

Healthcare is Selfcare.

THE PODCAST



Transcript - Episode 2: Trust Your Gut

Aloysius Ballard *Host* **Ramon Brown, MD, FACS, FASCRS** *Colorectal Surgeon*

Ballard: If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to Healthcare is Selfcare Podcast—and I am today's host, Aloysius Ballard. I am the Digital Coordinator here at Singer River Health System, and I have a great guest today. Go ahead and introduce yourself.

Brown: My name is Ramon Brown. I'm a Colorectal Surgeon for Singer River Health System.

Ballard: Okay. Let's dive into that. What is a Colorectal Surgeon?

Brown: So, a Colorectal Surgeon is someone who takes additional training after general surgery and residency to specialize in the treatment of benign and malignant diseases of the colon, rectum, and anus. So, using minimally-invasive techniques to address these issues, using the latest technology, the latest techniques to address some of the more specialized problems in these areas, while general surgeons and other surgeons kind of cross pattern with what we do, we go a little bit deeper into some of the more esoteric ways of addressing complications from these disease processes.

Ballard: So, with that being said, what are some common things that you deal with on a daily basis?

Brown: On a daily basis, I deal with patients who have colon cancer and rectal cancer. Of course, those are the things that are kind of the most obvious. Diverticulitis on the benign disease side, but things like inflammatory bowel disease, ulcerative colitis, and Crohn's disease—helping patients with those disease processes where medical management is no longer assisting in their progression towards health—also, with patients who have a variety of anal-rectal conditions. Hemorrhoids are the things that people think of the most, but fistulas, fissures, anal stenosis, masses that are masquerading as hemorrhoids are the things that I address on a regular basis.

Ballard: Looking into the complexity of the bowel system as well as the body, you typically work with other disciplines. What are some of the disciplines that you normally help or assist?

Brown: I work pretty closely with the urologists in our community and Dr. Finan in Gynecologic Oncology. And then of course as a multidisciplinary team we work with the cancer center and we work with the medical oncologists and the radiation oncologists. Those groups of people, I would say, are the most common people I'd work directly with. But I really have to shout out to the referrers who recognize the patients who need these specialties—Gastroenterologists—they are the folks who are frontline seeing our patients who have gastrointestinal problems that need to be addressed to get patients back to their healthy lives and with their families, as well as

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the primary care doctors who see some of the patients who have specialized needs that are otherwise not seen by other providers.

Ballard: That's a very strong value to have in a system—to be able to communicate that fluidly from one discipline to the next. What are some things that you think really strengthen our improving health and saving lives as far as the communication between all of you?

Brown: I think the ability of all of the providers to remain relatively collaborative and making sure that we're working together for the benefit of the patients to ultimately get patients where they're going to get the best care for their particular disease process. The argument can be made that some of the things that I see could be managed by general surgeons, I completely agree. However, some of the other things, especially some the patients with inflammatory bowel disease, there are some special considerations that need to be made before they go to the O.R. or otherwise their disease course, their hospital course, their surgical course is going to be significantly different if we hadn't had a colorectal surgeon involved in their care.

And that's where I think our strength is in Singing River Health System, is that we are relatively collaborative here among each other, knowing that we are part of a system to help guide patients back to their families. I think there's very few egos involved, and we all are trying to pull in one direction.

Ballard: That's great to know. I know a lot of times with your discipline, a lot of people think that if you're called, it's an end all, be all. You cover a lot of things that don't necessarily have to be what we consider bad news.

Brown: Right. I think everything's a conversation until we have to go to the O.R. I think one of the things that I try and do is get to know the patients, get to know what they want out of each situation,

understand where they're at or where their disease is at in the process of things, and try and get them to where they want to be. There are certain patients who they come in, and surgery is of course, the answer to the question or the problem that they have. But there certainly are those who don't need surgery from me and I'm definitely wanting to tell them that they don't or, "Hey, this is where you need to go next in order to get the answer that you need."

Honestly, I can't solve every problem that walks through the door. There are going to be certain things that are above what the system can handle. But I try and make sure that I'm honest with patients about where they are and what I can do. And if I can say I can deliver it, I try and take pride that I'm going to be able to do that for them. Otherwise, I'll send them somewhere else where they're going to be able to get the care they need.

Ballard: In our culture today, social media influences so much and social media medicine, so to speak, often leads people to doing things that could be extremely harmful to their health. One of those things that I want to discuss with you is about the mystery of "You're not fat. You just have a lot of stuff in your colon."

Brown: Yeah. So, we do kind of a quasi-colon cleanse when we send patients for a colonoscopy. They have to take a prep that, you know, evacuates all the stool from their colon. And yeah, you're going to lose a certain amount of weight with the amount of stool in there. And then you're going to get a little dehydration because the way that those preps work as they evacuate some water from you. But that's not a great way to lose weight on a long-term basis. That's long-term calorie deficit with exercise and dieting is probably the best way to do it, regardless of how you do that. Keto, carb restricting, whatever you choose. But yeah, that's not a thing.

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Ballard: Then what would your advice be to maintaining a healthy colon?

Brown: So, my advice would be: stay hydrated. The main point of the colon—its job—is to to reabsorb the water and some of the electrolytes from the fluid that our body generates in order to absorb the things that we need. The more water you drink, the less water your colon has to take out of that fluid. And so, you know, you can prevent yourself from getting constipated by staying hydrated. You can prevent yourself from getting certain types of diarrhea by staying hydrated. Other thing you can do is take a fiber supplement daily. I usually recommend Benefiber to most people. That helps keep enough substance to the stool because that doesn't get reabsorbed. So that helps you form a nice, easy to push stool so that you don't have to strain to use the restroom.

And last piece—decrease the amount of processed meats and red meats. I know that sounds like a thing that everybody says, but really it's true. There are some links between those processed meats and red meats to, you know, diseases of the colon, rectum, that can be detrimental.

Ballard: So, let's explain that real quick. I don't want to rush through that for someone listening. Processed meats, what does that actually mean?

Brown: Bologna has a first name. So things like that. Bologna, pepperoni, things like that. Those are things that are considered processed meats. Fresh chicken, fish, seafood, lean meats—those are things that are healthy for you to eat. I would say moderation on red meats, not saying no. Barbecue every day is probably not a great idea—Rib Shack, I'm sure it tastes delicious. But, you know, not trying to hit their main customer base. But watch out!

Ballard: So, because, you know, we go to Walmart, we do these things and a lot of times people tend to shop monetary first. Is it practical to eat things that are better for you and still have them not break the bank?

Brown: That's a hard question. I think some of the food that is not as good for you is certainly cheaper. Trying to stay away from the processed sugars and staying away from the processed meats while staying on budget can be very difficult. I'll definitely admit that.

Ballard: Now, you recently received a Surgeon of Excellence achievement. I want to speak to your journey of how you arrived here. Did you always know that you wanted to be in this, you know, the position you're in now?

Brown: No. I mean, I get the question all the time. You know, "Why exactly is it that you do colorectal surgery?" I think one of the things that's important about being a colorectal surgeon is having a sense of humor. You know, you end up being kind of, for lack of a better term, the butt of jokes sometimes. But, in reality, I'll even be honest, the first time I heard of this specialty, I thought "Who would want to do that...Deal with that every day?" I just kind of had a couple of people who helped guide me along my career—one of whom was an ENT surgeon who ended up developing colon cancer. I was involved with his care and after being involved with his care and seeing what he went through and wanting to learn more about how to help people prevent from getting to where he was.

He ended up with stage four cancer and passed not too long after. He was a very healthy guy, a very active guy. And so how do we get patients through this course while minimizing their distress? After that, I picked up a couple of mentors who encouraged me to pursue what I was good at. I was good at doing endoscopy and I love doing colon cases as a resident. They pushed me in that direction.

So as time progressed, I did some research and I was able to get in the fellowship over at Ochsner. Well, I've been in the military from 2008 until just recently in 2021 and came back to Keesler as an attending versus being a resident and

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worked with one of the colorectal surgeons over there who helped spin me up on the robot. So, I wouldn't have imagined that I would be, you know, a Surgeon of Excellence or have that sort of distinction at this stage of my career, knowing where I came from until now. So, I feel very blessed to be able to serve the community in this capacity.

Ballard: Let's speak to a little bit of who cares for you? You have a beautiful family. Let's give them some love right now.

Brown: Yeah. I want to shout out to Kim Brown. Love you! And then little Gavin, three-year-old heart. He's grown so fast. But, as you know, people say about their kids, everybody loves their kids. I love mine. He's a special kid. So smart, growing so quickly. But yeah, that's kind of what I spend my spare time doing—spending time with my family, staying active, trying to stay healthy and in the game for them.

Ballard: Now, you also like to run races. I've noticed that you're a runner.

Brown: Yeah. Runner, garage gym enthusiast. I used to do a lot more CrossFit. Getting too old to do all of the gymnastics portion of that, but still stay active as much as possible.

Ballard: Now, I'm going to give you a couple of blitz questions before we get out. Just so that our listeners can find a little bit more about your personality. Are you ready?

Brown: Go for it.

Ballard: What was the last movie you watched?

Brown: The last movie I watched was Encanto with my son Gavin. He loves not talking about Bruno. We don't talk about Bruno.

Ballard: There you go! Speaking of music, what is the most played song in your O.R.?

Brown: Most played song in my O.R.? Geez, the most played song in my O.R. is probably something by Drake unfortunately. I love Drake, but at the same time, he's been big for so long!

Ballard: Yeah. He's just like...you can't get rid of him. If you had to choose one meal to eat for the rest of your life, what would it be?

Brown: My wife is going to laugh at me. It would probably be something with chicken, rice, and a vegetable side. That's it. I'm a relatively simple guy. If I was going to eat the same thing forever, that would be it. My favorite thing would probably be a medium rare filet with some asparagus on the side. That's probably about it.

Ballard: Not a bad choice. You know, what's your favorite thing about living on the coast?

Brown: My favorite thing on the coast is probably the weather. The atmosphere is very laid back. I think when I moved here from Atlanta, the pace was a lot slower than I appreciated. But as my life is sped up in other areas, I appreciate the slower pace in other places. Just relaxing.

Ballard: Now, lastly, tell our listeners, how can they get in touch with you if they want to schedule an appointment or if they just want a consultation and how can they get in touch with you?

Brown: So, we are over off of Denny Avenue—3101 Denny Avenue over in Pascagoula. We're right across the street from the hospital. We are at 228-471-1476. If you call that number and say "Hey, I need a consultation." We may redirect you to get in touch with your primary care provider to give us a referral, but we'll definitely hear you out and try and get you in as soon as possible.

Ballard: So, Dr. Brown, we want to thank you again for joining us on this episode of Healthcare is Selfcare Podcast. And for our listeners, we appreciate you for tuning in today. And we will see you in the next one.