace the fluids his body had lost. Several days later, Tyron's medical team was able to evaluate him and decide which areas required a split-thickness skin graft. During his three weeks in the hospital, Tyron had two surgeries on his most severe burns, replacing the scalded skin with healthy layers of skin from other parts of his body.

"When the staff came in to explain what they had to do and how they had to do it, I really admired the fact that they focused their attention on Tyron," Nolley says. "They didn't talk to us like he wasn't there. They explained it to him. That made him feel more comfortable."

In addition to easing Tyron's mind, Ingram knew that his team's job was to calm his alarmed parents. "Parents don't want to see their child in pain," he adds. "They're scared, and they typically think the worst. But most of the time, the worst doesn't happen. Children heal rapidly."

Nearly a year later, Tyron, who turned 10 in May, has made an amazing recovery. He still has to wear compression garments at times to manage the scarring from the burns. He also sees a physical therapist regularly, as well as a psychiatrist helps him deal with anxiety and fear associated with the incident. "He has difficulty sleeping, and he doesn't like to take a bath," Nolley says. "But we're working with him."

Ingram credits Tyron with the recovery. "He is mentally and physically tough, and he was a trouper," he says. In turn, Nolley praises Ingram and the team at Grady. "It's not an easy thing when your child is hurt," she says. "But if you go to Grady, you can feel comfortable and assured that they will care not only for your child, but also for you." +

ANDERSON HAIR SCIENCES CENTER

Newly Restored

BY BETH CASTLE

Brian Kyser was only 20 when he noticed his dark brown hair thinning. By 30, he dreaded seeing his receding hairline in the mirror. "I really hated looking at myself above my eyes," says the 32-year-old software consultant from Alpharetta. "I saw my hair going away. I complained to my wife that I was not happy with the situation, and she suggested that I do something about it."

Kyser and his wife began researching options for hair restoration online and found a website for Dr. Ken Anderson, a double-board-certified facial plastic surgeon who is the founder and director of the Anderson Hair Sciences Center.

"We liked what we read," Kyser says. "Dr. Anderson was the first surgeon in the state to use the ARTAS robotic system to remove hair follicles from the back of the head for transplant to the front. He only does one transplant appointment a day, so there's no rushing with his patients. When I went in for a consultation, our personalities really clicked. I made the decision to have a hair transplant."

The ARTAS procedure is a minimally invasive option that uses digital imaging and robotics to harvest hair grafts for transplantation. Unlike earlier methods, there is no surgery to remove a band of tissue from the back and sides of the head, no scar left after surgery, and no need for stitches or staples to close a wound. ARTAS uses a small needle to remove small individual hair follicles for transplant.

Anderson, the only board-certified facial plastic surgeon in the U.S. who specializes in hair restoration, says men and women who are losing their hair are often treated differently. "It's not just the way you feel about yourself with thinning hair—the loss of personal and professional confidence, the feeling of not liking what you see—but the first impressions people have of you, whether or not they perceive you as successful or accomplished," he says. "Hair restoration can be powerful and life changing."

"I've studied art all my life, and for me, every transplant is like a work of art, a masterpiece, with no two exactly alike," he adds.

Anderson says a close examination of Kyser's head showed healthy hair shafts on the back and





sides where hair would be removed for transplant and healthy skin on the front of his scalp, making him a good candidate for the procedure. Anderson programmed the robot to harvest individual hairs from the back of Kyser's head at precisely the right distance apart. In a five-hour

procedure, Anderson transplanted about 1,400 hair follicles into the top of Kyser's head. Kyser says the process was painless with just a feeling of pressure as hair was removed and transplanted.

A little more than a year later, Kyser says he is very pleased with

the way he looks. "I love it. I can see the youth back in my appearance, whereas before I saw myself going bald and looking older than I was. I am so much more confident about how I look."

He jokes, "Now I can flip my hair back, Justin Timberlake-style." +

NORTHSIDE HOSPITAL

A Life in Their Hands

BY KARINA ANTENUCCI

Suzanne Turner and her husband, Wayne, tried to have a baby for eight years. Two miscarriages and a stillborn baby, lost three days before a scheduled C-section, devastated the couple, but that didn't deter them from trying again. And when Turner became pregnant for the fourth time, she decided to seek out a specialist who could help them avoid losing another baby.

Turner chose to meet with Dr. Kevin Gomez, a perinatologist at the Center for Perinatal Medicine at Northside Hospital. "The moment I stepped through the doors, I felt a sense of relief," Turner says. "I knew that we were in the right hands with Dr. Nathan, Gomez and Fogel and their team of nurses because they knew exactly what needed to be done and did it." As a subspecialist in obstetrics, Gomez practices maternal-fetal medicine, which is concerned with the care of the fetus and complicated, high-risk pregnancies. "The most important thing that patients need to know is if they have certain types of complications, they really need to be seen by someone like a perinatologist or maternal-fetal medicine specialist," Gomez says. "Often patients don't know that they have this as an option."

The doctors determined this baby, like Turner's previous baby girl, had Rh disease, a newborn health condition caused by an incompatibility between a mother's blood type and a baby's. This can happen when an Rh-negative mother, or a woman without a certain type of protein in her red blood cells, and an Rh-positive father conceive an Rh-positive baby. Because red blood cells containing that protein—the Rh antigen—are foreign to the mother's body, her system fights them off with antibodies, a reaction called Rh sensitization, which destroys fetal red blood cells. Babies affected by Rh disease have issues with anemia, which can result in heart failure and death.

In Turner's case, doctors used an ultrasound to look at

her unborn baby's brain and see if the baby was at high risk of fetal anemia. The exam showed that she was, so the doctors proceeded with not one but two intra-uterine fetal blood transfusions. "Modern science has figured out how to transfuse blood into the baby's umbilical cord and give it directly to the baby," Dr. Gomez says. The goal was to give a third transfusion to get the baby to full term, but that never happened. Turner had an emergency C-section at 34 weeks, and baby Riley Turner entered the world.

After she was born, Riley had 10 more transfusions, including one at just 24-hours-old. "After delivery, the baby's body has to start making its own blood again, and this can take a while, such as in Riley's case," Gomez says. "But with close monitoring and even if she became anemic, it was more than a 98 percent chance that we'd have a successful outcome."

Riley remained in the neonatal intensive care unit for 27 days before coming home. "It was a scary situation having been through everything that we had, but I knew that she was going to be okay," Turner says. "I knew that she was going to be saved."

She was right. Today, after being attached at her mom's hip for the past year, resilient little Riley is doing well—a 16-month-old learning to walk. "I took a year off because every week we had to have her tested for anemia due to Rh disease at Scottish Rite every Monday, and if she needed a blood transfusion, that was done on Wednesdays," Turner says. "We did this until April of this year." The Turners recently enrolled Riley in daycare so Turner could return to work at AT&T and, if everything goes according to plan, go back to school for sonography in January.

"Most women I speak to don't know Rh sensitization could happen," Turner says. "If you feel like something is wrong, ask questions. When it comes to another life, there's not a stupid question." +