USC plastic surgeon Dr. Anthony Capito is restoring movement for patients crippled by a hand injury

As a mother and daughter, Susan and Sara Walters enjoy shopping and spending time together. The pair share a lot in common — including the same hand surgeon, Dr. Anthony Capito.

Since the age of six, Sara has been playing competitive softball. The Gilbert, S.C., native loves the sport and plays year-round for the South Carolina Jets, a traveling team.

In May 2013, a painful hand injury sidelined Sara from competitive softball.

“When I was batting, there was a horrible pain between my thumb and index finger,” Sara said. “It was a piercing pain that ran up through my arm.”

As the pain worsened, simple tasks like gripping the softball became difficult. Unable to compete and unsure of her future in softball, she sought a diagnosis from Anthony Capito, M.D., assistant professor of clinical surgery at the School of Medicine.

Capito determined Sara suffered from an extremely rare condition called ulnar digital neuritis. Sometimes referred to as bowler's thumb, the injury occurred when irritation developed around the nerve between her thumb and index finger.
Hope at Hearth

USC pediatrician Dr. Rebecca Widener leads a team of specialists providing hope for those living with an eating disorder.

Eating disorders can be an extremely serious, even life-threatening health condition that affects an estimated 4,000 adolescents in South Carolina. With the help of USC's Department of Pediatrics, the Hearth Center for Healing is becoming a place of hope for those struggling with an eating disorder.

Located on the campus of the Carolina Children's Home in Columbia, the Hearth Center for Healing opened in spring 2013 as South Carolina's only specialized eating disorder treatment facility.

Rebecca Widener, M.D., assistant professor of clinical pediatrics, serves as the chief medical consultant at Hearth. She works with a multidisciplinary team of specialists that includes psychiatrists, therapists, dietitians and nursing staff to offer patients the therapies needed to overcome an eating disorder.

"The best treatment for an eating disorder is a multidisciplinary approach," Widener said. "Employing a combination of counseling, therapy, meal processing and education can motivate a patient to make smart meal choices and enjoy food again."

Food education at Hearth extends beyond the campus. "Patients are given food challenges where they go to a restaurant and order their own meal or visit a yogurt shop and order their own cup of yogurt," Widener said.

In addition, patients are provided one-on-one and family counseling, along with peer support. Widener said that mental health conditions such as depression, anxiety and obsessive-compulsive disorder can accompany an eating disorder.

For young women, often the core of the problem lies with body image. How these women see themselves when they look in the mirror or picture themselves in their minds impacts their meal decisions.

The National Eating Disorders Association estimates that 42 percent of first-through-third grade girls want to be thinner — a statistic Widener said is alarming.

"It is hard to believe that a first grader is already thinking about her body image," Widener said.

Widener advised parents to watch for signs of an eating disorder, and if there is concern, to talk with their son or daughter and let them know there are resources available such as Hearth.

The Hearth Center for Healing accepts self-referrals along with referrals from physicians, parents and counselors. For more information about the resources available at Hearth, call (803) 260-2854.

Source: National Eating Disorders Association
Similar to a car’s GPS system that helps a driver navigate city streets, navigational bronchoscopy technology helps USC pulmonologists locate hard to find lung nodules.

Through the narrow airways of the lungs, Dr. Maria Cirino maneuvers a small lighted tube and camera called a bronchoscope. She is in search of a lung nodule — a tiny growth often measuring no more than three centimeters in diameter. The nodule holds a wealth of information and finding it can make a significant difference in catching an early-stage cancer.

Cirino wants to biopsy the nodule to determine the type of cancer and best course of treatment for the patient. The least invasive approach to the biopsy is a bronchoscopy — a procedure that enables her to examine the major air passages of the lungs using a bronchoscope. But when those airway passages narrow deeper into the lungs, locating the lung nodule becomes difficult.

“It is like a car’s GPS system and lets us know if we need to go up or down, or left or right, to reach the nodule and perform the biopsy... Navigational bronchoscopy allows us to diagnose and stage a cancer in one procedure.”

The technology takes a patient’s CT scan and creates a virtual, three-dimensional route to the nodule for the pulmonologist.

“It is like a car’s GPS system and lets us know if we need to go up or down, or left or right, to reach the nodule and perform the biopsy,” Cirino said.

Studies about navigational bronchoscopy yield success rates of 70 to 80 percent.

“Navigational bronchoscopy allows us to diagnose and stage a cancer in one procedure,” Cirino said. “Understanding how much the cancer has spread and the patient’s stage of cancer will determine their course of treatment and prognosis.”

Lung cancer is the leading cause of cancer death in the United States. The high mortality rates are largely due to the fact that lung cancers are difficult to find in the early stages.

Cirino said most lung nodules are found by accident. A patient may experience abdominal or chest pain and the imaging test reveals a lung nodule.

Often the nodule is nothing more than inflammation or a scar, but in some cases the spot on the lung represents the first sign of cancer.

For more information about navigational bronchoscopy technology or to make an appointment with a USC pulmonologist, call (803) 540-1000.
At five millimeters, the incisions are smaller than the width of a pencil. Through these tiny spaces strategically placed in a woman’s abdomen, USC surgeon Allison Jackson, M.D., performs complex surgeries such as hysterectomies and myomectomies.

The minimally invasive approach to major surgery is made possible due to breakthroughs in technology and advancements in surgical techniques. For years, gynecological surgeries involved making a large open incision in the patient’s abdomen. Now, surgeons like Jackson are successfully operating through tiny incisions — an approach to surgical care that offers tremendous benefits to patients.

“Minimally invasive surgery is any procedure that keeps the patient from having a large open incision on their abdomen,” said Jackson, a clinical instructor of obstetrics and gynecology at the School of Medicine. “We know that if we can use small, tiny incisions on the abdomen or go through the vagina, women do better post-operatively. They are back on their feet and back at work faster, and their post-operative pain is lower in the short term.”

During the surgery, Jackson uses her hands to guide long narrow instruments through the five millimeter incisions. A small teleoscopic camera and light are inserted through the belly button to provide her the field of vision she needs to perform the surgery. With meticulous movements, she is able to operate with little to no blood-loss and minimal scarring.

“The scars are small, and they can usually be hidden in the belly button or the lines of the skin,” Jackson said.

An estimated one in three women will require a hysterectomy (removal of uterus) by age 60. Other common minimally invasive procedures include myomectomies (removal of fibroids), removal of endometriosis and adnexal surgery for organs next to the uterus.

Before considering surgery, Jackson advises her patients to consider more conservative options for treating their health condition. These measures may include birth control pills, progesterone or intrauterine devices. If these options fail, then surgical options are considered.

Jackson recommends that a woman requiring a major surgery discuss with her physician what minimally invasive options exist.

“When patients are seeking treatment for problems like abnormal uterine bleeding, it is important to make sure that they understand the minimally invasive options available to them,” Jackson said. “The majority of all hysterectomies could potentially be done using a minimally invasive technique. It is our responsibility as physicians to ensure that we pursue these approaches as often as possible.”

To learn more about minimally invasive surgery options available at University Specialty Clinics or to make an appointment to see a physician, contact USC’s Department of Obstetrics and Gynecology at (803) 545-5700.
As Sara swung a bat, scar tissue surrounding the nerve prevented it from gliding and resulted in the pain in her hand. Capito recommended surgery to release the scar tissue and move the irritated nerve under a muscle to create more padding in the web of her hand.

During one of Sara’s pre-operative visits, Susan brought her own hand injury to the attention of Capito. She discovered a knot in her arm and had been experiencing numbness in her hand for many months.

“My hand strength was so bad that I could not lift simple things,” Susan said. “I would ask the grocers to make my grocery bags lighter and ask my husband to pour things.”

Susan needed surgery to remove a benign soft-tissue tumor in her arm and release the pressure on the median nerve, which relieved the carpel tunnel syndrome in her hand.

As a fellowship-trained plastic surgeon specializing in hand injuries, Capito treats a wide range of operative and non-operative hand conditions. For patients like Susan who suffer from carpel tunnel syndrome, he offers an endoscopic surgery option.

“Instead of making a direct incision in the palm, I make a small incision in the wrist and use a scope to visualize the ligament,” Capito said. “There is minimal scarring and the patient recovers faster.”

Capito’s training as a plastic surgeon allows him to use advanced surgical techniques for hand reconstruction operations involving missing fingers and tissue injuries. During a procedure, he may remove tissue from the back of the arm or thigh to rebuild a finger, and in rare cases remove a toe to rebuild a thumb.

Many hand injuries are far less complex. In some cases, no surgery is needed, and Capito uses splints, injections and hand therapy as effective non-surgical treatment options. When surgery is needed, he strongly encourages patients to adhere to post-operative instructions.

“I always tell patients when I operate — especially with tendon repairs — what I do is only 10 percent of the outcome of their surgery,” Capito said. “The majority of a good outcome is compliance with hand therapy and following the instructions after surgery to limit scarring.”

Susan and Sara Walters’ hand surgeries were separated by only four months. Both emerged pain-free from their procedures and thankful for the return of mobility to their hands.

“Dr. Capito saved my softball career,” Sara said. “After surgery, I made a full recovery and am back playing softball with the Jets.”

To make an appointment, contact USC’s Department of Surgery at (803) 545-5800.

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Meera Narasimhan, M.D., professor and chair of the Department of Neuropsychiatry and Behavioral Science, was awarded the prestigious Indian Hind Rattan Award for keeping the “Flag of India High.” The award — which translates in English to “Jewel of India” — is one of the highest Indian diasporic awards granted annually to a non-resident Indian citizen (NRI) who has made exceptional contributions to society. About 25-30 recipients worldwide are selected for the honor each year.

The NRI Welfare Society recognized Narasimhan with the award in New Delhi on Jan. 25, the eve of India’s Republic Day. The award was presented in a ceremony with present and past members of the Indian government and other top ranking dignitaries. This award is given in recognition of her outstanding services, achievements and contributions in the mental health arena.

Throughout her career, Narasimhan has been instrumental in raising awareness of mental illness in South Carolina and the United States. In recent years, she has worked with psychiatrists in India to incorporate mental health care into the primary care settings. She and her colleagues have worked to train health care professionals to recognize mental illness and provide treatment options to patients.
The Department of Family and Preventive Medicine welcomes two military veterans as new faculty members

As new faculty members in the Department of Family and Preventive Medicine, Drs. Mark Humphrey and Shane Mull join a team of 18 USC faculty physicians providing patient-centered medical care at the Family Medicine Center.

Mark Humphrey, M.D., MPH

Academic Titles: Assistant professor of clinical and preventive family medicine; medical director of the Family Medicine Center

Military Branch: United States Navy

Years of Military Service: Three years of active duty and two years of inactive reserves

Military Rank: Lieutenant Commander

Tours of Duty: Served with the U.S. Navy’s Environmental and Preventive Medicine Unit 2 for two years and with the Navy and Marine Corps Public Health Center for one year. In 2011, he served as the lead public health planner and assistant medical planner for the humanitarian mission Pacific Partnership in the South Pacific. During the mission, he planned 12 primary clinics that cared for more than 6,000 patients.

Current Military Role: Serves as a family medicine medical officer in the active drilling reserves called the U.S. Navy Selective Reserves.

Interests in Medicine: Travel medicine, global health, hypertension and diabetes

Interest in joining the Department of Family and Preventive Medicine: “I met USC faculty member Jeff Hall, M.D., assistant professor of clinical family and preventive medicine, at the American Academy of Family Physicians Global Health Workshop and learned about the global health work done within the department. In addition, I was impressed by the department’s patient-centered medical home status and its preventive medicine residency program. Finally, the personality and culture of the faculty and staff within the department was a big influence on my decision to join USC.”

Shane Mull, M.D.

Academic Title: Assistant professor of clinical and preventive family medicine

Military Branches: United States Army and Navy

Years of Military Service: 18

Military Rank: Lieutenant Colonel


Current Military Role: Serves as a flight surgeon with the 1-151 Attack Reconnaissance Battalion, AH-64 Apache helicopters in the South Carolina National Guard

Interests in Medicine: Chronic disease management, preventive care and coding and practice management

Interest in joining the Department of Family and Preventive Medicine: “I joined the Department of Family and Preventive Medicine in January because I wanted to become involved with medical education and desired to do so at my alma mater, the University of South Carolina.”

To make an appointment with Drs. Humphrey, Mull or another family medicine physician, contact the Family Medicine Center at (803) 434-6113.
Back on my feet

When back pain slowed Jean Harkey, she turned to USC spinal surgeon Dr. Greg Grabowski to get her back on her feet.

At 80 years old, Jean Harkey exercises, enjoys the outdoors and bakes cakes for her great-grandchildren. But in January 2014, a pain in her lower back sidelined her from the activities she loves.

“I would start cooking in the kitchen and could only stand for three or four minutes before my back and hip hurt,” Harkey said. “The pain interfered with everything.”

Harkey attributed the pain to a hip replacement procedure she underwent a year earlier. She feared another surgery may be in her future.

“That is what pops in your mind; you always think the worst,” Harkey said.

A visit to USC spine surgeon Dr. Greg Grabowski calmed Harkey’s worries. He examined her back and determined a herniated disc was the source of her pain. Instead of surgery, he recommended aggressive physical therapy and treatment with an epidural steroid injection.

“The road that takes someone to the point of surgery is often a fairly lengthy one,” said Grabowski, M.D., assistant professor of clinical orthopaedic surgery and fellowship-trained spinal surgeon. “We look at all the non-operative care options available before considering surgery.”

Non-operative treatment options include anti-inflammatory medications, oral and injectable steroids and physical therapy. Grabowski estimated that despite the intensity of symptoms that come with lumbar disc herniations, nine out of 10 patients will find the non-operative care to be sufficient in eliminating their pain. But patients whose symptoms do not improve with these types of treatments, or those displaying nerve damage, muscular weakness or signs of spinal cord injury are likely to find surgery is their best option.

The pain tolerance varies for each patient. Some people will live with back and leg pain for months before seeking a doctor, while others seek medical attention right away.

“Someone will say ‘A year ago I used to walk a mile a day; six months ago I could walk a half a mile, but today I can only walk a block,’” Grabowski said. “That is a very typical story. Usually what happens is that there is a point in time where a person is no longer willing to accept the limitations their spinal issue puts on them.”

Grabowski said younger people often experience more disc-related problems, while older adults are subject to arthritis-related pinched nerves or stenosis. He encourages patients of all ages to engage in core strengthening exercises to keep the muscles of their stomach and back as strong as possible.

Harkey found physical therapy to be the right course of treatment. After six weeks of seeing the physical therapist, she is pain free and once again enjoying her active lifestyle.

“When you find a doctor that you trust, it makes a huge difference,” Harkey said. “I trusted Dr. Grabowski’s diagnosis and worked hard at my physical therapy. I’m happy and healthy now and back on my feet.”

If back and leg pain are affecting your lifestyle, ask your primary care physician to refer you by calling the Department of Orthopaedic Surgery and Sports Medicine at (803) 434-6812.
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Melanie D. Blackburn, M.D.
Pediatrics
Interests: Hospital medicine and quality improvement
Phone: (803) 434-7950

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Pediatrics
Interests: Children with special needs and children in foster care
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Anthony Capito, M.D.
Plastic Surgery
Interests: Hand surgery and wound healing
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Maria Cirino, M.D.
Internal Medicine
Interests: Lung cancer screening, diagnosis and staging of lung cancer, severe COPD, and lung nodules
Phone: (803) 799-5022

Alyssa S. Cogdill, CPNP
Pediatric Neurology
Interests: Epilepsy and Tourette syndrome
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James W. Cook, M.D.
OB/GYN
Interests: Menopause, contraception, and medical education
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Christopher W. Goodman, M.D.
Internal Medicine
Interests: Health policy, mobile health, and clinical decision making
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