

BMH's Keyserling center to relocate, expand

In an effort to both consolidate and expand local oncology services, Beaufort Memorial Hospital has announced plans to move the Keyserling Cancer Center to a new, expanded location on the BMH main campus.

The hospital was considering an expansion and renovation of its existing location at 1680 Ribaut Road; however, construction costs, regulatory concerns and other limiting factors did not support the long-term benefits of an offsite campus.

"When the cancer center was opened in 2006, it was the realization of a vision to provide services in one location for coordinated care and patient convenience," said BMH President and CEO Russell Baxley. "Over the years we've added services and staff on the main campus because the center could not accommodate them. This is a great opportunity to bring the vision back into focus by consolidating all of our providers and services in one location."

The new center will be located on the first floor of the Beaufort Medical Plaza at 989 Ribaut Road. The hospital opened an outpatient infusion center on the same floor of the plaza in 2015, and plans to expand that area to accommodate additional infusion bays.

The hospital also will work with a development firm to build out space to accommodate a new True Beam linear accelerator to provide radiation therapy treatments, and to house the clinicians who support the service. The new radiation oncology unit will be adjacent to the infusion center.

"I'm very excited about the upcoming changes for our cancer services," said BMH board-certified medical oncologist Dr. Mark Newberry, whose practice is currently located in the Beaufort Medical Plaza. "Moving the Keyserling Cancer Center onto the campus of the hospital will allow our patients to even-



Oncology services currently located in the hospital's Port Royal-based Keyserling Cancer Center facility are scheduled to move to the main Beaufort Memorial campus next year. Photo provided.

ually have a single location where they can receive all of their cancer care."

Newberry's practice, as well as that of board certified medical oncologist Dr. Majd Chahin, will be located on the third floor of the building, with convenient outpatient lab and imaging services on the second and first floors, respectively.

The Beaufort Memorial Breast Health Center is also located on the first floor, allowing breast nurse navigators and surgeons

to consult with patients and physicians and more seamlessly coordinate care.

"The ability to have the full complement of oncology, breast, imaging, surgical and lab services available under one roof is greater than we ever imagined when we developed the center in 2006," said Chahin, medical director for Beaufort Memorial Oncology Services, who was instrumental in the development of the Port Royal location. "This also brings us closer to our patients in the hospital

and the radiology and pathology experts we consult with daily."

Once construction begins the project will take approximately one year to complete. The hospital will maintain ownership of the current cancer center building and will locate other services and providers there when on-campus construction is complete.

For news and information about Beaufort Memorial, visit www.bmhsc.org. To support expanded cancer services, click "Make a Gift."

Laser or traditional cataract surgery?

By Dr. Mark Siegel

Are you planning to have cataract surgery? If so, you may be offered a choice of two surgical options: traditional manual cataract surgery or laser-assisted cataract surgery.

Traditional cataract surgery is one of the most common surgeries in the world. It is recognized as being safe and effective.

Laser cataract surgery, which is not covered by insurance plans, costs more than traditional cataract surgery but provides some advantages in terms of precision and accuracy — in the proper situation.

So how do you decide which type of cataract surgery to have?

Here are some things you should understand about both kinds of cataract surgery. Talk with your ophthalmologist to determine the best type of surgery for you.

Traditional cataract surgery

With traditional cataract surgery, called phacoemulsification, the eye surgeon creates a small incision in the side of the cornea by hand with a scalpel blade.

An instrument is inserted through this incision into the area behind the pupil where the eye's lens sits in a capsule or bag. The surgeon uses a cystotome (bent needle) instrument to create a circular opening in the lens capsule. Then a special pen-shaped probe is inserted through that opening to apply sound waves (ultrasound) to break up the cloudy center of the lens.

Then the broken-up pieces of lens are suctioned out of the eye. An artificial intraocu-



Dr. Mark Siegel

lar lens (IOL) is implanted to replace the cloudy natural lens.

The side walls of the corneal incision will be filled with a special liquid and self-seal after surgery, so most commonly stitches are not needed.

Laser-assisted cataract surgery

With laser-assisted cataract surgery, a camera/ultrasound imaging device (OCT) is placed over your eye to map its surface and gather information about the lens.

The device sends detailed information to a computer that programs the laser for the exact location, size and depth of the incisions.

The surgeon uses the laser to make the corneal incisions, especially astigmatic incisions, and the opening in the lens capsule.

Energy from the laser is also used to soften the cataract into fragments. Then the ultrasound probe used in traditional cataract surgery is used to gently suction them out of the eye. The IOL is implanted.

As with traditional cataract surgery, the corneal incision usually does not require stitches.

What's best for you

Under today's Medicare guidelines, only certain patients may be offered laser-assisted cataract surgery.

Specifically, your ophthalmologist can offer it if you have astigmatism diagnosed during your cataract consultation and would

like to have that refractive error corrected during cataract surgery.

In this situation, the laser is used to create specific incisions, called limbal relaxing incisions in the cornea to reshape it, treating the astigmatism.

You may also be offered laser cataract surgery if you choose to have a premium lens implanted, such as an astigmatism-correcting toric IOL or a multifocal IOL.

Ophthalmologists who use laser cataract removal technology recognize that it allows them to see and map the lens capsule better and place the opening in the capsule more precisely, allowing for better centering and placement of the IOL.

Can you choose to have laser-assisted cataract surgery if you don't have either of the conditions above?

Current Medicare guidelines say that a surgeon may not offer and charge for the laser-assisted cataract surgery unless one of the two conditions above is met.

Recovery from surgery

The recovery period for both laser-assisted cataract surgery and traditional cataract surgery is the same.

Some people can see clearly almost immediately, while others may find their vision clears within about a week or two.

Studies have shown that laser cataract surgery reduces the amount of ultrasonic energy required to break up the cataract which may reduce post-operative swelling.

Remember that it takes about three months

to fully recover from cataract surgery.

Benefits of surgery

What benefits does laser cataract surgery offer that traditional cataract surgery does not?

Using a laser to do cataract surgery allows the surgeon to make very precise incisions in less time. It can improve accuracy and precision in the surgical steps. And laser-assisted cataract surgery can provide a higher degree of correction for a refractive error, such as astigmatism, than traditional cataract surgery.

However, it is important to be aware that studies have not shown that laser-assisted cataract surgery results in fewer complications or better visual outcomes than traditional cataract surgery.

With any type of cataract surgery, your outcome depends in large part on the skill and experience of your eye surgeon.

For some people, simply replacing a cloudy lens with a clear implant and wearing glasses for some activities is perfect. For others, achieving the best possible vision without glasses after cataract surgery is the goal.

Your vision needs and expectations can help you and your ophthalmologist decide the best surgical option for you.

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Seeing dentist regularly part of good oral health

By Dr. Stephen Durham

Many dental patients don't think twice about the recommendation to come in twice a year for an exam and cleaning. Others wonder if they really need bi-annual exams.

The answer is yes, according to the American Dental Association (ADA).

A professional cleaning rids the mouth of bacteria and plaque that can accumulate quickly. The exam portion allows dentists to see potential problems, such as tooth decay and oral cancer.

The ADA recommends an appointment every three months for those considered high-risk to develop a long-term dental health problem.

Preventive care

Even the best dental patients need help



Dr. Stephen Durham

from the professionals to maintain healthy gums and teeth. That is because dental hygienists use tools people just don't keep at home. This equipment cleans around the entire tooth while removing plaque and tartar at the same time.

A hygienist also polishes your teeth after cleaning them.

You could brush and floss many times each day and still not be able to clean your teeth the way a dental hygienist can. That is the main reason for the bi-annual appointment recommendation.

An examination by a dentist is the other part of a six-month check-up. If your dentist

discovers any problems, you can schedule a follow-up appointment right away without waiting another half-year for a dentist to examine you.

Both the dentist and the hygienist give you helpful tips on caring for your oral health at home that you probably wouldn't have known otherwise. People often don't know they have a dental problem until it's quite advanced.

Preventive care check-ups catch issues earlier when they're more treatable.

What to expect

Every patient has their teeth cleaned and receives an exam when he or she visits the dentist. Some patients need X-rays as well. This helps dentists see issues that might not be visible, such as decay between teeth.

The preventive dental exam is also a front-

line defense against oral cancer because dentists check for signs of it at each appointment. Patient education typically occurs at each visit also.

As a general rule, the more time a patient gives to taking care of their teeth at home means much less time in the hygienist's chair during your dental visits.

A recipient of the 2012 Mastership Award from the Academy of General Dentistry (AGD), Dr. Stephen Durham is a graduate of Clemson University and the Medical University of South Carolina College of Dental Medicine. He is a past recipient of the LVI Fellowship Award for Neuromuscular and Cosmetic Dentistry. Durham practices at Durham Dental at Town Center in Beaufort. For more information, visit his website at www.DrStephenDurham.com or call 843-379-5400.