

The controversy surrounding screening for prostate cancer

Prostate cancer is a killer, but early detection helps patients survive it, said Dr. Don McKnight, a board-certified urologist with Jackson Urological Associates.



Don McKnight, M.D.

However, new research has emerged about the accuracy and costs involved with the common Prostate-Specific Antigen (PSA) test, which has been used to screen patients for prostate cancer since the 1980s.

Dr. McKnight said it's one of his profession's hot controversies, and he discusses the issues in depth with his patients, explaining the risks and potential benefits. He then helps them determine the best option.

PSA is a protein produced by the prostate, and

doctors screen for elevated levels in the blood to determine the presence of cancer. The test is a valid tool for early detection, Dr. McKnight said. "We've been able to show that it does detect early prostate cancer."

His position is supported by the American Society of Clinical Oncology, the American Urological Association and the Prostate Cancer Foundation, which continue to recommend the test in the context of a man's life expectancy.

However, researchers from the U.S. Preventive Services Task Force found that the test can produce false-positives and result in unnecessary treatment, exposing patients to the consequences of potential side effects. The government's researchers also found that men with low levels of PSA could have prostate cancer, but the results of their test could prevent them from getting the treatment they need.

In a 2012 report, the task force reported that the potential harms of the screening outweigh the benefits, and it recommended against screen-

Continued on Page 7 ...



The early stages of prostate cancer usually have no warning signs, which is one reason why early screening can be important.

As the disease progresses, symptoms can include ...

- Slow or weakened urinary stream
- The need to urinate more often, especially at night.
- Blood in your urine.
- Impotence.

- Advanced cancer can cause pain in the hips, spine and chest; weakness or numbness in the legs or feet; or even loss of bladder or bowel control.

Other diseases can cause many of these same symptoms. It is important to tell your doctor if you have any of these problems so that the cause can be found and treated, if needed.

In this issue of the Physicians' Alliance newsletter ...

- Robot a great tool for certain surgeries ... Pg 2
- Slowed down by joint pain? Joint replacement surgery not the only option ... Pg 3
- Your family's health ... Pgs 4-5
 - Take small steps to change your lifestyle
 - Teens and sexuality
- Alliance members ... Pg 6
- Jackson Urology adds a physician assistant ... Pg 7
- Interventional cardiologist joins clinic ... Pg 8



Dr. Daniel Day was the second general surgeon to learn how to use Jackson-Madison County General Hospital's robotics system.

Robot a great tool for certain surgeries

Dr. Daniel Day practices with Drs. Dean Currie, David Villarreal, David Laird and Garrison Smith at Jackson Surgical Associates.

For information, call 731.664.7395 or visit jacksonsurgical.com.

When Dr. Daniel Day first heard about robotic surgery at Jackson-Madison County General Hospital, he didn't want to pass up the opportunity. He became the second general surgeon in Jackson to learn how to use the da Vinci robotics system to perform certain surgeries.

"It's a great tool," says Dr. Day, who practices general surgery at Jackson Surgical Associates. "The robot provides great visualization in tight places and technically is allowing us to do some surgeries less invasively."

In many ways, robotic surgery is similar to laparoscopic surgery, which has dramatically changed the way surgeons do many procedures. With both laparoscopic and robotic procedures, the surgeon makes small incisions rather than the larger incisions needed in conventional surgery. The surgical instruments are inserted through the small incisions.

A small camera at the end of the laparoscope shows the surgeon the surgical field inside the body on a monitor. He manipulates his instruments by watching the monitor.

With robotics surgery, the physician sits at a console looking at a 3D image of the surgical area. The surgeon grasps the master controls below the console to do the surgery. According to the hospital's website, "the system seamlessly translates the surgeon's hand, wrist and finger movements into precise, real-time movements of surgical instruments inside the patient."

"With robotics, we have more dexterity," said Dr. Day. The robots "arms" act more like a wrist, making it easier to perform the procedure."

Both robotic and laparoscopic surgery result in shorter hospital stays,

faster recovery, less pain and less scarring for the patient. The patient also has less soreness after robotic surgery because the robot holds the instruments in a neutral position, he said.

Just as laparoscopic procedures became the norm for many types of surgery, Dr. Day feels the robot also will progress to become the norm for many procedures.

Already, robotic surgery is the method of choice for some surgeries, Dr. Day said. "For example, 80 percent of all prostatectomies (removal of part of the prostate), performed by urologists, are done with the robot."

The use of the robot for general surgery is evolving, too, he said. Doctors are determining what procedures have the best results when done by the robot as compared to laparoscopy or open surgery. "General surgery is still in its infancy in deciding when to use the robot."

Dr. Day uses the robot to do ventral hernia repairs, perform colon operations and remove gallbladders.

The gallbladder procedure has advanced to needing only one slightly larger incision, which is made in the belly button. That one incision (rather than four small incisions needed with the laparoscope) becomes the port through which all of the instruments are inserted and the gallbladder is removed. The procedure is called single site gallbladder surgery, and surgeons at Jackson-Madison County General Hospital were the first to do it in the state.

"We have people coming from Memphis for the procedure," Dr. Day said. "Jackson is really one of the leaders with robotics in the state."

Being skilled with robotic surgery gives his patients more options. Not everyone is a candidate for robotics surgery, and robotics is not appropriate in all situations, said Dr. Day. "In the end, our job as surgeons is to help determine what surgery option is the best for each patient."

"Not everyone is a candidate for robotics surgery, and robotics is not appropriate in all situations. In the end, our job as surgeons is to help determine what surgery option is the best for each patient."

— Dr. Daniel Day

Slowed down by joint pain?

Not all solutions lead to joint replacement surgery

Total joint replacement is a solution for patients with limited function and chronic pain, and for many, it's given them the ability to walk again and return to work.

But it's a major surgery with a long recovery, and it's not the only route to consider when a joint disorder such as osteoarthritis becomes a problem. Doctors at West Tennessee Bone & Joint Clinic in Jackson assess patients individually to find the best course of treatment for their condition and the lifestyle they want to achieve.

Dr. Doug Haltom, a board-certified orthopedic surgeon at West Tennessee Bone & Joint, said many options are available for patients. "A lot of it depends on how affected their daily life is and how limited they are," Dr. Haltom said. "A lot depends on their function and what they want to get out of it."

Treating pain is a big part of battling osteoarthritis, and over-the-counter or prescription drugs may be all a patient needs, he said. Or, a cortisone injection up to three or four times a year may be enough to relieve the symptoms and keep a patient ambulatory.

However, cortisone shots lose their effectiveness if they are overused, Dr. Haltom said.

Another treatment he considers is viscosupplementation, which is a hyaluronic acid injection that acts as a lubricant and shock ab-



Dr. Doug Haltom examines a patient's knee joint.

"A lot of it (treatment) depends on how affected their daily life is and how limited they are. A lot depends on their function and what they want to get out of it."

— Doug Haltom, M.D.

sorber and relieves pain caused by osteoarthritis. It's a substance similar to the natural fluid found in joints, and it is delivered through three injections during the course of three weeks, Dr. Haltom said.

Doctors at West Tennessee Bone & Joint Clinic use an ultrasound to make the viscosupplementation injection and other injections more effective,

Dr. Haltom said. "It improves the accuracy of the injection, and it's less painful." Ultrasound is often used for injections of the knee, but is also used for injections of the shoulders, hands, feet and ankles.

Additional treatments for joint disorders involve exercise, such as walking or swimming, which helps increase range of motion while improving function and reducing pain, Dr. Haltom said. "Physical therapy can be very beneficial for a select group of patients with arthritis."

And sometimes, braces or shoe inserts can be all a patient needs. "Changing something very minor could decrease that pain you're having," Dr. Haltom added.

It's different for everyone, and Dr. Haltom said patients have different levels of pain and functionality, as well as different objectives. Some just want to be able to get around the house. Others want to get back to work and travel.

And while total joint replacement can be an effective solution for patients with joint disorders, it's not the only one, Dr. Haltom said. "Many patients have found success with a much less invasive treatment plan."

Dr. Doug Haltom practices at West

Tennessee Bone & Joint Clinic with Orthopedic Surgeons Drs. Lowell

Stonecipher, Michael Cobb, David Johnson, Kelly Pucek, Harold

Antwine III, David Pearce, Jason

Hutchison, Adam Smith and John

Everett; and Hand Surgeon Dr. Michael Dolan.

The clinic is at 24 Physicians Drive in Jackson. For an appointment, visit www.wtbjc.com or call 888.661.9825.

Your family's health ...

Small steps to change your lifestyle turn into big improvements in your health

People who make healthy choices can live better lives. That's why Dr. Kim Howerton, a board-certified family physician with Patient Centered Physician's Care, P.C. in Jackson, recommends small changes to meet achievable goals.

Eating right doesn't have to be expensive, and exercise can be worked into a daily routine without sacrificing any of the duties and responsibilities all families face, she said.

"Take time and make slow changes. Don't hit this full force all at once."

When she sees patients for wellness visits, Dr. Howerton tries to get a sense of their lifestyle as it pertains to health. Then she works with them to find the easiest place to make improvements. "We talk about how we can make small changes in the things we do," she said.

She understands life is hectic and schedules are busy, and it's difficult to add more tasks to the list. So, she looks for ways patients can

find room for healthy activities.

Often, her first piece of advice is to spend 30 minutes during the weekend to determine what dinners to make throughout the week. "I sit down every week, see what's on sale and find a healthy choice for each night," Dr. Howerton said.

If families know they'll be busy on a particular night, they can prepare a meal in advance or pack a second brown-bag lunch to avoid the drive-through window. "If we just take something from home, it's going to be cheaper," Dr. Howerton said.

Planning ahead allows people to save money by not eating out, which is also healthier because you can control the ingredients when you eat meals at home. "We can save money and still eat healthy. It doesn't have to break the bank to eat healthy."

When it comes to exercise, Howerton ad-



Dr. Kim Howerton checks Savannah Napier's ears.

vises patients to find an activity that they can work into their schedules. She suggests taking family walks after dinner, visiting the park on weekends, doing yard work as a family or finding an activity everyone can enjoy.

"Flying a kite is a great family exercise, and it gets you in the park with your kids," Dr. Howerton said.

She also has simpler exercise methods, such as doing leg lifts while brushing your teeth or conducting an orchestra with your arms during television commercials.

She gives families advice on how they can work exercise into their daily routines, and none of her ideas require a gym membership or a commitment to schedule a daily hour-long workout regimen. And, she tells families to look for ways they can exercise together and vote on the best course to create buy-in and accountability from everyone.

Howerton also tells families to set goals for diet and exercise, and as a reward, plan a trip to the zoo or somewhere else that requires a lot of walking. Just don't reward yourself with unhealthy food, she said.

"We're in this together. We're supporting each other; we're a family."



As a family practice physician, Dr. Kim Howerton likes to get all members of a family involved in improving their health. Pictured, above, clockwise from upper left, are Dr. Howerton, Andrea Napier, Charlotte Napier, Michael Napier, Savannah Napier and Cara Roberson, APRN, FNP.

Dr. Kim Howerton practices at Patient Centered Physician's Care, Suite A, 25 Security Drive. For an appointment, call 731.215.2888.

Don't wait too long to have the sexuality conversation with your young teenager

Dr. Andrea Harper, an OB/GYN at the Woman's Clinic in Jackson, acts as a trusted third party when families are faced with the very sensitive issue of their children's sexual activity.

She helps teenagers discuss their sexuality from a medical perspective and make responsible decisions. She also helps determine the best way to open the door of communication with their parents.

"A lot of times they are sexually active, and their parents don't know," Dr. Harper said. "But it's so much better when the adults in their lives know what's going on."

She counsels families about human papillomavirus (HPV) and the need for vaccination, which should be given to all boys and girls between the ages of 9 and 13, and up to age 26. She also recommends that women get their first Pap smear at 21 to test for cervical cancer, which can develop from an HPV infection. And higher risk women — determined by their sexual activity — should be tested earlier.

HPV is so common that women in the United States have an 80 percent chance of contracting it in their lifetime. "There's a fairly high risk they'll be exposed to HPV with their first intercourse," Dr. Harper said.

But while it's critical for children to be vaccinated, Dr. Harper said it can be difficult for parents to come to terms with the reasons why. "It's so hard for parents to believe how early their daughters are becoming sexually active."

Vaccinating a 9-year-old to protect against a sexually transmitted disease shouldn't be different from any other vaccination they get as a child, Dr. Harper said. It protects the child from future exposure.

Additionally, Dr. Harper encourages parents to schedule a checkup for their daughters early on, even if there are no signs of sexual activity. Early checkups allow Dr. Harper to estab-



Andrea Harper, M.D.

lish a relationship with her younger patients, and they feel more comfortable when they receive their first pelvic exam. "It's so much easier for them if they already know me," she said.

And while the subject matter may be uncomfortable, Dr. Harper said parents need to be available to discuss sexuality with their children. "The No. 1 thing you can do is keep a open door and make sure your kids know there's no subject they can't talk about."

The problem Dr. Harper often encounters is children who are afraid to be honest with their parents about their sexual activity. But, because they are children, they need guidance from an adult to navigate issues about their health. Dr. Harper said her younger patients often feel more comfortable speaking with her about sex because she is a doctor.

"I am very comfortable with asking the tough questions and getting the dialogue started," Dr. Harper said.

It's a rewarding experience, she

HPV is so common that women in the United States have an 80 percent chance of contracting it in their lifetime.

Continued
on Page 7 ...

Dr. Andrea Harper practices at the Woman's Clinic with Drs. Michael Epps, Paul Gray, Brad Adkins, Molly Rhoney, Madhav Boyapati, David Soll and Ryan Roy.

The clinic is at 244 Coatsland Drive in Jackson. Need an appointment? Call 731.422.4642.



Jackson has some really great doctors.

We are proud to call them members.

Allergy

Allergy & Asthma Care: 660-0138

- Alan DeJarnatt, M.D.

Anesthesiology

Professional Anesthesia: 424-1408

- Ben Anderson, M.D.
- Charles Freeman, D.O.
- Lauri Anne Gorbet, M.D.
- Timothy Hutchison, M.D.
- Michael Lam, M.D.
- Michael Martindale, M.D.
- Charles Poole, M.D.
- Todd Seabrook, M.D.

Cardiology

Adv Cardiovascular: 215-1281

- Alexander Alperovich, M.D.

Apex Cardiology: 423-8200

- Henry Lui, M.D.
- Mallory McClure, M.D.

Cardiovascular Clinic: 256-1819

- Adey Agbetoyin, M.D.
- Mohsin Alhaddad, M.D.

Mid-South Heart Center: 423-8383

- Louis Cunningham, M.D.
- Tommy Miller III, M.D.

Skyline Cardiovascular: 410-6777

- Ronald Weiner, D.O.

Dermatology

Dermatology Clinic: 422-7999

- Mac Jones, M.D.
- Patrick Teer, M.D.

Family Practice

Northside Medical Clinic: 668-2800

- Timothy Hayden, M.D.
- Elizabeth Londino, M.D.

Patient Centered Care: 215-2888

- Kim Howerton, M.D.

Kenneth Warren, M.D.: 664-0103

Gastroenterology

TransSouth Health Care: 661-0086

- Allan Menachem, M.D.
- Bob Souder, M.D.

General Surgery

Jackson Surgical: 664-7395

- Daniel Day, M.D.
- Dean Currie, M.D.
- David Laird, M.D.
- Garrison Smith, M.D.
- David Villarreal, M.D.

Madison Surgical Clinic: 660-6101

- Thomas Edwards, M.D.

Gynecology/Obstetrics

Jackson Reg. Women: 668-4455

- Sandra Boxell, M.D.
- Keith Micetich, M.D.
- Lane Williams, M.D.

Woman's Clinic: 422-4642

- Brad Adkins, M.D.
- Madhav Boyapati, M.D.
- Michael Epps, M.D. (GYN ONLY)
- Paul Gray, M.D.
- Andrea Harper, M.D.
- Molly Rhoney, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

Hand Surgery

Plastic Surgery Clinic: 668-2490

- Marshall Yellen, M.D.

West TN Bone & Joint: 661-9825

- Michael Dolan, M.D.

Internal Medicine

Eze Clinic: 661-0067

- Gift Eze, M.D.

Goodwin & Associates: 668-9791

- Stephen Goodwin, M.D.

Ultimate Health: 265-1997

- Samuel Bada, M.D.

John Woods, M.D.: 664-7949

Nephrology

West TN Kidney Clinics: 668-4337

- Susan Alex, M.D.
- Ram Chary, M.D.
- Shirish "Joe" Joglekar, M.D.
- R. Mulay, M.D.
- Murty Narapareddy, M.D.

Neurology

Greystone Medical: 661-0131

- Marcus DeSio, M.D.

Oncology/Hematology

Cancer Care Center: 668-1668

- Brian Walker, D.O.
- Archie Wright, D.O.

Ophthalmology

Eye Clinic: 424-2414

- Mark Bateman, M.D.
- Hilary Grissom, M.D.
- Bruce Herron, M.D.
- Sean Neel, M.D.
- Jason Sullivan, M.D.
- Art Woods, M.D.

Hughes Eye Center: 664-1994

- David Underwood, M.D.

Orthopedic Surgery

Sports/Orthopedics: 427-7888

- Scott Johnson, M.D.
- John Masterson, M.D.
- Keith Nord, M.D.
- Timothy Sweo, M.D.
- Bradford Wright, M.D.
- David Yakin, M.D.

West TN Bone & Joint: 661-9825

- Harold Antwine III, M.D.
- Michael Cobb, M.D.
- John Everett, M.D.
- Doug Haltom, M.D.
- Jason Hutchison, M.D.
- David Johnson, M.D.
- David Pearce, M.D.
- Kelly Pucek, M.D.
- Adam Smith, M.D.
- Lowell Stonecipher, M.D.

Otolaryngology

West TN ENT Clinic: 424-3682

- Karl Studtmann, M.D.
- Keith Wainscott, M.D.

Pediatrics

Child Care Clinic: 664-8080

- Kay Joglekar, M.D.

Pediatrics, CONT.

Children's Clinic: 423-1500

- Todd Blake, M.D.
- Bruce Maley, M.D.
- Amelia Self, M.D.
- David Self, M.D.
- Theresa Smith, M.D.

Physical Medicine/Rehab

EMG Clinics of TN: 664-0899

- Ron Bingham, M.D.

EMG Specialty Clinics: 668-9899

- Remy Valdivia, M.D.

West TN Rehab Group: 664-7744

- Davidson Curwen, M.D.

Plastic Surgery

Plastic Surgery Clinic: 668-2490

- Marshall Yellen, M.D.

Podiatry

East Wood Clinic, Paris: 642-2025

- David Long, D.P.M.

Podiatry Clinic: 427-5581

- Terry Holt, D.P.M.

Rheumatology

Arthritis Clinic: 664-0002

- Jacob Aelion, M.D.
- Satish Odhav, M.D.

Spine Surgery

Adv. Spine Institute: 506-4607

- Robert Talac, M.D.

Urgent Care

Physicians Quality Care: 984-8400

- Jimmy Hoppers, M.D.
- Melanie Hoppers, M.D.

Urology

Jackson Urological: 427-9971

- David Burleson, M.D.
- John Carragher, M.D.
- Raymond Howard, M.D.
- Peter Lawrence, M.D.
- Donald McKnight, M.D.
- Scott Yarbro, M.D.

Physician assistant focuses on women's urology

Jackson Urological Associates hired Ashley Brown, a physician assistant, to specialize in women's urology. She is the only female medical provider at the clinic.

"Before I was hired, Jackson Urological was comprised of six male physicians," Brown said. "I believe this provided a very unique opportunity and need for a female practitioner. Many women prefer seeing a woman practitioner, and now they have that choice here in our clinic."

Besides treating women, Brown also practices acute care and assists in robotic prostatectomy — a minimally invasive procedure for patients with prostate cancer.

The clinic is a wonderful place to work with a collaborative atmosphere, Brown said. "I enjoy practicing autonomously within the framework of an



Ashley Brown, P.A.

experienced group of physicians. I've been really supported by all the doctors and feel like they've always been available to me if I have any questions or concerns. It's rewarding to make a positive difference in the lives of my patients."

Brown earned a master's degree in physician assistant studies from Bethel University in McKenzie. She has a bachelor's degree in human development and family science, with a child and family services emphasis, from Oklahoma State University.

Before joining Jackson Urological Associates, Brown accumulated more than 1,800 hours of clinical rotation experience in Jackson at Cardiothoracic Surgery Center, North Jackson Family Clinic, Northside Medical Clinic, The Jackson Clinic, Pathways Behavioral Health Services and Jackson-Madison County General Hospital.

She also did rotations at Jernigan Surgical Clinic in Union City and Henry County Medical Center in Paris, Tenn.

Brown is married and has two children.

Dr. McKnight practices at Jackson Urology Associates with Drs. Scott Yarbrow, David Burleson, Ray Howard, John Carraher and Peter Lawrence.

The clinic, at 28 Medical Center Drive, specializes in the diagnosis and treatment of urinary tract conditions in men and women, and prostate and sexual dysfunction problems in men.

For an appointment, call 731.427.9971.

Controversy over prostate screening

... Continued from Page 1

ing healthy men of all ages. The medical community remains divided on the issue.

Although he has shown the test to be effective, Dr. McKnight doesn't recommend the test for everyone. Instead, he focuses on patients who fit the prostate cancer profile.

Young patients unlikely to have the disease or elderly patients with more serious health issues are not good candidates, he said. For example, it's unnecessary to test patients with advanced heart or lung disorders who are likely to succumb to other illnesses be-

fore prostate cancer can be fatal.

But patients between 45 to 70 years old who are healthy and stand a good chance of living for another 15 years are good candidates, he said, explaining that a healthy, middle-aged man should get screened at least once, even if no symptoms are present. And higher risk patients, such as African-Americans and men with a family history of the disease, should get screened before they are 45, he said.

"It's trying to find out who does need it, and it's making sure you have that discussion with patients," Dr. McKnight said.

Some facts about prostate cancer

- Prostate Cancer is the second-most common cancer, behind skin cancer, among men in the U.S.
- Prostate cancer is the second-leading cause of cancer death in men in the U.S., behind lung cancer.
- Almost two-thirds of men with prostate cancer are diagnosed when they are 65 or older. It is rare for men younger than 40.
- Doctors will diagnose 238,590 new cases of prostate cancer in the U.S. in 2013.
- Although prostate cancer is serious, most afflicted men will not die from it.
- More than 2.5 million men in the U.S. have been diagnosed with prostate cancer and are still alive today.
- About one in 36 men will die of prostate cancer.
- Almost 17 percent of men in the U.S. will be diagnosed with prostate cancer during their lifetime.

Source: *The American Cancer Society*

Teens and sexuality

... Continued from Page 5

added, because the dialogue brings families closer together. "You know you've made a difference in their relationship, and it could be something that strengthens their relationship for the rest of their lives," she said.

Beyond her job at the Woman's Clinic, Dr. Harper discusses these subjects through community education events and seminars for parents and teachers.

It's important, she said, for adults in the community to understand the issues so they can offer guidance to children. She sees her role as a teacher, as well as a doctor.

"I love education," Dr. Harper said. "It's one of the reasons I went into medicine."

Stories and design of the West Tennessee Physicians' Alliance newsletter by Reed & Associates, Inc. www.reedmarketing.com



*Mohsin
Alhaddad, M.D.*

Interventional cardiologist joins Cardiovascular Clinic of West TN

Dr. Mohsin Alhaddad has joined Dr. Adey Agbeytoyin at the Cardiovascular Clinic of West Tennessee. An interventional cardiologist, Dr. Alhaddad deals specifically with catheter-based treatment of heart diseases.

Dr. Alhaddad received his medical degree from Moi University in Kenya. While in medical school, he was named the best overall student his third year and the best overall internal medicine student in his final year.

He completed an internal medicine residency at Indiana University School of Medicine. His three-year cardiology fellowship was completed at the Uni-

versity of Louisville in Kentucky during which he performed 500 diagnostic cardiac catheterization procedures. His one-year interventional cardiology fellowship was completed in San Antonio at the University of Texas Medical Center.

Dr. Alhaddad is board certified in internal medicine and is board eligible in cardiovascular medicine and cardiac computer tomography. Besides English, he is fluent in Arabic, Swahili and French. He enjoys soccer, traveling and teaching.

The Cardiovascular Clinic of West Tennessee is at 2968 N. Highland Ave. To schedule an appointment, contact the clinic at 731.256.1819.

Time to see a doctor?

WEST TENNESSEE
Physicians'
Alliance

Our physicians treat your whole family



The West Tennessee Physicians' Alliance represents more than 100 Jackson physicians who practice 24 different specialties in independent clinics.

Check us out at www.wtpa.com.

For an appointment call your doctor's clinic.

Doctors and clinics are listed on Page 6 of this newsletter.

Address Service Requested

*Alliance physicians
meet all of the
medical needs of
your family.*
www.wtpa.com

Interventional cardiologist joins Cardiovascular Clinic of West TN



*Mohsin
Alhaddad, M.D.*

Dr. Mohsin Alhaddad has joined Dr. Adey Agbeytoyin at the Cardiovascular Clinic of West Tennessee. An interventional cardiologist, Dr. Alhaddad deals specifically with catheter-based treatment of heart diseases.

Dr. Alhaddad received his medical degree from Moi University in Kenya. While in medical school, he was named the best overall student his third year and the best overall internal medicine student in his final year.

He completed an internal medicine residency at Indiana University School of Medicine. His three-year cardiology fellowship was completed at the Uni-

versity of Louisville in Kentucky during which he performed 500 diagnostic cardiac catheterization procedures. His one-year interventional cardiology fellowship was completed in San Antonio at the University of Texas Medical Center.

Dr. Alhaddad is board certified in internal medicine and is board eligible in cardiovascular medicine and cardiac computer tomography. Besides English, he is fluent in Arabic, Swahili and French. He enjoys soccer, traveling and teaching.

The Cardiovascular Clinic of West Tennessee is at 2968 N. Highland Ave. To schedule an appointment, contact the clinic at 731.256.1819.