

Watson Clinic

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What you need to know



Help for COVID-19 long-haulers

ONGOING RESEARCH

has shown that many patients may suffer from lingering side effects even after their initial recovery from COVID-19. These symptoms are varied but often include fatigue, dizziness, chest heaviness, brain fog, malaise, poor concentration and nausea.



Kathleen Haggerty, MD

Dr. Kathleen Haggerty, an Internal Medicine specialist at Watson Clinic Main in Lakeland, has established a Post-COVID Clinic to address these confounding issues faced by patients in the aftermath of their infection.

“Approximately 1 in 10 people who have been positive for COVID-19 are going to experience week after week of severe lingering symptoms even after they are clear of the infection,” Dr. Haggerty explains. “They may not be able to get back to work, get off supplemental oxygen or return to an acceptable quality for life.”

The catalyst for these ongoing symptoms has proven difficult to isolate, and many doctors have urged patients to wait it out in the hopes that these symptoms will subside on their own.

In treating these patients, Dr. Haggerty is assuming a comprehensive, no holds barred approach. “We ask everything, we look at everything, we test everything,” Dr. Haggerty continues. “In accordance with their individual symptoms, they may receive a series of lab tests, radiology evaluations, pulmonary function tests and additional tests designed to diagnose issues related to depression, cognitive ability, physical maladies, nutritional deficiencies and neurological disorders.”

Dr. Haggerty’s clinic welcomes patients who might have been told previously that they were “just

imagining” their symptoms. She’s determined to find solutions that will return patients to the optimum level of health they enjoyed prior to contracting COVID-19.



You can schedule an appointment with Dr. Haggerty by calling **863-680-7190** or visiting **WatsonClinic.com/Haggerty**.

Here are some other things you can do that may help if your symptoms linger

Stay on top of your symptoms. Let your doctor know if they get worse.

Manage underlying conditions.

An underlying condition such as diabetes or heart disease may potentially contribute to a delayed COVID-19 recovery.

Try to get plenty of sleep, rest and healthy foods.

Ease back into activity. If you feel like exercising, start slowly, and do what you can for now. Don’t push yourself to return to your normal routine.

Look into community resources.

Are you dealing with job loss or money woes along with your health challenges? Food pantries, unemployment offices, social workers and faith leaders are just some of the resources that may be able to help.

Reach out to family and friends.

Connecting with your social network can help you feel less alone. And they may be able to help with chores or errands, if you ask. There are even support groups available on social media platforms, like Facebook, which might be beneficial.



Overcoming vaccine hesitancy



FROM THE DESK OF
DR. STEVEN G. ACHINGER

Steven G. Achinger, MD, FASN

The COVID-19 vaccination rollout has begun. This is the most ambitious and important public health campaign in a generation. Successful vaccination of the population is going to be critical to controlling COVID-19 far into the future.

Despite the monumental scientific achievements that these vaccines represent, there remains skepticism about the need for vaccines among a segment of the general population. This is troubling, because for generations, vaccines have played a dominant role in greatly diminishing and eradicating some of our deadliest diseases. I have an aunt who is afflicted with the long-term consequences of polio, a disease caused by a virus that has nearly been eradicated from the face of the earth through vaccination. Unfortunately, she contracted the illness just prior to the introduction of these vaccines during the 1950s.

Vaccines contain ingredients that help your body build immunity against a specific virus. However, not all vaccines have the same ingredients. For instance, Pfizer and Moderna have produced a newer type of vaccine, called mRNA vaccines. Unlike other vaccines, they use messenger RNA (mRNA), which instructs cells to make a harmless piece of the virus's genetic material, called the spike

protein. This teaches the immune system to recognize and fight the real virus. But because the vaccine doesn't contain any live virus, there's no way it can give you COVID-19. The vaccine's mRNA does not stay in the body, and it cannot change your DNA. The Pfizer, Moderna, and Johnson & Johnson vaccines also do not have thimerosal, mercury, formaldehyde, eggs, latex or antibiotics—ingredients that some people may be concerned about.

Some side effects have occurred with COVID-19 vaccines. Most are minor, like a sore arm. More serious allergic reactions are very rare. Women who are pregnant or breastfeeding should consult with their obstetrician prior to getting the vaccine. If you have a history of allergic reactions or other chronic health conditions, you should speak with your doctor before getting vaccinated as well.

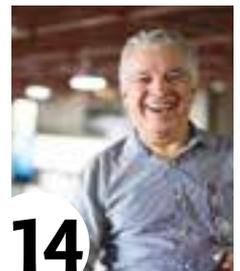
When you are able, I encourage you to join the many tens of millions of Americans who have already been vaccinated against COVID-19! Stay in the know by calling our COVID-19 hotline at **863-680-7358** or visiting **WatsonClinic.com/Coronavirus**.

Yours in good health,
Steven G. Achinger, MD, FASN
Watson Clinic Managing Partner

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Email us at
HealthScene@WatsonClinic.com



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President, Watson Clinic Foundation, Inc.
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Robots in the operating room

If your doctor has recommended that you have robotic surgery, you're hardly alone. This high-tech procedure is now being used for surgeries as diverse as hysterectomies, hip replacements and heart surgeries.

What is it exactly? Or perhaps more pertinently, what is it not, since its name suggests that robots perform the surgery? That's wrong—doctors do. And that is just one important fact to know about robotic surgery. Here are some more.

A behind-the-scenes look

During robotically assisted surgery, the surgeon sits at a computer station and controls the robot's arms, which have tiny surgical instruments attached to them. A thin tube with a camera attached to one of the instruments allows the surgeon to view a magnified 3D image of the body as the surgery takes place.

The robotic arms match the surgeon's hand motions as the procedure is performed. That means the surgeon is in control.

Tiny cuts, big benefits

Robotic surgery is a type of laparoscopic surgery—a way of operating through small incisions. For both procedures, surgeons use a few small cuts, rather than one longer incision that is used during traditional, or open, surgery.

These minimally invasive approaches allow for:

- Speedier healing
- Less pain and bleeding
- Reduced risks of infection
- Shorter hospital stays
- Smaller scars

Unique advantages

Robotic arms may allow doctors to operate more nimbly and efficiently than with traditional laparoscopic surgery. The surgeon can also see the surgical site more easily because of the magnified images, potentially improving their precision.

Still, robotic surgery may take longer to perform than standard laparoscopic surgery. The potential for infection, bleeding and a reaction to anesthesia still exists. And in some cases, robotic surgery isn't an option—or it may not be the best choice.

Always talk to your doctor about the risks and benefits of robotically assisted surgeries.

Sources: Agency for Healthcare Research and Quality; American College of Obstetricians and Gynecologists; U.S. Food and Drug Administration

General Surgeon celebrates surgical milestone



Watson Clinic Highlands General Surgeon **Dr. Anthony Zappia** was recently celebrated for completing his 1,000th robotic surgical procedure.

Dr. Zappia's areas of expertise include robotic surgery for a variety of minimally invasive procedures, such as hernia repair, gall bladder removal, and colon and stomach resection. He performs surgical procedures exclusively at Bartow Regional Medical Center.

Watson Clinic has long been a community leader in utilizing robotic surgical technologies. Other clinic physicians who offer robotic procedures include Gynecologic Oncologist **Dr. Richard Cardosi**, OB-GYN, **Drs. Samantha Curtis, Tarek Garas, J. Brian Hopper, Donald Langley** and **A. Nicole Sparks**, and General Surgeon **Dr. Thomas Moskal**.



For more information on Watson Clinic's use of robotic surgical technologies, visit [WatsonClinic.com/RoboticSurgery](https://www.WatsonClinic.com/RoboticSurgery).



Is your blood pressure **in a healthy range?**

WATSON CLINIC'S KIDNEY SPECIALISTS, otherwise known as nephrologists, are also experts in the treatment of high blood pressure.

What does one have to do with the other? A lot more than you might think, because your kidneys help regulate your blood pressure.

"High blood pressure is the most common medical condition in the United States," says Watson Clinic board-certified Nephrologist **Dr. Steven G. Achinger**. "It is also a leading risk factor for heart attack, stroke and kidney disease.

One way to avoid or slow the progression of kidney disease is to keep your high blood pressure (hypertension) under control. Watson Clinic's nephrologists have been specially trained to determine the root causes of hypertension, offer treatments that help lower blood pressure to healthy levels and continuously monitor for any kidney injury resulting from your condition.

WHY IT MATTERS TO A KIDNEY SPECIALIST—AND HOW THEY CAN HELP

Keep it in check

High blood pressure often does not have symptoms, which is why it's sometimes called "the silent killer." To stay healthy, it's crucial that you have your blood pressure checked regularly and keep it under control. Diet, age and genetic factors all play a role in determining blood pressure.

In addition, there are a small group of patients who have other conditions that affect their blood pressure, such as kidney damage, blockage to the blood flow in the kidney or excessive stress hormones.

"Our Nephrology group can help

evaluate you for any of these conditions," says Watson Clinic board-certified Nephrologist **Dr. Michael J. Achinger**. "We can also help you keep the risks of hypertension in check."

Potential treatment plans include:

- A healthy eating plan that includes reducing sodium (salt).
- Regular physical activity.
- Weight loss. A loss of 7% to 10% of your body weight can help.
- Quitting smoking.
- Medications.



Michael J. Achinger,
MD, MS



Steven G. Achinger,
MD, FASN



Watson Clinic Nephrologists

If you'd like to schedule an appointment with a member of Watson Clinic's Nephrology team at the Watson Clinic Main, Watson Clinic Bartow or Watson Clinic Plant City locations, please call **863-680-7190**



ROTATOR CUFF TEARS

A real pain in the shoulder

THE NEXT TIME you reach up to brush your hair or grab something from the top of your closet, say a silent thank-you to your rotator cuff.

"This hardworking part of your shoulder makes it possible for you to lift and rotate your arm," says **Dr. Obafunto Abimbola**, Orthopaedic Surgeon at Watson Clinic Main in Lakeland. "It consists of four muscles that join together as tendons. Sometimes one or more of these tendons fray and cause a partial or complete tear of the rotator cuff."

A rotator cuff injury is painful—and common: Every year about 2 million people in the U.S. go to their doctors because of rotator cuff problems.

How and why it happens

You can tear your rotator cuff suddenly in an accident—if you lift something too heavy or fall down on your outstretched arm, for example.

If you routinely move your shoulder in the same way over and over again—perhaps you play a lot of tennis or you make your living as a carpenter—you are also at risk of a rotator cuff tear.

"Most often, rotator cuff tears happen slowly over time and are caused by the normal wear and tear of aging," says **Dr. Prashant J. Desai**, a board-certified Orthopaedic Surgeon at Watson Clinic Highlands in Lakeland. "They are particularly common in people who are middle-aged or older."

Symptoms and treatment

Rotator cuff tears that happen suddenly can cause intense pain. Tears that occur slowly over time also become more painful the longer you

have one. Common symptoms of a tear include:

- Pain at rest and at night, especially if you're lying on the injured shoulder
- Pain when lifting and lowering your arm
- Weakness when lifting or rotating your arm
- A crackling sensation when you

move your shoulder in certain ways
If you suspect you've torn your rotator cuff, see your primary care provider. According to the American Academy of Orthopaedic Surgeons, about 80% of tears can be treated nonsurgically. Those treatments include:

- Rest
- Avoidance of certain activities
- Nonsteroidal anti-inflammatory pain medication
- Physical therapy

- Steroid injections

If none of the above works, your provider may recommend surgery to repair the tear. You might also opt for surgery if your job or favorite sports activity depends on your shoulder movement.



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Watson Clinic Orthopaedic Surgeons & Sports Medicine specialists offer a wealth of expertise in performing joint replacements, rotator cuff repair, ligament reconstruction and many additional minimally invasive surgical procedures. To learn more and schedule an appointment, call **863-680-7214** or visit **WatsonClinic.com/Ortho**.

We asked members of our medical staff to answer some common health concerns.

TAKE
THREE

Questions for the experts

What is multiple sclerosis and how is it treated?

Multiple sclerosis (MS) is a potentially disabling disease of the central nervous system.

In MS, the immune system attacks the body. It damages myelin, a substance that wraps around nerve fibers to protect them. That damage causes communication problems between the brain and the rest of the body. Why the immune system mistakenly misfires still isn't clear.

The most common symptoms are numbness and tingling, blurred or double vision, weakness, trouble with coordination and balance, loss of bladder control or constipation, problems with thinking and memory, and depression. In rare cases, MS can cause some paralysis.

For most people, symptoms come and go. There are flare-ups, and relapses are followed by long stretches of either a partial or full recovery. For some people, though, MS steadily gets worse.

A wide variety of drugs can help ease different MS symptoms. Doctors may also prescribe medicine that can reduce the frequency and severity of flare-ups and may even slow the course of MS.



 **Gabriel Pantol, MD**, is a board-certified neurologist at Watson Clinic Main in Lakeland. Call **863-680-7300** to schedule an appointment.

Could allergy shots help me?

If medications and other steps to control your allergies don't seem to be working, your provider might recommend a regimen of allergy shots.

Allergy shots are usually made just for you. They contain tiny amounts of allergens and work like vaccines. Your body reacts to an increasing amount of a specific allergen, given in gradually increasing doses. Then you develop an immunity or tolerance to that allergen.

The shots work for allergies to:

- Pollen from trees, weeds and grasses
- Mold spores in the outside air
- Cat or dog dander (tiny flakes of fur, hair and skin)
- Dust mites (tiny insects found in dust)

They aren't effective against allergies to food, latex or medicines.

Most people take allergy shots for three to five years, but some people may need to take them longer. It's important that you don't stop getting the shots unless your provider specifically instructs you to do so. Otherwise, you might not get their full benefit.

Talk to your primary care provider to determine if a referral to an allergy specialist may be right for you. Watson Clinic's Allergy department serves both adults and children, and is equipped to target severe allergies with highly effective shot therapies.



 **G. Weyman Price, MD**, is a board-certified allergy specialist at Watson Clinic South in Lakeland. Call **863-647-4045** to schedule an appointment.

How can I spot the development of skin cancer?

Here's the good news about skin cancer: You can usually spot it by just looking at your skin.

The bad news? Anyone—regardless of their skin color—can get skin cancer. That's why it's important to do regular skin checks and to know what you're looking for.

In general, look for any spots, including moles and freckles, that are changing, itching or bleeding. Specifically, look for signs of melanoma, the most dangerous skin cancer, using the ABCDEs of the disease:

A: Asymmetry—one half of a spot is unlike the other half.

B: Border—a spot is irregular, scalloped or has a poorly defined border.

C: Color—the color of a spot varies from one area to another. It has shades of tan, brown or black, or sometimes white, red or blue.

D: Diameter—melanomas are usually larger than the size of a pencil eraser (6 millimeters), but they can be smaller.

E: Evolving—a spot that looks different from other spots or is changing in size, shape or color.

If you notice any of these possible red flags of melanoma, make an appointment with your doctor to have your skin checked. An annual dermatology exam should also be a part of your regular healthcare routine.



 **Pamela Sakalosky, MD**, is a board-certified dermatologist at the Watson Clinic Bella Vista Building location in Lakeland. Call **863-904-6201** to schedule an appointment.

BE IN THE KNOW about breast health

AS A WOMAN, the more you know about your breasts—including what's normal and what's not—the more you can protect your health.

With that in mind, **Dr. Elisabeth L. Dupont**, Breast Surgeon at the Watson Clinic Women's Center



Elisabeth L. Dupont, MD, Breast Surgeon, Watson Clinic Women's Center; Medical Director of Breast Health Services, Watson Clinic

and the Medical Director of Breast Health Services for Watson Clinic, answers questions many women may have about their breasts.

Q Is it normal to get lumps in your breasts?

A: Yes. For example, you might feel one or more lumps around the time of your period because of extra fluid in your breast. Your breasts may also feel lumpy if you're pregnant. That's because milk-producing glands in your breast are multiplying and getting bigger. And as menopause nears, your breasts may also feel lumpier than usual.

Even so, be sure to tell your healthcare provider about a lump or any other breast changes you notice. Don't wait for your next mammogram to have it checked.

Q Besides a lump, what other changes should I tell my healthcare provider about?

A: Tell your provider if you notice:

- Thick or firm tissue in or near your breast or under your arm
- Any change in the size or shape of your breast
- Nipple discharge (other than breast milk) that comes out by itself

- A nipple that points inward toward the breast
- Skin on your breast that is itchy, red, scaling or puckered

Q Are most breast changes cancerous?

A: No, there are many benign, or non-cancerous, breast conditions. Among them: cysts (fluid-filled lumps), fibroadenomas (the most common benign breast lump in women under 30), and fat necrosis (lumps that may appear after an injury, surgery or radiation therapy to a breast). Your nipples may also leak fluid because you're taking birth control pills or you have an infection.

Q Can I lower my risk of getting breast cancer?

A: While there's no sure way to prevent breast cancer, these five steps may lower your risk:

- 1. Watch the scale.** Extra pounds make you more vulnerable to breast cancer. That's particularly true after menopause. Estrogen spurs the growth of cancerous breast cells. And after menopause, most of your estrogen comes from body fat.
- 2. Move more.** Studies show that being active is a breast-healthy habit. The American Cancer Society recommends

Called back after a mammogram?

It's not unusual for women who've had a mammogram to be called back for a repeat test because of a result that needs further follow-up.

You may be understandably frightened if this happens to you. But know this important fact: Most callbacks do not result in a breast cancer diagnosis. In fact, callbacks should not be considered an emergency in any way. Thoughtful follow-up is essential, and

may take place over time during multiple visits. Often, abnormal areas on a mammogram turn out to be a non-cancerous cyst or tumor. Also, many women have dense breast tissue, which might make a mammogram initially hard to read.

To help make sure a suspicious finding on a mammogram is not cancer, your doctor may want you to come back and have more tests, such as:

Another mammogram. A diagnostic mammogram is just like a screening mammogram, except that it may focus just on the suspicious area.

An ultrasound test. This test, which uses sound waves instead of x-rays to examine the breast, can help distinguish a harmless fluid-filled cyst from a solid mass, which may be cancer.

An MRI scan. This test takes highly detailed pictures of the breast.

getting at least 150 minutes of moderate intensity activity or 75 minutes of vigorous activity each week.

3. Be aware of alcohol's risks.

Research shows that women who drink have a higher risk of breast cancer than those who don't drink at all.

4. Sit less. No matter how hard and long you exercise, long stretches of sitting may make breast cancer more likely.

5. Avoid or limit hormone therapy.

Women who take combination menopausal hormone therapy—estrogen and progesterin together—may be more likely to develop breast cancer. The risk for cancer appears to return to normal, however, within five years after stopping the therapy.

Q Are mammograms still the best way to detect breast cancer?

A: No screening test is perfect—including mammograms, which may occasionally miss some tumors or find a cancer that would never cause problems. Still, they give women the best chance of finding breast cancer early, when treatment is often most successful. Ask your healthcare provider what's the best screening schedule for you.

Sources: American Cancer Society; National Cancer Institute

A biopsy. After having one or more of the other follow-up imaging tests, the doctor may order a biopsy if there's still a chance the abnormal area could be cancer. For a biopsy, a tissue sample from the breast is examined under a microscope. Try not to worry—most women who have a breast biopsy turn out not to have cancer.

Sources: American Cancer Society; National Cancer Institute; Office on Women's Health



Watson Clinic offers expert breast imaging services from three convenient locations—Highlands, the Women's Center, and the Cancer & Research Center. Visit [WatsonClinic.com/Mammogram](https://www.WatsonClinic.com/Mammogram) or call **863-680-7755, option 3**, for more information and to schedule an appointment.

Q & A

Coronavirus and pregnancy

WE STILL DON'T KNOW a lot about the effect of the coronavirus—or the disease it causes, COVID-19—on pregnant women and their babies. Here's some information based on what health experts and recent studies can tell us.

DO PREGNANT WOMEN HAVE AN INCREASED RISK FOR GETTING THE CORONAVIRUS?

A. It doesn't appear that pregnancy and childbirth increase the risk for infection with the virus. However, according to the Centers for Disease Control and Prevention (CDC), pregnant women are at an increased risk for severe complications from COVID-19.

IF A PREGNANT WOMAN DOES GET SICK WITH COVID-19, WILL SHE PASS IT ON TO HER BABY?

A. "Researchers have found a few cases where the coronavirus may have passed to a fetus during pregnancy, but this seems to be rare," says **Dr. Donald W. Langley**, a board-certified OB-GYN at Watson Clinic Highlands in Lakeland. "When babies do get sick, it is thought to occur through close contact with an infected person after birth."



For help making a birth plan during the COVID-19 pandemic, call your Watson Clinic OB-GYN at **863-680-7243**.

WHAT CAN A WOMAN WITH COVID-19 EXPECT WHEN SHE GIVES BIRTH?

A. Women will probably be able to have a support person with them. That person would need to be screened for the coronavirus. The support person also would need to remain in the room for the entire delivery—no leaving and returning.

WHAT MIGHT HAPPEN AFTER THE BABY IS BORN?

A. If a woman with COVID-19 gives birth, her newborn should be tested for the virus. Regardless of the results, it is usually still possible for the mom and baby to stay together in the hospital. If the baby doesn't have the virus, mom and baby should stay 6 feet apart, other than when breastfeeding.

HOW WILL COVID-19 AFFECT BREASTFEEDING?

A. Although the virus may be present in breast milk, it appears to be rare. The American College of Obstetricians and Gynecologists recommends that women with COVID-19 continue to breastfeed. Still, moms who are sick with COVID-19 may want to pump breast milk so that a healthy caregiver can feed it to the baby.

A mom who wants to breastfeed despite having COVID-19 needs to:

- Put on a face mask.
- Wash her hands and breast thoroughly before and after touching her baby.
- Clean surfaces after touching them.

WHAT HAPPENS WHEN MOM AND BABY GO HOME?

A. "After leaving the hospital, a mom with COVID-19 should stay 6 feet from her newborn until she is clear of infection," says **Dr. Samantha J. Curtis**, an OB-GYN at the Watson Clinic Bella Vista Building in Lakeland. "She can either continue to pump breast milk, or she can feed the baby herself while using a face mask and maintaining good hygiene."

Healthcare providers will likely follow up frequently for at least two weeks after mom and baby go home.

HOW CAN A PREGNANT WOMAN AVOID COVID-19?

A. Pregnant women should take steps to avoid infection and limit the spread of the virus. If you are pregnant, you should:

- Limit your interactions with other people, especially people who are sick.
- Cover your coughs and sneezes.
- Clean your hands well and often.
- Try not to touch your eyes, nose or mouth.
- Stay at least 6 feet away from other people in public.
- Wear a cloth face mask in public.
- Clean and disinfect the surfaces you touch frequently.

Additional sources: American Academy of Pediatrics; March of Dimes; UpToDate



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INTRODUCING

OUR NEWEST PROVIDERS



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Meet the latest additions to our team of expert physicians and providers. Appointments are now available, except where noted. Visit WatsonClinic.com for more information.



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**LINDSEY MODER,
AUD, CCC-A
AUDIOLOGY**

Education: Nova Southeastern University, Fort Lauderdale, FL (AuD)
Memberships: American Speech-Language Hearing Association
Location: Watson Clinic Hearing Center-Bella Vista Building & Highlands
Appointments: 863-904-6296



**JULIE PETERSON,
APRN
INTERNAL MEDICINE**

Education: Florida Southern College, Lakeland, FL (BSN, MSN)
Memberships: American Association of Nurse Practitioners
Supervising physicians: Lilliam S. Chiques, MD & Steven J. Colucci, DO
Location: Watson Clinic Main
Appointments: 863-680-7190



**SARA STEPHEN,
APRN
UROLOGY**

Education: University of South Florida, Tampa, FL (BSN, MSN)
Memberships: American Academy of Nurse Practitioners
Supervising physician: Stanley Swierzewski, MD
Location: Watson Clinic Main
Appointments: 863-680-7300



5 facts to know about benign prostatic hyperplasia

BENIGN prostatic hyperplasia, or hypertrophy (BPH), is a common condition in men in which an enlarged prostate gland causes problems with the urinary tract. Here are five facts men (and their loved ones) should know about BPH.



Mark Swierzewski, MD

1 "BPH is not cancer," says **Dr. Mark Swierzewski**, a board-certified Urologist at Watson Clinic Main in Lakeland. "It also doesn't appear to increase the risk of getting cancer." However, the early symptoms of BPH and prostate cancer are the same. These include:

- Frequent and urgent need to urinate, especially at night.
- Small amounts of blood in the urine.
- Trouble starting a urine stream or making more than a dribble.



Stanley Swierzewski, MD

- A weak, slow, or stop-and-start urine stream.
- Feeling like you have to urinate, even after you just did.

2 An enlarged prostate is very common in older men. About 50% of men have symptoms of BPH by age 60. About 90% of men have symptoms by age 85, according to the National Association for Continence.

BPH is the most common prostate problem in men older than 50.

3 No one is sure what causes BPH, but it may be hormones. Men produce the male hormone testosterone and female hormone estrogen throughout their lives. As men age, the amount of testosterone goes down. This leaves a higher portion of estrogen. One theory holds that it's this higher amount of estrogen that promotes growth of the prostate.

A different theory focuses on dihydrotestosterone (DHT). Some men continue to produce high levels of DHT as they age, even as blood

testosterone levels decline. This theory contends that these higher levels of DHT encourage prostate cell growth.

4 Certain risk factors make it more likely that a man will develop BPH. These include:

- Being 40 or older
- Having a family history of BPH
- Being obese
- Having heart and circulatory disease
- Having type 2 diabetes
- Not exercising
- Having erectile dysfunction

5 BPH can be treated with surgery or other options, including:

- Lifestyle changes. "These can include limiting liquids, avoiding caffeine and alcohol, and doing exercises that work the pelvic floor muscles," says **Dr. Stanley Swierzewski**, a board-certified Urologist at Watson Clinic Main in Lakeland.
- Medicines to stop growth of or shrink the prostate. Or drugs to lessen symptoms.
- Multiple types of minimally invasive procedures to relieve symptoms.

If you suspect you have BPH, talk to your primary care provider. Relief is possible.

Additional sources: American Urological Association; National Institute of Diabetes and Digestive and Kidney Diseases

Using the revolutionary UroLift® System, Watson Clinic's Urology department can reverse the ill effects of BPH without the need for heating, cutting or the removal of prostate tissue. Best of all, this short in-office procedure is the only one of its kind that does not cause sexual dysfunction. Dr. Mark Swierzewski is the only urology specialist in Lakeland to have recently been designated a UroLift® Center of Excellence based on his exceptional patient outcomes. Learn more and schedule an appointment by calling **863-680-7300** or visiting **WatsonClinic.com/Urology**.

FOUNDATION DONATES **protective supplies** TO LOCAL STUDENTS

THE ERA of COVID-19 might have limited the Foundation's capacity to host a series of beloved in-person annual events, but it hasn't slowed our ability to give back to our community.

The need to help others has never felt more urgent than it has during this challenging time. One of our recent efforts provided assistance to one of our most important populations in need: our young people and the schools they attend.

The Watson Clinic Foundation (WCF) proudly donated shipments of sanitizer and personal protective equipment (PPE) to students and faculty at the Winston Academy of Engineering in Lakeland.

The donation was made in partnership with the Adopt-a-School program, devised by the Lakeland Chamber of Commerce and the Love Lakeland nonprofit organization. The program calls upon local businesses and organizations to "adopt" a school of their choice by sponsoring shipments of sanitation and PPE supplies to combat the COVID-19 pandemic.

"These supplies will help to create a safe and productive environment in which Winston Academy students can thrive throughout the remainder of the school year," says WCF President **Dr. Galina Vugman**. "This

kind of community outreach has been the backbone of the Watson Clinic Foundation since we were first founded in 1960."

"We are very excited about receiving the donation of PPE supplies for the students and staff," says **Ava Brown**, principal of Winston Academy of Engineering. "These supplies will allow us to keep the school equipment sanitized and our staff and students safe throughout the school day. Thank you Love Lakeland and the Watson Clinic Foundation!"

Help fund our mission

Over the past six decades, the Watson Clinic Foundation has provided invaluable medical research funding, nursing scholarships, free health screenings, educational seminars and assistance to local organizations who share in their mission of empowering a healthier tomorrow for all.

None of these efforts would be possible without generous donations from people like you. There are several available options if you'd like to contribute to our mission.

For more information and to make a contribution to the Watson Clinic Foundation, call **863-904-2656** or visit **WatsonClinic.com/WCF** and click the "Options for Giving" link.

Watson Clinic Foundation President Galina Vugman, MD, stands with faculty members from the Winston Academy of Engineering in Lakeland.



Reach us

Watson Clinic Locations

Bartow	863-533-7151
Bartow Obstetrics & Gynecology	863-534-2728
Bella Vista Building	863-904-6200
Cancer & Research Center	863-680-7780
Center for Rehabilitative Medicine	863-680-7700
Center for Specialized Rehabilitation	863-607-3699
Dermatology at Sun City Center	813-633-6121
Dermatology at Zephyrhills	813-788-7867
Health Scene	863-904-4653
Highlands	863-607-3333
MAIN	863-680-7000
North Pediatrics	863-680-7337
Plant City	813-719-2500
South	863-647-8011
Urgent Care Main	863-680-7271
Urgent Care South	863-647-4047
Watson Clinic Foundation	863-904-2656
Women's Center	863-680-7752
XpressCare Highlands	863-393-9472



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So much of the world has changed over the past eight decades, but our mission has not. The Watson Clinic legacy continues to be defined by our commitment to you and your family, investing in the technologies and advanced treatments that can improve lives, and setting the standard for an all-inclusive healthcare experience.

*We may be turning **80** this year, but we're just getting started.*



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For all your healthcare needs, call **863-680-7000** or visit **WatsonClinic.com**.

