SHINE



NO ONE TOLD *surprise twins* ABOUT BIRTH PLAN

RESTAURANT OWNER SURVIVES A HEART-STOPPING **'WIDOW MAKER'**

Methodist MIDLOTHIAN MEDICAL CENTER

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SHINE

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Methodist HEALTH SYSTEM

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VIDEO:
Bragging rights on the line after couple's hip and knee surgeries



POET WHO WAS RUN OVER BY TWO CARS FINDS

INSPIRATION *in* RECOVERY

This Dallas woman has overcome near-fatal injuries suffered in a hit-and-run crash and used her recovery to inspire her poetry

Promise McCree woke up at Methodist Dallas Medical Center after a near-fatal hit and run with her body held together by pins, plates, and nearly 60 screws.

"My pelvis was split in half," the 24-year-old poet recalls. "They told my family they didn't know if I'd wake up."

When she was rear-ended on a Dallas interstate, Promise stepped out of her vehicle and was hit by two other cars. Her injuries were so severe that doctors weren't sure she would survive.

Today, after eight surgeries and countless hours of physical therapy, she is walking, working, and writing poetry again.

"I'm still the same girl with an infectious aura … and a smile worth capturing," Promise says in a poem written during her recovery. "This smile, it's never going to go away."

That's a promise to live by, considering the pain that Promise has endured.

LIFE-CHANGING CRASH

On Labor Day in 2023, Promise left her cousin's home, planning to go shopping with her mom. She was two exits from her mother's house when a driver clipped her car, sending it into a barrier on Interstate 30 in downtown Dallas.

"I'm a short woman, so I sit close to the steering wheel," she remembers. "Everything came toward me."

Dazed but conscious, Promise stepped out of her car and was struck by a second car. That driver stopped to help, but moments later, an SUV ran over the lower half of her body. The driver of the SUV did not stop.

"I want to know why they didn't stop," says Promise, who has a message for that hit-and-run driver. "Whoever you are, I forgive you."

50% CHANCE OF SURVIVAL

Paramedics rushed Promise to Methodist Dallas, where **Niladri Basu, MD**, an orthopedic surgeon on the medical staff, and other surgeons began operating shortly after her arrival.

"I saw a young lady on a stretcher in basically a pool of blood from her pelvis," Dr. Basu says. "Her blood pressure was dropping, and we had to move quickly to save her life."

Promise's injuries were devastating. Her pelvic bone was split in half, and her left forearm and shinbone were broken in multiple places.

"Basically, something caught her leg and pulled her whole pelvis off her body on both sides," Dr. Basu explains. "The mortality rate with an open pelvic fracture like that is close to 50%."

As the accident and its aftermath unfolded, Promise's mother, LaJuana McCree, called her daughter's cellphone. She still remembers an ICU nurse answering.

"I didn't have time to cry," she says through tears. "I just needed to know she was alive. From that moment on, I had to be strong for her."

> THE STAFF BECAME OUR FAMILY. **THEY GAVE US HOPE ON THE HARDEST DAYS.**
>
> — LaJUANA McCREE, PROMISE'S MOTHER



Promise's sister Cherish, among others, helped lift her spirits during her long hospital stay.



Promise returned to Methodist Dallas after her recovery to thank the team that treated her.

‘STARTING FROM SCRATCH’

When Promise woke up a week after the crash, she couldn’t feel anything below her belly button. A neck brace limited her movements, and two pins held her pelvis together.

“It was like a movie scene,” she says. “The beeping noises, the IV, the neck brace, my sister telling me not to move. That’s when it hit me — I couldn’t feel parts of my body.”

Dr. Basu, along with other doctors, performed eight surgeries to meticulously rebuild her pelvis, arm, and leg with titanium plates and screws. Her world shrank to her hospital room, where she relearned everything: how to sit up, steady her neck, grip a pen, and even write her name.

“It felt like starting from scratch,” she says. “I didn’t even know who I was before. I felt like a newborn baby.”

However, Promise was surrounded by support around the clock.

“I didn’t want to be alone,” she says. “My mom, dad, grandma, and sisters made sure someone was with me at all times.”

FINDING THE WILL TO RECOVER

She also found encouragement from the Methodist Dallas staff, who cheered her on while she built a bond with Dr. Basu.

“I love Dr. Basu,” Promise says with a smile on her face. “He was firm and frank with me, but he was always sensitive to the situation. He considered my feelings and gave me the option of how to receive it.”

That trust became the foundation of her recovery, helping her face each painful milestone with courage.

“Amazingly, she can walk into my office two years later after such life-threatening injuries,” Dr. Basu says. “Promise was strong-willed from the start.”

For her family, those long days in the hospital were a blur of worry and gratitude, each act of kindness etching itself into their memories.

“The staff became our family,” her mother says. “From the surgeons to the nurses to even the people who cleaned her room, they all gave us hope on the hardest days. I’ll never forget how much love they showed my daughter.”

REDISCOVERING HER VOICE

Words are a way of life for Promise. With her throat too painful to speak, she wrote poetry.

“Some of my deepest poems came during that time,” she says. “I’m not glad the accident happened, but it added layers and depth to my writing I never had before.”

Her milestones since then tell their own story. She earned her master’s degree from Grambling State University, regained her ability to walk, and now mentors young people through a North Texas nonprofit.

The crash left lasting changes. She still lives with pain, especially when the weather turns cold, but she refuses to let it define her. Physical and occupational therapy will be lifelong needs. The track star can’t run like she once did, but she dreams of the day she might.

Her advice for others facing similar challenges?

“Give yourself as much grace as you can,” she says. “It’s normal to lose hope. Just don’t stay there too long. Believe in God, and believe in yourself.”

Promise’s plans are as bold as her name. She hopes to become a professor, get married, and raise a family.

“I want to leave a legacy,” she says. “Something monumental. Something worth remembering.”

Watch Promise share her inspiring story of recovery and forgiveness at ShineOnlineHealth.com.



HATS OFF *to this* 'COLD-CAPPING' CANCER SURVIVOR







This longtime paramedic was determined to keep her identity — and her hair — during chemotherapy for breast cancer

When longtime paramedic Sheila Elliott was diagnosed with breast cancer, she was determined to maintain her identity — and her hair — even if it required her to be a woman of many hats.

"I wanted to look in the mirror and still see me," Sheila says. "I did not want to look sick."

During her chemotherapy sessions at Methodist Richardson Medical Center, Sheila began cold capping, a technique that constricts blood vessels in the scalp to help reduce the amount of chemotherapy that reaches hair follicles — and in many cases, helps patients keep much of their hair. The process involves wearing a tightly fitted, chilled cap before, during, and after infusions.

To keep spirits high — her own as well as those around her — the fun-loving Frisco resident wore a different whimsical hat over the cold cap each week, everything from hamburgers to toilet plungers.

Sheila's "cool head" prevailed. She kept her hair and her sense of humor, even as she drew warmth from her extended "family" of nurses and doctors at Methodist Richardson, many of whom she had known professionally as EMS director of the first responder organization at The University of Texas at Dallas.

"Culture is something you feel," she says. "Here, it's love, peace, and 'We've got you.'"

DIAGNOSIS DISRUPTS ROUTINE

Sheila was 52 years old when a routine mammogram revealed a suspicious lump.

"I always thought of mammograms like a dentist appointment," she says. "You get your teeth cleaned, you get your mammogram."

With no family history of breast cancer, the diagnosis came as a shock. Sheila also didn't understand how common it is.

"I didn't realize that one in eight women are diagnosed," she says. "I'm in the club now."

Her stage 1B and estrogen receptor- and progesterone receptor-positive cancer was caught early through screening. Early detection and targeted therapies have significantly improved survival rates, says **Alan Trumbly, DO**, medical oncologist on the medical staff at Methodist Richardson.

"Sheila caught her cancer very early," he explains. "She's gone through treatment remarkably well and has done everything she can to lower the risk of its recurrence."

'HARD TO LET GO' OF CONTROL

After having the lump removed, Sheila's treatment included five radiation sessions and 16 rounds of chemotherapy, which featured a drug known as "red devil" because of its bright color and intense side effects.

"It can be very nauseating, it suppresses the bone marrow, and it's hard on the heart," Dr. Trumbly says. "Fortunately, our ability to manage side effects has improved dramatically, which helps patients like Sheila get through it."

Letting others care for her was a new challenge. As a paramedic and now an educator who started the EMT and paramedic programs at UT Dallas, Sheila was used to being the one helping others. During treatment, she leaned on her colleagues and students, who supported her with pink ribbons, prayers, and encouragement.

"It's hard to let go," she admits, "but I've learned to rest when I need to and let people help. It's a family."

THIS BELL RINGS WITH HOPE

On her final day of chemo, Sheila's parents drove in from Midland in West Texas to join the celebration. Her father, a pianist, played their special song, "Daddy's Hands," on the lobby piano as she prepared to ring the bell — a powerful tradition in cancer centers across the country.

Ringing the bell marks the completion of a patient's last chemotherapy or radiation treatment. It's a symbolic moment of triumph, hope, and relief after months of physical and emotional challenges. When patients ring it, the sound echoes through the hallway, signaling to others still in treatment that the finish line is possible. Sheila had listened to that bell many times, tearing up each time someone else reached the milestone.

"The sound of the bell carries through the hallway," she says. "To me, it represents joy, peace, and hope for others still in treatment. It lets everyone else know they can do it, too."

Sheila got another chance to spread that message on the biggest stage in North Texas when the Dallas Cowboys honored her during a game at AT&T Stadium last month as one of five 2025 Star Survivors.

"I am absolutely overwhelmed with appreciation for these blessings," Sheila says of her special weekend that included a shopping spree and meetings with the players.

COUNTING HER BLESSINGS

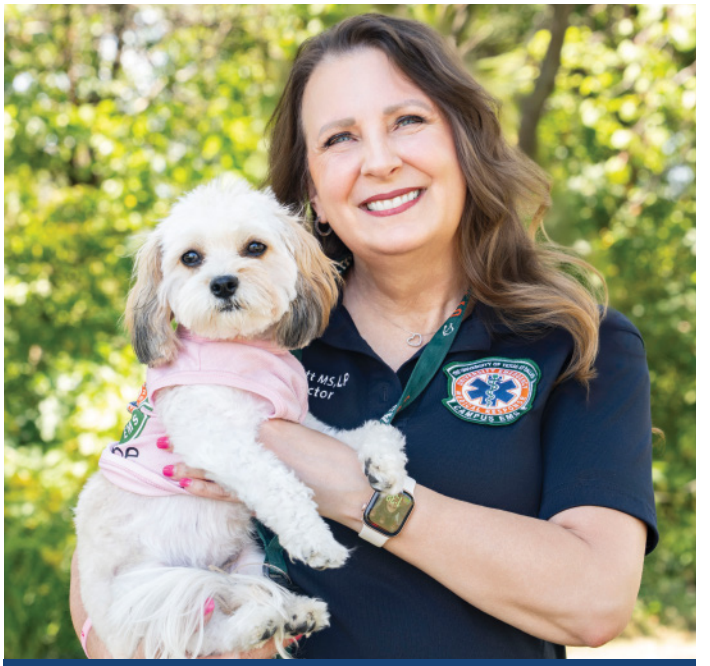
When she began her cancer journey, Sheila brought two heart-shaped rocks that she had found on a hiking trip. She asked her first-responder colleagues to decorate them with UT Dallas logos — one for her first treatment and one for her last.

On her final day, after ringing the bell, she placed the second rock in the Hope Garden outside the cancer center.

"It's full circle for me," she says. "I've spent my life serving others as a paramedic, and now I'm being cared for by the people we take care of. It's a community."

With chemotherapy and radiation behind her, Sheila is stepping into survivorship with strength and optimism.

"The blessings have outweighed the bad parts of chemo," she says. "They've been abundant."



Sheila's dog Phoebe was her constant companion during her recovery. Courtesy: UT Dallas/Natashia Johnson

Watch Sheila wearing all her caps and ringing the bell in the cancer ward on ShineOnlineHealth.com.

> CULTURE IS SOMETHING YOU FEEL.
> HERE IT'S **LOVE, PEACE, AND 'WE'VE GOT YOU.'**
>
> — SHEILA ELLIOTT

MANSFIELD MOM HAS

Half a Dozen Reasons

TO PRAISE NICU CARE



Jennifer Pulliam has turned to Methodist Mansfield Medical Center for all six of her babies, including two sets of preemie twins, and the hospital has delivered again and again — and again and again.

"They earned my trust with my first delivery of premature twins, born just before 30 weeks," says the 38-year-old banking executive from Mansfield. "The babies and I were so well taken care of that it only made sense to keep coming back."

But when she first selected Methodist Mansfield as her hospital back in 2012, Jennifer had no idea that every one of her pregnancies would be high-risk and that she would need the expert care of the only Level III neonatal intensive care unit (NICU) in southern Tarrant County.

"As a high-risk pregnancy, I needed a lot of support," Jennifer says, "and the nurses were always there for me — every single time."

PREECLAMPSIA SCARE

Jennifer's first pregnancy, a set of girl twins, started with no issues — until week 28, when she learned she had high blood pressure at a regularly scheduled prenatal visit.

"I was shocked to learn I had preeclampsia," Jennifer says. "I wasn't having any severe symptoms. I was quickly admitted to the hospital for bed rest."

When it became clear that her condition was causing too much risk for the twins, her medical team decided to deliver them at just shy of 30 weeks. Twins Kyndall and Kaidyn would

> I GOT TO EXPERIENCE A WIDE RANGE OF CARE, FROM LABOR AND DELIVERY TO LONG-TERM NICU CARE, SO YOU CAN TRUST ME WHEN I SAY **THE TEAM AT METHODIST MANSFIELD IS THE BEST.**
>
> — JENNIFER PULLIAM, MOTHER OF SIX



be delivered by cesarean section by **Robert S. Krombach, MD**, OB-GYN on the medical staff at Methodist Mansfield.

"Dr. Krombach was the on-call OB-GYN when the decision was made, so I met him just before they took me back for a C-section," she says. "He had such a calm demeanor and made me feel much more comfortable about what was about to occur."

NICU CLOSE TO HOME

Being so premature, the twins were immediately taken to the NICU, where they could receive the close monitoring and specialized treatments they needed without being transferred to a hospital farther from home.

"With a Level III NICU and a longstanding nursing staff that's worked together for many years, I knew our team would be able to provide the level of care that these preemies needed to thrive," Dr. Krombach says. "After four months in the NICU, Kyndall and Kaidyn were strong enough to go home and start the next chapter."

Jennifer has fond memories of all the nurses who helped her during her stay and every time she visited the NICU during those months.

"The nurses helped me feed my babies and encouraged me when I wanted to give up," she says. "They always made my stay a memorable one."

SECOND SET OF TWINS

Three years later, when Jennifer became pregnant with another set of twins, she knew she would again turn to Methodist Mansfield and Dr. Krombach to take care of her and her babies.

"My second pregnancy went much like the first with no issues until the beginning of the third trimester, when I became high risk," Jennifer says. "I started showing signs of preeclampsia and was admitted for hospital bed rest soon after."

This time around, Jennifer carried twins K.J. and Kelsey for 33 weeks before delivering them, again by C-section and again by Dr. Krombach.

"I had much more confidence and peace about everything the second time since everything had gone so well with my first set of twins," she says. "I knew they would receive excellent, round-the-clock care in the NICU."

SIX KIDS AND COUNTING

As her family expanded to include Teigan, born in 2019 and Tinsley, born in 2022, Jennifer kept returning to Methodist Mansfield.

Given her history, every pregnancy is considered high risk. Thankfully, her last two babies were delivered full-term and didn't require a stay in the NICU.

"I couldn't have asked for better medical care for me and my babies," Jennifer says. "I got to experience a wide range of care, from labor and delivery to long-term NICU care, so you can trust me when I say the team at Methodist Mansfield is the best."

Learn more about the maternity and prenatal care at Methodist Mansfield.



Heroes wear scrubs

IN THIS **GULF WAR VETERAN'S COMICS**

This Navy veteran found a new purpose for his graphic novels when he wanted to celebrate the team who helped him beat colon cancer.

Heroes were a fixture in Greg Williams' life long before he started writing action comic books. So he knows them when he sees them.

The Gulf War veteran saw that heroism on display in the doctors and nurses who helped him beat colon cancer at Methodist Charlton Medical Center.

"All of my doctors were like the Avengers for me," says Greg, a 56-year-old Navy veteran and information technology professional. "They were excellent at every step and so supportive."

Now, a year after his initial diagnosis, Greg looks forward to devoting his next graphic novel to the caregivers who changed his life.

"The day that they told me that I was cancer-free, I could have jumped up and run through the wall like Roger Rabbit," says Greg, again using his love of comics to illustrate his emotions.

> CHOOSING CHARLTON WAS **THE BEST DECISION I COULD HAVE EVER MADE.**
>
> — GREG WILLIAMS, COLON CANCER SURVIVOR



DETECTING CANCER EARLY

Greg first knew he was sick in 2024 and initially drew on the health benefits offered through his time in the military.

"The VA was just too slow with getting the testing going," he says. "So I found a primary care provider who was worried enough about my symptoms to send me to the ER right away."

Colon cancer is one of the most treatable forms of the disease when identified early. But it's also one of the most insidious because it may be too late by the time these symptoms appear:

- Change in bowel habits, including constipation, diarrhea, or a feeling that the bowel doesn't empty completely
- Bloody stools, whether bright red, black, or tarry, and stools that are narrower than usual
- Abdominal discomfort, including gas pains, bloating, and cramps
- Unexplained weight loss and a constant feeling of fatigue

What's more, patients like Greg who develop cancer before age 55 are 58% more likely to be diagnosed with late-stage disease because they haven't been screened yet. That's why experts have lowered the initial screening age for a colonoscopy to 45, a decade earlier than guidelines dictated in the past.

"We've recently decreased our age of screening from 50 to 45," says **Rathan Reddy, MD**, gastroenterologist on the medical staff at Methodist Charlton. "In my opinion, it should actually be earlier than that. We're definitely diagnosing colon cancers at younger ages."

MAKING PATIENTS EXPERTS

Greg's 2025 visit to the emergency room ultimately led to an appointment with Dr. Reddy and later **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Charlton.

"Choosing Charlton was the best decision I could have ever made," says Greg, recalling his first consultations. "They sat me down and said, 'Mr. Williams, we are here for you.' That's how this journey started."

Dr. Lodha says educating patients about that journey is critical to their recovery from cancer.

"We try to be as straightforward as possible, go over the procedure multiple times," he says, "and that way when they show up for surgery, they're experts."

Several rounds of chemotherapy came next, followed by radiation treatments to shrink the tumor in Greg's colon.

"The chemo was not as bad as I thought it would be," he says. "I did six rounds and then I rang the bell."

Ringing the bell in the clinic signifies the end of a patient's chemotherapy treatment, but Greg wouldn't get the news that he was cancer-free until follow-up testing.

"It was the best news I'd heard since my children were born," Greg says.

CREATIVITY FOR A CAUSE

With his cancer behind him, Greg has found purpose by combining his computer know-how with his knowledge about the military to create digital comic books.

"I went from tinkering with computers at Skyline High and DeVry University to keeping aviation logs in Iraq," says Greg, who also gives back as a life coach for at-risk youth. "But my passion has always been in storytelling."

While he's always had stories to tell, Greg lacked the artistic ability to illustrate those stories — until artificial intelligence came along and put him "light years ahead."

"I'm creating a comic for my doctors and all the other caregivers who are out there fighting the good fight against cancer," Greg says. "My own fight has given me a whole new purpose in life to raise awareness and educate people about their health."

The key to preventing colon cancer is managing your risk factors. Take our free health risk assessment.



Restaurant owner survives A HEART-STOPPING 'WIDOW MAKER'

Edgardo "Eddie" Conde from Midlothian suffered a heart attack on the job but was fortunate to find the emergency care he needed

Working full-time in tech support and weekends at the Midlothian restaurant he co-owns caught up with Edgardo "Eddie" Conde — in the form of a "widow maker" heart attack.

"As an owner, when you see a need, you fill it, and I would do everything possible," Eddie says. "If I go into the restaurant now, I'm delegating a lot and not lifting heavy things."

The 47-year-old was not delegating one Saturday in June. While moving patio furniture at ALE's Kitchen, Eddie felt a pressure "like a ton of bricks" in his chest. That's when his business partner rushed him to Methodist Midlothian Medical Center.

Once he was safely at the hospital, Eddie's heart stopped. He was quickly resuscitated and would later have a stent implanted to open his left anterior descending (LAD) artery, which was completely blocked.

"From the doctors and nurses to the people in the ICU, they did a phenomenal job caring for me," Eddie says. "I'm grateful to God to be here."

SHOCKED BACK TO LIFE

Eddie and his wife were in the ER at Methodist Midlothian when the pain suddenly spiked again.

His heart muscle began to quiver, a dangerous arrhythmia known as ventricular fibrillation, or V-fib, and then stopped completely — a cardiac arrest, spurring a flurry of activity and a lifesaving shock from the defibrillator.

"We shocked him, and he came right back," says **Mike Turchiaro, DO**, an emergency medicine specialist on the medical staff at Methodist Midlothian.

For Eddie, the experience was surprisingly serene.

"I felt a calm sensation," Eddie recalls. "When I came to, the doctor was hovering over me. He said, 'Are you OK? We lost you. You were gone for like 20 seconds.'"

'THE WORST' HEART ATTACK

An EKG determined Eddie had suffered an ST-segment elevation myocardial infarction (STEMI). This type of heart attack, so deadly it's called a widow maker, involves a complete blockage of a coronary artery.

"His was the worst type of heart attack you can get," says **Binna Chokshi, MD**, interventional cardiologist on the medical staff at Methodist Mansfield Medical Center. "He was lucky."

Eddie was taken on a gurney to the helipad on Methodist Midlothian's roof for the five-minute flight to Methodist Mansfield, where Dr. Chokshi and her staff were waiting to jump into action.

There, Dr. Chokshi explained the emergency procedure, and nurses immediately wheeled him into the cardiac catheterization lab. An angiogram revealed that Eddie had a severe blockage in the largest cardiac artery.

Through an opening in Eddie's wrist, Dr. Chokshi expertly threaded a catheter through an artery to clear the blockage.

She then widened the vessel by inflating a tiny balloon at the end of the catheter and placed a cobalt-chromium stent coated with a slow-release drug to keep the artery open.

Eddie was then taken to the intensive care unit for monitoring and recovery.

RECOGNIZE THE SYMPTOMS

Eddie survived that day last summer because he got to Methodist Midlothian as fast as possible — because emergencies can't wait.

"The key thing is that he recognized the symptoms and came to the hospital," Dr. Chokshi says.

Before his heart attack, Eddie says that fatigue was the only indication his health was failing. He had been treated for 15 years for high blood pressure, which runs in his family.

To avoid heart disease, Dr. Chokshi urges people to have regular checkups for blood pressure and cholesterol, maintain a healthy diet, and exercise regularly.

"The prevention strategies are very, very important," Dr. Chokshi says.

Thanks to a 12-week cardiac rehabilitation program of exercise and dietary education, Eddie is well on his way to recovery and thankful to everyone who played a part in his brush with a widow maker.

"I had no clue anything was wrong when I went to work that morning," he says. "I'm truly lucky to be alive."

From prevention to advanced procedures, trust your heart to the cardiology team at Methodist.

Heart attack symptoms

Not all of these warning signs occur in every heart attack. Symptoms can vary based on your sex and age and if you have diabetes. Call 911 right away if any of these symptoms occur:

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest that lasts more than a few minutes or goes away and comes back
- Pain spreading to the shoulders, neck, back, jaw, and arms
- Chest discomfort with lightheadedness, fainting, sweating, or nausea
- Shortness of breath with or without chest discomfort
- Feeling very anxious or very tired
- Breaking out in a cold sweat





New Burn Center at Methodist Dallas embraces latest advances and time-tested strategies

BURN CARE IS EVOLVING,
FROM LASERS TO SPRAY-ON SKIN

Whether it's spray-on skin or laser scar removal, modern burn care may resemble science fiction, but surgeons can attest to the real-world benefits.

"Advances in burn care have helped patients return to more active, independent lives than would have been possible a generation ago," says plastic surgeon **Peter Grossman, MD, FACS**, medical director of the Burn Center at Methodist Dallas Medical Center.

Burn patients aren't just surviving but thriving thanks to new critical care strategies that improve fluid resuscitation, surgical advances that make burn care less invasive, and infection control to prevent and treat sepsis.

"A burn that might once have been considered unsurvivable may now be survivable — with good function — if the patient reaches a modern burn center quickly and receives coordinated, multidisciplinary care," Dr. Grossman says.

Texas' newest burn center at Methodist Dallas is just the third in the region, Dr. Grossman says, and the first serving southern Dallas.

"Specialized burn centers are relatively rare because they require a very high concentration of expertise, technology, and dedicated resources to operate safely 24/7," he says.

Dr. Grossman discussed some of the most promising advances shaping the field of burn care in recent years.

SPRAY-ON SKIN AND BIOPRINTING

Large burns often require skin to be taken from other parts of the body, a process known as autografting that also creates a second wound at the harvesting site.

While skin grafting remains the "gold standard" for severe burns, Dr. Grossman notes that autografting has evolved and new advances work hand in hand to make that process more effective.

For example, a technology known as RECELL allows surgeons to take a very small sample of a patient's healthy skin, process it into a suspension of skin cells, and then spray that suspension over a prepared wound bed.

"Clinical studies have shown RECELL can achieve wound closure with significantly less donor skin than traditional meshed grafting, while producing comparable healing and in some cases better scar quality," Dr. Grossman says.

Bioprinting goes a step further by reconstructing living skin layer by layer, from the outer epidermis to the dermis and even hair follicles and sweat glands. It's a process that might be

familiar to anyone who's used a 3D printer, but bioprinting uses actual living cells.

"For patients with very large burns, chronic wounds, or limited donor sites, the idea of printing skin that matches their own anatomy and perhaps even pigmentation is extremely appealing," Dr. Grossman says.

The applications for spray-on skin and bioprinting are still being studied, however, and both techniques are best used in combination with tradition grafting, he cautions.

ENZYMES TO REMOVE TISSUE

Removing dead tissue from burn sites is traditionally handled in an operating room with surgical tools, a process known as debridement.

"It's effective but can be somewhat imprecise and may sacrifice some viable dermis," Dr. Grossman says.

While not as direct as a scalpel, bromelain-based enzymes like NexoBrid can be applied as an ointment over several days or weeks to break down dead tissue while preserving healthy skin.

"Studies show that this approach can reduce the need for surgical excision and grafting in some burns, particularly on delicate areas like the hands, by revealing viable tissue that can go on to heal without grafting," Dr. Grossman says.

These enzymes aren't a simple fix, however, and still require careful treatment and monitoring by a trained staff, as well as anesthesia.

"It's not simply a topical cream that replaces the operating room," Dr. Grossman says. "But it is a step toward more tissue-sparing, minimally invasive burn care."

LASERS TO TREAT BURN SCARS

Once a severe burn heals, the scars that are left behind can remain itchy and painful, and can even limit movement in joints. The use of lasers to reconstruct and rehabilitate scar tissue represents the cutting edge of burn care.

"Fractional carbon dioxide lasers can soften and flatten the scar, improve texture, and increase range of motion," Dr. Grossman says.

Laser treatments won't eliminate scars, but instead remodel skin by creating microscopic holes deep in the tissue, stimulating collagen formation. Pulsed-dye lasers are another tool for surgeons, reducing symptoms and redness by targeting overactive blood vessels in the scar.

"For many patients, lasers do more than improve appearance," Dr. Grossman says. "They can also reduce itching, tightness, and pain."

Taken together, these advances show how much burn care has evolved in the past several years.

"Over the course of my career," Dr. Grossman says, "we have seen survival improve dramatically, even for patients with large burns or significant inhalation injuries."

A vital part of that equation is having a dedicated burn center close at hand when the need arises, and that's what makes the new facility at Methodist Dallas such a game-changer.

"In a region as large as Dallas–Fort Worth, there have historically been only a couple of verified burn centers to serve millions of people," Dr. Grossman says. "We can now offer a true center of excellence in a location that historically has had limited access to comprehensive burn services."

Learn more about the pioneering techniques available at the Burn Center at Methodist Dallas.



Texas' newest burn center at Methodist Dallas Medical Center is just the third in the region and the first serving southern Dallas.

New treatments *personalize* gynecologic cancer care

The future of gynecologic cancer care is now, with robotics, proton therapy, and immunotherapy allowing for tailor-made treatments

Each year, more than 100,000 American women are diagnosed with a form of gynecologic cancer, and their prognoses are improving with each new treatment that becomes available.

"Cancer therapy is always growing," says **Brandon Roane, MD**, a gynecologic oncologist on the medical staff at Methodist Charlton Medical Center. "Personalized medicine allows us to customize each patient's treatment versus just applying a blanket treatment based on where the tumor could come from."

Among these advances are robot-assisted surgery to shorten the recovery time after a hysterectomy, proton therapy to reduce side effects caused by less-precise radiation, and precision medicine, which often harnesses the body's immune system to fight cancer.

"This is a personalized medicine," Dr. Roane says. "It allows us to customize our cancer therapy for each patient versus just applying a blanket treatment based on where the tumor could come from."

Dr. Roane shared the latest advances in his field during a presentation to Methodist Generations, an education and enrichment program for older adults.

ROBOTIC SURGERY

Robot-assisted surgery uses small incisions and robotic arms to allow for minimally invasive techniques and greatly improve a surgeon's precision.

"This machine allows me to be very precise on a millimeter level so my surgery is more accurate," Dr. Roane says. "That means less blood loss, fewer complications, and better surgical margins to ensure only the tumor is removed, not the healthy tissue around it."

RADIATION THERAPY

Radiation has long been used to treat cervical and other pelvic cancers, but older methods often exposed the healthy tissue surrounding the tumor to harmful X-rays.

"We used to radiate the entire pelvis," Dr. Roane says. "Now we use intensity-modulated radiation therapy to shape the radiation beam to the tumor, protecting nearby organs from unnecessary exposure."

Proton therapy takes things a step further by using a narrow beam of protons rather than X-ray radiation.

This shift from traditional open surgical techniques has drastically improved patient recovery. Twenty years ago, a hysterectomy involved large incisions and days of recovery in the hospital. Now, with robotic surgery, incisions are often just a centimeter wide, and many patients go home the same day.



THERE'S A LOT OF OPTIMISM FOR THE FUTURE OF CANCER THERAPY. I'M HAPPY TO BE A PART OF THAT AND LOOK FORWARD TO SOME OF THE NEW DEVELOPMENTS THAT ARE ON THE HORIZON.

— BRANDON ROANE, MD, A GYNECOLOGIC ONCOLOGIST ON THE MEDICAL STAFF AT METHODIST CHARLTON MEDICAL CENTER

"The robot has really changed cancer care and improved quality of life for post-operative patients." Dr. Roane says. "And here at Methodist Charlton, we have two robot rooms where this surgery is conducted."

PROTON THERAPY

Radiation has long been used to treat cervical and other pelvic cancers, but older methods often exposed the healthy tissue surrounding the tumor to harmful X-rays.

"We used to radiate the entire pelvis," Dr. Roane says. "Now we use intensity-modulated radiation therapy (IMRT) to shape the radiation beam to the tumor, protecting nearby organs from unnecessary exposure."

Proton therapy takes things a step further by using a narrow beam of protons rather than X-ray radiation. Protons are much larger particles and disperse all their energy into the tumor rather than passing through the body and potentially affecting healthy tissue.

"Proton therapy is being studied intensely in oncology therapies." Dr. Roane says. "We want to make sure that we're producing fewer side effects but are just as equally and effectively treating the cancer."



PRECISION MEDICINE

Chemotherapy has been a cornerstone of cancer treatments for decades, but it also harms healthy cells, causing side effects like hair loss, fatigue, and nausea. Now, targeted therapies like immunotherapy and precision medicine are shifting that paradigm.

"Instead of hitting all fast-dividing cells, we can look for unique markers on a patient's tumor and match them with drugs that go directly after that protein," Dr. Roane explains.

Precision medicine is a game-changer in cancer treatment because it allows doctors to customize cancer remedies to each patient. Dozens of drugs take into account differences in a person's genetic makeup, environment, and lifestyle to create more effective and targeted care.

"In the right patient," Dr. Roane says, "these targeted drugs can be effective and avoid the side effects of conventional chemotherapy."

Precision medicine includes immunotherapy, treatments that use a patient's immune system to fight cancer.

"Tumors often grow by suppressing a patient's immune system," Dr. Roane says. "Immunotherapy drugs reverse that process to help the immune system join the fight."

While many of these new, innovative treatments are still evolving, one thing is clear: The future of cancer care is becoming more individualized, less invasive, and more hopeful.

From routine checkups to advanced gynecologic surgery, Methodist cares for women's health at every stage of life.



REBA'S BROTHER *fit to fiddle again*

AFTER GALLBLADDER ATTACK

Oklahoma cattleman and kin to country royalty had to go all the way to Dallas to remove a painful gallstone

Longtime cattleman and Reba's big brother Pake McEntire traveled 150 miles from his home on the range in Oklahoma to correct a complex gallbladder problem in Dallas.

But it was no city slicker doctor who performed his minimally invasive procedure at Methodist Dallas Medical Center. Instead, Pake came all that way to be treated by a neighbor he'd never met before: **Paul Tarnasky, MD**, medical director of the Methodist Digestive Institute at Methodist Dallas.

"The service and the courtesy and kindness and promptness were just great at Methodist," says Pake, a former member of the Singing McEntires with his own hit single, a fiddle player, and a steer roper like his world champion father, Clark. "And come to find out, my neighbor is a doctor with his own ranch up here in Coal County."

Thanks to Dr. Tarnasky and his staff at Methodist Dallas, the 72-year-old violin virtuoso is healthy again and ready to pick and grin for the next hootenanny at his sister Reba's Place.

'THOUGHT I WAS DYING'

It was spring 2018 when Pake experienced his first gallbladder attack. It wouldn't be the last.

"I thought I was having a heart attack," he says of that day he won't forget. "I thought I was dying."

Pake first went to a hospital in nearby Atoka, where they ruled out a heart problem, and was transferred to a bigger medical center just across the border in Texas. There he was diagnosed and referred to Methodist Dallas, where the specialized staff is equipped to deal with a problem like Pake's.

"I had no idea about the symptoms of a gallbladder attack," Pake says.





Reba with her big brother, Pake McEntire

"It was midnight when we got down there to your hospital. I was so weak. I could barely walk in the door."

It turns out that Pake had a gallstone lodged in his bile duct and would need a minimally invasive procedure known as an ERCP, or endoscopic retrograde cholangiopancreatography.

PATIENTS FROM FAR AND WIDE

Dr. Tarnasky performed the ERCP, a procedure where an endoscope is passed through the mouth, stomach, and small intestine all the way to the bile ducts. Once a diagnostic tool, ERCPs now serve a therapeutic purpose, pinpointing the problem and correcting it in a single procedure.

"Pake had a complex biliary drainage problem," says Dr. Tarnasky, known as "T" by his patients. "And it needed our expertise."

Dr. Tarnasky would soon learn that his patient was not only "country music royalty," but also his neighbor on the wide-open prairie of Oklahoma. Referrals from neighboring states are nothing new for his team at Methodist Dallas.

"We get referrals from all over," Dr. Tarnasky says. "We get a fair amount from Louisiana, New Mexico, Arkansas, and Oklahoma."

Dr. Tarnasky was born in small-town North Dakota and grew up in Idaho, so he takes pride in putting his patients like Pake at ease after they drive for miles to receive care in Dallas.

"They often have some anxiety about driving to Dallas for a complicated procedure that can't be handled locally," he says. "The nurses identify where they're coming from, and they can say, 'Relax, Dr. T is one of you.'"

MUSEUM OF THE MCENTIRES

Pake was dubious when he first learned that his neighbor back in Oklahoma would be performing his procedure, but Dr. Tarnasky quickly won him over.

"I've got ranchers and farmers on both sides of my family," says Dr. Tarnasky, who has been practicing in the Dallas area for over 30 years but stays true to his ranching roots by maintaining a ranch in Coal County, Oklahoma.

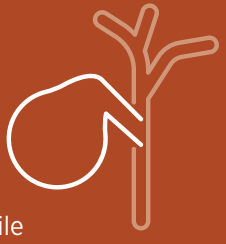
As for Pake, he may have lost his gallbladder — an organ that is often removed when gallstones cause problems — but he's gained a fan in Dr. Tarnasky, who later visited Pake's ranch to deliver a Christmas gift.

"His house is like a museum," Dr. Tarnasky says. "He's got his dad's rodeo saddles, and he's got three of his gold records on the wall. It was a lot of fun."

Trust your gut to advanced GI care at Methodist by finding a digestive health specialist near you.

Gallbladder disease

The gallbladder is a small pear-shaped pouch that stores bile produced in the liver, releasing it into the small intestine to help us digest fatty foods. It's possible to live a healthy life without a gallbladder, and the downsides of removing it are usually less serious than risking future complications by keeping it intact.



GALLSTONE SYMPTOMS

Gallstones form when bile inside the gallbladder gets concentrated and sticks together, forming clumps that clog the gallbladder or bile ducts. Gallstones don't cause problems for most people; it's when they block a bile duct that they trigger the following symptoms:

- nausea
- abdominal pain, especially after fatty meals
- jaundice, a yellow tint to the skin and eyes
- fever and chills
- elevated heart rate

Gallstones are usually diagnosed with an imaging test such as an abdominal ultrasound, but in some case, further testing is necessary.

Preemie named Poppy

WEIGHED A POUND AT BIRTH

Barely a handful when she was born, this baby went home happy and healthy after 117 days in the NICU



Emile DeWald overcame so many fertility challenges to conceive at age 36 that it's no surprise her baby girl beat the odds herself, born 17 weeks premature and weighing just over 1 pound.

Poppy Dove DeWald was born in March at just 22 weeks, before her mother's third trimester — one of the smallest preemies ever delivered at Methodist Richardson Medical Center. After graduating from the NICU 117 days later in good health, her story is nothing short of extraordinary.

"She's a miracle," says Emile, who lived in Garland but recently moved back home to Central Arkansas. "The fact that she has no delays, needs no feeding tube, nothing but a prescription, really speaks to the power of God and the Methodist team."

DIAGNOSED WITH PCOS

When Emile and her husband, Kyle, began trying for a family, their fertility journey was anything but easy. As a teenager, Emile was diagnosed with polycystic ovary syndrome (PCOS), a hormonal condition that can make it difficult to get pregnant and carry a baby to term.

"We saw a fertility specialist for years, and nothing worked," she says. "I had weight loss surgery, hoping it would help me get pregnant, and did three rounds of fertility treatments. Finally, I just told my husband, 'If we're not pregnant by the age of 35, I'm done.'"

After years of trying, two pink lines on a pregnancy test finally gave Emile the result she'd been praying for. Most of her pregnancy was peaceful until month five, when complications began.

In March 2025, Emile had been working all day when she felt an intense pressure in her stomach. The sight of blood in the bathroom was a red flag.

"I told my husband we needed to go to the emergency room," she says.

When she arrived at the hospital, nurses discovered Emile was already fully dilated, at 10 centimeters. Her baby's delivery was still days away, and doctors determined she would need an emergency C-section.

"I was in labor for three days," Emile says. "I was so scared that my baby wasn't going to make it."

EARLY CHALLENGES

To her relief, on March 30, 2025, Poppy entered the world and was intubated immediately because her lungs were not developed enough for her to breathe on her own.

"Poppy was an extremely premature preemie," says her NICU doctor, **Lilian St. John, MD**, neonatologist on the medical staff at Methodist Richardson. "The struggles she had were expected."

Poppy had a 10% to 20% chance of survival, but the NICU team, and Poppy herself, would play a role in raising those odds.

THE FIGHT FOR HER LIFE

Many neonatologists refer to the first hour of life as the "golden hour," a critical window to begin treatment to give premature infants their best chance of survival. Even in those early moments, Poppy was proving to be a fighter.

"For our tiny babies like Poppy, every second counts," Dr. St. John says. "She needed a ventilator to breathe for her first six weeks of life. She also required several blood transfusions, since she had an estimated 2 ounces of blood in her whole tiny body."

To receive medications and fluids, Poppy received umbilical and peripherally inserted central catheters. She was also at higher risk for infection because she was born before the time when mothers typically transfer antibodies to their babies.

"Since Poppy missed out on her last trimester, she was more vulnerable," Dr. St. John explains. "She was treated for congenital sepsis and pneumonia and required nearly daily blood tests during her first month."

Despite the challenges, Poppy made remarkable progress. After 117 days in the NICU, Poppy finally went home to her family.

"We were all so proud of Poppy when she left," Dr. St. John says. "Her care was truly a team effort, starting with the obstetrician, continuing with a team of neonatologists and speech, occupational, and respiratory therapists."

HOME AT LAST

Now that Poppy is thriving at home, Emile and Kyle are soaking up every moment with their daughter.

"The first day we took her home, I was so scared," Emile admits. "But she fit right in. It was like she knew she was home."

Emile credits the team at Methodist Richardson for their compassion throughout the journey.

"Everyone was so kind and caring," she says. "You could tell they loved what they did, and I will never forget them."

Watch the DeWald family share their story at ShineOnlineHealth.com.

One of the smallest preemies ever delivered at Methodist Richardson Medical Center, Poppy was born at 22 weeks weighing just over 1 pound.



ANSWERING THE CALL

Divine diagnosis prevents a deadly heart attack at church



Deborah credits many people for her recovery, including a fellow church member who's also a cardiologist.

Deborah Williams was worn out the Sunday after her 50th high school reunion but decided to go to church anyway — a choice that may have saved her life.

"My body was saying sit down," the 75-year-old recalls from the morning she suffered a heart attack. "What better place to be when you don't feel well than church?"

It turns out a hospital was the best place to be, and Deborah was rushed to Methodist Charlton Medical Center after a cardiologist in her Oak Cliff congregation called 911.

"For me, Methodist Charlton was everything," she says. "They saved my life."

'WHITE AS A GHOST'

The night before her heart attack, Deborah had just returned to her home in Arlington from Wisconsin, but she was determined to go to church in Dallas.

She and her husband arrived at Oak Cliff Bible Fellowship early that morning. After a trip to the bathroom, she became lightheaded and needed to sit down. A woman she didn't know saw Deborah and stopped in her tracks.

"The lady looked at me and said, 'You're as white as a ghost,'" Deborah recalls. "Then she told someone to go get her medical bag from the car."

What she didn't realize was that this was no ordinary church member; it was a pediatric cardiologist. The doctor checked her pulse, gave her an aspirin, and quietly dialed 911.

LOW HEART RHYTHM

When Deborah arrived at Methodist Charlton by ambulance, tests revealed she had suffered a heart attack, and her heart rate had dropped to a dangerously low rhythm. Doctors recommended a pacemaker, which would keep her heart beating steadily.

"She developed slow heart rates that resulted in symptoms of lightheadedness and fatigue," explains **Amit Guttigoli, MD**, cardiologist on the medical staff at Methodist Charlton.

20% INCREASED RISK

Women have a 20% higher risk than men of dying or suffering heart failure within five years after their first severe heart attack, according to a study in the journal *Circulation*.

Dr. Guttigoli told her she would need to stay awake while he implanted the pacemaker.

"Awake?" she recalls, laughing now. "That's not what I expected. But I trusted him."

CARED FOR 'LIKE FAMILY'

Hours after her surgery on a Monday morning, Deborah was sitting up in her recovery room with her husband and daughter by her side.

"The staff was amazing," she says. "They cared for us like family. My daughter even sent the biggest edible arrangement she could order to thank the team."

After one night of observation, Deborah walked out of Methodist Charlton and was ready to attend Bible study by Wednesday.

"The pastor told everyone to pray for me," she says, smiling. "When I turned around in my pew, they all just smiled. I was already out of the hospital."

Learn more about the tailored care offered at the Heart Failure Clinic at Methodist Charlton.









CELEBRATING
50 years of healing
THE SOUTHERN SECTOR

Fifty years of healing, hope, and heart were on display at Methodist Charlton Medical Center in November when leadership joined luminaries from southwest Dallas County and members of the medical staff to celebrate the hospital's golden anniversary.

"I want every person in the southern sector to know: We will keep on showing up, we will keep on building, and we will keep on believing in you," Chief Executive Officer **James C. Scoggin, Jr.**, told the crowd. "Because southwest Dallas has always believed in us."

FROM FOUNDATION TO FUTURE

The evening was steeped in a 1970s vibe with videos featuring messages from elected officials whose families were born at Methodist Charlton and patients whose lives were saved there.

"When you walk these halls, you feel the energy and momentum" says **Pam Stoyanoff**, President and Chief Operating Officer of Methodist. "A belief that tomorrow will be better because we're building it together."

The evening also paid tribute to longtime employees and members of the medical staff, some of whom have been with Methodist Charlton from the beginning

"I have the privilege of leading an extraordinary group of caregivers who are dedicated to service," Methodist Charlton President **Michael Stewart** says. "Let's celebrate what Methodist Charlton has become and how bright our future is."



HOW TOO MUCH COFFEE can put your heart at risk

Studies show coffee can benefit your health, so long as you don't over-caffeinate

The health effects of drinking coffee have been debated for decades, but recent studies show the benefits outweigh the risks — so long as you don't over-caffeinate.

"For most people, mild to moderate caffeine intake is actually fine," says **Mihaela Kruger, MD**, cardiologist on the medical staff at Methodist Southlake Medical Center. "There are some studies that show that there is potential benefit."

Coffee is more than just a stimulant. The coffee bean is as complicated as its chemical composition. The seed of the coffee cherry contains thousands of compounds, from amino acids to antioxidants that offer protection from certain chronic conditions.

Of course, moderation is the key, especially if you already suffer from hypertension because excess caffeine can raise your blood pressure.

"Caffeine can temporarily raise the blood pressure and the heart rate," Dr. Kruger says. "Some people do not tolerate even small amounts, which can cause palpitations and severe anxiety."

Dr. Kruger offered several words of advice for anyone who doesn't want to feel down about their daily pick-me-up.

HOW COFFEE CAN HELP

Heart disease is the leading cause of death in the U.S., but some research suggests that men and women who drink coffee regularly can lower that risk.

A 2024 study of almost 200,000 people in China and Sweden found that those who consumed two or three cups of coffee had a 50% lower risk of cardiometabolic disease, compared with those who drank less or none at all.





"Coffee has thousands of compounds, including organic acids, amino acids, and antioxidants that have protective properties," Dr. Kruger says.

The polyphenolic compounds in coffee have been shown to help prevent and manage type II diabetes. The minerals found in coffee beans are also good for us.

Coffee contains magnesium, which can improve the effectiveness of insulin and glucose metabolism.

Just go easy on the extras because coffee can also raise blood sugar temporarily, especially for anyone who is heavy-handed with cream and sugar.

And those sweet coffee drinks from your favorite coffee shop can contain upwards of 50 grams of sugar and nearly 500 milligrams of caffeine a pop.

SKIP THE ENERGY DRINKS

Coffee may be fine in moderation, but there's no moderating energy drinks, Dr. Kruger says.

"Energy drinks are loaded with sugar and very high amounts of caffeine," she says, "and can make even people with no risk factors for heart disease feel really bad."

It's not just the caffeine in energy drinks that's dangerous. Many of these beverages contain other stimulants that create a cocktail of bad health:

- **Taurine:** Our bodies produce this amino acid, and it can also be found in meat and fish. But the taurine in energy drinks is a synthetic compound that enhances the effects of caffeine.
- **Guarana:** This climbing vine native to the Amazon rainforest in Brazil produces orange berries with twice the caffeine content of coffee beans. While guarana has been used for generations as an herbal remedy, the ultra-processed version in energy drinks packs a longer-lasting and more intense punch than caffeine from coffee.
- **Ginseng:** Used in Eastern medicine for millennia, this plant can help build immunity, reduce inflammation, improve focus, and regulate blood sugar. But it can also interfere with medications for high blood pressure and diabetes.

HOW MUCH IS TOO MUCH

For most people, coffee contains more good ingredients than bad. And the risks are mainly confined to a single compound.

"Too much caffeine can lead to arrhythmias," Dr. Kruger says. "Caffeine is an addictive substance, and people who want to cut back can sometimes experience side effects."

If you start losing sleep or you're more jittery than normal, it might be a sign to cut back on the morning joe. Best to cut back in moderation, too, or you may be risking symptoms of withdrawal.

So while it's safe to drink up to four cups of coffee a day, or around 400 milligrams, keep in mind that one "tall" coffee from your barista contains upwards of 250 milligrams.

"The bottom line, you can have coffee," Dr. Kruger says, holding her hands apart at a Venti-size, "but not coffee," indicating a Thermos of coffee.

Caffeine per serving

Tall brewed medium roast coffee
12 ounces >> 250mg

Caffeine supplements
1 tablet >> 200mg

Energy shots
2 ounce >> 200mg

Guarana in energy drinks
>> up to 125mg

Brewed coffee
1 cup >> 95mg

Energy drinks
1 cup >> 85mg

Espresso
1 shot or 1.5 ounces >> 65mg

Instant coffee
1 cup >> 60mg

Black tea
1 cup >> 47mg

Regular or diet cola
12 ounces or 1 can >> 40mg

Green tea
1 cup >> 28mg

Dark chocolate
1 ounce >> 4mg

Decaf coffee
1 cup >> 4mg

Decaf tea
1 cup >> 2mg

Herbal tea
1 cup >> 0mg



Take a beat to check out our free on-demand webinar about women's heart health.



BACK IN THE SADDLE AFTER 'catastrophic' fall

This horse lover shattered her wrist when her mustang bucked, but she was fortunate to have care close to home at Methodist Celina

The first thing Amy Yoste remembers about her devastating horse-riding fall last spring was the rush of dust as her mustang bucked. Suddenly, she was on the ground, her wrists taking the full force of the fall at her Celina home.

"I thought maybe it was just dislocated," she says. "I could feel the lump, but I kept hoping it wasn't that bad."

Maybe not as bad as the kick from a horse that had lacerated Amy's kidney months earlier, but this injury was severe enough to also require surgery.

The 58-year-old data engineer had shattered her left wrist so severely that doctors later deemed the fracture "catastrophic."

Still cradling her broken arm, she told her friend, "You're going to have to take me to the hospital."

And there was no question where she wanted to go: The newly opened Methodist Celina Medical Center was just a few miles from her home.

"I told her to take me to Methodist Celina just down the road," she says, relieved she wouldn't have to travel 20 miles to get to the hospital like she used to.



THREE-MONTH HIATUS

Methodist Celina had just opened less than a month before Amy broke her arm, and it had been three months since she had been on a horse. A doctor had just cleared her to ride again after another horse kicked her while she was at a neighbor's house.

That time, Amy suffered a kidney injury and had to call an ambulance and travel 25 minutes to the next nearest hospital. Methodist Celina was still being built, barely five miles away from her home.

Fast-forward to April, and Amy was eager to return to riding after fully recovering from her kidney injury. She hopped on her horse Holmes, who had just returned from training. She could tell he was energetic, but she brushed it off. Moments after climbing into the saddle, the mustang bucked violently.

"I jumped off because I didn't want to land on my back," she says. "I thought maybe I'd land on my feet. Instead, I landed on both wrists."

Despite the pain, Amy didn't want an ambulance. She walked into the emergency room under her own power after her friend drove her there.

"I remember thinking, I can't believe I'm walking in like this," she recalls.

What surprised her most wasn't the pain — it was the way the staff worked around her injuries rather than asking her to work around their equipment.

"They brought the X-ray machine to me," Amy says. "I didn't have to get out of bed. That was huge."

NOT 'RUN-OF-THE-MILL'

After more imaging, the staff called **Jason Davis, MD**, orthopedic surgeon on the medical staff at Methodist Celina, who wanted to speak with Amy before surgery.

She still remembers the moment he walked in, sat down beside her, and leveled with her: She had suffered a comminuted fracture, where the bone doesn't just break in two but shatters into three or more pieces.



> IT TOOK MINUTES TO GET CARE. **THAT CLOSENESS GIVES ME PEACE OF MIND.**
>
> — AMY YOSTE

"Her wrist was crushed and displaced," Dr. Davis says. "We were going to try to put the pieces back together and give her a functional wrist, but I had to be realistic."

Amy recalls her disbelief and fear as the doctor shared his diagnosis.

"This is a very serious break. This isn't run-of-the-mill," she remembers him saying. "I didn't think it could be that bad."

The surgery lasted three hours, leaving Amy with a plate and nine screws in her left wrist. Amy went home the same day, but her challenges were just beginning.

LONG ROAD BACK

Recovery wasn't just physical — it was emotional. There were moments when fear crept in: Would she ever lift hay bales again? Or ride? Or feel the same strength in her hands?

"I still have some pain and not as much flexion as before," she says, "but considering everything, I'm really happy with the progress."

Even chores became a test of patience.

"I couldn't lift anything heavy," she says. "Feed bags are 50 pounds. Hay bales are 50 pounds. I had to ask friends to help, and that's hard for me."

But the biggest question, the one she asked even before the swelling had faded, was simple: "When can I ride again?"

Six weeks after her fall, Amy finally climbed back onto a horse, this time a mare named Davita — and the world felt right again.

"It's like church for me," she says. "I get so much peace out there, especially on trail rides. It's like everything else melts away."

For Dr. Davis, seeing patients return to what they love is the best part of his work.

"That's the sweet spot," he says. "She's literally back on the horse and doing what she loves. Truly, I didn't know how well her wrist would do — but she's resilient."

CARE CLOSE TO HOME

Amy says her gratitude for Methodist Celina goes beyond the treatment she received that day.

"In the past, I had to ride in ambulances 20 to 25 minutes away," she says. "This time, it took minutes to get care. That closeness gives me peace of mind."

As for why Amy keeps riding horses after everything she's been through — the kick that injured her kidney, the falls, the fractures — her answer is simple.

"I don't think I've experienced anything as magical as riding my horse," she says. "That's why I keep getting back on."

Watch Amy Yoste talk about why she keeps on riding at ShineOnlineHealth.com.



NO ONE TOLD *surprise twins* ABOUT BIRTH PLAN

Having a detailed birth plan is important, but life throws you curve balls — and sometimes two at a time

> THEY RESPECT AND LISTEN TO YOU. **IF I GET PREGNANT AGAIN, I'M GOING TO METHODIST AGAIN.**
>
> — ALEXIA COLEMAN

Alexia Coleman had a detailed birth plan for her second delivery, but Harvey and Henry had plans of their own when the identical twins were born at Methodist Midlothian Medical Center.

Before learning they were having twins, Alexia and her husband, Austin, sought out a hospital closer to their Ennis home. They also wanted to feel connected to all the decisions made throughout her pregnancy and the birth.

So they asked around: Where is the best place in the area to have a baby?

"Most of the responses — 99% — were for Methodist Midlothian," says Austin, who had posed the question on Facebook.

They couldn't be happier with their decision.

"They respect and listen to you," Alexia says. "If I get pregnant again, I'm going to Methodist again."

SURPRISE TWINS

For their first appointment, Alexia was referred to **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian.

She told Dr. Brown that Austin is a twin. The father's genes don't influence multiple births, he told her, and twins did not run on her side of the family.

That changed when Dr. Brown put the ultrasound on Alexia's belly.

"Immediately, we saw two babies," she says. "My husband was speechless. I was speechless. Dr. Brown was speechless. We all stared at the screen."

Being pregnant with twins would mean Alexia would be more closely monitored.

"The care Dr. Brown and his staff provided was wonderful," Alexia says. "He was very respectful and listened to my needs and wants."

BIRTH PLAN

At her 36-week appointment, Alexia brought Dr. Brown a detailed birth plan, right down to the music she wanted playing. She also didn't want an epidural or to deliver by cesarean section.

"Her birth plan was very much set," Dr. Brown says. "We reviewed it as a staff and respected what she wanted to have done. Our nurses are very patient with that, which is one of the luxuries of a smaller hospital and staff. We're not trying to rush anybody through."

Dr. Brown explained that a C-section might be necessary because one of her babies was breech, positioned with his head facing upward.

"I said we'd cross that bridge when we came to it," Alexia says. "I said if the babies are healthy and I'm healthy, I want a vaginal delivery. He said OK."

BREECH BABY

The average gestation for twins is 36 weeks, but Alexis was showing no signs of labor at 39 weeks. At her next appointment, Dr. Brown told the Colemans he'd be leaving the following weekend, so he recommended inducing labor, even though that wasn't in her original birth plan.

On April 24, 2025, she and Austin checked her into Methodist Midlothian, and Alexia received a small amount of Pitocin to put her into labor. The next morning, Dr. Brown broke her water. As the pain intensified, a nurse asked Alexia if she would like an epidural.



But the babies wouldn't wait, so Alexia delivered without medication, as she had wanted from the beginning. Her other wish — vaginal deliveries — was also granted when the first twin, Henry, made his appearance at 12:46 p.m.

Five minutes later, Harvey was born silent and limp. Alexia watched as a nurse spoke quietly to her husband, reassuring him that little Harvey would be OK.

"Finally, he started crying," Alexia says. "I'd been staring at Dr. Brown, who was so calm. He gave me such a sense of peace."

FELT 'AT HOME'

Dr. Brown explained that Harvey was quieter than his brother because he needed to be maneuvered to get him into the right position for delivery. That can leave a breech baby temporarily stunned.

"The births were perfect," he says. "Honestly, I was a little worried about how nervous Alexia would be, but she was calm and unfazed and did exactly what we asked her to do."

Within 24 hours, the Coleman family headed home with their babies and the twins' big brother, Dawson. Several months later, life is chaotic but good, and the couple's memories of Methodist Midlothian remain close to their hearts.

"It felt comfortable and safe," Alexia says. "Everyone just made us feel so at home, like we didn't have to question anything or worry about anything."

"

WHERE IS THE BEST PLACE IN THE AREA TO HAVE A BABY?

"MOST OF THE RESPONSES — 99% — WERE FOR METHODIST MIDLOTHIAN."

— AUSTIN COLEMAN

From first-time moms to high-risk pregnancies, Methodist delivers family-oriented support every step of the way.

NEW HIP RESCUES RETIRED FIREFIGHTER FROM PAIN

Four decades of fighting fires took their toll on this Arlington retiree, who turned to hip replacement surgery

For 36 years, Curtis Dunn earned his keep as a firefighter for the city of Arlington, lugging around heavy equipment that took a toll on his body.

Now in his late 60s, this first responder may be as tough as they come, but he knew what might be waiting for him in retirement.

"When you're on the job, someone is always telling you that every firefighter will end up having shoulder and back surgery, and hip or knee replacement," says Curtis, who retired in 2012.

After having surgery on his elbow and shoulder, Curtis sought relief with a hip replacement at Methodist Mansfield Medical Center.

"Everyone was very good at what they did. It's the way they treat you," Curtis says. "They were polite and explained everything. I'll tell anybody who will listen that Methodist is the place to go."

Now this tough guy doesn't have to endure an arthritic hip and nagging lower back pain anymore.

TOO MUCH TO BEAR

For years, Curtis' routine involved jogging over three miles a day — that is until his body let him know he needed to walk. Then last fall, pain in his lower back slowed him down even more.

"I thought it was a little back pain and I'd walk through it, but I couldn't keep going," he says. "I'd be walking and my left hip would almost give out."





Curtis got a warm welcome when he visited an Arlington fire station after his surgery.

The pain got worse in the days to come, first when Curtis attended a five-day conference of the International Association of Firefighters in Boston, followed by a fundraiser in Alabama for the Firefighter Cancer Support Network, an advocacy group he serves as vice president of Western states.

"I knew I had to do something," he says after completing a 5K, making the rounds at the convention hall, and powering through it all with over-the-counter pain medication.

When Curtis got home, he had an MRI showing severe arthritis in his hip joint and immediately set up an appointment with **Shane Seroyer, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield.

Curtis' diagnosis didn't surprise his surgeon.

"Firefighting is a very demanding job; You're climbing into buildings, up and down ladders," Dr. Seroyer says. "When you do something very physical for that long, you have higher risks of having osteoarthritis."

NO TURNING BACK

Arthritis is painful inflammation that results when cartilage breaks down inside the joints. That ultimately leads to bones rubbing against each other, and in Curtis' case, necessitates a hip replacement.

"It's a progressive thing," Dr. Seroyer says. "Once you have it, you have it."

Curtis decided to proceed with surgery on December 10, 2024.

"The experience was wonderful, from the time I walked in the office door for my presurgical appointment, through the required EKG, and through all the paperwork," he says.

During the surgery, Curtis appreciated how the staff kept his wife informed about what was happening every step of the way. He also sang the praises of spinal anesthesia, which spared him from feeling groggy or confused afterward.

Within four hours, the staff had Curtis up and walking. And after a night in the hospital, he came home with all the instructions he needed to fully recuperate. He also receives regular emails from the hospital, offering suggestions and reminders regarding his healing journey.

"Education is the key to recovery — the more you understand about what's going on, the easier that process becomes," says Dr. Seroyer, adding that Curtis' conditioning also helps. "People who are in better shape from a muscular standpoint do better with recovery."

These days, Curtis has a busy schedule advocating for firefighters who are battling cancer.

'HOMETOWN TEAM'

That said, Dr. Seroyer wants anyone in need of a new joint to know that they will receive the best care no matter where they are in their journey.

"We want to be the hometown team that takes care of the city of Mansfield," he says. "We're a team here, and we'll be with the patient from start to finish and beyond."

Just three weeks after surgery, Curtis is closer to the finish than he could have hoped. He no longer needs pain medication, and he's looking forward to jogging again. He encouraged everyone to pay attention to their bodies.

"I'd tell people not to wait if they need a hip replacement," Curtis says.

The key to preventing joint damage is managing your risk factors. Know yours by taking our health assessment.

"I'D TELL PEOPLE **NOT TO WAIT** IF THEY NEED A HIP REPLACEMENT.

— CURTIS DUNN, RETIRED ARLINGTON FIREFIGHTER

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