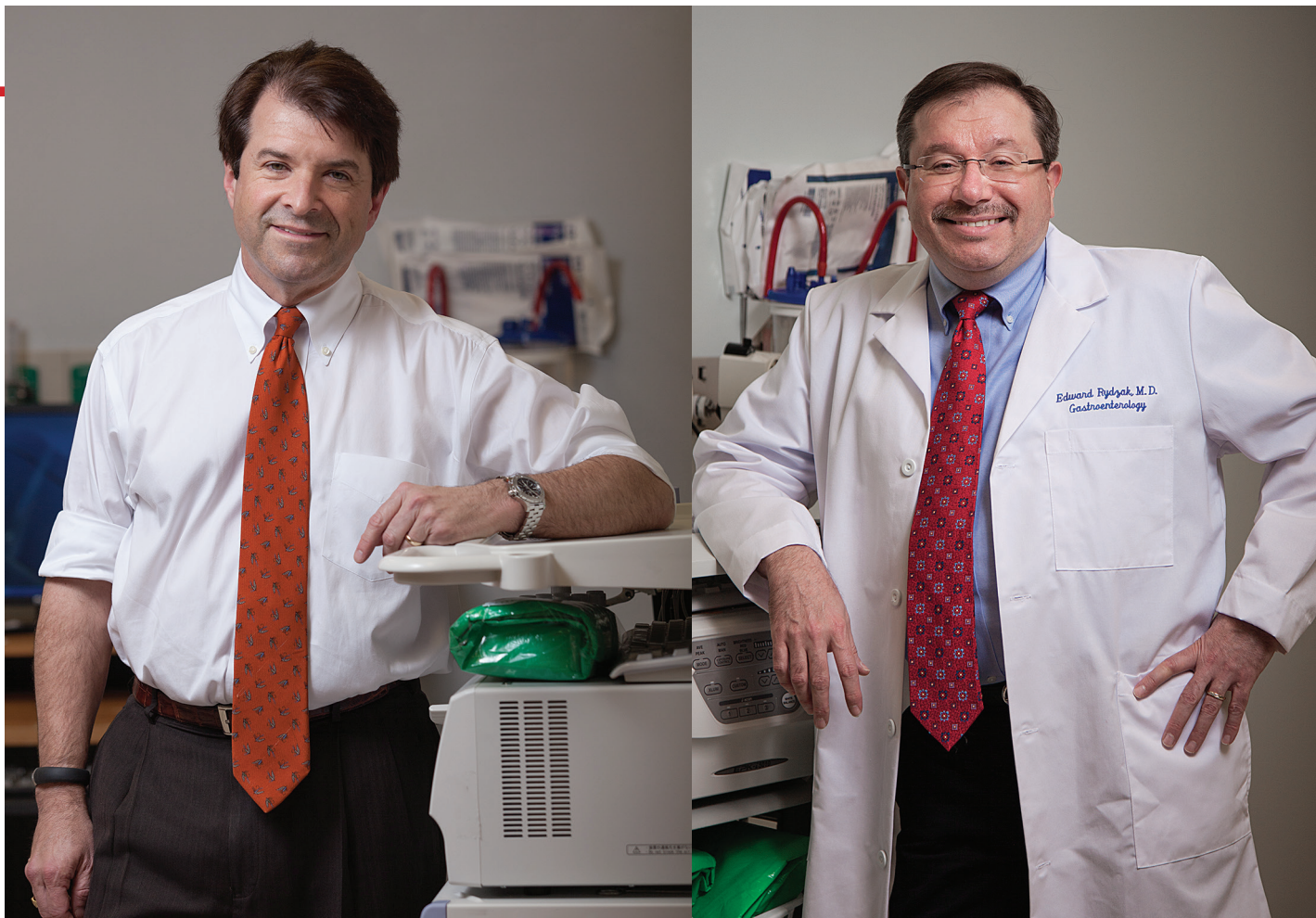




# HEALTHCARE HEROES

WHEN PEOPLE THINK OF SAVANNAH, THEY DON'T REALIZE WHAT TALENTED AND DEDICATED DOCTORS HAVE CHOSEN TO BE AN ACTIVE PART OF THE COMMUNITY. IN FACT, SIX OF THE PHYSICIANS AT THE CENTER FOR DIGESTIVE & LIVER HEALTH HAVE BEEN NAMED "AMERICA'S TOP DOCTOR" AND WERE THE ONLY GASTROENTEROLOGY DOCTORS IN OUR AREA TO BE SELECTED FOR THIS EXCLUSIVE HONOR. SO WHAT IS IT THAT MAKES THIS TEAM THE GO-TO GROUP FOR THE TOUGHEST CASES IN THE REGION?

*Gen Fuller • Photography by Jabberpics*



*“We were the first to do endoscopic ultrasound in the state of Georgia and we do all the clinical research in gastroenterology in Savannah. At any given time we have five or six clinical research projects going.” – Dr. Mark Murphy*

*“I think the medical community in Savannah is very sophisticated because of the teaching program here. It attracts doctors that are interested in teaching, in remaining up-to-date with cutting-edge technology.” – Dr. Edward Rydzak*

“Savannah is a fairly small town, a small community when you really think about it, but with a very sophisticated medical community. It’s really because they have a medical center here, with residents and medical students,” explains Dr. Edward Rydzak, who founded the Center for Digestive and Liver Health (CDLH) with Dr. Mark Murphy in 1994. “Most folks don’t realize it, they take it for granted, but really a community this size has some outstanding doctors, and it is because of teaching. I wouldn’t be here without it.”

If you ask any of the doctors at CDLH they will all tell you that the opportunity to teach is one of the reasons they choose to practice here. All of the physicians have full

faculty positions and are actively involved in the training of new medical students and residents at Mercer University School of Medicine, located on the campus of Memorial University Medical Center.

“I think the medical community in Savannah is very sophisticated because of the teaching program here. It attracts doctors that are interested in teaching, in remaining up-to-date, with cutting-edge technology,” says Rydzak.

Approximately one-third of the junior and senior classes of Mercer University classes are based in Savannah, so it may be surprising to learn that when CDLH was founded, there was no teaching gastroenterology practice in Savannah.

“Two things happened,” starts Dr. Murphy. “I had planned to be a career academic, but my wife, who I’ve been with since I was 13, was diagnosed with lymphoma during my fellowship. We’re from Savannah, and she wanted to come home when she was in remission, because we didn’t know what was going to happen. I always wanted to teach, and Memorial was looking for someone to do just that. So I talked Rydzak into coming down for his first trip to Georgia ever.”

Together the doctors set up an academic level private practice with a focus on compassionate patient care and cutting-edge technology. Along with teaching, the physicians of CDLH have served the boards of Memorial Health, the University of Georgia

# The Little Pill That Can...

As Dr. Aragon explained, sometimes you have to take a look inside to figure out what's going on, and the capsule endoscopy allows doctors to do just that. The size of a large pill, the capsule uses a tiny wireless camera to take thousands of pictures of the digestive tract allowing doctors to see inside the small intestine, an area that isn't easily reached with conventional endoscopy.

**Capsule endoscopy may be used to help diagnose or treat:**

- **obscure gastrointestinal bleeding**
- **inflammatory bowel diseases**
- **cancer**
- **celiac disease**
- **polyps**

College of Arts and Sciences, the Gulfstream Medical Advisory Board, and the Crohn's and Colitis Foundation.

In 2003, the practice opened The Endoscopy Center, a four-room in-office endoscopic procedure suite. Fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), it is equipped with the latest high-definition endoscopic equipment. Today, with seven board-certified gastroenterologists and six mid-level providers, the CDLH is the largest gastroenterology practice in the state of Georgia outside of Atlanta.

"We set out to be that cutting-edge practice, that practice that sort of defined what the standard care for gastroenterology would be in South Georgia. We wanted to be the referral practice for all complicated cases, and frankly after 20 years we've accomplished that," explains Murphy.

Complicated cases like Riletia Hawkins, who was diagnosed with Crohn's disease two weeks before she turned 14. Hawkins, now 27, failed numerous therapies that other patients respond to, including some experimental drugs.

"I was always a hard patient to treat. I don't know why. I've had every drug for Crohn's. Dr. Murphy told me I'm the toughest patient he's ever had to treat, but that it was his goal to get me in remission. Dr. Murphy says he's never seen me without a smile but he's always been the same way: always positive, no matter how dark the situation looked, he always stayed positive and energetic," says Hawkins, who graduated nursing school in 2009. Now with two degrees under her belt and working on a third it's obvious that Hawkins hasn't let Crohn's disease slow her down.

Dr. Murphy knows that while he's accomplished what he set out to do, he's not done yet: "Medicine changes so rapidly, you really can't sit on your laurels and say, 'Well we've arrived, we're here,' because then you lose that edge. For example, in Savannah there are a total of eight doctors that do ERCP and six are in our practice. We were the first to do endoscopic ultrasound in the state of Georgia, and we do all the clinical research in gastroenterology in Savannah. At any given time we have five or six clinical research projects going."

Like most doctors, these guys can throw around a lot of medical jargon that for the average person is confusing, complicated and intimidating. The fact that they all have a deep appreciation and desire to teach also means that they are ready to answer patient's questions.

"I enjoy engaging patients, guiding them with clear talk and clear communication so that they can understand the complicated decision making. I put it in terms that they can digest and understand," explains Dr. Steven Carpenter, who has been with the group since 1996. "With gastroenterology, you can endoscopically visualize the disease for diagnoses and follow the disease visually in its response to therapy. We can see that it got better. You can't do that with a lot of things, but we can do that with gastroenterology."

Dr. Carpenter was recently honored with the J. Willis Hurst Bedside Teacher Award. Presented by the American College of Physicians, the award was established in 1991 to honor a Georgia member of Fellow of the College for his or her outstanding teaching activities. The award is given only to one internist in the entire state every year.

Dr. Carpenter's only wish is that he had more time to spend with his patients.





*“Medicine is a very humbling field. Always listen, and never be too confident about what you’re doing—that’s when you miss something. You cut a corner and medicine, disease, keeps you honest.”*

– Dr. Mark R. Nyce

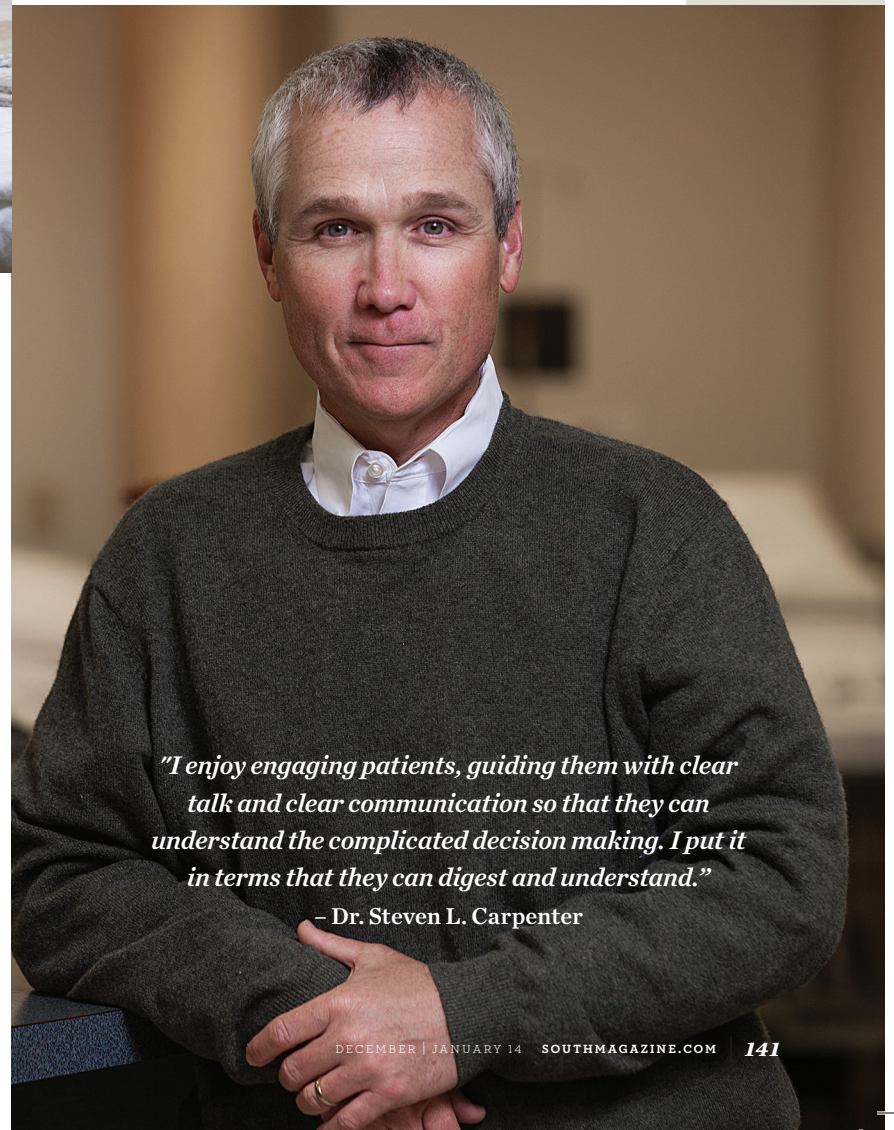
It’s not every day that you encounter a doctor willing to make his own day more difficult just to make a patient’s day easier, but to find a group of doctors committed to the same type of care is truly extraordinary. These physicians are also leaders in the community, serving not just on medical boards but also on the boards of United Way of the Coastal Empire, Savannah Christian Preparatory School, the Savannah Book Festival and Coastal Downs’ Buddy Walk all while continuing to raise the bar for standards of patient care.

“I like to think, ‘What would I want if I were the patient?’” explains Dr. Charles Duckworth, who does the more difficult ERCPs and pancreatic work at the facility. “A patient of mine had an abnormal X-Ray that required admission to the hospital. I’m in the middle of a busy clinic, but I just stopped what I was doing, called the pa-

tient, and explained what was going on. I arranged for a very clean, easy admission through the admissions department at the hospital. I called the patient’s primary care physician and together we had the patient admitted.”

Sometimes patients don’t even know they need to see a gastroenterologist, because their symptoms are hard to describe and they can’t get a clear diagnosis. It took doctors close to a year to diagnose Hawkins with Crohn’s.

“I think people get very frustrated because they’ll try to express themselves to their doctors and they get sent off to do labs or CAT scans, but everyone comes up with nothing,” explains Dr. George Aragon, who often uses the capsule endoscopy to help visualize things you can’t see in a colonoscopy. “A lot of times you just need to take a look inside. You have to look at the inside of the stomach, the inside of the colon and find out if there is some type of inflammation going on or some type of cancer that’s causing all of their



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 – Dr. Charles W. Duckworth

symptoms, or their pain, or their bleeding and you give them a diagnosis so they can finally get on with their treatments. Its nice you get to give them a diagnosis to their symptoms. You get to give them closure."

Often just the idea of going to a gastroenterologist, or butt-doctor as the staff likes to joke, can be scary, and many people put off going.

"People think, 'Where are they going to look?' and 'What are they going to do to me?' and I think that what they find here is that the staff is incredibly nice and perceptive to patients' needs," comments Dr. Ryan Wanamaker. "We really work to make sure the patient's experience is a comfortable and non-threatening one. It can be scary to be a patient, but we strive to make it less so."

Wanamaker has been at CDLH for over seven years, drawn to the focus on academics, which he says allows him to stay up to date with current trends and provide better patient care. That strong focus on academics has also drastically benefitted local medical

students, who are placing in the 90th percentile nationally on their gastroenterology subsection board scores.

"You really need to know all of medicine to be a good gastroenterologist. There's no cookbook style," says Rydzak. "A lot of things we do revolve around talking to the patient, examining them and then deciding what we really think is going on based on our experiences. To me that's a very attractive thing. It makes us stand apart. You have to know a lot about cardiology, and pulmonary, because they all interact."

With the hardest cases in the region being referred to CDLH, it's no wonder that these doctors are committed to providing excellence. For them this means following evidence-based medi-



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– Dr. George C. Aragon



cine and reading the most current literature in order to provide the highest standards of patient safety and quality possible.

“Medicine is a very humbling field,” Dr. Mark Nyce says. “Always listen, and never be too confident about what you’re doing, that’s when you miss something. You cut a corner, and medicine, disease, keeps you honest.”

Nyce credits his mentor, Dr. Fred Gorelick, with whom he completed his residency, with teaching him to pay attention to the details.

“He was extraordinarily detail oriented,” Nyce explains. “He made sure you knew everything. Everything about the patient, everything you were doing. I wouldn’t say he ever told me that in so many words, but I learned from being with him.”

Dr. Nyce was on-call when Hawkins was hospitalized at the end of April. He performed a colonoscopy and discovered that Hawkins would need another surgery, this time removing what was left of her large intestine and rectum.

“Some people think, ‘I have this disorder; I’m not able to do this’ I say you should never set limitations on yourself. I graduated in the top 10 percent of my class. I was in the National Honors Society. I have two degrees and I’m working on my third. This is a battle that I’m fighting, but I’m going to get through this,” says Hawkins, her voice low, raspy. “Dr. Murphy never gave up. He helped me to keep that smile. He helped me to stay positive.”

At the CDLH, it truly is the doctors, the staff and their commitment to the medical community that sets them apart, puts them a grade above, and makes us all very lucky to have them involved in the education of the future primary physicians in our communities.



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## Signs & Symptoms

Tummy trouble. None of us really like to talk about it, which is why so often the signs that something is terribly wrong get overlooked, or even misdiagnosed. It is estimated that 10-15 percent of the adult population suffers from Irritable Bowel Syndrome, yet only 5-7 percent have been diagnosed with the disease.

So when is constipation, diarrhea, heartburn or abdominal pain more than just a passing inconvenience? Or, if you have been diagnosed with IBS and your symptoms become worse, begin to disrupt your activities, or do not respond as usual to your home treatment it may be time to call a gastroenterologist. Here are some ‘red-flag’ symptoms to be aware of these symptoms.

- Any signs of rectal bleeding, including blood on your toilet paper and stool that is bright red, dark red, black or tar colored
- Vomiting that continues for more than two days, or is accompanied by unusual symptoms such as extreme head or abdominal pain
- A fever that lasts longer than three days or reaches more than 103 degrees. Call your doctor immediately if a severe headache, skin rash, stiff neck, persistent vomiting, difficulty breathing or pain when urinating accompanies the fever.
- Unexplained fatigue, loss of appetite and/or weight loss
- Abdominal discomfort or bloating
- Pelvic pain

*If you’ve answered yes to any of these questions it may be time to call a gastroenterologist. Many people choose to first see their primary-care physician, but if you have any of these ‘red-flag’ symptoms, it may be time to see a specialist. If you are experiencing these or any other symptoms you feel need to be addressed, call 912-303-4200 or visit [savannahgi.com](http://savannahgi.com)*