

## Woman with debilitating arthritis gets relief

The West Tennessee Research Institute at the Arthritis Clinic has been recognized nationally for its work in clinical trials.

The problem started in her knees. Before too long, Margaret Bailey had numbness and tingling in her toes. Her right shoulder, elbow and wrist started burning so badly that she would wake up at night in pain. Her right leg started to draw in; she could no longer straighten her leg.

"The burning pain in my joints was unbearable," said Bailey, who lives outside Memphis. "I would have to stand on tiptoes on my right foot to walk." The problem spread to her left hand, shoulder and foot.

With no health insurance and unable to pay for tests and medication, she had few places to turn for help. Finally, a primary care physician at the Tipton County Health Department diagnosed the problem as rheumatoid arthritis, did some research and found a clinical trial at the Arthritis Clinic in Jackson that seemed to fit Bailey's needs.

"That's where I found Dr. Nimesh Dayal and Dr. Jacob Aelion," said Bailey.

And, that's when her life started to turn back to normal.

Bailey was examined and admitted into one of the Arthritis Clinic's many clinical trials. As a patient in the clinical trial, she did not have to pay for her clinic visits or her medication.

*Dr. Nimesh Dayal talks to Margaret Bailey about her arthritis.*



Being accepted into a clinical trial at the Arthritis Clinic was a god-send, said Margaret Bailey, who had debilitating rheumatoid arthritis.

In fact, Dr. Aelion, Dr. Dayal and Dr. Satish Odhav are involved in so many studies that the Arthritis Clinic created a separate company, the West Tennessee Research Institute, a year ago to oversee the clinical trials, said Dr. Aelion. The institute, housed in a building adjacent to the Arthritis Clinic on North Parkway, employs eight full-time clinical research coordinators. He is the medical director.

"We've been recognized as being in the top 10 percent of institutions nationally for our clinical trial work in rheumatoid arthritis, and number one in Tennessee," said Dr. Aelion. He and Dr. Odhav have been involved in clinical trials for more than 10 years.

Dr. Dayal, a board-certified rheumatologist who has a master's degree in clinical investigation, joined the clinic in January 2011. He has completed post doctorate fellowship in clinical research at Northwestern University in Chicago and had just finished a clinical rheumatology fellowship at Emory University in Atlanta.

"Clinical research keeps you current in your field," said Dr. Dayal. "Patients — whether they have insurance — are treated with

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# Cardiologist involved in clinical trials

**D**r. Henry Lui practices at Apex Cardiology, 327 Summar Drive.

For an appointment call 731-423-8200.

Dr. Lui is board certified in four areas: internal medicine, cardiology, interventional cardiology and lipidology.

*Dr. Henry Lui, below, from left, Lani Holman, Research Coordinator; and Researchers Pam Gibbons and Heather Wright are involved in eight clinical trials at Apex Cardiology.*

**C**ardiac patients do not need to travel to major medical centers to be a part of cutting edge technology. Local cardiologist Dr. Henry Lui, for example, has incorporated some of the latest research trials into his cardiology practice.

From stents and devices to medications, Dr. Lui has been participating in major clinical trials for more than 10 years. Some of that research has made its way into the standard of care for cardiology patients in the country, said Dr. Lui, who founded the Clinical Research Association of Jackson in 2002. "Some of the trials are still quoted as resources in medical schools and in medical journals."

"Some of the research programs in which I have participated through my practice have resulted in new products and treatments for cardiac patients," said Dr. Lui, who practices at Apex Cardiology. "For example, we participated in trials for the latest stent that will be available soon to cardiologists, the Platinum Promus Stent. This new stent is stronger and is designed to fit in more difficult arteries than others."

## Eight clinical studies

Dr. Lui is participating in eight clinical studies that are testing a variety of products and medications. His interest in research comes in part from his desire to help prevent many of the issues facing cardiac patients.

"I enjoy the interventional side of cardiology and looking at what happens when people do not take care of themselves and what we can do to deal with those issues," said Dr. Lui. "I also like dealing with prevention, getting people with heart disease to take steps to prevent another heart attack or stroke."

To participate in a clinical study, Dr. Lui must have

patients who meet the criteria established for the study.

"I usually have to have about ten or more patients in a study at a time," said Dr. Lui, who is board certified in four areas: internal medicine, cardiology, interventional cardiology and lipidology. The board certification in lipidology required additional training in the management of cholesterol and triglycerides. He competed that training three years ago.

Due in part to his interest in lipid management, Dr. Lui is involved in the study of a new medication that is designed to increase a patient's good cholesterol (HDL). "Original cholesterol drugs

were used as a secondary line of prevention," said Dr. Lui. "This medication would be more proactive and a more primary prevention tool."

## Lowering protein to lower risk

Another drug trial at Apex Cardiology looks at lowering a patient's risk for a heart attack by lowering the LpPLAC2 protein. Patients with a high level of this protein have a higher risk for a heart attack. The medication in the study is given to recent heart attack patients to lower this protein level and then lower the chance of a second heart attack.

Another study looks at a new blood thinner drug that would be a substitute for warfarin, one of the standard blood thinners used today. "This study compares warfarin with the new drug," said Lui, who has participated in the study for more than two years and hopes that the new medication is found to be just as effective or even more effective. "The new drug requires no blood test and is a standard dose, in that one dose fits all. It also eliminates the need for the patient to watch the consumption of foods that contain vitamin K, which can decrease the effectiveness of warfarin."

Other research studies whose results will soon hit the market are new blood thinners and new anti-platelet agents that will help prevent a blood clot from starting. Dr. Lui also has completed a study on a new cholesterol medication that is administered as an injection and increases the body's ability to destroy bad cholesterol (LDL) rather than reduce cholesterol levels.

## Access to new medications sooner

"Participating in clinical research helps patients — who may not otherwise have access to medications and treatments — benefit from them sooner," said Dr. Lui.

"If the trial drug will help them, they can start taking it now rather than waiting until it has hit the market. For some patients, this can mean a better outcome. It is exciting to be on the cutting edge of medicine and developing friendships with the top cardiologists in the country."

Clinical trials in Jackson help in providing research that sets a standard of care for cardiology patients nationwide.





# Catching glaucoma, retinal disease earlier

Using relatively non-invasive technology to test for glaucoma and retinal disease is catching the diseases earlier.

One of the latest tests — Optical Coherence Tomography (OCT) — allows ophthalmologists to look at the optic nerve and retina in a manner that picks up subtle disease changes well before a doctor can see them with a traditional evaluation.

“Glaucoma can damage your vision so gradually you

One form of glaucoma is called the “silent thief of sight” because there are no symptoms.

may not notice any loss of vision until the disease is at an advanced stage,” said Dr. Mark Bateman, a board-certified ophthalmologist who practices at the Eye Clinic in Jackson. “It is a medical diagnostic modality that performs high-resolution, real time imaging of tissue measured

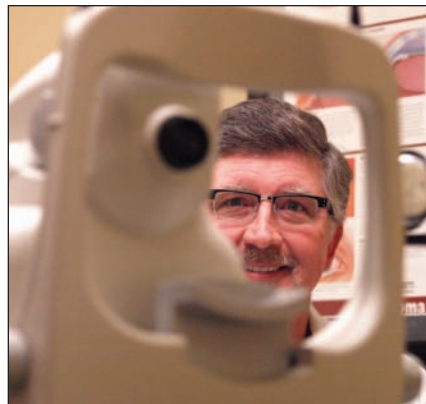
in microns. It gives us a tomographic cross section of the retina and optic nerve.”

Glaucoma, the second leading cause of blindness, is a group of eye conditions resulting in optic nerve damage and loss of vision. Abnormally high pressure inside your eye (intraocular pressure) usually, but not always, causes this damage. Glaucoma has two categories— open angle and closed angle.

Open angle is why glaucoma is called the “silent thief of sight,” as there are no symptoms. Although it is the more common type, it can be caught only by examination.

Closed angle is uncommon, representing about 5 percent of glaucoma, but it is the type that usually causes a patient to seek medical treatment. With closed-angle glaucoma, the patient often experiences pain, halos around lights, redness and blurry eyesight.

“This form is also the reason why some medical labels caution not to take the drug if you have glaucoma,” said Dr. Bateman. “Some medications, such as anti-histamines, can dilate your eyes and precipitate a glaucoma attack. A glaucoma attack not treated in a timely fashion can lead to blindness. It is an urgent eye condition that can land a patient in the emergency room or eye doctor’s office.”



*Optical Coherence Tomography (OCT) helps the physician see optic nerve and retina problems earlier than with a traditional evaluation.*

“We recommend that patients have their eyes checked every two to three years until age 65, then yearly, unless there is a history of eye disease,” said Dr. Bateman. “Risk factors for glaucoma are elevated eye pressure, race because the disease is more prominent in African-Americans, diabetes, age, family history and high myopia, which is someone who is very nearsighted. These risk factors are typically discussed in an eye exam.”

Visual field examination has historically been used in conjunction with clinical evaluation to diagnose glaucoma. In a regular visual field test, the visual field is mapped out as patients record what they see. “This makes the visual field test somewhat subjective in that we depend on the patient to tell us what they see,” said Dr. Bateman. “The OCT is objective because it does not depend on patients to record what they see.”

An OCT is used if the physician suspects disease after a clinical exam of the optic nerve and retina, said Dr. Bateman.

“The OCT is similar to an ultrasound, but it uses light instead of sound waves. The patients typically have their eyes dilated for the test in order to get an adequate evaluation. OCT measures a certain layer in the retina that makes up the optic nerve. Thinning in that nerve fiber layer would suggest glaucoma. The test gives an analysis of the severity of the thinning, or damage, which is used to determine how aggressive the treatment will need to be.”

“Glaucoma is treated initially with drops to lower the intraocular pressure,” he added. “When that is not effective, lasers can be used to treat the disease. The last resort is glaucoma surgery.”

Regardless of the treatment, glaucoma has no cure, and once damage has occurred, it cannot be reversed. “With OCT technology,” said Dr. Bateman, “we have improved our ability to diagnose glaucoma earlier in the disease process and hopefully slow its progression and minimize the long term damage. As the technology evolves into higher resolution, it will only get better.”



*Dr. Mark Bateman enjoys collecting old optical equipment. With him, above, is a model of a late 1800s machine that tested the visual field. It is sitting on top of the new Humphreys machine that is a computerized field analyzer.*

**D**r. Mark Bateman practices at the Eye Clinic with Dr. Art Woods, Dr. Bruce Herron, Dr. Jason Sullivan, Dr. Sean Neel and Dr. Hilary Grissom.

The clinic is at 668 Skyline.

Call 731-424-2414 or 800-894-2414 for an appointment.

# The opiate challenge: Powerful painkillers

Opiates, the most prescribed medications in this country, include OxyContin, morphine, codeine, Fentanyl, Dilaudid, Lorcet and Hydrocodone, the most popular prescription.

Opiates (painkillers) have a short life span in the body. After absorbing acute painkillers every four hours for two to three weeks, the body is in an addicted state.

Opiates are powerful painkillers. They also are highly addictive and commonly abused, said Dr. Ken Warren, a board-certified family practice physician.

Concerned about the number of patients he was seeing with an opiate addiction, Dr. Warren has been participating in a Drug Enforcement Administration program for the past five years to treat those who have become addicted.

Opiates, the most prescribed medications in this country, include OxyContin, morphine, codeine, Fentanyl, Dilaudid, Lorcet and Hydrocodone, the most popular prescription. Sadly, said Dr. Warren, the numbers of people becoming addicted to these highly effective painkillers has increased and crosses all economic boundaries. Programs to address these issues are increasing, and some are having very positive results. "These medications are very effective for pain control, and well-meaning physicians want to keep their patients comfortable," said Dr. Warren.

"The opiates are so addictive that soon your body signals it wants more, even if you don't need more. This leads to patients feeling good when they have an opiate and feeling bad when they do not. This results in their going back to the doctor for more medication. If the doctor is not alert to the patient's needs and situation, more prescriptions may be written and even stronger medications given. And the vicious cycle of addiction is started."

## Addiction can happen in a short time

Opiates have a short life span in the body. After absorbing acute painkillers every four hours for two to three weeks, the body is in an addicted state.

Chronic use can lead to tolerance of the medication, characterized by a patient's need to consume more and more of the drug to achieve the same pain relief.

Withdrawing from opiates is often extremely difficult and intense for those who have become dependent on them. Many are unable to kick the addiction without medical intervention. Withdrawal symptoms can include nausea, vomiting, chills, insomnia, muscle and bone pain, tremors, slowed breathing, constipation and headaches.

"Once hooked on opiates, this terrible addiction becomes an all-consuming problem, and the patient will do anything to keep the medications coming," said Dr. Warren.

"Some will even doctor shop looking for more prescriptions. When I see these patients in the office, they are often taking 20 to 30 pills a day.

They know they are addicted, but are unable to quit. Often, they have tried to stop, but the symptoms of withdrawals — muscle and belly cramps, chills, diarrhea and aching all over — are just too much for them to tolerate. They feel horrible and will do anything to stop the feeling."

Programs such as those established by the government to treat heroin or hydrocodone addicts use another drug, methadone, to help patients reduce their reliance on the more addictive drug.

## Methadone treatment not the best solution

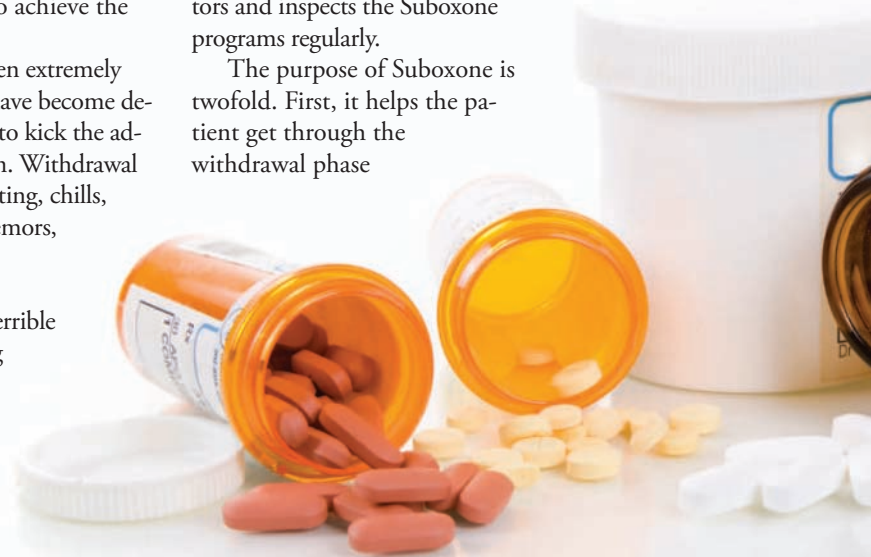
"Methadone is very sedating and the person is basically drugged all of the time," said Dr. Warren. "These programs do not really concentrate on getting the patients off drugs. They are not really a drug treatment program, but more of a maintenance program as the patient often will be on the methadone forever or until they go to another drug."

Warren wanted to start a program that had the goal of weaning the addict off all addictive drugs completely. His program uses Suboxone, a medication that was initially only allowed in institutions and through programs much like the methadone clinics.

"The Drug Enforcement Agency (DEA) realized the need for a clinic that had no stigma attached to it, so they approved Suboxone for use in an office setting," said Warren, who is one of only two medical doctors in Jackson offering the program.

To be able to prescribe Suboxone, a physician must acquire a DEA number and additional certification from the DEA. A new program is limited to carrying 25 active patients for the first two years. After that, the number of active patients can increase to 100. The DEA monitors and inspects the Suboxone programs regularly.

The purpose of Suboxone is twofold. First, it helps the patient get through the withdrawal phase



# are highly addictive

relatively painlessly. Secondly, it helps to curb the cravings for the opiate. This craving can be more troublesome than the withdrawal.

## Hard to ignore addictive craving

"It is difficult for addicts to get clean because of the hold the craving can have on them," said Dr. Warren. "Those cravings can be triggered by many things. Suboxone helps curb craving. With time and counseling to alter addictive behavioral patterns, the dependent person can be helped to control his or her problem."

Patients wanting to be a part of this type of program must first register with the National Alliance of Advocates for Buprenorphine at [www.naabt.org](http://www.naabt.org). The patient is asked to provide basic information, including age, employment status and addictions.

Patients must first register with the National Alliance of Advocates for Buprenorphine at [www.naabt.org](http://www.naabt.org).

Registration is anonymous, but it does show the patient the physicians in the area who are a part of this program. The NAABT site relates the patient's information to the physician's office via computer. Patients are treated in the office the same as a regular patient. Not all insurance plans

cover this program, and some cover it with time limits.

The medication can average \$11-\$15 a day, with the generic form costing less. The typical addicted person obtaining his or her drugs off the street will be spending approximately \$200 per day to satisfy their habit.

"When I receive a patient's information, I evaluate it to see if I can help. If so, I send the patient an email,"

said Dr. Warren. "The patient then sets up an appointment for the Suboxone program. The initial appointment takes about an hour. We look at the patient's history and support system and educate the patient about the drug. We also

talk to the patient about how the program works and what is expected while he or she receives treatment. Acceptance into the program requires the addict to be actively involved in the recovery."

Induction into the program requires about a half a day in the office with the patient being given small incremental doses of Suboxone to determine the correct dosage amount. The patient returns the following day to fine tune his or her dosage needs and again in 10 days. If all is going well, the patient returns each month.

## A drug test at every visit

"At every visit, a drug test is administered," said Dr. Warren. "It is a very accurate, chain-of-custody compliant test, and my rule is, if you fail it, you are dismissed. I am very strict about this, and patients must make a conscious decision to comply with these requirements."

"Failing the drug test includes finding anything in the test that is not prescribed with a valid prescription and that we have discussed is appropriate for them to take, finding anything in the test that we haven't discussed, or not finding what should be there. If a person is prescribed Suboxone, for example, and none is in his or her system, then it is a failure because the person is not following protocol and is likely diverting the drug."

Patients remain on the program for an average of 12 months. They start with a maintenance phase for six months, and they receive a stable dose of medication every day while in this phase of the program. After six months, they start on the tapering phase of the program.

"During their monthly visits, I spend a lot of time counseling the patients," said Dr. Warren, who says he is the therapist in the majority of cases but does use local psychologists when appropriate.

Although it is not a requirement, Dr. Warren strongly suggests patients attend Narcotics Anonymous and become involved in a church.

The program's success rate is difficult to determine because an addict is never cured. He or she is forever a recovering addicted person.

"You hope they stay clean and are able to function daily and without medication," said Dr. Warren. "How well they do depends on their degree of commitment to the program and their desire to control their addiction."



**D**r. Ken Warren practices in his own clinic at 31 Physicians Drive near Regional Hospital.

The clinic can be reached at 731-664-0103.





# Jackson has some really great doctors.

## We are proud to call them members.

### Allergy

**Allergy & Asthma Care: 660-0138**

- Alan DeJarnatt, M.D.

### Anesthesiology

**Professional Anesthesia: 424-1408**

- Ben Anderson, M.D.
- Charles Freeman, D.O.
- Lauri Anne Gorbet, M.D.
- Timothy Hutchison, M.D.
- Michael Lam, M.D.
- Michael Martindale, M.D.
- Charles Poole, M.D.
- Todd Seabrook, M.D.

### Cardiology

**Adv Cardiovascular: 215-1281**

- Alexander Alperovich, M.D.

**Apex Cardiology: 423-8200**

- Henry Lui, M.D.

**Cardiovascular Clinic: 256-1819**

- Adey Agbetoyin, M.D.

**Mid-South Heart Center: 423-8383**

- Louis Cunningham, M.D.
- Tommy Miller III, M.D.

**Skyline Cardiovascular: 410-6777**

- Thomas Salvucci, D.O.
- Ronald Weiner, D.O.

### Dermatology

**Dermatology Clinic: 422-7999**

- Mac Jones, M.D.
- Patrick Teer, M.D.

### Family Practice

**Northside Medical Clinic: 668-2800**

- Jeremy Draper, M.D.
- Timothy Hayden, M.D.
- Elizabeth Londino, M.D.

**Kenneth Warren, M.D.: 664-0103**

### Gastroenterology

**Medical Specialty Clinic: 424-1001**

- Robert Hollis, M.D.
- Daniel Kayal, D.O.
- Ami Naik, M.D.

**TransSouth Health Care: 661-0086**

- Allan Menachem, M.D.
- Bob Souder, M.D.

### General Surgery

**Jackson Surgical: 664-7395**

- Daniel Day, M.D.
- Dean Currie, M.D.
- David Laird, M.D.
- David Villarreal, M.D.

**Madison Surgical Clinic: 660-6101**

- Thomas Edwards, M.D.

### Gynecology/Obstetrics

**Jackson Reg. Women: 668-4455**

- Sandra Boxell, M.D.
- Keith Micetich, M.D.
- Lane Williams, M.D.

**Woman's Clinic: 422-4642**

- Brad Adkins, M.D.
- Madhav Boyapati, M.D.
- Michael Epps, M.D. (GYN ONLY)
- Paul Gray, M.D.
- Andrea Harper, M.D.
- Molly Rheney, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

### Hematology/Oncology

**Cancer Care Center: 668-1668**

- Brian Walker, D.O.
- Archie Wright, D.O.

**Hematology/Oncology: 234-2425**

- Omar Ahmad, M.D.

**Oncology/Hematology: 541-9561**

- Clyde Smith, M.D.

### Internal Medicine

**Eze Clinic: 661-0067**

- Gift Eze, M.D.

**Goodwin & Associates: 668-9791**

- Stephen Goodwin, M.D.

**Ultimate Health: 265-1997**

- Samuel Bada, M.D.

**John Woods, M.D.: 664-7949**

### Nephrology

**West TN Kidney Clinics: 668-4337**

- Susan Alex, M.D.
- Ram Chary, M.D.
- Shirish "Joe" Joglekar, M.D.
- R. Mulay, M.D.
- Murty Narapareddy, M.D.

### Neurology

**Greystone Medical: 661-0131**

- Marcus DeSio, M.D.

### Ophthalmology

**Eye Clinic: 424-2414**

- Mark Bateman, M.D.
- Hilary Grissom, M.D.
- Bruce Herron, M.D.
- Sean Neel, M.D.
- Jason Sullivan, M.D.
- Art Woods, M.D.

**Hughes Eye Center: 664-1994**

- David Underwood, M.D.

### Orthopedic Surgery

**Sports/Orthopedics: 427-7888**

- Scott Johnson, M.D.
- John Masterson, M.D.
- Keith Nord, M.D.
- Timothy Sweo, M.D.
- Bradford Wright, M.D.
- David Yakin, M.D.

**West TN Bone & Joint: 661-9825**

- Harold Antwine III, M.D.
- Michael Cobb, M.D.
- John Everett, M.D.
- Doug Haltom, M.D.
- Jason Hutchison, M.D.
- David Johnson, M.D.
- David Pearce, M.D.
- Kelly Pucek, M.D.
- Adam Smith, M.D.
- Lowell Stonecipher, M.D.

### Otolaryngology

**West TN ENT Clinic: 424-3682**

- Karl Studtmann, M.D.
- Keith Wainscott, M.D.

### Pain Medicine

**Pain Consultants: 660-5116**

- Frank Jordan, M.D.

### Pediatrics

**Child Care Clinic: 664-8080**

- Kay Joglekar, M.D.

**Children's Clinic: 423-1500**

- Todd Blake, M.D.
- Bruce Maley, M.D.
- Amelia Self, M.D.
- David Self, M.D.
- Theresa Smith, M.D.

### Physical Medicine/Rehab

**EMG Clinics of TN: 664-0899**

- Ron Bingham, M.D.
- Miles Johnson, M.D.

**EMG Specialty Clinics: 668-9899**

- Remy Valdivia, M.D.

**West TN Rehab Group: 664-7744**

- Davidson Curwen, M.D.

### Plastic Surgery

**Plastic Surgery Clinic: 668-2490**

- Marshall Yellen, M.D.

### Podiatry

**East Wood Clinic, Paris: 642-2025**

- David Long, D.P.M.

**Podiatry Clinic: 427-5581**

- Terry Holt, D.P.M.

### Pulmonology/Critical Care

**Mid-South Lung Center: 422-4241**

- Ravis Curry, M.D.

### Rheumatology

**Arthritis Clinic: 664-0002**

- Jacob Aelion, M.D.
- Nimesh Dayal, M.D.
- Satish Odhav, M.D.

### Spine Surgery

**Adv. Spine Institute: 506-4607**

- Robert Talac, M.D.

### Urgent Care

**Physicians Quality Care: 984-8400**

- Jimmy Hoppers, M.D.
- Melanie Hoppers, M.D.

### Urology

**Jackson Urological: 427-9971**

- David Burleson, M.D.
- John Carraher, M.D.
- Raymond Howard, M.D.
- Peter Lawrence, M.D.
- Donald McKnight, M.D.
- Scott Yarbro, M.D.

# Urologists use 'robots' for some surgeries

Facing a surgical procedure for a urology problem? Your surgery may just involve a robot — the da Vinci Robotic Surgical system.

At first glance, it may seem like something found in a sci-fi movie, but using robotic technology in some urological procedures is leading to better results and reduced recovery times.

Robotic surgery has many advantages, said Dr. Donald McKnight, a urologist. “The biggest advantages are smaller incisions, fewer complications, increased precision and quicker recovery times.”

“The increased precision allows surgeons to perform both simple and complex procedures with greater safety. With less discomfort and a shorter recovery, the patient returns to normal life activities more quickly.”

Dr. McKnight and Dr. Peter Lawrence, board-certified urologists who practice at Jackson Urological Associates, are certified to use the Da Vinci Surgical system.

They use the robotic technology for a number of surgical procedures, including the vast majority of prostatectomies — the surgical removal of part or the entire prostate gland to treat prostate cancer, partial nephrectomies — the surgical removal of a kidney or a section of kidney, and pyeloplasty — the reconstructive surgery of the pelvis of the kidney to correct an obstruction.

“We do one to two cases a week now, but there is the potential to do more as other applications become more technically feasible,” said Dr. McKnight.

“You have to have the volume and repetition as there is a pretty steep learning curve with this technology. The other doctors in our practice and many in the area understand that and support it by sending us the appropriate candidates. It is practical that only two of the doctors in our practice perform this type of surgery as the volume does not dictate the need for more to be trained.”

In robotic surgery, the surgeon sits at a console and directly views the surgery inside the patient through a 3D, high-definition screen, while his movements in the console are actually directing the surgical instruments within the patient.

The system seamlessly translates the surgeon’s hand, wrist and finger movements into precise, real-

time movements of surgical instruments inside the patient. The robotic surgical instruments are very small and can perform delicate procedures with great precision and minimal disturbance to surrounding tissue.

“The instruments can turn in all directions, with a 90-degree articulation,” said Dr. Lawrence. “You have better visualization as you are looking through a three-dimensional, high-definition camera at the surgical site. The system cannot be programmed, so every movement and surgical maneuver is done by the surgeon. The surgeon’s hand movements are scaled, filtered and translated into more precise movements.”

Robotic surgery was primarily used in urological applications at first. At Jackson-Madison County General Hospital, several specialties, including gynecology and general surgery, also use the system for surgical procedures.

Jackson-Madison County General Hospital is the only facility in West Tennessee outside of Memphis to provide this minimally invasive, innovative, alternative treatment. The hospital, which has two Da Vinci Systems, recently installed the latest version of robotic technology. The response to robotic surgery has been so great that the hospital recently passed the 1,000-surgery mark using the technology.



*Dr. Don McKnight, left, and Dr. Peter Lawrence have been using the da Vinci Robotic Surgical system since 2009. Since then, they have done about 150 of the surgeries.*



*Dr. Don McKnight sees his surgery site through a 3D, high-definition screen.*

Training for the Da Vinci system is rigorous. It begins with case observation and then progresses to using the technology in live tissue with lab animals. Finally, the doctor must perform a certain number of cases under the supervision of a credentialed robotic surgeon to become certified to use the technology.

“Compared to conventional or open surgery, robotic surgeries primarily benefit the patient,” said Dr. Lawrence. “Besides a faster recovery time and better outcomes, the surgery is less painful. Reduced blood loss with this technology reduces the need for a transfusion. Hospital stays are reduced as well.”

Robotic surgery has many applications. In the field of urology, it is most often used to remove all or part of the prostate.

**D**r. Don McKnight and Dr. Peter Lawrence practice at Jackson Urological Associates with Dr. Scott Yarbro, Dr. David Burleson, Dr. Ray Howard and Dr. John Carraher. The clinic is at 28 Medical Center Drive.

For an appointment, call 731-427-9971 or 800-748-9855.

# Woman with debilitating arthritis gets relief

... Continued from Page 1 of the Alliance newsletter

**D**r. Jacob Aelion, Dr. Satish Odhav and Dr. Nimesh Dayal practice at the Arthritis Clinic, 371 North Parkway. All are board certified in rheumatology and internal medicine.

For an appointment, call 731-664-0002.

cutting-edge medications for free.”

Most of the studies at the Arthritis Clinic are in rheumatoid arthritis. Studies also involve psoriatic arthritis, systemic lupus erythematosus, gout and ankylosing spondylitis. A few studies look at osteoporosis.

The source of patients for the trials comes from their own database. “Some patients (like Mrs. Bailey) are referred to us for consideration in inclusion in a specific study,” Dr. Aelion said. Medications used in the studies already have FDA approval or are in the process of getting that approval, he added.

“Because we have so many studies going on, we are able to include as many patients without insurance as possible,” Dr. Dayal said.

For Bailey, it has meant getting her life back. When she first entered the Arthritis Clinic, she said, “my body was twisted; I couldn’t lift my legs. It was all I could do to drive to get there.”

Because of the pain, she had

basically become a hermit in her home. “I never left my house;” she said. “I had my groceries brought to me.”

Once accepted into a clinical trial, she was started on Humira and Methotrexate. “Within 30 minutes of the Humira shot, I was feeling a sensation of relief,” Bailey says. “That night when I laid down, I knew I was better already. I cried. I knew God had given me a miracle.”

For the first couple of months, the medicine would wear off a few days before the next treatment; but each treatment lasted longer and “with every dose,” she said, “I continued to improve.” Her involvement in the clinical trial ends in March, but the pharmaceutical company plans to mail the medications to her home after that.

Today, she praises the staff at the West Tennessee Research Institute and her doctors. “They are genuinely concerned about your condition,” she said.

“I pray every day of my life, and every time I pray I thank God for sending me the caring staff, Dr. Dayal and Dr. Aelion.”

“That night when I laid down, I knew I was better already. I cried. I knew God had given me a miracle.”

— Margaret Bailey

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## Woman with debilitating arthritis gets relief

... Continued from Page 1 of the Alliance newsletter

cutting-edge medications for free.”

Most of the studies at the Arthritis Clinic are in rheumatoid arthritis. Studies also involve psoriatic arthritis, systemic lupus erythematosus, gout and ankylosing spondylitis. A few studies look at osteoporosis.

The source of patients for the trials comes from their own database. “Some patients (like Mrs. Bailey) are referred to us for consideration in inclusion in a specific study,” Dr. Aelion said. Medications used in the studies already have FDA approval or are in the process of getting that approval, he added.

“Because we have so many studies going on, we are able to include as many patients without insurance as possible,” Dr. Dayal said.

For Bailey, it has meant getting her life back. When she first entered the Arthritis Clinic, she said, “my body was twisted; I couldn’t lift my legs. It was all I could do to drive to get there.”

Because of the pain, she had

basically become a hermit in her home. “I never left my house,” she said. “I had my groceries brought to me.”

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Dr. Jacob Aelion, Dr. Satish Odhav and Dr. Nimesh Dayal practice at the Arthritis Clinic, 371 North Parkway. All are board certified in rheumatology and internal medicine.

For an appointment, call 731-664-0002.