

MEDICAL

JUNE 2026

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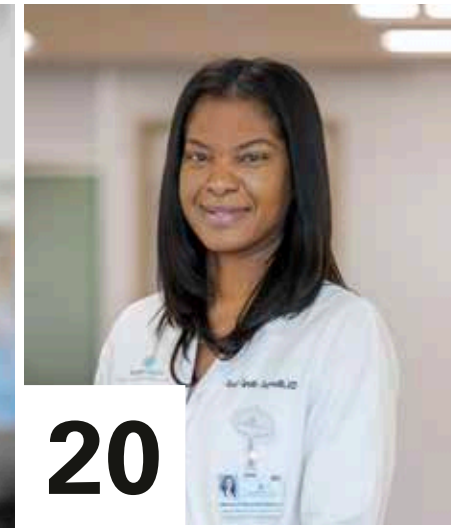
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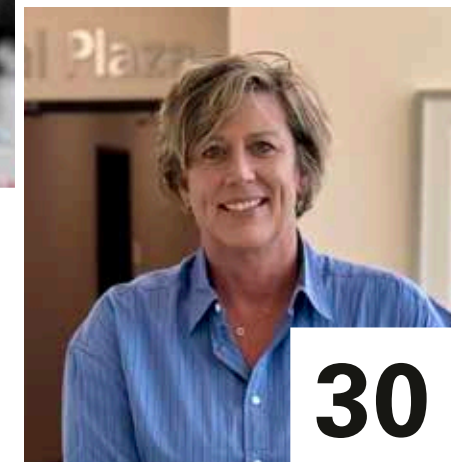
CONTENTS



10



20



30

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Featured

10 **FEATURED PHYSICIAN**
Rebecca Hobbs, DO, FACOG

20 **SPECIALIST SPOTLIGHT**
Nicole B. Cyrille-Superville, MD

30 **NOTABLE NURSE**
Teresa Burwell, MHR, BSN, RN, NE-BC

Departments

- 4 FROM THE PUBLISHER
- 6 SPECIALIST
- 8 MEDICAL CHARITY
- 18 MEN'S HEALTH AWARENESS
- 26 GOOD TO KNOW
- 36 MEDICAL ADVACEMENTS
- 38 COMMUNITY RESOURCE

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from the PUBLISHER

Happy Father's Day!

Happy Father's Day to all the dads out there! We hope you're able to spend some quality time with your family.

From Clintwood, VA, Rebecca Hobbs, DO, FACOG, practices Obstetrics and Gynecology with One Health OB/GYN in Denver and is a proud small-town girl. Growing up in a smaller, rural community, she saw firsthand how important access to care was and how deeply physicians impacted the lives of patients and families. From an early age, she was drawn to work that felt meaningful—something that combined science, service, leadership, and human connection. Medicine felt like a calling for her long before she had a formal career plan.

She was drawn to OB/GYN because it is one of the most dynamic, meaningful, and impactful specialties in medicine. It combines medicine, surgery, continuity of care, advocacy, and some of the most personal patient relationships you can have in healthcare. You care for women during some of the most important and vulnerable moments of their lives—from adolescence to pregnancy, childbirth, surgery, menopause, and everything in between. It requires both technical excellence and compassion, and that combination is what made it feel like home for her.

Our specialist this month, Nicole B. Cyrille-Superville, MD,

specializes in cardiovascular disease with a focus on advanced heart failure and transplant cardiology with Atrium Health Sanger Heart & Vascular Institute. During college, she worked as a phlebotomist while completing her bachelor's in clinical laboratory sciences. She truly enjoyed interacting with patients and realized she wanted to move from behind the scenes in the lab to be more directly involved in patient care.

She fell in love with the cardiovascular system during her second year of medical school, especially the complexity of hemodynamics. As she rotated through the cardiovascular critical care unit, she gained a deeper appreciation for the dynamic, cutting-edge nature of the field, from pharmacologic treatments to mechanical support devices and heart transplants. She also considered gastroenterology; however, that interest quickly faded after assisting with an emergent colonoscopy.

Teresa Burwell, MHR, BSN, RN, NE-BC, Chief Nursing Officer for Novant Health Ballantyne Medical Center, did not grow up envisioning a career in healthcare, and did not have family members in the medical field. She was drawn to science and especially enjoyed anatomy and physiology classes, which ultimately led her to nursing. While she did not initially grasp the full scope

of the profession, she's grown to deeply love nursing and has been grateful to spend more than 30 years in the field.

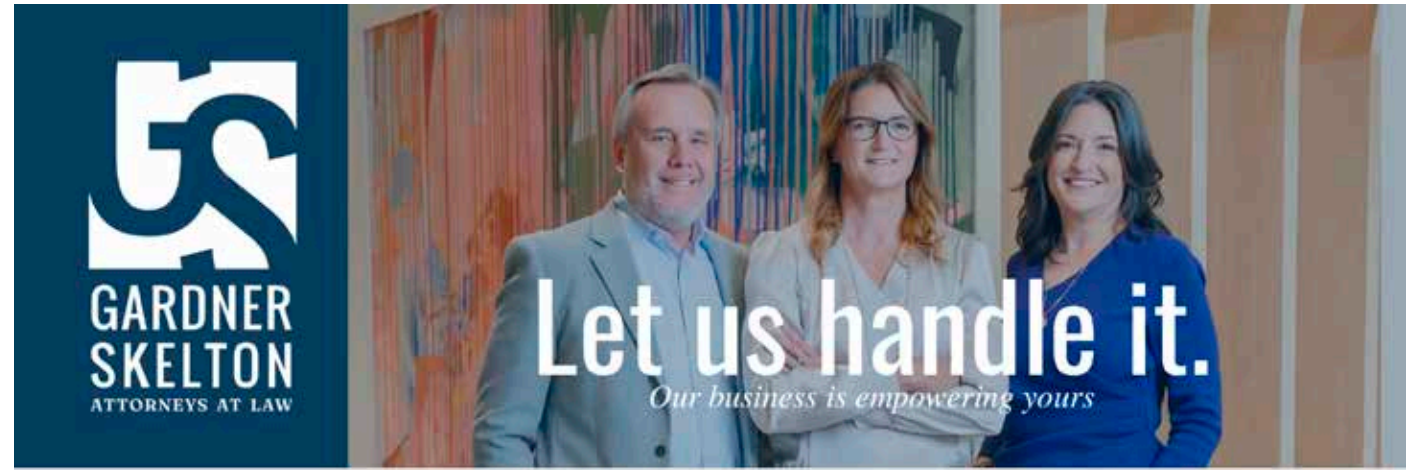
Her nursing journey began at Presbyterian Hospital, before Novant Health was formed, and she was fortunate to begin her nursing career through an internship in Labor and Delivery. Over the years, life took her away from the area, but after returning home, the opportunity to help open Novant Health Ballantyne Medical Center brought her back into the Novant Health family. She's been there since the beginning, and it's been incredibly meaningful for her to come full circle—returning home both personally and professionally.

I hope you enjoy this issue. To learn more about who is being featured each month, follow us on Instagram @medicalprofessionals.charlotte.

As always, please reach out if you would like to nominate a healthcare professional to be featured, if you would like to provide content, or if you would like information on sponsorship opportunities.

Happy reading!

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Assist ME:

Enhancing Lives Through Mobility

— One Neighbor at a Time

Across Charlotte, medical professionals routinely encounter a barrier that has nothing to do with diagnosis or treatment: patients who are medically ready to move forward, but physically unable to do so because they lack basic mobility equipment such as wheelchairs or tub transfer benches essential to their recovery. It is a moment that can halt progress, delay discharge, and leave families overwhelmed.

Assist ME helps bridge these gaps for individuals facing mobility barriers that insurance often won't cover and that families cannot afford. They include a man

experiencing homelessness whose stolen powerchair left him stranded after a hospital stay when Medicaid denied a replacement; a retired police officer with a rare neuromuscular disease who needed a device to stay connected with his grandson; a 450lb child whose school caregivers required a safe sittostand lift; a stroke survivor progressing from wheelchair to cane; a woman recovering from a broken leg who needed multiple devices throughout her healing; and the patient who was able to walk out of clinic safely after an unplanned procedure because crutches were immediately available through an onsite donation closet supported by Assist ME.

A Mission Rooted in Health, Equity, and Dignity

Since 2014, Assist ME has provided free, essential mobility equipment to individuals living below 200% of the Federal Poverty Level and with little to no insurance. Devices are available for pickup at its Atrium Myers Park location, helping patients move safely from hospital to home — or from home back into community life — with dignity and independence.

Assist ME also bridges Medicaid gaps, stepping in when lengthy approvals, denials, or coverage limitations leave patients without a durable medical equipment solution during acute recovery, chronic condition management, or end-of-life transitions.

Mobility directly influences the social drivers of health — whether a patient can attend follow-up appointments, return to work after injury or surgery, remain connected to their community, or ensure caregivers can support them safely.

From Volunteer Roots to Regional Impact

Until 2026, Assist ME operated as a 100% volunteer run organization, sustained by gently used equipment donated by churches, retirement communities, and individuals. Over 100 volunteers donated nearly 10,000 hours in 2025. Church groups, students, members of the NASCAR Community Impact, and other business organizations volunteer their time to clean used equipment before distribution, make patient satisfaction survey calls, or fill other skilled roles. These grassroots efforts helped bridge health equity gaps that touched more than 50 counties in 2025, reflecting Charlotte's critical role as a regional medical hub. However, exponential growth for Assist ME made one thing clear: the need was outpacing capacity.

In 2025, Assist ME served 1,900 individuals and distributed more than 3,000 items — a 58% increase from the previous year. The organization has been doubling its output roughly every 19 months for the past five years, with a continued growth trajectory that reflects both community need and clinical trust.

To support this growth, Assist ME hired its first part-time Operations Coordinator in May 2026 to ensure safe, efficient, and scalable service as the organization expands its program and footprint — including new

partnerships with Atrium Health Union and Wingate University, collaboration with Centro Médico Latino, continuing donation closets from Atrium Health Anson to Hope in Lancaster, and deeper outreach through community and clinical referral networks. These partnerships strengthen Assist ME's ability to address the social drivers of health that influence patient outcomes, particularly for neighbors facing financial hardship, limited insurance coverage, or systemic barriers to mobility access.

A Trusted Partner in the Continuum of Care

More than 90% of Assist ME's referrals come directly from medical professionals — hospital discharge case managers, social workers, PTs, OTs, physicians, and outpatient clinics. Churches, social media, word of mouth, and online searches for “free wheelchair” direct individuals to Assist ME's website at www.assistmenc.com.

Once an online application is submitted, Assist ME's process is intentionally turnkey. Most patients who receive approval and have equipment ready for pickup at the Atrium Myers Park Clinic distribution center within 48 hours — often sooner. This rapid turnaround helps prevent delayed discharges, reduces fall risk, and supports continuity of care, often coordinated with hospital discharge dates for a smooth and safe transition. Assist ME also provides webinar sessions to train new referral partners in our process. Facility tours are also available upon request.

Assist ME can also help providers set up on-site micro closets to help reduce barriers for patients who need immediate support, such as crutches, canes, or walkers, and strengthen the bridge between clinical care and community-based recovery. To reach underserved communities, Assist ME continues to expand its outreach, including upcoming Spanish-language translations, attending community health fairs, and partnering with many local nonprofits whose missions are addressing the constant changes in healthcare policy and population needs.

Community Effort Enhances Lives Through Mobility

Every year, thousands of mobility devices end up in landfills — even when they still have years of life left. Assist ME is committed to changing that. Through its partnership with Mecklenburg County

Compost Central Disposal and Recycling Center, the organization diverts usable equipment from waste streams and places it in the hands of neighbors who need it most.

Public outreach is essential to keep MOVE (Mobility, Opportunity & Vital Equipment) Program running efficiently. Families are encouraged to donate gently used equipment — walkers, wheelchairs, rollators, shower chairs, hospital beds — so these items can receive a second life and support another neighbor's recovery. If your place of worship, clinic, or retirement facility is not already collecting and donating equipment to Assist ME, please visit the website or contact a volunteer receptionist for more information, Monday through Friday, 8–5.

Assist ME's signature fundraising event, the Wheels & Walkerthon, brings the community together for a fully accessible walk-and-roll celebration. The “up to 5K”

event raises critical funds to keep equipment stocked and programs running — especially when donated items alone cannot meet demand. **Save the date for September 12, 2026, at Park Road Park in Charlotte.**

But Assist ME's work depends on year-round support. Volunteers, equipment collection drives, and financial contributions ensure the organization can keep pace with its rapid growth and the rising needs of the greater Charlotte region. Those interested in supporting the mission — whether through referral partnerships, giving, volunteering, or event sponsorship can learn more at www.assistmenc.com.



Assist ME collects over \$300,000 in used equipment each year to regift free of charge to approved applicants, yet devices still need to be purchased with community funding to meet high demand for the right equipment at the right time.



The 2026 Wheels & Walkerthon is a new annual fundraiser that raised over \$22,000 in 2025 with help from generous donors and sponsors. Help double fundraising efforts in 2026!



Accidents happen: Assist ME provides an average of 2-3 devices per recipient.

Saving usable equipment from landfills is a key part of Assist ME's program success that led to the partnership with Mecklenburg County Compost Central Disposal and Recycling Center who collects accepted devices during regular business hours.



Students from Ardrey Kell High School volunteer time to clean equipment, assist with data projects, social media and event activities throughout the school year.

Rebecca Hobbs, DO, FACOG

One Health
 Chief of Growth & Integration
 Chief of Women's Services
 Obstetrics & Gynecology



FUN FACTS

- She's a proud small-town girl from Clintwood, VA, and that part of her has shaped almost everything about who she is.
- She grew up in a close-knit community that taught her the value of hard work, humility, resilience, and taking care of people.
- She is good at turning chaos into strategy. Whether it's navigating a complex clinical situation, building a service line, integrating programs, or managing multiple competing priorities, she does her best work in fast-moving environments where vision, structure, and execution all have to come together.
- She's been practicing medicine since 2007, and still feels incredibly grateful to be in a profession that allows her to care for women, support families, and make a meaningful impact in the communities she serves.
- She has two very loved dogs: a female Dalmatian who fully believes she runs the house and a male Weimaraner who brings a lot of personality and energy into their lives.
- Outside of medicine and leadership, she loves adventure. She loves traveling the world with her husband, and she's a huge fan of deep-sea fishing.
- She once caught a 700-pound blue marlin in Cape Verde, Africa.

How did you get your start in medicine?

Medicine felt like a calling long before I had a formal career plan. From an early age, I was drawn



to work that felt meaningful, something that combined science, service, leadership, and human connection.

Growing up in a smaller, rural community, I saw firsthand how important access to care was and how deeply physicians impacted the lives of patients and families. They weren't just providers; they were trusted figures, advocates, and leaders in their communities. That stayed with me and helped shape my desire to pursue a career where I could make a real and lasting difference.

How did you find your way to Obstetrics and Gynecology?

It is one of the most dynamic, meaningful, and impactful specialties in medicine. It

combines medicine, surgery, continuity of care, advocacy, and some of the most personal patient relationships you can have in healthcare.

You care for women during some of the most important and vulnerable moments of their lives, from adolescence to pregnancy, childbirth, surgery, menopause, and everything in between. It requires both technical excellence and compassion, and that combination is what made it feel like home for me.

How did you find your way to One Health?

I've been with One Health since its origin. It's a natural fit for me because of our non-negotiables: care for all, total cost of care reduction, provider

joy, human experience, and financial excellence.

That combination is incredibly meaningful to me because it reflects the kind of healthcare system I believe we should all be building - one that is compassionate, sustainable, innovative, and truly centered on people. I stay inspired by the opportunity to be part of an organization that is not just talking about change but actively creating the healthcare we all deserve. As both a physician and a leader, that mission resonates with me deeply, and it drives the work I do every day.

What drew you to OB/GYN versus another specialty?

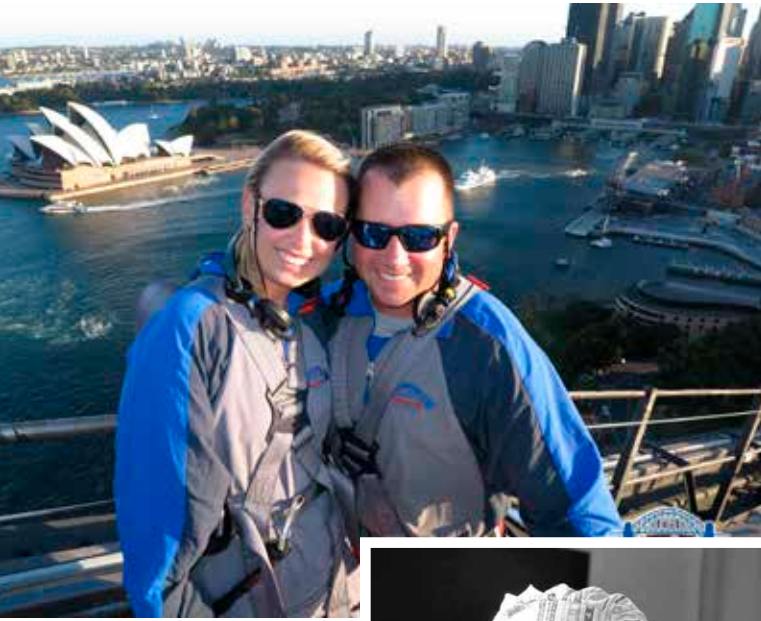
Women's health has always

felt deeply important to me because when you care well for women, you impact so much more than one individual. You influence families, children, future generations, and entire communities.

OB/GYN offers a unique combination of long-term relationships, acute care, procedural care, advocacy, and life-changing moments. There is an incredible privilege in being trusted with that level of care, and I've always felt drawn to that responsibility.

What makes your practice unique in our community?

We are committed not only to delivering excellent women's healthcare but to doing it in a way that is



accessible, compassionate, forward-thinking, and community-centered.

We care deeply about clinical quality, safety, and outcomes, but we also prioritize the patient experience and access to care. We work to ensure that women in our community don't have to travel far or overcome unnecessary barriers to receive high-quality care. Our focus is on meeting patients where they are and continuing to grow services in ways that truly serve the needs of our region.



What are your goals for your patients and your practice?

For every patient to feel that she is heard, respected, safe, informed, and genuinely cared for. I want every woman to feel like she has an advocate in the room, someone who is listening, thinking critically, and invested in her health and well-being.

For the practice, my goals center around growth, access, excellence, and sustainability. Growth in healthcare should never just mean expansion—for the sake of expansion—it should mean broader reach, improved access, stronger outcomes, and greater impact for the patients and communities we serve.

Tell me about the culture of your practice.

I strive to build one rooted in teamwork, accountability, compassion, trust, and purpose. Healthcare is challenging work, and strong cultures are built when people feel valued, supported, and connected to something bigger than themselves. I believe culture matters just as much



as strategy. You can have the best plans in place, but without alignment, respect, and shared purpose, the work will never reach its full potential.

How would you define quality care?

Quality care is the combination of clinical excellence, patient safety, communication, compassion, access, and follow-through. It's not just about making the right diagnosis or providing the correct treatment. It's also about whether the patient felt heard, whether barriers were addressed, whether she understood her care plan, and whether we truly helped move her toward better health.

In your opinion, what are some of the biggest issues facing physicians today, especially in women's health?

Access to care, workforce shortages, administrative burden, fragmentation of care, burnout, and increasing complexity across the healthcare system. In women's health specifically, we continue to face major challenges related to maternal health, rural access, and specialty shortages. There are still too many communities where women must travel too far or wait too long to receive care.

If we want to improve outcomes, we must think beyond individual patient encounters and focus on building stronger, more integrated systems of care.

What motivates you?

I'm motivated by purpose, growth, and the opportunity to make a meaningful impact. I love caring for women and families, but I'm equally energized by building - building programs, expanding access, strengthening teams, and helping create the kind of healthcare system people truly deserve.

I'm driven by the belief that healthcare can and should be better, and by the



opportunity to help be part of that transformation.

What concerns, if any, keep you up at night?

The reality that too many patients still struggle to access the care they need. Not because it doesn't exist, but because it isn't accessible in practice. I think a lot about women in rural or underserved communities, about maternity care deserts, and about how easy it is for patients to fall through the cracks when systems become too complex to navigate.

What keeps you engaged when things get hard in your practice?

The mission. Always the mission. When things get hard, I come back to the "why" behind the work. I remind myself that what we do still matters, and I stay focused on what can be improved, built, or changed.

How do you try to maintain a balanced life outside of work?

Balance in medicine is rarely perfect, so I focus more on

staying grounded. I make time for the people and things that matter most - my husband, my family, my faith, my dogs, travel, and time by the water.

Travel has been one of the greatest joys in my life. It allows me to step away, gain perspective, and experience the world in a way that is both refreshing and inspiring.

Have you ever been close to quitting or changing careers?

Honestly, never. Work doesn't feel like work when you truly love what you do. Healthcare is not always easy, but I've always felt deeply connected to the purpose behind it. I genuinely love caring for patients, building meaningful things, and helping create better systems for the communities we serve.

How have you seen the practice of medicine change over the years?

Medicine has become more complex, more data-driven, and more operationally demanding. There is more technology, more regulation, and often more administrative burden. At the same time, there has been





meaningful progress in patient-centered care, innovation, and recognition of the importance of access and integration.

In what ways do you hope to see practicing medicine evolve in the future?

I hope to see healthcare evolve into a system that is more accessible, coordinated, equitable, and human-centered. In women's health, I would especially like to see stronger investment in maternal health, rural care, and integrated services that support women across the full continuum of life.

What are some of the most rewarding aspects of your profession?

The privilege of being trusted by patients during some of the most important and vulnerable moments of their lives. It is also incredibly meaningful to know that caring for women has ripple effects that extend to families, children, and entire communities.

What do you do to keep improving your knowledge and experience?

I stay curious. Medicine

and healthcare delivery are constantly evolving, and I believe that growth requires both humility and a commitment to continuous learning. I focus on clinical learning, leadership development, and listening—really listening—to patients, colleagues, and communities.

Do you have a career highlight?

Helping to save and transform women's services in Lincolnton, NC. That work was critical to preserving and expanding access to care for women and families in the community, and it's something I'm incredibly proud of.

If you could offer any advice to younger physicians, what would it be?

Remember why you started and don't lose yourself in the process. Be excellent. Work hard. Stay curious. But also protect your purpose and your identity outside of medicine.

Do you have any physicians who have influenced you over the years?

Dr. Patricia Vanover, a family physician in my hometown, taught me the importance of rural medicine and that all patients deserve the best care. Dr. Ehab Sharawy inspired me to find my confidence and become a passionate leader, and Dr. David Cook inspired me to dream big, see the bigger picture, and believe we can transform healthcare.

If you were not practicing medicine, what profession would you choose?

Working for National Geographic, traveling the world, and studying wildlife.

Is there anything else you would like to share with us?

I feel incredibly grateful to do work that allows me to care for women, serve communities, and help shape the future of healthcare. I'm proud to be part of a team that is committed to creating the healthcare we all deserve.

GETTING TO KNOW THE DOC...

When you were younger, what did you think you would be when you "grew up"?

I've always known I wanted to be

a doctor. Growing up in a small town, I saw how physicians impacted communities, not just as providers, but as trusted leaders, and I was drawn to that purpose from a very early age.

Your first job.

As a lifeguard, which feels pretty fitting looking back. Protecting people has always been part of who I am.

Tell us about your family.

I'm incredibly blessed with an amazing family. My parents have always been my biggest fans, and I have three amazing siblings who mean the world to me. I also have 18 nieces and nephews, who I absolutely love to spoil, and two godchildren - one of whom I had the incredible honor of delivering, which is something I will always cherish.

Beyond that, I'm also very grateful for the amazing friends in my life who have truly become family. And above all, my best friend in life is my husband. He is my rock, my biggest supporter, and my favorite person to do life with.

Indoors or outdoors person?

Definitely outdoors if there's sunshine, water, or an adventure involved.

The last thing you researched on the internet.

Top unique travel destinations. I'm always looking for the next adventure.

Your guilty pleasure.

Reality TV and binge-watching Netflix series, plus online shopping, where I fully convince myself I'm "just browsing" ... until I'm not.

Favorite snack.

Anything salty and crunchy.

The last book you enjoyed.

A Prescription for Caring in Healthcare Leadership: Building a Culture of Compassion and Excellence by Joshua D. Hartzell—a powerful roadmap for reconnecting healthcare providers with their purpose, with a focus on compassion, team well-being, and self-care.

A movie you could watch on an endless loop.

Avatar—visually stunning, immersive, and never gets old.

A fun adventure you have been on.

A two-week safari across Kenya, witnessing the circle of life in person, along with some of the most incredible sunsets, was truly priceless.

The best advice you have ever received.

Stay grounded in your purpose, especially when the path gets hard.

Something in life you are happy you did.

Choose a path that allows me to make a meaningful difference while continuing to grow and evolve as both a physician and a leader.

Something you are excited about coming up in the next 12 months.

Continuing to build, grow, and create meaningful impact in healthcare and beyond. Plus, my travels with my husband, of course!

Interests/hobbies outside of work.

Traveling the world with my husband, deep-sea fishing, spending time by the water, and enjoying life with our two dogs.

Hobbies you would like to try if you had more time.

Interior design and photography. Both offer a creative outlet and a chance to see the world from a different perspective.

A habit you would like to change.

Thinking, "I'll just do one more thing really quick," about twelve times a day.

Someplace on your bucket list.

Antarctica. It's the last continent for my husband and me to mark off our list.

Favorite sports teams.

West Virginia Mountaineers—all the way!

If you could spend a day in someone else's shoes, who would it be and why?

Jane Goodall. To spend a day in the field, fully immersed in nature and observing wildlife in its natural environment, would be an incredible experience. There's something powerful about understanding behavior through patience, presence, and curiosity.

Anything your parents taught you that sticks with you today.

My parents always taught me that the sky is the limit. With faith, hard work,

and determination, I can accomplish anything I dream of doing, and that prayer should always remain a priority.

Personal accomplishment you are most proud of.

Helping to build meaningful things in healthcare that improve care for women, families, and communities.

Charities you are involved with or support.

I support the Save Elephant

Foundation, a nonprofit dedicated to rescuing and rehabilitating Asian elephants, providing medical care, and protecting them from abuse.

I also support Lewa Wildlife Conservancy, whose clinic provides essential medical services in northern Kenya, with a focus on maternal care, vaccinations, and treating common illnesses in a remote, underserved community.



Novant Health offers advanced comprehensive care for colorectal cancer.



What referring physicians should know about the team approach to personalized treatment

Novant Health's board-certified colon and rectal surgeons collaborate with a nationally recognized team of healthcare specialists for treatment of colorectal cancers, the second leading cause of cancer death in the U.S.

Oncologists, pathologists, geneticists, cancer navigators and radiologists weigh in ahead of every procedure. This personalized approach, combined with advancements in colorectal care, offers more patients minimally invasive surgical options closer to where they live.

"Everyone involved with the care of a patient is a part of this discussion," said colon and rectal surgeon

Richard Huettemann Jr., MD, of Novant Health Colon & Rectal Clinic - Clemmons. "Together we review a patient's pathology, imaging and clinical presentation, and then come up with a personalized treatment plan."

Colorectal cancer risk is rising in young adults, with about 20,000 people younger than 50 diagnosed in 2023. Novant Health clinics perform routine colonoscopies for people beginning at age 45 to help prevent those diagnoses and improve recurrence rates.

Four Novant Health cancer centers are accredited by the American College of Surgeons for outstanding colorectal care: Novant Health



"The robotic system is equipped with interactive arms controlled by the surgeon to remove tumors and lymph nodes. The approach uses advanced imaging resolution, depth perception and haptic feedback to guide surgeons through the most precise procedure possible."

— Douglas Rosen, MD
Novant Health Charlotte Colon & Rectal Surgery

Presbyterian Medical Center, Novant Health Matthews Medical Center, Novant Health Forsyth Medical Center and Novant Health Huntersville Medical Center.

Personalized treatment for every patient

At the heart of Novant Health's collaborative approach, the team meets weekly as a tumor board. These sessions enable our healthcare specialists to reach a consensus on each patient's treatment options.

Nonoperative approaches can include chemotherapy and radiation therapy, which can shrink tumors and lower a patient's risk of recurrence. Expert board-certified colon and rectal surgeons may perform transanal minimally invasive surgery (TAMIS), a technique that avoids major surgery to remove polyps and allows many patients to go home the same day.

Benefits of robotic surgery in colorectal care

Minimally invasive robotic surgery has been a cornerstone of Novant Health colon and rectal cancer surgery for years.

The surgeon controls the robotic arms to remove tumors and lymph nodes. This approach uses advanced imaging resolution, depth perception and haptic feedback for precision, said colon and rectal surgeon Douglas Rosen, MD, of Novant Health Charlotte Colon & Rectal Surgery - Matthews.

A collaborative approach to patient navigation

Novant Health multidisciplinary clinics offer collaborative and expedited care, with a focus on patient navigation to streamline the journey from diagnosis to treatment planning, said clinic administrator Trace Griffin of Novant Health New Hanover Regional Medical Center in Wilmington.

Novant Health's board-certified colorectal surgeons are trained to provide efficient, comprehensive treatment.

"Patients with colon or rectal cancer should seek care from a board-certified colon and rectal surgeon," said David Hiller, MD, of Novant Health Colon & Rectal Clinic - Winston-Salem/Clemmons. "As the complexity of colorectal cancer increases with more treatment options and research, board-certified surgeons are positioned to give patients the best and most up-to-date care."

Colorectal cancer patients are seen quickly when referred by a gastroenterologist, oncologist, primary care physician or other team member. Additionally, patients may "self-refer" to make an appointment. Novant Health strives to help patients quickly get the information they need without visiting the emergency room.

"As we improve the limiting of narcotics post-op, we are expanding outpatient treatment and developing alternative

pathways for pain control and faster patient discharge," said Robert Czuprynski, MD, of Novant Health Charlotte Colon & Rectal Surgery - Huntersville. "We aim to reduce post-op pain, with quicker return to work and quality of life while limiting readmissions."

Eligible patients can participate in research trials to help advance studies of surgical and drug safety, therapy effectiveness and evolving technology. Novant Health research teams work with Institutional Review Boards to assist patients who are interested in participating.

To work with Novant Health colorectal surgeons or to refer a patient in the Charlotte Region:

Novant Health Colon & Rectal Surgery - Huntersville:
704-316-3492

Novant Health Colon & Rectal Surgery - Matthews:
704-384-8615

Novant Health Colon & Rectal Surgery - Midtown:
704-333-1259

All physicians are board-certified colon and rectal surgeons. To learn more, visit [NovantHealth.org/ColorectalSurgery](https://www.novanthealth.org/ColorectalSurgery).



Imaging Screening Opportunities for Men

A Men's Health Month Resource for Referring Physicians



Taylor J. Stone, MD
Charlotte Radiology

Men are statistically less likely than women to seek preventive medical care — a gap that contributes to disparities in cardiovascular disease, cancer and overall mortality, and osteoporotic fractures. In the United States, men die on average five years earlier than women. Radiology occupies a critical and often underappreciated role in closing this gap. A growing body of evidence supports the use of targeted imaging studies to detect serious conditions before symptoms arise, when intervention is most effective. This article provides an overview of the key imaging screenings most relevant to male patients, intended as a practical resource for both referring providers and the men who rely on them.

1. Coronary Artery Calcium (CAC) Scoring

Cardiovascular disease remains the leading cause of death in men in the United States. Coronary artery calcium scoring is a non-contrast computed tomography (CT) examination that quantifies calcified atherosclerotic plaque within the coronary arteries. The resulting Agatston score provides incremental prognostic information beyond traditional Framingham risk factors and can meaningfully reclassify patients as higher or lower risk, directly influencing statin and aspirin therapy decisions.

Recently updated (April 2026) guidelines from the American College of Cardiology and American Heart Association support CAC scoring in asymptomatic men at age 40, particularly if borderline or intermediate risk. A score of zero confers a very low 10-year event rate and may support deferring statin therapy, while a score ≥ 300 or ≥ 75 th percentile for age, sex, and ethnicity warrants aggressive risk factor management. The exam requires no contrast, takes under 15 minutes, and delivers a low radiation dose.

2. Lung Cancer Screening with Low-Dose CT (LDCT)

Lung cancer is the leading cause of cancer-related death in American men, and the majority of cases are diagnosed at an advanced, less treatable stage. Annual low-dose CT of the chest is the only imaging modality with demonstrated mortality benefit for lung cancer screening. The landmark National Lung Screening Trial (NLST) demonstrated a 20% relative reduction in lung cancer mortality among high-risk individuals screened with LDCT versus chest radiograph.

The U.S. Preventive Services Task Force (USPSTF) currently recommends annual LDCT for adults aged 50–80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued if the patient has not smoked for 15 years or develops a health condition that limits life expectancy. Results are reported using the Lung-RADS classification system, which standardizes management recommendations. It is important to note that shared decision-making, counseling on smoking cessation, and discussion of potential harms (false positives, downstream procedures) are essential components of appropriate screening.

3. Bone Mineral Density: DEXA Scan

Osteoporosis is frequently underdiagnosed in men, who account for approximately one-third of all hip fractures globally. Hip fractures in men carry a higher one-year mortality than in women, making early identification and intervention critical. Dual-energy X-ray absorptiometry (DEXA) measures bone mineral density at the lumbar spine, hip, and forearm, yielding a T-score that classifies bone health as normal, osteopenic, or osteoporotic.

The National Osteoporosis Foundation and Endocrine Society recommend DEXA screening for all men aged 70 and older, and for younger men aged 50–69 with clinical risk factors such as prolonged corticosteroid use, hypogonadism, prior low-trauma fracture, significant alcohol use, or malabsorptive conditions. DEXA is low-radiation, widely available, and covered by most insurance plans in appropriate clinical contexts. When paired with the FRAX fracture risk assessment tool and the non-invasive, AI-powered software trabecular bone score (TBS), DEXA results guide decisions about pharmacological intervention to reduce fracture risk and subsequent mortality and morbidity.

4. Multiparametric Prostate MRI (mpMRI)

Prostate cancer is the most commonly diagnosed cancer in American men and the second leading cause of cancer death behind lung cancer. The evolving role of multiparametric MRI (mpMRI) in prostate cancer detection has transformed how urologists and radiation oncologists manage patients with elevated or rising

PSA levels. mpMRI evaluates the prostate gland using T2-weighted, diffusion-weighted, and dynamic contrast-enhanced sequences, enabling radiologists to identify and localize suspicious lesions using the standardized PI-RADS scoring system.

mpMRI is most commonly indicated in men with a prior negative prostate biopsy and persistent clinical suspicion for malignancy, or as a pre-biopsy tool to guide targeted biopsy in men with elevated PSA. When used alongside PSA density and clinical risk stratification, mpMRI improves detection of clinically significant prostate cancer while reducing unnecessary biopsies for low-grade disease. Fusion-guided biopsy, combining MRI targets with real-time transrectal ultrasound, has become standard of care at many institutions.

5. Vascular Ultrasound: Carotid Arteries and Abdominal Aorta


Carotid artery ultrasound is a non-invasive, radiation-free examination that evaluates for atherosclerotic plaque and stenosis in the carotid arteries — a major risk factor for ischemic stroke. Carotid intima-media thickness (CIMT) measurement and plaque characterization can provide additional cardiovascular risk stratification in selected men beyond traditional risk calculators, though routine CIMT screening is not universally endorsed. Carotid duplex ultrasound is not recommended for asymptomatic adults, but rather is indicated in men with cervical bruits, prior TIA or stroke, or as part of a broader vascular risk assessment.

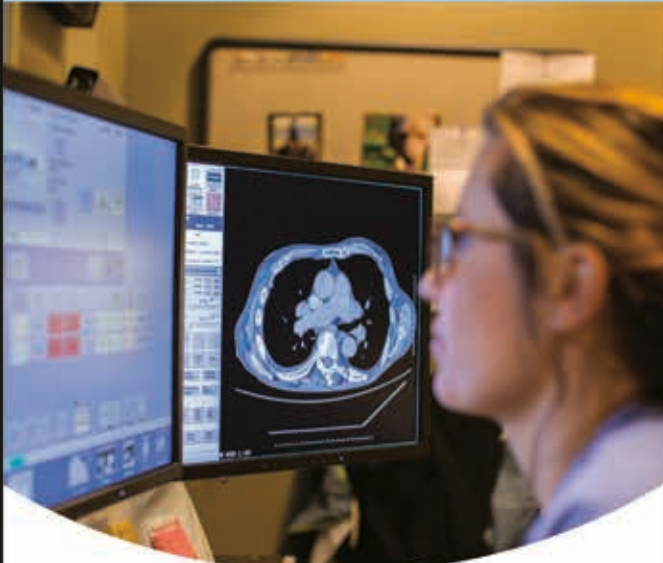
Abdominal aortic aneurysm (AAA) screening deserves particular attention. The USPSTF gives a grade B recommendation for one-time screening abdominal ultrasound in men aged 65–75 who have ever smoked (defined as ≥ 100 cigarettes in a lifetime). AAA — a pathological dilation of the aorta to ≥ 3 cm — is largely asymptomatic until rupture, at which point mortality exceeds 80%. Screening has been shown to reduce AAA-related mortality by approximately 45% in eligible men. The exam is quick, painless, requires no preparation, and carries no radiation exposure.


A Call to Action for Referring Physicians


The imaging studies outlined above represent evidence-based, guideline-supported tools that can significantly impact the health and longevity of male patients. As referring providers, integrating these screenings into annual wellness visits, pre-operative assessments, and chronic disease management conversations creates meaningful opportunities for early detection and prevention. Radiology departments are committed partners in this effort — available for consultation on appropriate imaging utilization, results interpretation, and patient communication.


Men's Health Month is an ideal occasion to engage male patients in conversations they might otherwise defer. A brief discussion about eligibility for screening examinations can be the intervention that changes — or saves — a patient's life.






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Nicole B. Cyrille-Superville, MD

Cardiovascular Disease – Advanced Heart Failure and Transplant Cardiology

Atrium Health Sanger Heart & Vascular Institute  Atrium Health



my path toward becoming a physician and affirmed that all those sacrifices had been worthwhile.

How did you choose your specialty?

Like many medical students, I entered training with an open mind about specialty choice; however, I became truly fascinated with the cardiovascular system during my second year of medical school. As I rotated through the cardiovascular critical care unit, I gained a deeper appreciation for the complexity of hemodynamics as well as the dynamic, cutting-edge nature of the field, from pharmacologic treatments to mechanical support

How did you get your start in medicine?

During college, I worked as a phlebotomist while completing my bachelor's in clinical laboratory sciences. I truly enjoyed interacting with patients and realized I wanted to move from behind the scenes in the lab to be more directly involved in patient care. I genuinely enjoyed the human connection, listening to patients' stories, easing their anxieties, and being a reassuring presence during vulnerable moments. While laboratory medicine plays a critical role in diagnosis, I found myself wanting to be more directly involved in decision-making and longitudinal care. I therefore studied for the MCAT while working the night shift. That dedication ultimately paid off when I was accepted to Columbia University College of Physicians and Surgeons. That moment launched

devices and heart transplants. Cardiology and more specifically heart failure, allows me to treat patients with a wide range of pathology as well as level of acuity. There is an incredibly wide spectrum from those with relatively stable, chronic disease to critically ill patients in cardiogenic shock.

Compared to some other subspecialties, the response to therapy in heart failure can be relatively quick and dramatic, which is incredibly gratifying as a clinician. Equally important is the multidisciplinary nature of the work. Caring for complex heart failure patients requires close collaboration with nurses, pharmacists, surgeons, intensivists, social workers, and rehabilitation specialists. That team-based approach aligns strongly with how I believe medicine should be practiced.

Were there any other specialties you considered?

I very briefly considered gastroenterology; however, that interest quickly faded after assisting with an emergent colonoscopy. I have tremendous respect for colleagues in that field, however, I realized cardiology was my true calling.

Tell me about how you landed at Atrium Health.

After completion of my training in New York and Boston, true to my Caribbean roots, I was certainly ready to head back to warmer weather. We visited Charlotte a year prior to me formally applying for a job here at Atrium and felt it was a great place to raise a family. I was also lucky to have a close friend, who I had trained with at Columbia, share her own experience about the area and health system. That was very influential and reassuring from a personal standpoint. Professionally, I saw tremendous opportunity here and was eager to contribute meaningfully to a growing heart failure program. The vision, leadership, and enthusiasm of the team were immediately apparent, and everyone was exceptionally welcoming.

What makes your practice unique in our community?

While most of our patients do well with medical therapy, we also care for patients with advanced heart failure, who, many years ago, may not have had the favorable outcomes that we see now. With an array of mechanical devices (heart pumps) and advances in heart transplantation, we are able to profoundly impact the lives of patients and their families. Here at Atrium, we have had tremendous growth in our volume over the years, expanding access to life-saving therapies to our community. Alongside my clinical work, I am also very involved with clinical research. Research plays a critical role in advancing the field and providing patients with access to emerging therapies that may not yet be widely available. Our



program participates in multiple NIH-funded studies as well as industry-sponsored clinical trials. Through this work, we not only improve individual patient outcomes but also contribute to the broader advancement of cardiovascular medicine.

Tell me about one of your favorite successes as a physician.

One of my most memorable experiences occurred as a cardiology fellow and essentially sealed my decision to specialize in heart failure and transplant. A 28-year-old patient, who had given birth less than 48 hours prior, was transferred to our hospital in cardiogenic shock. What was supposed to have been a joyful time turned into one of the most terrifying. She was transferred on a cardiac device called an intra-aortic balloon pump and quickly transitioned to another peripheral device, extracorporeal membrane oxygenation (ECMO), to provide more

support for her heart, given continued decline in her clinical picture. The clock, however, was ticking. How long could we safely support her, allowing her heart the time needed for potential recovery, while avoiding the complications of ECMO? Ultimately, we escalated to yet another cardiac device,

CentriMag biventricular assist devices (BIVADs), which involved the placement of large-bore cannulas safely secured to her chest. Over the ensuing weeks, she progressed remarkably. She was extubated, participated actively in rehabilitation, and—perhaps most meaningful of all—was able to bond



What does a typical day look like for you?

My schedule is quite varied. When on the in-hospital service week, I start with rounding on patients in the critical care units and evaluating new patient consults. We are on call essentially 24 hours

dynamic with constant efforts to advance the interventions and therapies that we are able to offer. I am excited about future possibilities, especially with the advent of new technologies and even the work being done in the artificial intelligence space.

How do you try to maintain a balanced life outside of work?

I enjoy spending time with family and friends, especially traveling. We try to get home to the Caribbean whenever possible; Dominica, where I am from, and Grenada, where my husband is from. Being home helps me restore my equilibrium and truly disconnect from work. I also enjoy working out, which helps me stay grounded both physically and mentally.

How has practicing medicine in your specialty changed over the years?

Cardiology is an incredibly dynamic field. We have made significant advances in the diagnosis and management of many diseases. We have a wide array of pharmacologic options as well as support devices available, which have dramatically improved survival and quality of life for our patients. It is one of the most innovative fields in medicine, and it continues to push the boundaries of what is possible.

Do you have any medical role models who have influenced you along the way?

I have been fortunate to learn from many inspiring physicians throughout my career, from medical school to present day. To name a few: Dr. Steven Wolfson (bedside manner), Dr. Evelyn Slater (compassion), Dr. Ulrich Jorde (decisiveness), Dr. Martin Cohen and Dr. Robert Forman (clinical excellence), Dr. Dalane Kitzman (perseverance and humility).



If you were not practicing medicine, what other profession do you think you would have chosen?

Finance. It's a dynamic, fast-paced field that is intellectually challenging.

What would you like to communicate to primary care and referring physicians?

Early referral is critical in getting patients to therapies in a timely manner. Primary care providers and referring providers are truly the gatekeepers and play a key role in identifying patients who can benefit from all we have to offer within our specialty. This can make a profound difference in patient outcomes.

If you could offer any advice to younger physicians, what would it be?

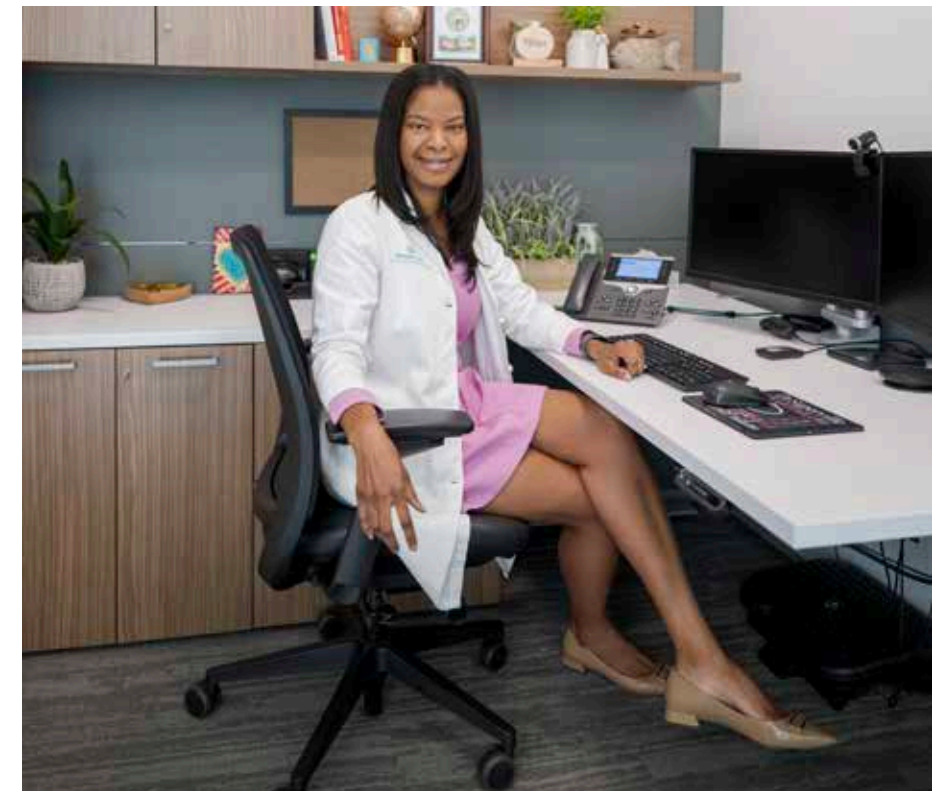
Success looks different for everyone, so define what it means to you and stay focused on that vision while remembering the path is rarely linear. Enjoy the journey, remain open to new ideas, and embrace unexpected opportunities.

What are some of your hobbies or interests outside of work?

I enjoy traveling and working out.

Tell me about your family.

My husband Marvin is my biggest cheerleader, second only to my mom. His unwavering support has been essential to my success. We have two wonderful children: Nailah, who is 16 and loves science and hopes to pursue a career in medicine, and Jaden, who is 4 and fascinated by numbers—fingers crossed he may become my future finance expert. As a family, we love traveling, exploring new cultures, and, most importantly, discovering new cuisines together.



with her newborn baby. She would go on to have complete cardiac recovery with the ultimate removal of the temporary pumps. Fortunately, for this new mom, she was able to go home to her new family. That experience remains one of the most powerful reminders of why I chose this field. It showcased not only the incredible capabilities of modern medicine but also the importance of teamwork, persistence, and hope.

What do you find are your biggest challenges?

As a healthcare provider, trying to provide equitable care and improve access can at times be challenging. We work very hard to provide every patient with the necessary resources to succeed. Sometimes, systemic barriers can limit access to advanced therapies.

Additionally, given the nature of our field, we are sometimes tasked with having very difficult end-of-life discussions with patients and their families. These conversations require honesty and compassion, and while they are never easy, they are an essential part of caring for patients with dignity and respect.

during our inpatient call week and available as part of the cardiogenic shock team. We also screen donor heart offers for patients listed for heart transplant. When off service, my day is a bit more structured. I have outpatient clinic days with patients scheduled often from morning to late afternoon. I also dedicate time to research, leading team meetings, and enrolling patients in clinical trials.

What conditions do you typically treat?

I care for patients across the entire spectrum of heart failure, from those with preserved ejection fraction to those with reduced ejection fraction. I have a special interest in patients with cardiac amyloidosis, a condition whereby abnormally folded protein produced by the body deposits into the heart muscle. I also manage patients in need of and post durable heart pumps (left ventricular assist devices) and heart transplants.

What motivates you or excites you about what you do?

First and foremost, the patients, along with the hope we are able to provide to them and their families. I am extremely fortunate to practice in a field that is



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OSC has joined forces with Carolina Oncology Specialists in a dynamic new partnership that brings together two organizations deeply committed to exceptional, patient-centered care. This collaboration is all about the care we provide our patients. With this collaboration, our new name will be Carolina Oncology Specialists.

We're truly excited about this next chapter and what it means for our patients and community. We appreciate the opportunity to care for your patients.

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Adolescent Mental Health

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Gretchen Hunter, PhD
Licensed Psychologist
Child & Family Development



Mary Moore, M.A., LCMHCA
Child & Family Development

Adolescence is a high-impact developmental period for the onset of depression, anxiety, behavioral concerns, substance use, and trauma-related symptoms. Because presentations are often comorbid and shaped by family, peer, school, and cultural contexts, counseling interventions are most effective when they are (1) evidence-based, (2) developmentally attuned, (3) delivered in a stepped-care framework, and (4) paired with engagement strategies that protect confidentiality and promote autonomy.

Stepped care and treatment matching

A stepped-care approach helps clinicians allocate intensity to need. For mild symptoms, counseling can begin with psychoeducation (normalizing stress responses, explaining symptom cycles), collaborative goal setting, and skills that are easy to implement (sleep routines, activity scheduling, problem-solving, and reducing avoidance). Brief check-ins

(including in primary care or schools) can monitor risk and functional change. Moderate-to-severe symptoms, significant impairment, comorbid psychiatric conditions, or any suicidal ideation typically warrant structured evidence-based psychotherapy (and, when indicated, coordinated psychiatric care). Treatment selection is strengthened by “problem-intervention fit”: for example, CBT may be less effective when interpersonal conflict is the dominant driver of mood symptoms, whereas IPT may be especially helpful when distress is tightly linked to family or peer disruptions.

Cognitive Behavioral Therapy (CBT) and behavioral activation

CBT remains the most widely supported counseling modality for adolescent depression and anxiety and is commonly delivered in 8–16 sessions. Clinically, CBT is less a single technique than a package of interventions: (a)

behavioral activation to increase contact with rewarding, values-consistent activities; (b) exposure and response prevention strategies to reduce avoidance in anxiety; (c) cognitive restructuring to test unhelpful thoughts and predictions; and (d) coping skills such as relaxation, problem-solving, and emotion regulation. In practice, many adolescents respond best when CBT is concrete and action-oriented—using between-session experiments, symptom tracking, and skills rehearsal rather than long didactics. Caregiver involvement (when safe and feasible) can improve generalization by supporting routines, reinforcing skills, and reducing accommodation of anxiety-driven avoidance. For settings where adolescents present with mixed symptoms, transdiagnostic or modular CBT can prioritize the highest-leverage targets (avoidance, rumination, sleep disruption, and interpersonal withdrawal) while flexibly addressing comorbidity.

Dialectical Behavior Therapy for adolescents (DBT-A) and suicide/self-harm risk

For adolescents with recurrent self-harm, suicidal ideation, intense emotional dysregulation, or high-risk impulsivity, DBT-A is among the best-supported counseling approaches. Interventions focus on increasing emotion regulation capacity and reducing life-threatening and therapy-interfering behaviors through a structured hierarchy of targets. Standard DBT-A typically combines individual therapy, skills training (often in groups), caregiver involvement, between-session coaching, and a strong emphasis on behavioral chain analysis to understand what precedes self-harm and what maintains it. Skills modules (mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness) translate well to teens when taught with brief practice, role plays, and real-life “in the moment” plans. DBT-A also aligns naturally with ongoing risk assessment and collaborative safety planning (e.g., identifying warning signs, coping strategies, support contacts, and lethal-means safety steps), which should be revisited as symptoms change.

Motivational Interviewing (MI) to improve engagement and behavior change

Many adolescents enter care ambivalent, externally referred, or unsure that change is possible. MI is a brief counseling style that strengthens intrinsic motivation by emphasizing empathy, collaboration, and autonomy. Core interventions include open questions, affirmations, reflective listening, and summaries, along with eliciting “change talk” by exploring values, goals, and discrepancies (e.g., “How does vaping fit with being on the team?”). MI can be used as a stand-alone brief intervention (including sessions as short as 15 minutes) or as a pre-treatment strategy to improve attendance and follow-through with CBT/IPT/DBT. It is particularly useful for substance use, medication adherence, sleep and activity changes, and reducing treatment-interfering

behaviors (missed sessions, minimal participation). In family-involved sessions, MI-consistent practice also helps caregivers shift from persuasion to supportive coaching, which can reduce escalation and resistance.

Third-wave approaches, trauma-informed care, and tailoring for comorbidity

Mindfulness-based and acceptance-focused approaches (e.g., MBCT, ACT) have emerging evidence in adolescents and can be useful adjuncts, particularly for rumination, worry, emotion avoidance, and chronic stress. In counseling, these approaches translate into brief mindfulness practice, attention training, values clarification, and skills for making room for difficult internal experiences while moving toward meaningful goals. Regardless of modality, trauma-informed care is a foundational stance: establishing emotional and physical safety, offering choice, collaborating on pacing, and using strengths-based inquiry to reduce shame and increase control. Trauma-informed practice is especially important because trauma exposure can mimic or amplify depression, anxiety, irritability, and risk behaviors, and can interfere with trust and engagement if not addressed.

Comorbidity should shape intervention choices and sequencing. When anxiety and depression co-occur, targeting avoidance (exposure), inactivity (behavioral activation), and sleep disruption often produces broad improvement. ADHD or neurodevelopmental differences may require more behavioral, skills-based work (routines, external reminders, caregiver coaching) and shorter, more structured sessions. For youth with chronic medical conditions, counseling can focus on adherence, pain/stress coping, and coordination with medical teams, recognizing that symptom burden and fatigue may limit pacing and homework.

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Teresa Burwell, MHR, BSN, RN, NE-BC

Chief Nursing Officer
Novant Health Ballantyne Medical Center



What inspired you to go into nursing?

I didn't grow up envisioning a career in healthcare, and I didn't have family members in the medical field. I was drawn to science and especially enjoyed anatomy and physiology classes, which ultimately led me to nursing. While I didn't initially grasp the full scope of the profession, I have grown to deeply love nursing and have been grateful to spend more than 30 years serving in this field.

How long have you been a nurse?

This summer will be 37 years.

Tell me about your first nursing position.

I was fortunate to begin my nursing career through an internship in Labor and Delivery at Presbyterian Hospital. It was a unique program at the time, accepting only a small group of new graduates and offering a structured blend of didactic education and clinical experience. In many ways, it was an early version of the nurse residency programs we see today and gave me a strong foundation for my career.

How long have you been with Novant Health, and how did you find your way there?

My nursing journey began at Presbyterian Hospital, before Novant Health was formed. Over the years, life took me away from the area, but after I returned home, the opportunity to help open Novant Health Ballantyne Medical Center brought me back into the Novant Health family. I've been here since the beginning, and it's been incredibly meaningful to come full circle—returning home both personally and professionally.

Tell me about your past roles.

My early nursing career began in Labor and Delivery before I expanded my clinical experience into Surgical Services, including the Operating Room, PACU, and Endoscopy. Leadership became a natural progression for me, starting as a charge nurse in both Women's Services and Surgery, and later serving in Nurse Manager and Director roles within Surgical Services for many years. In



March of this year, I was grateful for the opportunity to take on the role of Chief Nursing Officer here at Ballantyne.

What are some of your primary responsibilities now?

Supporting our nursing leaders and teams, creating an environment where nurses can thrive, and ensuring that every patient receives high-quality, safe, and compassionate care

What are some of the challenges of your job?

The role carries significant responsibility—not just for outcomes and metrics, but for people. One of the biggest challenges is ensuring our nursing leaders feel supported, heard, and equipped to lead during times of high demand, while keeping patient safety and quality at the center of every decision.

What do you feel is your greatest skill as a nurse?

Developing people. I find purpose in mentoring nurses, helping them grow clinically and professionally, and creating opportunities for them to succeed and thrive in their careers.

What do you enjoy most about your job?

Mentoring and developing nurses, while also helping teams solve problems and find new, better solutions. Seeing people grow and processes improve is incredibly rewarding.

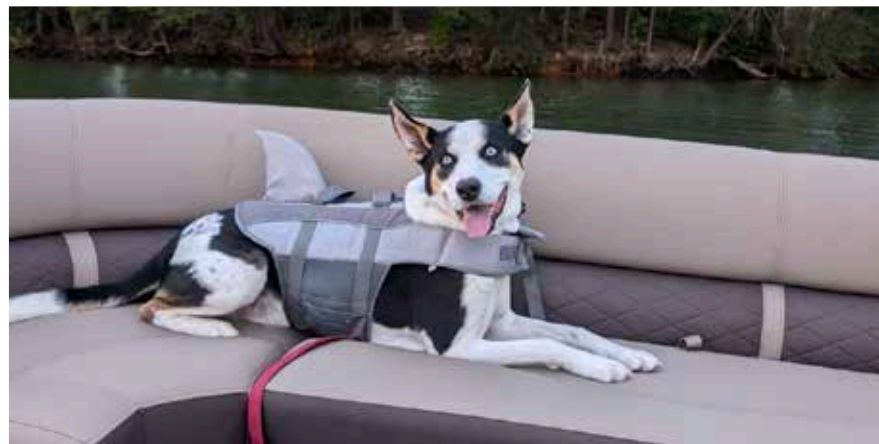
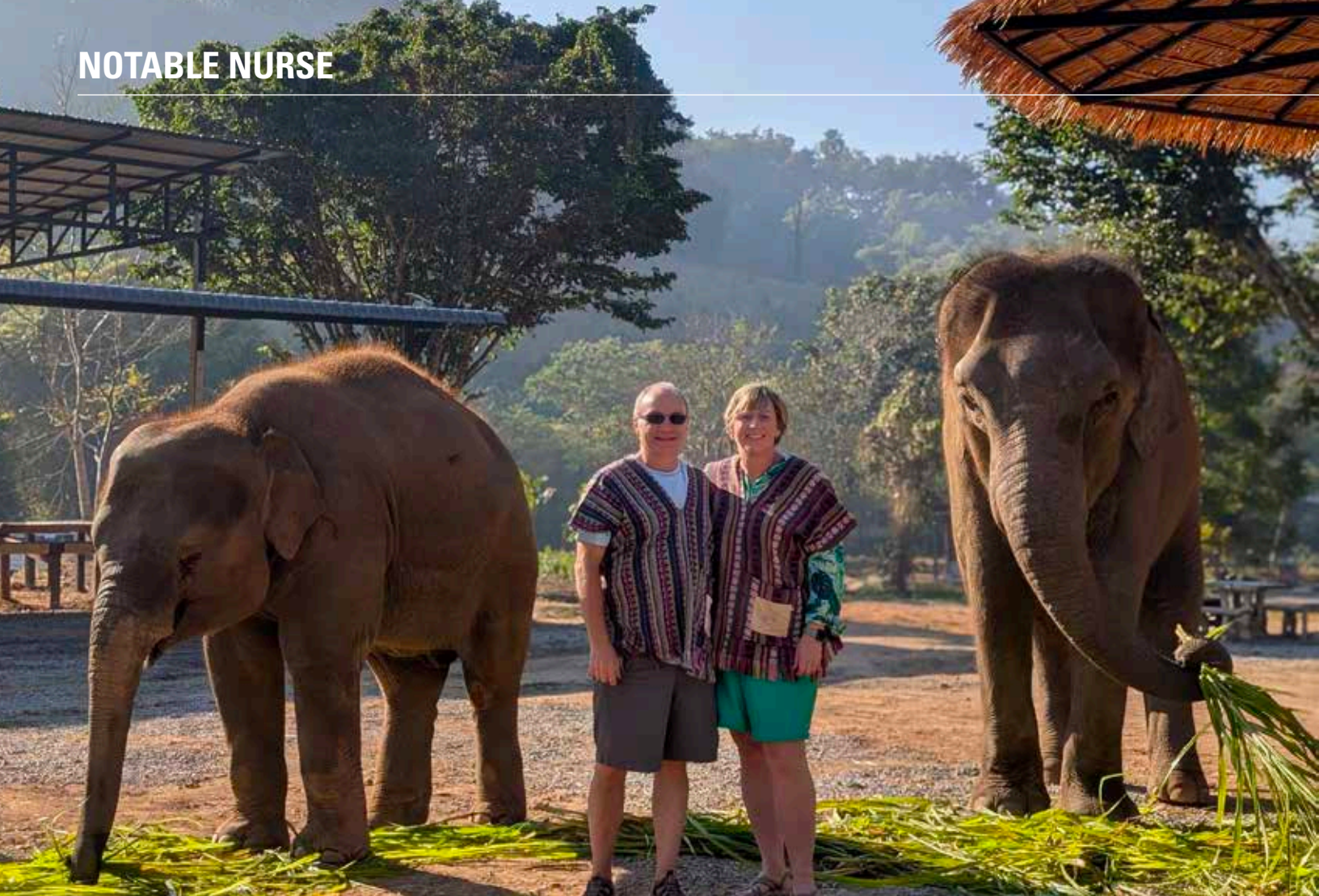
What have you learned being a nurse?

The work is never just about clinical skills; it's about teamwork, communication, and trust. And I've learned that when

nurses feel supported, patient outcomes and experiences truly improve.

If you had not chosen nursing, what profession do you think you might have chosen?

When I was younger, I always thought I wanted to be a flight attendant. Now, I think I would choose to be a travel agent.



Interestingly, both are still rooted in service—helping people feel cared for, supported, and guided through experiences.

What advice would you share with someone thinking of entering the nursing field?

Nursing is an incredibly versatile profession. Be open to learning and exploring different roles—you don't have to have it all figured

out right away. Often, your passion finds you when you least expect it.

How do you like to spend your free time?

I enjoy traveling whenever I can, and when I'm home, I value time spent boating, reading, being with family, and enjoying life with my dog, Murphy.

What is your guilty pleasure?

Reality TV. I'm a big fan of *The Amazing Race*, *Big Brother*, and *Survivor*.

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How the Hummingbird® Advances ENT Care Delivery



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Richard Gillespie, Jr., MD
Queen City ENT

The most exciting innovations in medical devices not only refine an existing technology but also revolutionize how and where procedures can be performed. The Hummingbird® Tympanostomy Tube System enables otorhinolaryngological (ENT) surgeons to perform pediatric tympanostomy-tube placements (TTP) without requiring general anesthesia (GA). As a result, they avoid the challenges associated with traditional ear-tube surgeries performed in an operating room (OR). Breakthroughs like this can offer tremendous benefits to patients, their families, and practices.

Potential Consequences of a Common Condition

Acute otitis media (AOM) affects approximately 80 percent of children, making it the second most common diagnosis in pediatric emergency department visits.¹ Up to one-third of children

experience persistent or recurrent acute otitis media (rAOM), defined as three or more episodes within a six-month period or four or more episodes within a year.² Of these patients, nearly 8.6 percent — which equates to more than half a million children annually — will undergo ear-tube surgery.³

Disadvantages of Intervention in the Operating Room

In patients with rAOM, tympanostomy tube insertion is the gold standard of care to resolve recurrent symptoms while preventing long-term consequences of untreated rAOM. Such consequences include hearing loss, balance issues, and speech-language problems.^{4,5} Historically, this intervention has been performed under general anesthesia in the pediatric population. In fact, tympanostomy tube placement is the most common pediatric surgical procedure in the country.⁶ That being said, there are notable drawbacks

associated with performing TTP under GA. The most relevant burden to patients and caregivers is the preparation and post-operative care involved in undergoing GA. The average bilateral TTP takes roughly 5-10 minutes. However, preparation for this quick procedure is much more time-consuming. First, caregivers will have to take a day off from work. While this may not be an issue for everyone, there are many people who struggle to organize or afford this time off. Second, pre-operative fasting can cause strain on both caregivers and patients, especially in infants who are used to frequent feedings. Furthermore, following the procedure, the patient must spend time in the post-anesthesia care unit (PACU) before they can be released to resume their normal activities.

The need for GA can also increase patient and caregiver financial burden. Any time a patient has to visit an outpatient surgery center or hospital operating room, there are additional charges associated with their medical bill. Together, these financial and logistical challenges can prevent children from accessing medically necessary TTP interventions, thus increasing the risk of long-term complications.

Revolutionizing a Traditional Procedure

The genius of the Hummingbird® lies in its innovative design, which fundamentally transforms how and where TTP surgeries can be performed.

The device uses a novel, patented One-Pass® technology that combines the myringotomy and tube-placement components of traditional tympanostomy tube insertion into a single, seamless motion. This technology allows for swift and safe placement of tympanostomy tubes without having to sedate the patient. The patient is first swaddled to restrain movement. Then, the surgeon inserts the otologic speculum and removes any obstructing earwax from the ear canal. A topical numbing agent is then applied before advancing the Hummingbird® and performing the combined myringotomy and tube insertion.

The impact of this technology has several benefits for patients, parents, and physicians. First, any concern the patient or caregiver may have regarding GA is completely avoided. Furthermore, logistical issues are addressed as patients do not require pre-op fasting and can resume usual activities immediately afterward. A patient can be in and out of the office within 30 minutes, which is overall less disruptive to patients' and caregivers' schedules. Additionally, since the surgery is performed outside the OR, caregivers are allowed to remain present throughout the

procedure to soothe the patient's anxieties. Following completion of the procedure, patients are released from their restraint and able to be immediately comforted by their caregiver.

Advantages of Hummingbird® in the Private Practice

The benefits of Hummingbird® are facilitated by recent regulatory updates, namely the addition of HCPCS code G0561, which reimburses physicians for in-office pediatric TTPs.⁷ This new code helps streamline billing processes to reduce administrative burdens on practices, which are part of a broader trend toward minimally invasive, site-of-care optimized interventions. Economic analyses suggest that this shift can yield substantial reductions in cost, all while reducing reliance on ORs and procedural backlogs, enhancing access to care, and empowering private practices.

Overall, the Hummingbird® offers a fast and reliable treatment for rAOM in the pediatric population. While there will still be a need for TTP under GA, this technology gives patients and caregivers an alternative treatment delivery that may better suit their needs. The system is just one of many exciting developments in the otolaryngologic community aimed to benefit both the patient and the physician.

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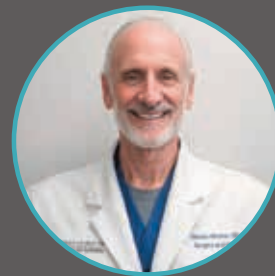
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