



Getting “More You” Back from Surgery

USING MINIMALLY INVASIVE TECHNIQUES

by Kristie Salvato Gibbs

Forty-seven year old Robin Clayton is full of life. She enjoys traveling and spending time with her family and friends, especially her two granddaughters. However, because of severe pain and discomfort, Robin was once unable to enjoy these times and many other things that she so loved to do.

Employed with ACS Technologies, where traveling is a large part of her job, Robin missed important work meetings and business trips due to her pain. She was also unable to take vacations with her husband, babysit her two granddaughters, or attend church functions. In addition, Robin could not eat the foods she enjoyed.

“I wasn’t myself. I felt sick all of the time and could barely eat. I finally got to a point where I would only allow myself to eat small amounts of food or certain foods like baked potatoes and soup. I really missed out on so much of my life,” explained Robin.

She then learned that her symptoms were related to a condition known as diverticulosis, with intermittent infection and inflammation, known as diverticulitis.

“Diverticulosis is a small bulge or pouch that forms in the colon wall at an area of weakness,” explained

Dr. Reginald Bolick of Pee Dee Surgical Group. “Diverticulosis can go unnoted because most people are not aware they have the condition. In some people, diverticulosis can become infected and result in diverticulitis.



Robin Clayton is happy to be back to work and feeling good.

The symptoms of diverticulitis include severe abdominal pain, fever, chills, nausea and vomiting.”

“I had several attacks of intense pain in my abdomen,” said Robin. “I was admitted to the hospital for a week to receive fluids and antibiotics. It was after this hospitalization that my family medicine physician recommended colon surgery. I didn’t want to have surgery and did everything possible to avoid it. I lived with the pain for months trying to avoid the unavoidable. My husband, Ronnie, and my children were very concerned for me.”

After suffering from the diverticulitis attacks long enough, Robin decided she would go forward with the colon surgery.

“A colon resection is a fairly common surgery,” explains Dr. Bolick. “The majority of the time, this surgical procedure is performed laparoscopically. During the surgery, we remove the diseased portion of the intestines and reattach two healthy sections.”

“Dr. Bolick met with Ronnie and me to make sure we understood what to expect from the surgery,” said Robin. “He explained the minimally invasive surgery would be performed laparoscopically. He would cut my abdomen but the incision would be small and not leave a big scar. I was glad to know the surgery would be performed using minimally invasive techniques. This meant my body would heal faster and I could return to my normal activity sooner. Also, as a woman, I didn’t want a big scar so I was glad the incision he would make would not be very big. This was very comforting to me.”

In April of 2007, Dr. Bolick performed the colon surgery removing 16 inches of Robin’s colon. During surgery, Dr. Bolick came across scar tissue and adhesions in Robin’s

abdomen. These were the result of a motor vehicle crash that Robin had been involved in sometime ago. “I discovered the scar tissue because of the minimally invasive tools I was using,” said Dr. Bolick. “I was then able to remove the scar tissue and correct the problem.”

“Minimally invasive surgery is the most common form of surgery performed at McLeod today,” said Dr. Amy Murrell of Pee Dee Surgical Group. “With minimally invasive surgery, we are able to mimic what we do with our hands through the use of minimally invasive instruments. These tools work as our (the surgeon’s) hands. With the laparoscopic camera, we can see all areas of the abdomen through a tiny incision. The camera puts our eyes directly inside to the site of the operation making it easier to see where we are working.”

The skilled and experienced surgeons of Pee Dee Surgical Group utilize minimally invasive technology to perform procedures that were considered impossible not so long ago. “With the use of minimally invasive

technology, we are able to expand our surgical capabilities and perform surgeries that give people more with shorter hospital stays, smaller scars, less pain and a quicker return to their normal activities,” said Dr. Murrell. “And, that means the world to them.”

Today, Robin is eating regular food again and is pain free. “I am back on track now more than ever,” smiled Robin. “I felt a difference in my body immediately after the surgery. Dr. Bolick explained it could take up to one year for everything to be normal. If it takes a year, I can’t imagine how good I am going to feel in comparison to how great I feel right now.

“The only indicator of the surgery is a small scar around my belly button,” continued Robin. “It can’t even be seen when I wear a swimsuit. Dr. Bolick said it would not be a big scar and he was right, he really did a great job.” Robin is happy to be back at work and feeling good. “I appreciate Dr. Bolick and Pee Dee Surgical Group,” said Robin. “It is so good to be whole again. I have all of me back and more.”



Pictured here are the dedicated physicians of Pee Dee Surgical Group. Through minimally invasive techniques, patients experience smaller scars, less pain and shorter hospital stays. First Row (left to right): John W. Sonfield, M.D.; Reginald S. Bolick, M.D.; Amy P. Murrell, M.D.; Keith C. Player, M.D. Second Row (left to right): Thomas G. Wilson, M.D.; Mark A. Reynolds, M.D.; Joseph M. Pearson, M.D.; Edward M. Lee, M.D.; John W. Gause, M.D.