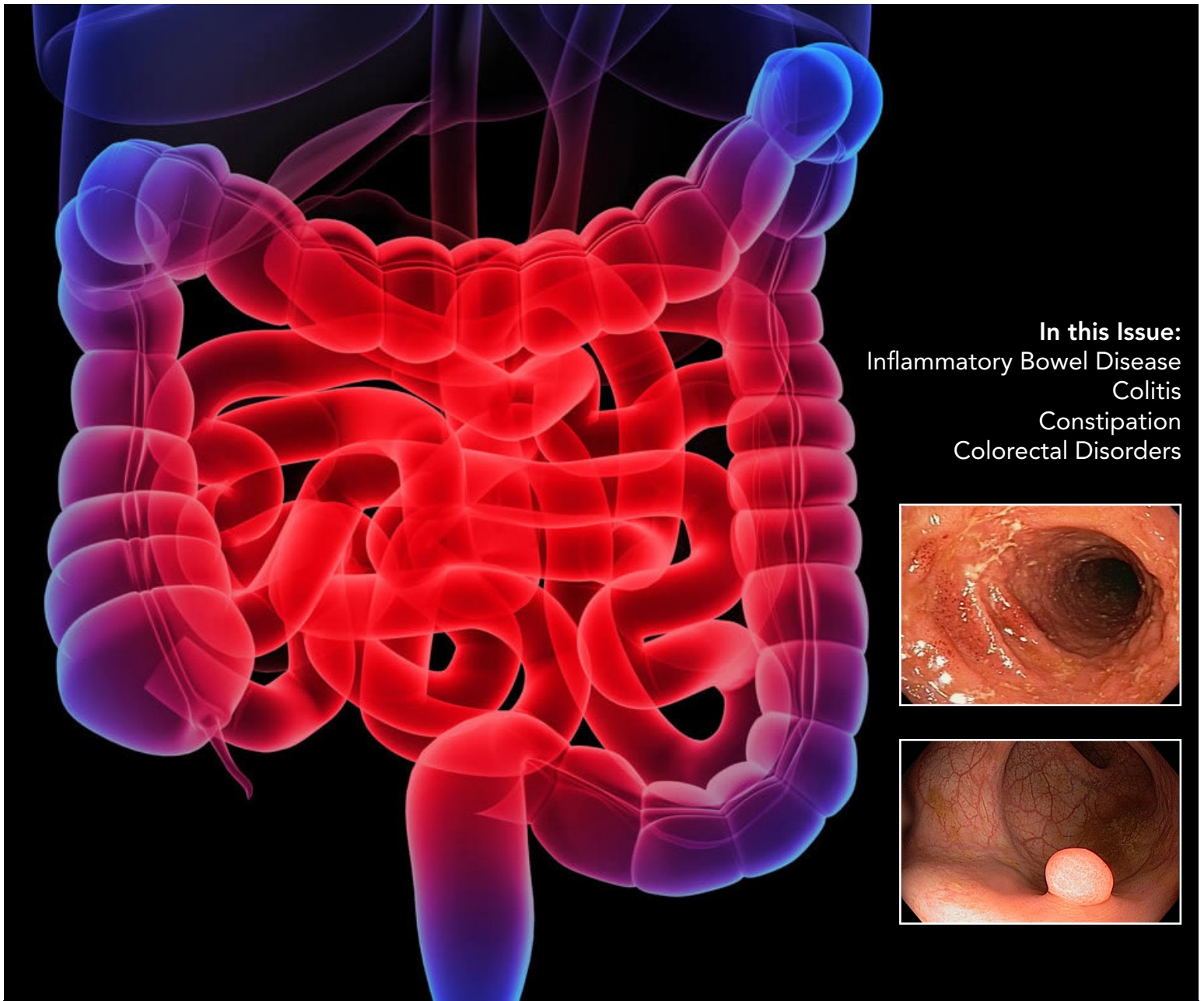


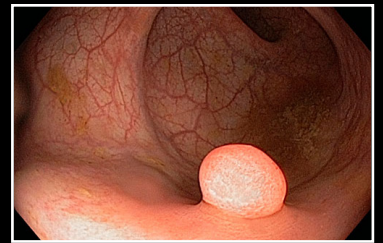


A Biannual Publication of the  
Augusta University Digestive Health Center

# DIGESTIVE MATTERS



**In this Issue:**  
Inflammatory Bowel Disease  
Colitis  
Constipation  
Colorectal Disorders

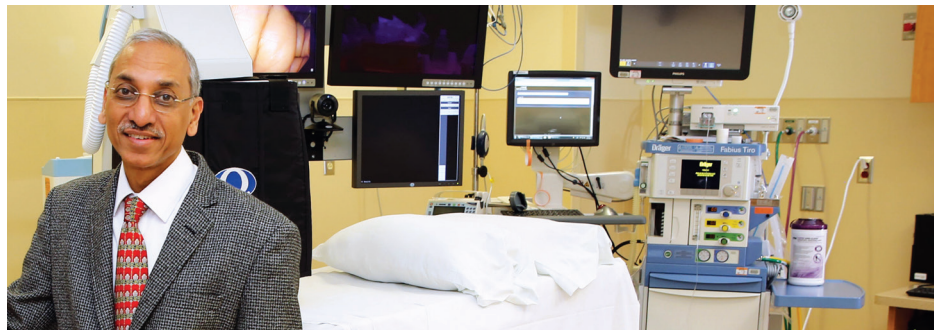


**Digestive Health Center**  
AUGUSTA UNIVERSITY

SUMMER 2016  
VOLUME 2 | ISSUE 1

# MESSAGE FROM THE DIRECTOR

Abdominal pain, cramps and diarrhea are common, and each of us has experienced these symptoms sometime during our life, but thankfully, they come to pass. But just imagine suffering with these symptoms day after day, month after month and year after year, frequenting ERs and doctor's offices innumerable times, and being offered temporary remedies or pain pills that provide temporary relief, only for the cramps and suffering to return. Eric Horadan was one such individual who suffered from chronic, recurring diarrhea, with intermittent bloody stools, and gradually became anemic and weak, and lost significant weight. Eventually, several of his organs started to shut down. Thanks to the brilliant diagnosis and outstanding medical care led by Dr. Humberto Sifuentes, director of the Inflammatory Bowel Disease Center, and his team of nurse practitioners, including Michael Hodo, colorectal surgeons Drs. Alan Herline and Daniel Albo, dedicated nurses and the IV therapy team at our Digestive Health Center, Eric has fully recovered. In his



the disease can be accurately diagnosed, and there are several treatment approaches that can be tailored to each patient, offering significant relief and restoring health.

Likewise, having a bowel movement daily or several times a week is natural for all of us, and something we barely pay attention to, until it stops happening or becomes as infrequent as one to three times a month. The accompanying distension, bloating, hard and difficult to evacuate stools sets into motion a cascade of consequences that involve use of various laxatives, herbal medicines, enemas and high colonics, numerous diagnostic

and affect two in five Americans. The purpose-designed, spacious, five-room motility center, the largest of its kind in the world, performs nearly 20 diagnostic tests for various gastrointestinal motility disorders ranging from swallowing disorders, gastroesophageal reflux disease, gastroparesis to unexplained abdominal pain, bloating and IBS and is the only center of its kind in the Southeastern United States. Led by Dr. Satish Rao, director of the Neurogastroenterology & GI Motility Center, our dedicated team of doctors, including Dr. Amol Sharma, nurse practitioner Nicole Shaffer, highly trained motility

*"A good reliable set of bowels is worth more to a man than any quantity of brains."  
-Henry Wheeler Shaw*

comments, he said, "... the Digestive Health Center basically saved my life because I had been misdiagnosed for years." Read more about Eric's story and his battle with his bowel disease on page 7 of this issue of *Digestive Matters*.

Welcome to our third issue of *Digestive Matters*, a semiannual publication of Augusta University's world-class Digestive Health Center. In keeping with our thematic pursuits, in this volume, we share with you the advances in chronic conditions that affect the colon and rectum. Diseases such as ulcerative colitis or Crohn's disease affect one in 100 Americans and comprise a spectrum of diseases grouped under the umbrella term "Inflammatory Bowel Disease." The disease may affect a few inches or the whole colon or may involve other regions including the small bowel, mouth, stomach or joints, as well as distant organs such as the liver, skin, joints and eyes. Today,

tests and colonoscopies, and spending hours and days on the internet desperately seeking a new remedy to fix the problem. Emily Sauerteig is all too familiar with these symptoms and much more. She suffered with chronic constipation for years that took her to several specialists in Atlanta and then to the Mayo Clinic. Eventually, she was told she needed her colon removed. In her early 20s, Emily was quite devastated by this recommendation but was determined not to give up. Through her search, she learned about pioneering diagnostic tests and novel treatments, including biofeedback therapy that is offered at the Augusta University Digestive Health Center's world-renowned Neurogastroenterology and Gastrointestinal Motility Center. Turn to page 6 to learn about Emily and her fight to overcome a chronic bowel problem.

Bowel disorders such as chronic constipation, irritable bowel syndrome, stool leakage, gas and bloating are very common

nurses, dieticians and psychologists provide comprehensive care for all motility disorders.

Additionally, we bring you news of what's new in gastroenterology and hepatology, challenge you with an intriguing clinical quiz, and share with you news and highlights of various activities at the DHC over the past six months. I trust you will enjoy reading this volume, and please feel free to write and share any thoughts or comments about this issue with me at [srao@augusta.edu](mailto:srao@augusta.edu) or with our marketing team at [marketing@augusta.edu](mailto:marketing@augusta.edu).

Respectfully,

Satish SC Rao, MD, PhD, FRCP  
Professor of Medicine  
Chief, Gastroenterology/Hepatology  
Director, Augusta University  
Digestive Health Center

## IN THIS ISSUE

SUMMER 2016

**I**n this issue, we will discuss advances in chronic conditions that affect the colon and rectum. Today, these diseases can be accurately diagnosed, and there are several treatment approaches that can be tailored to each patient, offering significant relief and restoring health.

CARE FOR IBD \_\_\_\_\_ 4

PATIENT TESTIMONIALS \_\_\_\_\_ 6

DHC UPDATE & HIGHLIGHTS \_\_\_\_\_ 8

MEET OUR TEAM \_\_\_\_\_ 10

# Comprehensive Care for Inflammatory Bowel Disease

## Early diagnosis and treatment

Painful cramping, bloating, diarrhea and bloody stools are a regular part of life for those suffering from inflammatory bowel disease, or IBD. IBD includes Crohn's disease, which can affect any part of the digestive tract, and ulcerative colitis, inflammation of the colon. Early diagnosis and treatment can help reduce inflammation, stop or lessen symptoms and prevent surgery.

Community hospitals routinely diagnose IBD using EGD, or esophagogastroduodenoscopy, and colonoscopy. At Augusta University Digestive Health Center, we go a step beyond these standard methods with the most advanced, minimally invasive procedures to help detect signs of Crohn's disease or ulcerative colitis, as well as early signs of cancer — since patients with IBD are at increased risk. Our advanced diagnostics include:

- Videocapsule endoscopy, or pill camera. Only advanced centers offer this minimally invasive procedure, which involves swallowing a capsule about the size of a large vitamin. This capsule has a camera that records images of the entire digestive tract.
  - Magnetic resonance enterography. Few radiology centers are equipped to offer this noninvasive imaging test, which obtains detailed pictures of your small intestine. And because MR enterography is completely radiation free, patients with chronic conditions like Crohn's, who may require many follow-up imaging tests, can undergo those safely. Our center also offers MRIs of the pelvis for patients with perianal Crohn's disease.
  - Computed tomography enterography. This noninvasive imaging test combines a contrast material and X-rays so doctors can see detailed images of your intestine.
  - Chromoendoscopy. The current standard of care is for patients with ulcerative colitis to undergo random biopsies to screen for cancer, which is often undetectable via conventional screening tests. Augusta University Digestive Health Center is the first in this region to offer chromoendoscopy, which uses a special dye inside the digestive tract to outline flat precancerous lesions so they can be seen through an endoscope and removed.
  - EGD or esophagogastroduodenoscopy. This test examines the lining of the esophagus, stomach and duodenum (the first part of the small intestine) using a thin, flexible tube with a camera at the end.
  - Colonoscopy. This test examines the lining of the colon using a thin, flexible tube with a camera at the end.
- Thanks to ongoing research for IBD, treatment protocols are changing rapidly. More doctors refer their patients to our digestive health specialists at Augusta University Digestive Health Center because we know and understand the latest therapies.

We focus on prevention and health maintenance, providing each patient with personalized and individualized care based on his or her specific symptoms. We suggest that we see patients with active disease every couple of weeks to every month; patients who are doing well can be monitored every three to six months.



Our treatments include:

- Medications. Several types of medications are available to treat IBD including aminosalicylates, corticosteroids, immunosuppressives such as 6-mercaptopurine and azathioprine, methotrexate and biologic agents.
- Health maintenance. We ensure patients are up-to-date on immunizations and check for certain vitamin deficiencies.
- Nutritional management. For example, we provide patient-specific dietary recommendations, especially for Crohn's patients with narrow areas of the digestive tract.
- Surgery. Our surgical procedures range from dilation of narrowed areas of the digestive tract to removal of portions of the colon and creation of an ileo-anal, or j-pouch.
- Post-surgical complications. We are experienced in maintaining the health of your j-pouch, including treating inflammation (known as pouchitis). Once we identify what part of the pouch is at risk, these complications may often be treated with antibiotics and rarely will require another surgery.

## Meet our comprehensive IBD team

**Dr. Humberto Sifuentes,**  
Inflammatory Bowel Disease and Director

**Dr. Alan Herline,**  
Minimally Invasive and Digestive Disease Surgery,  
Colon and Rectal Surgery

**Michael Hodo,**  
Advanced Practice Nurse Practitioner

**Julie Newton,**  
Specialty Pharmacist

As a comprehensive care center for IBD, our team offers:

- The latest methods for diagnosing IBD.
- New treatments, from medications to surgery.
- Multidisciplinary care. Because IBD can also cause problems with the skin, eyes, and joints, our center coordinates multidisciplinary care, including rheumatology, dermatology, and ophthalmology — all here in one setting.
- A patient-centered approach that includes recommendations for lifestyle modifications that may help reduce symptoms.

# PATIENT TESTIMONIALS

## Emily Sauerteig, Fructose and Lactose Intolerance



Emily Sauerteig

Emily Sauerteig does not take activities like working out and spending time with her daughter for granted and credits Dr. Satish Rao's caring and empathetic manner, along with his involvement in the latest research, for finding the answers that improved the quality of her life.

Sauerteig suffered from constant stomachaches that kept her up at night, pain that had her doubled over and constipation that lasted for weeks.

In 2002, a doctor told her that her colon was dysfunctional and diagnosed her condition as a misshaped colon and dysfunctional pelvic floor causing chronic constipation.

Doctor after doctor gave the same prognosis; she needed to have her colon removed. Sauerteig found herself being prescribed medication after medication that would only temporarily alleviate her symptoms.

"I was told I was depressed and needed depression medicine, Sauerteig said. "I knew I wasn't depressed; I just felt bad because my colon wasn't working."

Sauerteig could not resolve herself to having her colon removed.

*"If a doctor is giving you an answer that you are not comfortable with, find someone who will listen to you and will resolve the issue in a way that you are comfortable with."*

"If a doctor is giving you an answer that you are not comfortable with, find someone who will listen to you and will resolve the issue in a way that you are comfortable with," Sauerteig said.

She came to Augusta University's Digestive Health Center, and Dr. Rao listened to her concerns and found another way to make her life work. "He was the first to say I didn't need to remove my colon," Sauerteig recalled. "He was the first doctor that said, 'We're going to find a way.'"

Rao did a test that none of the other doctors she had seen had thought of doing. The test detected her colon's inability to properly absorb fructose and lactose.

Rao did tests that were "different from the many I had before," "tests that were on the cutting edge," and "he knew different avenues to pursue," Sauerteig said. "He is ahead of research and involved in research so he knows ways other people haven't heard of; he doesn't just recommend to try more or different drugs."

Sauerteig said by knowing about her colon's inability to absorb fructose and lactose, not only was she able to avoid surgery, but she no longer experiences pain strong enough to keep her in bed for days. "There is so much to explore, and that is what Dr. Rao is doing," Sauerteig said. "There are many new treatments out there, and the only way to find them is to research. Dr. Rao is doing that research and knows where it is headed."

GI disorders affect 15 percent of people and are most common in women over the age of 65. Sauerteig believes because GI issues are so common, it is important to talk about her experience so people can learn from it and seek the doctor who is right for them.

## Eric Horadan, Crohn's Disease

For years, Eric Horadan, suffered from chronic and frequent diarrhea. Time after time, he was given antibiotics and told that he must have a virus or just a sensitive system. Gradually, Horadan felt his health going downhill. As his appetite decreased, he lost over 120 lbs. He was weak and dealt with frequent bowel movements.

In April 2015, he ended up in the emergency room where blood tests confirmed he was suffering from severe Crohn's disease. His hemoglobin level measured 7.3, and his organs, including his liver and kidneys, were shutting down.

Initially, he chose Augusta University's Digestive Health Center because he was looking for a "one stop shop." His case was severe, and an emergency physician told him, "Augusta University Health has a specialist who might be able to help you."

"The Digestive Health Center basically saved my life, because I had been misdiagnosed for years," Horadan said as he reflected back on his decision.

Horadan describes his quality of life at that point as poor and explained that it revolved around 16-20 bowel movements a day, each with only a 30-second to 2-minute window to work with. He began to see Dr. Humberto Sifuentes, who told him the goal was to get his life back to as normal as possible.

Sifuentes began to treat Horadan with a medication called Humira. Horadan said the cost of the Humira injections were over \$1,700 every two weeks.

"Dr. Sifuentes said, 'I know it is expensive, but we will work with you,'" recalled Horadan. Sifuentes contacted Julie Newton, specialty pharmacist at Augusta University where they helped Horadan apply for co-pay assistance through Humira. That is not all that Horadan credits Sifuentes with. The physician ordered an MRI and recognized that Horadan suffered from a condition known as perianal fistula and then Dr. Sean Lee performed surgery.

"I am very happy with Sifuentes. Nobody else ever thought about an MRI," Horadan said. Horadan said it amazes him that his condition was misdiagnosed for so long, but he said what amazes him even more is the personal attention that Sifuentes gives him.

"He's phenomenal, I am 60-years-old, and I have never seen a doctor like this. He calls me and explains my results, good or bad. He asks me if I have questions and acts like he has all the time in the world for me. It's like having a personal one-on-one physician. The man is incredible," Horadan said.

Sifuentes is not the only person to impress Horadan with attentiveness at the Digestive Health Center. He is impressed with the kindness of the receptionist and appreciates that he does not spend hours waiting to be seen for appointments. He said he is always seen promptly. "So many doctors shoot you through in 10 to 15 minutes and give you a prescription and you are on your way," Horadan said. "The Digestive Health Center is setting a benchmark others could follow."

Horadan's quality of life has improved greatly during the first year of working with Sifuentes. He said he is now able to go outside and work around the yard. The frequency of his bowel movements has decreased by approximately 50 percent, and where the window of time with which he had to work with was once as short as 30 seconds, he most-often has window times as long as 20 minutes. He said he is starting to regain lost muscle mass in his arms and his legs and regaining his strength.

Horadan encourages anyone who is suffering with chronic diarrhea to seek help. "Seek help. Let them know your symptoms. And let them give you the treatment you need," Horadan said. "Don't wait, especially when you have resources like the Digestive Health Center. They are phenomenal."

Horadan continues to work with Sifuentes and drives over two hours to get to the center. He said he will continue to drive the distance to continue his care with the doctor he feels has gone the distance for him.

"I trust him with my life. He saved my life," Horadan said. "The treatment at the Digestive Health Center is second to none. If the scale is 1 to 10, I would have to give them an 11. They have raised the scale that much."

*"The treatment at the Digestive Health Center is second to none. If the scale is 1 to 10, I would have to give them an 11. They have raised the scale that much."*



Eric Horadan

# Latest and Greatest in Digestive Health

## Early diagnosis and treatment

### New liver scan at DHC

The development of Fibroscan®, an ultrasound device soon to be available at the DHC, allows physicians to evaluate the stiffness of the liver. Based on this assessment, physicians can estimate degree of liver disease present, oftentimes negating the need for liver biopsy.



### Fibroscan

Negating the need for liver biopsy.

The field of GI and hepatology continues to advance and evolve. The development of Fibroscan®, an ultrasound device soon to be available at the DHC, allows physicians to evaluate the stiffness of the liver. Based on this assessment, physicians can estimate degree of liver disease present, oftentimes negating the need for liver biopsy.

### New medication for irritable bowel

Recent studies have proven a newly FDA-approved medication, Viberzi (eluxodine), reduces abdominal pain and diarrhea in patients suffering from IBS-D (diarrhea-predominant). This can help suffering in many patients.

### Blood test for IBD treatment

Measuring serum antibody level and drug level of antiTNF agents, such as Remicade® and Humira®, testing available through the DHC, helps guide medical management, preventing flares and maintaining IBD patients in remission.

## Take the Quiz

Seigfried Yu, MD

A 45-year-old male with Crohn's disease underwent a colectomy with end ileostomy approximately 3 months ago. His disease course has been characterized by severe Crohn's colitis and inflammatory arthritis. He starts having pain around his stoma and on exam he is found to have the following:



Treatment with which one of the following is most likely to help improve his underlying condition:

- Oral Diflucan
- Diflucan orally plus nystatin powder
- Ciprofloxacin 500 mg bid and metronidazole 250 mg tid
- Intralesional and topical steroids
- Change the type of ostomy appliance and adhesive

**ANSWER: D**  
**CRITIQUE:**  
 This is an example of peristomal pyoderma. Stoma complications may occur immediately after surgery or as late complications as long as 15 years after creation of the stoma. Common problems include – mechanical problems such as a parastomal hernia, strictures, stoma retraction and prolapse of the ostomy. In patients with Crohn's disease – enterocutaneous fistulas may occur.  
 Parastomal skin problems are also quite common and may include allergic reactions to the adhesive used to attach the appliance, yeast infections, parastomal dermatitis and pyoderma gangrenosum (PG). PG is associated with IBD and is characterized by the development initially of small erythematous pustules that join together to form an ulceration with surrounding induration. This often occurs in areas of trauma – of which the parastomal area is a prime target due to the adherence of the appliance.  
 Initially, local therapy is used with intrasional and topical administration of steroids. Topical tacrolimus has also been used to treat peristomal pyoderma. If this is not successful, systemic therapy is used including thiopurines, cyclosporine, anti-TNF therapy and dapsone. Patients may require stoma relocation in addition to systemic therapy. The patient presented above has skin findings that are consistent with peristomal pyoderma. Candida dermatitis would be more superficial and erythematous. Allergic reactions or contact dermatitis to the adhesive would also be more superficial and erythematous and typically follow the pattern of the overlying appliance.  
 1. DDSEP (2013)  
 2. Kiran RP, O'Brien-Emlich B, Akbar JR, Fazio JW, and Delaney CP Management of peristomal pyoderma gangrenosum. Dis Colon Rectum(2005) 48:1397-1403.

# Visiting Scholars

Teaching tomorrow's health care leaders



## February 1-29, 2016

**Dr. Hamish Philpott**  
 Gastroenterologist  
 Melbourne, Australia

**Dr. Laura Pace**  
 Gastroenterologist  
 San Diego, California

**Dr. Aaron Dickstein**  
 Internal Medicine  
 Boston, Massachusetts



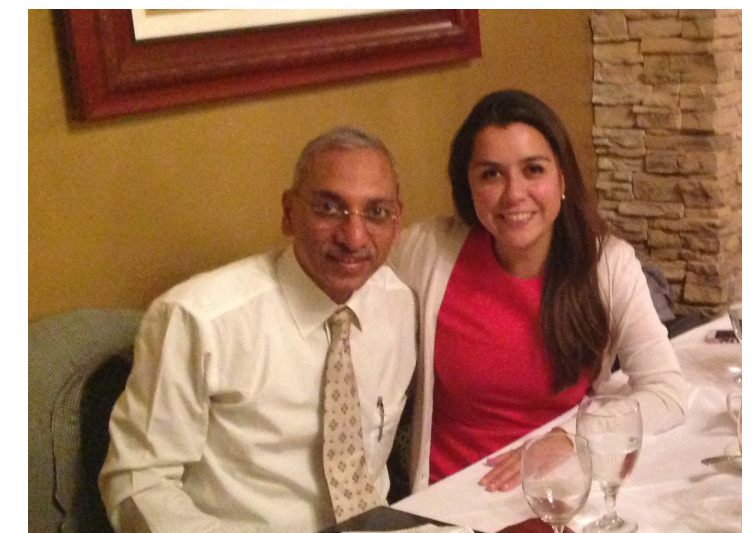
## May 2-13, 2016

**Dr. Andreia Albuquerque-Dias**  
 Centro Hospitalar  
 São João, Portugal



## July 27 - August 7, 2015

**Dr. Marmy Shah**  
 Division of Gastroenterology & Nutrition  
 Loyola University Medical Center  
 Chicago, Illinois



## June 1, 2015 - August 31, 2015

**Dr. Mercedes Amieva-Balmori**  
 University of Veracruz  
 Veracruz, Mexico

## MEET OUR TEAM

If you have a digestive health disorder, big or small, we can help. As part of the region's only comprehensive digestive health center, our physicians are specially trained and experienced in virtually every subspecialty of gastroenterology — from advanced endoscopy to hepatology to IBD and neurogastroenterology and motility.

Our center director, Satish Rao, MD, is an international leader in digestive health disorders. He is past president of the American Neurogastroenterology and Motility Society, a recipient of the three highest honors from the American Gastroenterological Association, and a federally funded investigator.



**Satish Rao, MD**  
Director, Digestive Health Center & Professor of Medicine & Program Director

**Specialties:** Neurogastroenterology & GI Motility, Nutrition, Gastroenterology  
**Research:** Brain-Gut Interactions, Constipation, Biofeedback Therapy, Fecal Incontinence, IBS, Gastroparesis, Dietary Fructose Intolerance, 3-D Anorectal Evaluation, Magnetic Therapy, Novel Diagnostic Tools for GI Motility



**Alan Herline, MD**  
Director, Minimally Invasive and Digestive Disease Surgery, Colon and Rectal Surgery

**Specialties:** Minimally Invasive and Digestive Disease Surgery, Digestive Health, Colon and Rectal Surgery  
**Research:** Colorectal Disease Detection and Monitoring, Minimally Invasive Surgical Treatment Improvement including Laparoscopy and Robotics



**Thomas Kiernan, MD**  
Emeritus Professor Hepatology Gastroenterology

**Specialties:** Hepatology  
**Research:** Hepatitis C



**Sumanth Reddy Daram, MD**  
Interventional Gastroenterologist, Advanced Endoscopy, Associate Professor of Medicine

**Specialties:** ERCP, Endoscopic Ultrasound, Gastroenterology, Digestive Health  
**Research:** Clinical Outcomes, Therapeutic EUS, Endoscopic Videos in Education, EUS Tissue Sampling



**Sandeep Khurana, MD**  
Director, Hepatology and Associate Professor of Medicine

**Specialties:** Hepatology, Gastroenterology, Digestive Health  
**Research:** Cholinergic Mechanisms of Liver Injury, Portal Hypertension, Hepatitis C, Nonalcoholic Fatty Liver Disease



**Subbaramiah Sridhar, MD**  
Professor of Medicine & Associate Director, Gastroenterology Fellowship Program Advanced & Interventional Endoscopy Pancreas & Biliary Group

**Specialties:** ERCP, Endoscopic Ultrasound, and Advanced Endoscopy  
**Research:** Translational Research, Ischemic Colitis, Interventions in Gastrointestinal Bleeding, Clinical Trials, and Clinical Outcomes



**Humberto Sifuentes, MD**  
Assistant Professor of Medicine Director, IBD Program

**Specialties:** Crohn's Disease, Ulcerative Colitis, Microscopic Colitis, Pouchitis, Novel Treatment of IBD, Postoperative Crohn's Disease, Constipation and General Gastroenterology  
**Research:** Inflammatory Bowel Disease, Nutrition, Quality Measures, Colon Cancer Prevention



**Sean Michael Lee, MD**  
Assistant Professor of Surgery

**Specialties:** Minimally Invasive and Digestive Disease Surgery, Bariatric Surgery, Weight Loss, General Surgery  
**Research:** Clinical Outcomes of Bariatric Surgery, Metabolic Effects of Bariatric Surgery



**Amol Sharma, MD**  
Assistant Professor of Medicine, Neurogastroenterology/Motility

**Specialties:** Gastroenterology, Neurogastroenterology and GI Motility  
**Research:** Achalasia, Nonobstructive dysphagia, Gastroparesis, IBS, Chronic Constipation and Fecal Incontinence

## NEW STAFF/LEADERS



Nancy Green, RN, MSN

Nancy Green has been a member of the nursing team at Augusta University Health System since 2004. She comes to the Digestive Health Center with an extensive background in leadership and critical care. During her tenure here, she has been recognized as clinical nurse of the year three times, was nominated for the Georgia Nurses Association CSRA Staff Nurse of the Year award, and received the Family Choice Award for Patient- and Family-Centered Care. She has her master's in management and organizational leadership and is a Certified Emergency Nurse as well as a Trauma Certified Registered Nurse. Green is a patient advocate who believes optimal outcomes are delivered in a patient-centric model that ensures collaborative and collegial relationships exist among all stakeholders. She has a passion for mentoring and developing staff at all levels and believes everyone has a role in the quality improvement process. Green is excited to join the DHC team and looks forward to developing strategies to enhance the patient experience.

## VISITING PROFESSORS



Michael Camilleri, MD  
President, American Gastroenterology Association and Dr. Atherton Bean Professor of Medicine  
Mayo Clinic  
Rochester, Minnesota  
(The Sydenstricker Distinguished lecturer in March 2016)



Don Rockey, MD  
MUSC Chairman of Internal Medicine (Delivered GI and Internal Medicine Grand Rounds in April 2016)

## PARTICIPANTS OF NEUROGASTROENTEROLOGY AND MOTILITY WORKSHOP (November 13-14, 2015)



Our team is pioneering and conducting cutting-edge research in many areas to uncover new solutions for challenging diseases and to improve digestive health so that we practice tomorrow's medicine today. Some of our current and upcoming clinical trials include: Advanced Endoscopy, Colon, Hepatology Inflammatory Bowel Disease, Motility and Neurogastroenterology. For more information, contact Amanda Schmeltz at 706-721-1968 or Meagan Gibbs at 706-721-1968.



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Go online to [augusta.edu/updateinfo](http://augusta.edu/updateinfo)  
Or call us at 706-721-4006.

## Contributions at work

At DHC, your valued contribution supports research and innovation such as the translumbar magnetic stimulation, a technique pioneered by Dr. Satish Rao that is being tested as a diagnostic test for bowel neuropathy in a National Institutes of Health trial. The team is applying a modified version of this technique, repetitive translumbar magnetic stimulation as treatment for fecal incontinence. The Magstim in the background records the waves from the bowel following magnetic stimulation of nerves in the back that supply the bowels. The physicians at DHC are working to understand the connections between the brain and gut, as well as the spinal cord and gut, and are using this knowledge to pioneer and treat bowel disorders such as IBS, constipation and fecal incontinence. ●



*We hope you will consider supporting our endeavors so that we can provide the best care for our patients and keep our department on the cutting edge. To learn more about how you can make a gift, please contact David Cantrell at 706-721-1817 or [dcantrell@augusta.edu](mailto:dcantrell@augusta.edu).*