

## Cataracts: We all get them if we live long enough

**L**ike death and taxes, add another to the list of things we can't avoid. If we live long enough, we all get cataracts: a progressive clouding of the lenses in our eyes.

As we get older, our natural clear lenses turn cloudy. It is usually a slow, progressive process that takes years, said Dr. Jason Sullivan, a board-certified ophthalmologist at the Eye Clinic who specializes in treating and removing cataracts.

"The changes are subtle; many people don't realize how much their vision has changed," he says.

People who are getting cataracts often complain that "they're not seeing as good as they used to" or "it's hard to drive at night because of glare." They're just as likely to say "I can't read my Bible anymore" or "I can't see my preacher's face the

way I used to."

You can't feel cataracts, and you don't necessarily need surgery. "If you are happy with your vision, leave it alone," Dr. Sullivan said.

### Changing prescription could buy time

Though there's no pill or eye drop to make cataracts go away, often just a change in glasses will correct vision for a while, he said. "Since cataracts will change the prescription you need in your glasses, correcting your prescription can buy you time until you need surgery."

Cataract surgery has become common. "I take out the cloudy lens and replace it with a crystal clear, man-made implant lens that stays with you the rest of your life," says Dr. Sullivan. "The implant helps you focus your eyesight, sometimes without the need for glasses."

"By taking precise measurements from the eye, we can, in a sense, take the prescription from your glasses and put it inside your eye so that you may not need glasses for distance vision after surgery." Many of Dr. Sullivan's patients see 20/20 the day after surgery.

Before cataract surgery, Dr. Sullivan meets with the patient to assess the need. With each patient, he answers questions and explains the potential risks.

The surgery itself is performed as an outpatient procedure. Dr. Sullivan says it often takes less than 15 minutes. He uses eye drops to numb the eye. Some patients will need med-

ication in an IV to combat anxiety and help them relax. Only one eye is operated on at a time. The patient returns in about two weeks to get the cataract removed from the second eye.

Most of his patients, he says, undergo cataract surgery without the need for needles or stitches. The patient leaves the surgery center without a patch on the eye and can see right away. Patients differ on how quickly their eyesight becomes clear after surgery, and patients need eye drops for several weeks to help the healing process.

As technology progresses, cataract surgery has become easier on the patient, with fewer complications and much better results, said Dr. Sullivan.

### New implants do more

A new type of implant, for example, is available to correct astigmatism. "This has helped a lot of my patients become less dependent on glasses after surgery and has allowed them to have a more flexible lifestyle."

Another new implant, called Restor<sup>®</sup>, has the ability to focus both far away and up close, said Dr. Sullivan. "Studies show that 80 percent of people who have

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Dr. Jason Sullivan

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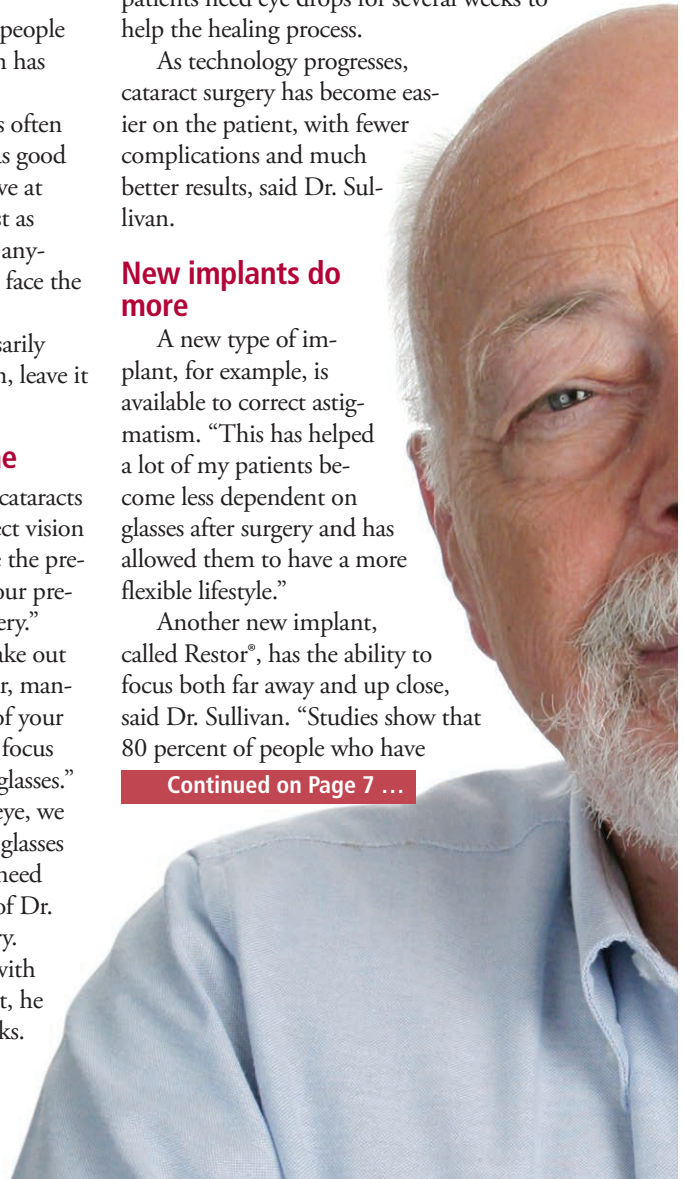
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Dr. Garrison Smith  
Dr. Michael Dolan



# Bad habits can cause high blood pressure

**D**r. Gift Eze, founded his internal medicine practice in 1998.

The clinic is at 2777 N. Highland. For an appointment, call 731.661.0067.

*Dr. Gift Eze, below, left, examines Dr. Harold Okere. Dr. Eze specializes in treating adults.*

**O**n a recent outing for breakfast, Dr. Gift Eze was dismayed with the number of people who walked to their tables from the food bar with plates piled high with country ham, biscuits, gravy, hash browns and other foods high in salt and calories.

It's no wonder that people have high blood pressure, he says. "It's our lifestyles. It's the way we like to cook, what we like to eat and our lack of exercise."

High blood pressure, also called hypertension, is a common disorder in Dr. Eze's internal medicine practice. In his 16 years of practicing medicine, Dr. Eze has seen the condition increase, especially among the elderly and young African-American males.

Optimal blood pressure is 120/80 mm Hg. This is the measurement of the amount of force against your artery walls as your heart contracts and then relaxes. The normal blood pressure range is 120-129/80-84 mm Hg. Higher numbers characterize different stages of hypertension and the treatment needed.

About 90 percent of those with high blood pressure do not have an identifiable cause, Dr. Eze said. The other 10 percent do have an identifiable cause, such as a kidney abnormality or narrowing of certain arteries. Even pregnancy can cause high blood pressure. In some ways, people with identifiable causes are more fortunate.

Doctors can correct narrow arteries or a kidney problem. Pregnancy ends after nine months.

For most people, though, high blood pressure is the result of bad habits — fattening diets, too much salt, obesity, too much alcohol, smoking, stressful lives and lack of exercise. Bad habits are hard to break.

**Y**our blood pressure rises with each heartbeat and falls when your heart relaxes between beats. While your blood pressure can change from minute to minute with changes in posture, exercise, stress or sleep, it should normally be less than 120/80 mm Hg (less than 120 systolic and less than 80 diastolic) for an adult age 20 or over. About one in three U.S. adults has high blood pressure.

— *The American Heart Association*  
[www.heart.org](http://www.heart.org)

Your risk for high blood pressure increases as you get older and if a close family member has the condition.

Unfortunately, most people don't know that they have high blood pressure. Instead, it's often discovered through a screening, such as when we go to the doctor for a routine physical or when we give blood.

"Ordinarily, you don't feel anything," said Dr. Eze. If the blood pressure is particularly high, however, people may notice some symptoms, such as a

severe headache, shortness of breath, a blurred vision and chest pain.

To accurately diagnose high blood pressure, Dr. Eze likes to take at least two blood pressure measurements several weeks apart, if possible. Hypertension has several stages, the most critical stage may mean immediate treatment; there isn't time for another measurement.

If he sees end-organ damages, such as an enlarged heart, or another condition like diabetes, Dr. Eze may begin treatment immediately with medications.

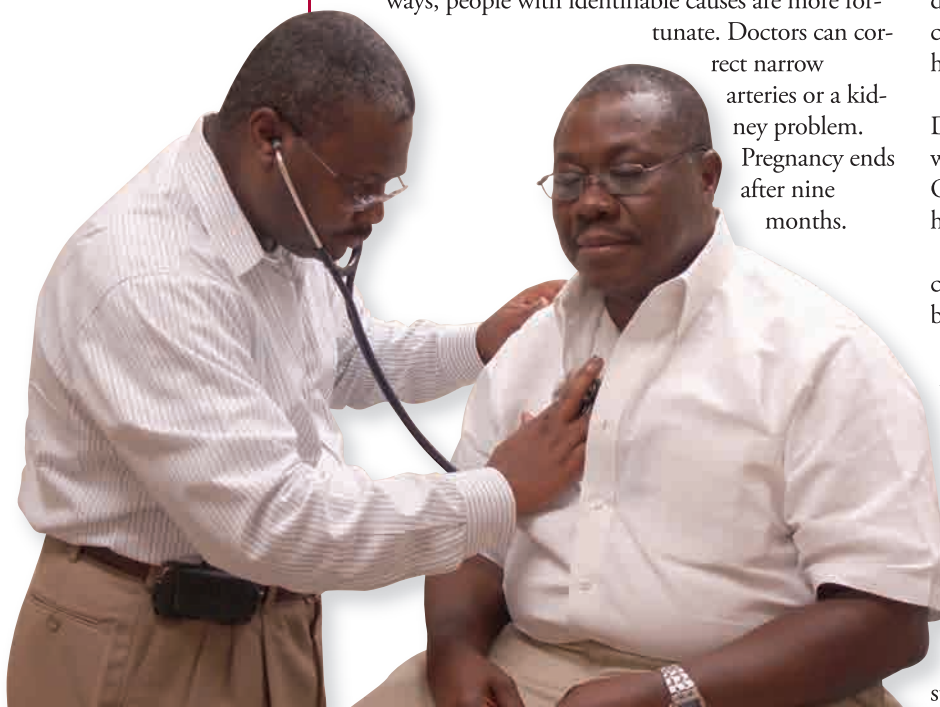
If not, he'll recommend that patients first try lifestyle changes. Limit salt intake. Exercise more. Reduce alcohol consumption. Lose weight. "If done judiciously, these measures alone will lower hypertension," he said.

After six months, if the blood pressure still is high, Dr. Eze usually recommends medications and starts with a prescription of HCTZ, a low-cost medicine. Other medications include beta-blockers, ACE inhibitors, calcium channel blockers and diuretics.

"It's very difficult to get people to make lifestyle changes," he said. "In practice, very few will lower their blood pressure this way. Most wind up on medications."

Untreated, high blood pressure can be life threatening. People can start having vision problems, heart problems and kidney damage. High blood pressure can lead to stroke, heart attack, blindness, heart failure and kidney failure, causing a patient to go on dialysis.

The solution to curbing high blood pressure is hard, Dr. Eze admits. "We have to change the way we cook and eat. We need to walk more and be more active. It is important to control your blood pressure to avoid end-organ damages. Practicing lifestyle modifications is superior to taking medications."



# Running to new heights



What started as a break from studying in medical school to relive stress has turned into a passion for extreme running distances for Dr. Karl Studtmann. Feeding this passion has taken the Jackson otolaryngologist to new heights, giving him breathtaking views from atop mountains, in canyons and on trails, while challenging himself mentally and physically.

Technically, any distance beyond a marathon (26.2 miles) is considered an extreme “ultrarun,” he said. Most ultrarunners consider “real” ultras to be 50 miles or longer. Adding a new dimension to ultrarunning and making it a bit more extreme is running on a trail for your course, which could take you up a mountain, through a forest or around a canyon.

“I ran my first marathon my fourth year of medical school,” said Dr. Studtmann, a member of Jackson Road Runners. “After completing a number of marathons, I started looking for what I could do next to challenge myself. I discovered extreme ultrarunning. In 2007, I ran the 50K Swamp Stomper trail run in Memphis, which sort of started it for me.”

“There are tons of websites and trail runners’ magazines that feature places to run. Some trails or places are considered to be classic runs among ultrarunners, such as the Grand Canyon, that are done as a self-challenge rather than as a race. You also can meet a wide range of people. Running such a long distance, you have time to talk to those running around you.”

Jackson urologist John Carraher and attorney Brad Box share Studtmann’s passion. The three choose a destination to run each year that allows them to try something different. Their sport has taken them to the summit of Pike’s Peak, across the Grand Canyon from the north to the south rim and back again and a six-day, 116-mile trail run in the Rocky Mountains. In some instances, the three stay together throughout the run for

safety purposes due to the nature of the course.

Besides the physical training, a great deal of planning and preparation goes into these types of runs. For the 42-mile Grand Canyon run this past April, for example, the group ran marathon distances every weekend for months before the trip. They also spent a year planning the details, from the route to contingencies in

the event of an emergency.

“We are pretty compulsive about what we do,” said Dr. Studtmann. “We break down each segment of the route and plan accordingly, knowing where water is available, when we need to hydrate or eat and where shelter may be. We then determine how much water and food we each will need to take with us on the run. It is the only way to do it as there is no support out there other than your

running mates and little, if any, cell coverage.”

Their preparation paid off. Five miles from completing the Canyon run, Dr. Carraher dehydrated, forcing the team to stop and call for help with an emergency beacon. “We knew there was a ranger at Phantom Ranch, but when she had not arrived after about 30 minutes, I went for help,” said Dr. Studtmann, who ran into the ranger as he entered the ranch. “Everyone was fine because we planned and were prepared. We already are looking into where our next adventure will take us.”

“On the trans Rockies run, we never got below 10,000 feet on some days; it was amazingly beautiful,” said Dr. Studtmann, who typically finishes in the top 10 percent of races.

For Dr. Studtmann, ultrarunning is not about beating another runner or winning. Instead, it is the self challenge and the feeling he gets when he knows he has done his best.

“If you work for it, you can do it. Many can do way more than what they think they can. Don’t be limited by your mind. There is no reason for anyone not to do what is on their bucket list, regardless of what that is.”

*“Pike’s Peak summit is at 14,000 feet, so you are running well above the tree line. There is a point at which everything falls away. It is just you, your heart beat and the next step.”*

— Dr. Karl Studtmann

*Dr. Karl Studtmann, above left, an ear, nose and throat specialist, ran 42 miles across the Grand Canyon, from the north to the south rim and back again, last April.*

**D**r. Studtmann practices with Dr. Keith Wainscott at the West Tennessee ENT Clinic.

Both are board certified in otolaryngology, the medical specialty that treats the ear, nose and throat.

For appointments, call 731-424-3682.

# Chronic kidney disease a growing problem

**D**r. Murty practices at West Tennessee Kidney Specialists with Dr. Ram Chary, Dr. Joe Joglekar, Dr. Susan Alex and Dr. R. Mulay.

With main offices in Jackson and Dyersburg, the physicians also see patients in satellite offices in Brownsville, Bolivar, Savannah, McKenzie, and Camden.

They also are medical directors for dialysis facilities owned by DaVita, a national company, in Camden, Lexington, Dyersburg, Jackson, Tiptonville, Covington, Savannah, Selmer, Brownsville, Bolivar and Humboldt.

The main dialysis unit is in Jackson in the same complex as the physicians' clinic. Also part of the complex is the West Tennessee Lifeline Access Center, which offers outpatient procedures for dialysis patients.

For an appointment, call 731.668.4337.

**D**ialysis clinics across the country are filled every day with people who have chronic kidney disease. In fact, more than 500,000 people are on dialysis and millions more have the disease, meaning the kidneys can no longer do their job of filtering the body's waste products through urine.

People need kidney function to live, said Dr. Murty Narapareddy, a board-certified nephrologist who practices at West Tennessee Kidney Specialists.

Chronic kidney disease has two main causes: diabetes and high blood pressure. Other causes include non-steroidal anti-inflammatory drug abuse, he said.

Since a diet rich in calories, lack of exercise, obesity, stress and other bad habits are major causes of diabetes and high blood pressure, add chronic kidney disease to the list of problems that can occur with living an unhealthy lifestyle. African Americans, Asians and Hispanics also have a higher risk of developing the condition.

## Identifying the disease

Blood tests at the doctor's office during a checkup often are the first indication that a patient has kidney disease. High creatinine and blood urea nitrogen (BUN) levels mean the kidneys are not doing their job of eliminating waste products.

The primary care provider will then send the patient to a nephrologist or kidney specialist like Dr. Murty.

"Once chronic kidney disease has occurred, we cannot cure it," said Dr. Murty. "We can only try to prevent the progression of the disease and its complications." As needed, Dr. Murty treats the complications with medications.

He also encourages patients to get regular exercise and to eat a proper diet — more vegetables, fruits and carbohydrates and less salt and protein (meat).

He follows his patients closely with regular clinic visits. At some point, some patients will reach stage 5 of chronic kidney disease and end-stage renal disease, and then must start dialysis.

## Dialysis not meant to be permanent

Dialysis is kidney replacement therapy; it eliminates waste products from the blood through diffusion like an artificial kidney. It is needed when the kidneys are no longer functioning and filtering out waste.

Machine dialysis, also called hemodialysis, is normally done three times a week — three to four hours each time — in a dialysis clinic. Dr. Murty sees his hemodialy-



Dr. Murty examines dialysis patient Betty Binion.

sis patients, which represent 90 percent of all his patients, while they are in the dialysis clinic. In the last few years, Dr. Murty and the other doctors in his group have trained several patients how to operate the hemodialysis machine in their home.

Another option is Continuous Ambulatory Peritoneal Dialysis (CAPD). With CAPD, a tube put into the abdomen uses the peritoneal membrane of the body as a filter for eliminating waste. The CAPD patient must have good family support and vision and mental acuity to be able to handle the treatment, Dr. Murty said.

Dialysis is not meant to be permanent. Patients on dialysis are also on the transplant list. In West Tennessee, most wait three to five years for a cadaver kidney, all the while undergoing dialysis for kidney function. The lucky patient has a family member who is a match for donating a kidney.

## Symptoms

Initially, a patient may not have any symptoms of chronic kidney disease, but as it gets worse, symptoms include:

- Loss of appetite
- Loss of taste
- Loss of concentration and being unable to sleep
- Chronic dry skin
- Swelling of ankles, feet and eyelids in the morning

## We need only one functioning kidney

"Though we can't live without functioning kidneys, we need only one of the two kidneys we have," Dr. Murty said. "One functioning kidney can do the work for two kidneys."

Most transplants do well, he said, but sometimes the transplant fails and the patient comes back to dialysis and gets on the transplant list again.

Chronic kidney disease is common, but regular checkups help doctors diagnose the disease early and give patients a better prognosis. "With the help of primary care physicians, we are catching chronic kidney disease earlier," said Dr. Murty.

# The interesting world of food allergies

Just because your mother is allergic to strawberries doesn't mean that you are allergic to strawberries. And just because you've gotten a headache after eating shrimp doesn't mean you're allergic to that food either.

Enter the interesting world of food allergies, a place where researchers don't really know how a person develops a specific allergy, a place often misunderstood by the public. It's a world that Dr. Alan DeJarnatt, who specializes in treating asthma and allergies, works in daily.

"There are different ways that foods can cause symptoms," said Dr. DeJarnatt, who practices at Allergy and Asthma Care. "It's important to know that only a small percentage are actually food allergies."

If, for example, you don't feel well after eating a certain food, you have a non-specific intolerance to the food. That's not a food allergy, he says. A lactose intolerance occurs in some people because they're not making the enzyme that breaks down the milk's sugar. Again, that intolerance is not an allergy to milk products.

Specifically, a true food allergy involves the production of allergic anti-

bodies directed against specific food allergens. When people who make those antibodies eat a certain food, they develop symptoms when the antibodies and the allergens meet. Some symptoms are gastrointestinal, such as nausea, diarrhea and vomiting. Some people develop skin rashes. Some people have systemic reactions to the food involving both the skin and gastrointestinal system.

"Rarely, though," he said, "do food allergies cause only respiratory symptoms, such as trouble breathing."

Some allergies cause serious reactions, such as throat swelling, vomiting and system-wide reactions. A small percentage of people can have a severe enough reaction that they could die.

How we develop a food allergy is a mystery, he said. "You have to have the genetic ability to make allergic antibodies. For an unknown reason, the immune system becomes primed against a food that causes us to make antibodies to that specific food."



Dr. Alan DeJarnatt checks out allergy patient Thomas Wright.

## Other food allergy facts

- Food allergies are becoming more common; researchers are trying to find out why.

- You can develop a food allergy at any age. A child begins making allergic antibodies at about six months.

- The most common allergies in young children are cow's milk, eggs, soy and peanut butter.

- Adults are more likely to be allergic to shrimp or crustaceans, tree nuts (like pecans and walnuts), peanuts and fish.

- People often grow out of their allergies, said Dr. DeJarnatt. "Most children with a milk allergy can drink milk by preschool." However, people with an allergy to peanuts or shrimp have a low likelihood of losing their reaction to the food over their lifetime.

- If your parent or a sibling has a specific food allergy, you are more likely to get a food allergy, but not necessarily to the same food.

- Skin testing is the most sensitive and specific method to detect allergic antibodies to a food. Some blood tests also are helpful.

- Researchers haven't found a way to prevent a food allergy or to desensitize you to the food so that you can eat it without an allergic reaction.

## Treating food allergies

The first step in treating a food allergy is to simply avoid the food. "If a symptom occurs with some consistency, obviously the worst thing to do is to continually expose yourself to the food," said Dr. DeJarnatt.

If the reaction to the food is slight, an antihistamine will lessen the effect. Other people, who have more severe reactions to certain foods, keep epinephrine with them to give themselves an emergency auto injection in the thigh if they are inadvertently exposed to the food. Then they head to an emergency room.

If you think you have a food allergy, see your physician to get tested so that you know for sure.

"It's unfortunate if someone has manipulated his or her lifestyle and diet and not really have an allergy to the food," said Dr. DeJarnatt. "They've made a false connection. That's a reason to be evaluated."

So, don't deny yourself the sweet taste of strawberries unless you are sure.



"Peanuts are the prototype of a potent allergen. It may take only a small amount to trigger a severe response."

— Dr. Alan DeJarnatt

Dr. Alan DeJarnatt practices at the Allergy and Asthma Clinic, 464 North Parkway, Suite D.

For an appointment, call 731.660.0138.

Dr. DeJarnatt recommends the following websites for more information about allergies: [foodallergy.org](http://foodallergy.org) (Food Allergy and Anaphylaxis Network), [acaai.org](http://acaai.org) (American College of Allergy, Asthma & Immunology), and [aaaai.org](http://aaaai.org) (American Academy of Allergy, Asthma & Immunology).

# 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.
- Mallory McClure, 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**

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

**Patient Centered Care: 215-2888**

- Kim Howerton, M.D.

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

### Gastroenterology

**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.
- Garrison Smith, 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 Rhenev, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

### Hand Surgery

**Plastic Surgery Clinic: 668-2490**

- Marshall Yellen, M.D.

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

- Michael Dolan, M.D.

### Hematology/Oncology

**Cancer Care Center: 668-1668**

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

### 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.

### 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.

## Physician joins Jackson Surgical Associates

Jackson native, Dr. Garrison Smith, has returned home to join Jackson Surgical Associates in the practice of general surgery.

Dr. Smith, a graduate of the University School of Jackson, served as class president throughout his four years of medical school at the University of Tennessee Health Science Center. While at UT, he also earned a certificate in Health Systems and Leadership.

During medical school, Dr. Smith received the award for Outstanding Performance as a Student in the Art and Science of Surgery as well as the Distinguished UT Student Service Award. He was inducted into the Imhotep Society for providing leadership, time and service that significantly contributed to student life.

For his surgical internship and residency training, Dr. Smith remained in Memphis at UT. His training included the full scope of general surgery, with special

interests in minimally invasive and endocrine surgery. He also had extensive trauma training at the Presley Memorial Trauma Center, including six months as the chief resident. The UT College of Medicine Class of 2013 selected him for the Arnold P. Gold Foundation Humanism and Excellence in Teaching Award and Outstanding Resident Role Model.

At Jackson Surgical Associates, Dr. Smith practices with Dr. Dean Currie, Dr. David Villarreal, Dr. David Laird and Dr. Daniel Day. The doctors specialize in diseases of the breast; surgery of the G.I. tract (stomach, colon, small intestine and gallbladder), vascular system, endocrine organs (thyroid and parathyroid); and many other diseases.

Jackson Surgical Associates is at 295 Hospital Blvd. To schedule an appointment, call 731.664.7395.



Garrison Smith, M.D.

## Apex Cardiology adds new physician

Dr. Mallory McClure, a board-certified internist and invasive non-interventional cardiologist, joined Dr. Henry Lui in his practice at Apex Cardiology, P.C., and Research Associates of Jackson.

Dr. McClure has been practicing cardiology since 2003. She spent eight years in Cleveland with Faith Medical Associates Inc. and worked almost six months as a locum tenens at hospitals across the country for CompHealth in Salt Lake City.

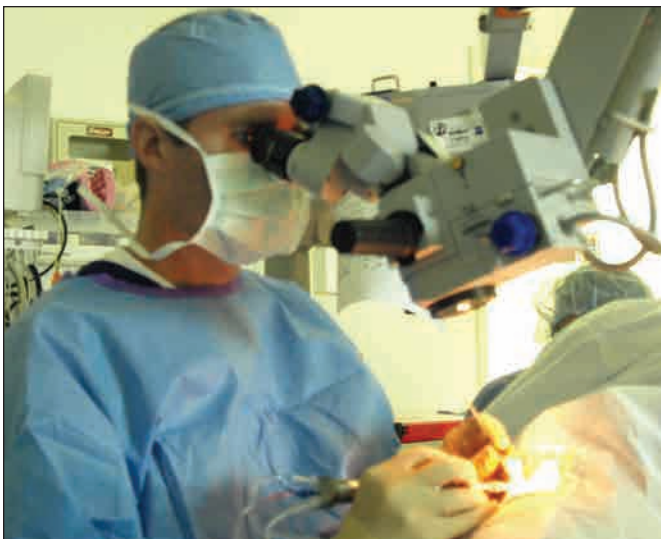
Dr. McClure graduated from the University of

Virginia School of Medicine in 1997. She completed her residency in internal medicine at Duke University Medical Center in Durham, North Carolina, and completed a three-year fellowship in cardiology at Case Western Reserve University Metrohealth Medical Center Campus in Cleveland.

Founded by Dr. Henry Lui, Apex Cardiology offers a full range of cardiac care. The clinic is at 327 Summar Drive.

To schedule an appointment call 731.423.8200.

## Cataracts: We all get them if we live long enough



Dr. Jason Sullivan performs cataract surgery.

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of the Alliance newsletter

Restore implants never have to wear glasses again. The remaining 20 percent usually need glasses just part-time." Some side effects of the Restore implant include seeing rings around lights and needing good light to read.

Most insurance companies, including Medicare, cover the cost of cataract surgery and a basic implant. At this point, though, insurance does not cover the additional cost of the new astigmatism-correction implant or the Restor implant, he said.

Dr. Sullivan, who has been practicing ophthalmology in Jackson for 11 years, finds his specialty in medicine to be quite satisfying. "You have a role in restoring eyesight," he says. "What greater thing is that?"

Dr. Jason Sullivan practices at the Eye Clinic with Dr. Bruce Herron, Dr. Art Woods, Dr. Mark Bateman, Dr. Sean Neel and Dr. Hilary Grissom. The clinic is at 668 Skyline. Call 731.424.2414 or visit [eyeclinicpc.com](http://eyeclinicpc.com) for more information or an appointment.

# Hand surgeon joins West TN Bone & Joint

**D**r. Michael Dolan, who is board certified in both hand and general surgery, has joined the medical staff of West Tennessee Bone & Joint Clinic, P.C.

A graduate of Baylor University, Dr. Dolan earned his medical degree at St. George's University School of Medicine. His surgical residency was at the University of Mississippi Medical Center in Jackson, Mississippi, in the trauma unit. His hand surgery residency was at University of Texas Southwestern in Dallas.

Dr. Dolan spent three years practicing at the Hand Specialty Center of Tennessee, a clinic he started in Selmer where half his practice was trauma cases and the other half elective surgery.

Through a chance meeting with Dr. Adam Smith of West Tennessee Bone & Joint Clinic, the two clinics began to refer patients to one another. That relationship progressed to Dr. Dolan's coming to Jackson one day a week to treat patients at

West Tennessee Bone & Joint. This summer he made the decision to become a part of the clinic's staff.

As a hand surgeon, Dr. Dolan treats many problems of the lower arm, including nerve problems in the elbow and hand; congenital problems, such as removing an extra finger; soft tissue work, such as skin grafting; fractures in the forearm, wrist and hand; arthritic conditions of the hand, fingers, wrist and thumb; and torn ligaments in the wrist. Often, his treatment requires microsurgery to reattach tiny vessels.

Practicing with Dr. Dolan at West Tennessee Bone & Joint Clinic are Dr. Lowell Stonecipher, Dr. David Johnson, Dr. Mike Cobb, Dr. Kelly Pucek, Dr. Harold Antwine, Dr. David Pearce, Dr. Jason Hutchison, Dr. Adam Smith, Dr. Doug Haltom and Dr. John Everett.

West Tennessee Bone & Joint Clinic is at 24 Physicians Drive. For an appointment, call 731.661.9825 or 888.661.9825.



Michael Dolan, M.D.

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