SHINE

Natural remedies: HEALTHY OR OVERHYPED?

WEIGHT LOSS SURGERY
is music to her ears

HEART ATTACK
warning signs



Methodist CHARLTON

YOUR HEALTHY LIVING MAGAZINE | **SPRING 2021**



22

Bariatric sleeve surgery helped a piano teacher **lose 200 pounds.**

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SPRING 2021

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SHINE

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DOCTORS ANSWER **COVID-19 QUESTIONS**



Watch Methodist's experts on infectious disease **answer your most pressing questions about the pandemic**.

MEET OUR **HEALTHCARE HEROES**



Get to know **the frontline heroes** and others working behind the scenes in our ongoing battle with COVID-19.

SCOLIOSIS PATIENT TRAVELS 1,200 MILES **FOR RELIEF**



This North Carolina girl **traveled halfway across the country** to seek out scoliosis care at Methodist.

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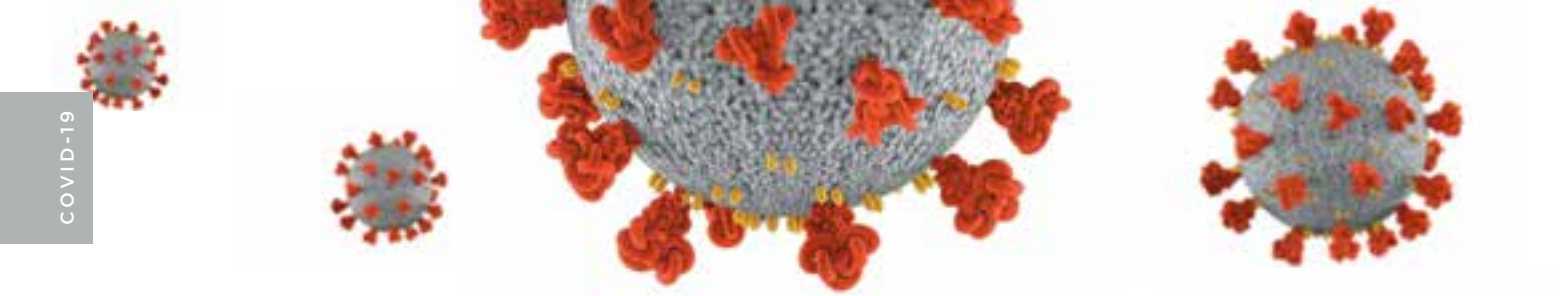


HOW VARIANTS FROM ABROAD COULD

PROLONG THE PANDEMIC

A more contagious strain of coronavirus has come to North Texas, a close cousin of the original virus that could delay our return to pre-pandemic life

HERD IMMUNITY DEPENDS on the natural ability of people who already had COVID-19 to fend off a new infection. Mutated viruses, or "variants," that have developed abroad could dodge the antibodies tailored to fight off the virus and re-infect someone who's overcome the disease.

Experts at the Centers for Disease Control and Prevention say it's not yet clear whether any of these three new strains can get us any sicker.

But that may be beside the point, says **Leigh Hunter, MD, FACP**, program director of the Internal Medicine Residency Program at Methodist Dallas Medical Center.

"The variants are worrisome because they all seem to be more transmissible," says Dr. Hunter, who warns of a potential domino effect: More infections mean more hospitalizations, and by extension, more fatal infections.

What's more, with millions more infections come millions of new opportunities for the virus to mutate. Stopping the spread stops new variants from evolving.

Here's what else you need to know about these new variants:

THE U.K. VARIANT

First detected last fall in the British county of Kent, this mutation is anywhere from 40% to 70% more transmissible than the original coronavirus.

In January, the U.K. variant cropped up in Texas and has now been identified in dozens of states. Fortunately, there's a bright spot with this variant, Dr. Hunter says.

"The current mRNA vaccines, Pfizer and Moderna, appear to still be effective against severe disease associated with the U.K. variant," she says.

THE BRAZIL VARIANT

It was last July when this variant first started circulating. In January, the first U.S. case was confirmed in Minnesota.

A December outbreak in the Amazon region's largest city set off alarm bells for infectious disease experts because the 2 million residents of Manaus should have reached herd immunity months ago.

"Natural infection does not seem to protect against reinfection with any of the variants," Dr. Hunter says.

> THE VARIANTS ARE TEACHING US **WE MUST NOT LET OUR GUARD DOWN** AND CONTINUE TO USE PROTECTIVE MEASURES.
>
> — DR. LEIGH HUNTER

SOUTH AFRICAN VARIANT

This variant first made headlines after a massive December graduation party in a South African beach town. More than 1,000 of the 3,000 teens who attended the "Rage Festival" got COVID-19.

Like the Brazil strain, the South African variant could prove trickier to combat with current vaccines. That may make another booster shot necessary.

HOW WE BEAT THE VIRUS

All of this makes the timeline for ending the pandemic hazier and the prospect of herd immunity more daunting. If a more contagious coronavirus becomes dominant, more of us will need to be immune to reach that threshold.

But we don't need to eradicate the coronavirus to get back to normal. Instead, health officials are determined to eliminate severe cases of COVID-19.

"The vaccines already approved are remarkably good at doing just that," Dr. Hunter says. "The variants are teaching us we must not let our guard down and continue to use protective measures like masking and social-distancing."

Learn more about the lingering effects of COVID-19 at ShineOnlineHealth.com.

FACE SHIELDS: do they block the CORONAVIRUS?



Face masks are a must almost everywhere, and there's ample evidence that masks are the best protection we have against COVID-19 until vaccines are widely available — but what about face shields?

ODDS ARE YOU'VE seen fellow shoppers or a barista sporting one of those curved plastic or plexiglass panels worn by so many healthcare providers instead of a mask, and seemingly more comfortable for it.

After all, who hasn't longed for the days when you could go out in public without smelling the coffee you just drank or peering through fogged-over glasses?

Don't be fooled, says epidemiologist **Senait Woldai, MPH, CIC, LSSGB**, manager of infection prevention and control at Methodist Charlton Medical Center. Face shields are no substitute for a face mask, the "gold standard" when it comes to personal protection equipment.

"A face shield alone is not going to protect you from the coronavirus," Woldai says. "A face shield without a mask would only protect you from splashes and sprays. You could still be exposed to droplets/aerosols that seep around the openings."

That said, face shields are invaluable to doctors and nurses who treat infected patients on a daily basis, she says. But healthcare providers use them as an added layer of protection, usually with an N95 mask underneath.

"Face shields and goggles come more into play with medical professionals," Woldai says. "That's because they're constantly around patients with COVID-19 and conduct aerosol-generating procedures where the risk shoots up really high."

Aerosols are tiny particles — in this case, viral particles — that become suspended in the air as a fine mist.

There is a host of medical treatments that can disperse the virus into the air, from chest compressions to intubation, when a ventilation tube is inserted into a patient who needs help breathing.

The mist can linger in the air for hours, settling on surfaces and potentially infecting anyone who inhales the virus or — and here's where face shields become important — gets it in their eyes.

"It's an extra layer of protection," Woldai says.

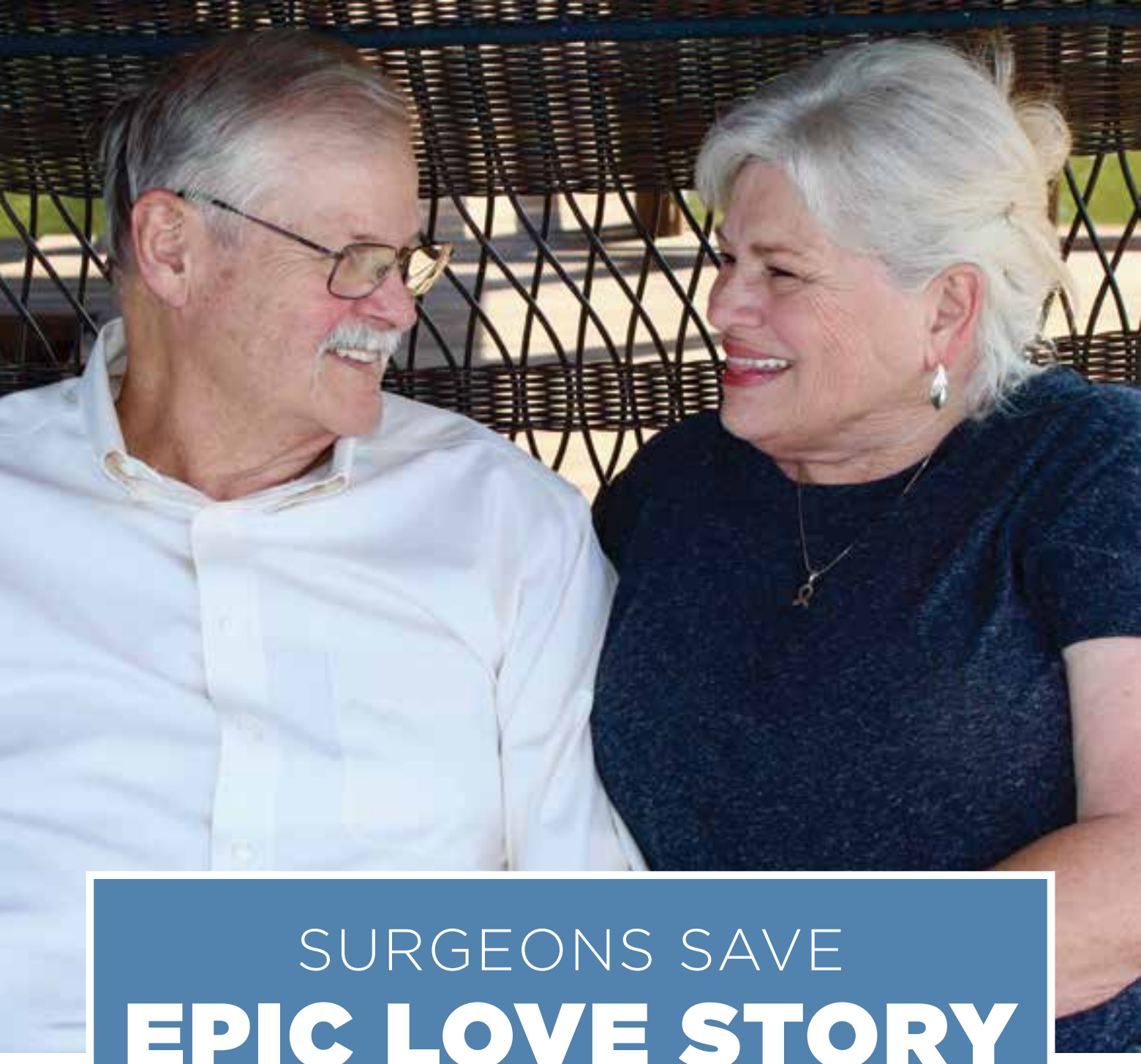
For the rest of us, face masks — coupled with social distancing and good hand hygiene — remain the best defense against the respiratory droplets that typically transmit COVID-19. And the latest guidance from the Centers for Disease Control and Prevention shows that two masks are better than one and that they protect the wearer, as well as others.

A surgical mask, N95, or other fitted mask is ideal. Scarves and bandanas can serve in a pinch but don't provide much protection.

If you're around someone who's coughing or sneezing a lot, if you're an essential worker who's around strangers all day, or if you're just determined to have that extra protection, here are some tips on how to get the most out of a face shield.

- **Always wear a mask under the face shield.** Without a mask, you'll still be at risk of respiratory droplets or aerosols flowing around the sides.
- **Keep the shield clean.** Make sure you are cleaning and wiping it with each use, and start by wiping the inside first.
- **Store it in a paper bag.** Plastic bags retain moisture, which allows for microbial growth.
- **Be sure the shield covers your entire face,** from top to bottom and side to side.
- **Use proper hand hygiene** before and after putting on and taking off your face shield.
- **Discard a face shield** if a strap is broken or if your vision is obscured due to scrapes or overuse of disinfectant.

Learn more about staying healthy and "stopping the spread" at ShineOnlineHealth.com.



SURGEONS SAVE EPIC LOVE STORY

Chuck and Kathy Magers credit the doctors at Methodist Dallas Medical Center for helping them make their 55th anniversary after Chuck became sick with necrotizing pancreatitis

It was over 70 years ago, but Chuck and Kathy Magers still remember the first time they saw each other when they were 4 years old.

"I was making mud pies when he got off the school bus with his brother," Kathy says of her husband, Chuck.

"She was the only other kid around the neighborhood who was my age," Chuck says. "I thought it was nice to have someone to play with. We became inseparable."

That bond never wavered for the East Texas couple, even after their families moved apart. They eventually found their way back to each other, eloping at age 19 before starting a family of their own.

Now the couple is celebrating 55 years together — an anniversary that Kathy believes wouldn't have been so joyful if not for the staff at Methodist Dallas Medical Center.

She credits them for preserving their 70-year love story when Chuck was diagnosed with necrotizing pancreatitis, a serious disease that was causing his pancreatic tissue to die and digestive enzymes to spread to his other organs.

The disease, first diagnosed in 2019 after a disruption in his pancreatic duct, took a drastic toll on his health, and he was taken to several clinics and hospitals close to their lakeside home in East Texas.

"He was in a lot of pain and really sick. He wouldn't eat or drink anything," Kathy says. "At that point, I knew we needed to be at a hospital that's better equipped with handling this type of disease."

Finally, a physician Chuck was seeing in the city of Quitman said he'd make a call to The Liver Institute at Methodist Dallas.

"If it weren't for that doctor and those at Methodist Dallas, I wouldn't be here today," Chuck says.

Methodist Dallas was the first hospital in the nation awarded Gold Seal certification by The Joint Commission for pancreatic surgery and pancreatitis.

'WE WERE LOSING HIM'

Several doctors on the medical staff at Methodist Dallas tried minimally invasive procedures to treat Chuck's pancreatitis, but the infection had become too severe.

Chuck's case was eventually brought to **Richard Dickerman, MD, FACS**, surgical director of kidney and pancreas transplant services at Methodist Dallas.

Recalling their first meeting, Chuck says Dr. Dickerman reminded him of the breed of can-do cowboys who once worked his family's ranch.

"He had this persona that if he can't fix it, it can't be fixed," Chuck says.

Acute pancreatitis typically does not require surgery, Dr. Dickerman says, but Chuck's disease had progressed to an extreme point.

"There was dead tissue in his pancreas and so much infection inside his abdomen that he was basically dying," Dr. Dickerman says. "His kidneys were failing, and it had caused fluid to build up in his lungs."

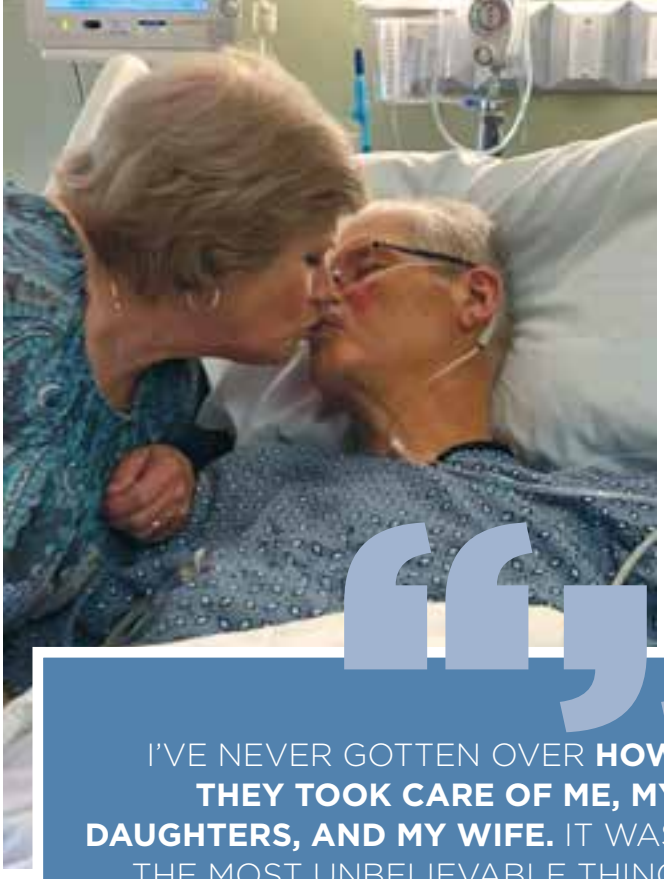
Because of the fluid in his lungs, Chuck had to rely on a ventilator to help him breathe, and his family recalls multiple complications, including sepsis, diabetes, and atrial fibrillation.

"We thought we were losing him," Kathy says. She and their two daughters, Angie and Dana, took turns sitting with Chuck in hospital rooms. Kathy repeatedly made the three-hour drive to East Texas to get clean clothes and some rest before jumping back in the car to return to Chuck's side.

Dr. Dickerman removed the dead tissue in and around Chuck's pancreas, but he'd return to the operating room a few months later to repair more damage from the pancreatitis.

This time, Dr. Dickerman and **Vichin Puri, MD, FACS**, surgical director of oncology at Methodist Dallas, performed a pancreaticoduodenectomy, also known as the Whipple procedure.

"The surgery means removing the section of the pancreas that's attached to the intestines, along with the bile duct,



> I'VE NEVER GOTTEN OVER **HOW THEY TOOK CARE OF ME, MY DAUGHTERS, AND MY WIFE.** IT WAS THE MOST UNBELIEVABLE THING I'VE EVER SEEN IN MY LIFE. I'LL NEVER FORGET IT.
>
> — CHUCK MAGERS

and reattaching the remaining portions of the stomach, pancreas, and duodenum, so the patient can have normal gastrointestinal function," Dr. Dickerman explains. "Chuck made quite a remarkable recovery after that."

ON THE MEND

Chuck says he doesn't remember too much about his time in the hospital aside from the fierce devotion his family showed him. He was also touched by the team of nurses who cared for him, especially when he was so weak in the intensive care unit.

"I've never gotten over how they took care of me, my daughters, and my wife," he says. "It was the most unbelievable thing I've ever seen in my life. I'll never forget it."

Through it all, Kathy was always by his side, daughter Angie says. "But she's only one person. He needed around-the-clock attention, and we knew we were in the best hands in that situation."

Now, back home with Kathy, Chuck says he's using his story as a source of strength and inspiration when ministering at his church where he serves as a deacon.

"It was a hard time," he says, "But my family and I came out stronger at the end of it."

To find a physician, visit MethodistHealthSystem.org/FindADoctor.



METHODIST DELIVERS A BOOMING MIDLOTHIAN ITS FIRST HOSPITAL

The five-story $175 million facility expands healthcare in Ellis County and creates hundreds of jobs in the process

When it opened its doors in November 2020, Methodist Midlothian Medical Center became the first hospital in the history of the Ellis County town and the 12th owned by or affiliated with Methodist Health System.

"We are proud to join the Midlothian community as its newest neighbor," says **Jim Scoggin**, Chief Executive Officer, Methodist Health System.

Located on 67 acres just off U.S. Highway 287, the 200,000-square-foot medical center features a range of services, from emergency care and advanced surgery to labor and delivery. The campus also includes a 45,000-square-foot medical office building.

"Our new hospital is all about serving the health and well-being of our neighbors," says Vice President **Jary Ganske**, the hospital's administrator. "We're honored by the trust this vibrant community has placed in us."

The five-story, $175 million facility is one of Midlothian's largest employers and is creating hundreds of new jobs in its first year of operation. The hospital debuted last year with 46 beds but can quickly grow to 80 — and more as needed.

"With 28 acres of undeveloped land, we have plenty of room to expand for years to come," says **Pam Stoyanoff, MBA, CPA, FACHE**, President and Chief Operating Officer of Methodist Health System.

The land where the hospital now stands was once home to a farm owned by Clifton Dale "CD" Massey and his wife, Kathleen, who, for 30 years, raised cattle and harvested hay with their sons Jerry and Steve.

Steve Massey said his parents would be happy to see the region's healthcare options expanding with the newly developed land.

"Our parents would be extremely proud to see the new hospital on our old farmland," he says. "CD always had big dreams for the community. This hospital is just another example of these thoughts becoming a reality."

MidloQuickER.org is reinventing how Ellis County residents access emergency care.



When life takes a tumble, help is 'close to home'

Meet Methodist Midlothian's very first patient: 1-year-old Brock Blanchard, a "total wild man," according to his mother.

"He's into everything," says Kristy Blanchard. "He climbs on everything, falls from everything, and puts everything in his mouth."

So Kristy wasn't exactly shocked when Brock tumbled to the floor of the playroom at their Ovilla home in early November. As luck would have it, Brock's busted lip happened the same morning that Methodist Midlothian Medical Center opened its doors.

The first hospital in Midlothian's history is just a few miles from the Blanchard's home. Kristy figured Brock would need stitches, and she was right.

Benjamin Lo, MD, medical director of the emergency department at Methodist Midlothian, admits he and his staff were excited and a little nervous on their first day seeing patients.

"When Brock came in, we went right to work on him," Dr. Lo remembers. "The little guy was crying and fighting us the whole time, but we finally got him settled down."

Brock went home with four stitches on the outside of his lip and two on the inside. Given his rambunctious nature, Kristy says she doubts his first trip to Methodist Midlothian will be his last.

"I'm so happy to have this hospital so close to home," Kristy says. "Everyone there was so welcoming, and the facility is just beautiful."



HEART PATIENT GOES FROM PANIC TO **TEARS OF JOY**



When Olive Conday-Brown felt exhausted after doing routine yard work, she had no idea a potentially deadly heart blockage was to blame

Hitting the high notes in church never used to be a struggle for Olive Conday-Brown.

Weeks into a new diet and fitness regimen, Olive felt winded and fatigued after walking a few miles or doing yard work. And choir had become a struggle.

When she started sweating profusely one night while working from home, Olive blamed it on a bad reaction to a flu shot.

She never imagined the accompanying pain in her left arm and the tightness in her chest were all warning signs.

Olive was having a heart attack — a potentially deadly situation that culminated in an ambulance ride to Methodist Charlton Medical Center.

"I began to cry tears of joy when I found out they had taken me to Methodist," she says. "The doctors who practice there are the best."

Olive would soon learn that over time, cholesterol plaque had partially blocked an artery in her heart. She didn't know at the time that she harbored serious risk factors, including a family history of heart attacks.

FROM BAD TO WORSE

During the night of her heart attack, Olive got increasingly lightheaded and nauseated, so she called her sister, a nurse, to tell her what was happening.

"She wasn't overly concerned, so I just kind of brushed it off," Olive says.

Then Olive started losing consciousness and fell in the hallway — and she knew something was terribly wrong.

"I made it to my bedroom and collapsed," she says, remembering feeling lifeless as she lay there. She thought about her children asleep in the next room, and panic set in.

In her altered state, Olive didn't think to call 911. She grabbed her keys and her purse and attempted to drive to the nearest emergency medical center.

"I was so fearful," she says. "You can't predict how you'll act when fear grips you."

Slipping in and out of consciousness, Olive made it to an emergency clinic a block away from her apartment, but it turned out to be closed.

That's when she called for help. Paramedics rushed her to Methodist Charlton, home to one of the highest volume emergency departments in Dallas County for treating heart attack patients.

'TIME IS MUSCLE'

Within minutes, the hospital had scrambled its on-call cardiac catheterization lab team, including a nurse, radiation technologist, and **Roberto Wayhs, MD**, a cardiologist on the medical staff at Methodist Charlton.

"We have the system down pat," Dr. Wayhs says. "The way everything is activated and implemented operates like a well-oiled machine."

That's critical during a heart attack because mere moments often dictate survival rates. A few minutes can also determine how much permanent damage the heart muscle suffers from the reduced blood flow.

"Time is muscle," Dr. Wayhs says, invoking a cardiologist's adage. "The sooner we can get the system activated, the better the patient does."

He urges patients who think they might be having a heart attack to call 911 immediately, and they should never try to drive themselves to the hospital.

IN GOOD HANDS

Dr. Wayhs and the cardiac catheterization lab team opened Olive's blocked artery using a minimally invasive procedure known as percutaneous coronary intervention (PCI). With the aid of X-ray equipment, the team threads a catheter from the upper thigh to the heart through an incision in the femoral artery in her leg. The catheter allows the team to locate the blockage and open the artery with an inflatable balloon.

> "THE WAY EVERYTHING IS ACTIVATED AND IMPLEMENTED **OPERATES LIKE A WELL-OILED MACHINE.**"
>
> — DR. ROBERTO WAYHS

Next, the team uses the catheter to insert a stent with metallic scaffolding to help keep the artery open permanently.

"I could instantly breathe when they opened the blockage, and the pain in my body completely went away," Olive says. "I didn't realize I was winded a lot until this procedure allowed me to breathe again."

'THIS WAS A MIRACLE'

Olive regained her strength for three days in the hospital before returning home.

For the next several months, she attended Methodist Charlton's cardiac rehab program three times a week to aid in her long-term recovery and heart health. During rehab sessions, Olive completed a series of prescribed exercises while nursing staff continually monitored her heart.

"It's such an amazing program, and they made me feel so comfortable," she says. "The whole team — the nurses, the techs, every staff person I have come in contact with — they all treated me like family."

Aside from the Methodist Charlton staff, Olive credits her faith in God for surviving her heart attack and being alive to share her story.

"My loved ones never stopped praying for me," she says. "I know this was a miracle. It was divine providence that I would survive to be here for my five children and four grandchildren. I'm spreading the word so others can avoid the same situation."

Learn more about Methodist Charlton's Heart Failure Clinic at MethodistHealthSystem.org/Charlton-HFC.

While heart attack symptoms such as chest pain and discomfort are common among both sexes, women are more likely to experience less common symptoms such as shortness of breath, nausea, and back pain, according to the American Heart Association.



Colten and Samantha Crist with their baby girl Charlotte and 2-year-old Everly.

DELIVERY TEAM SETS COUPLE AT EASE FOR

NEWBORN'S ARRIVAL

Samantha and Colten Crist were adjusting to a new life in North Texas when they learned they were expecting their second child

Samantha Crist's July 2020 due date came at an especially nerve-racking time for the young couple: right in the middle of a summertime surge in COVID-19 cases.

"It's a special time, but it can be very scary," says Samantha, now at home in Midlothian with baby Charlotte and 2-year-old Everly.

Her husband, Colten, agreed.

"Your initial thought is you don't want to be anywhere but home during COVID-19," he says.

Far from their usual support system back in their former home in Austin — and in a pandemic, no less — finding a hospital they could trust was a top priority for the couple. That's why they were elated to find a labor and delivery team at Methodist Mansfield Medical Center who excelled at putting the family at ease.

"They prepared me for what to expect and actually made it kind of fun," Samantha says. "They kept me laughing and enjoying that time."

Colten says the delivery team had him and his wife in stitches.

"We were cracking up," he says. "It was so much more relaxed than the first time around."

A MOTHER'S BOND

When baby Everly was born two and a half weeks early in 2018, the couple was in Austin, where the first-time mother had a physician she had known "forever."

"Samantha had her doctor that she had known for 15 years that she loved to death," Colten says.

It's hard to overstate the bond a young mother builds with her doctor, says **Bhavisha Bhakta Nunez, DO, OB-GYN** on the medical staff at Methodist Mansfield.

"That's a relationship and trust that builds over the years," Dr. Bhakta says. "It's tough to replicate in such a short time."

Colten had built a business relationship with Methodist Health System working for a media company in Ellis County, but it was Samantha whom Methodist Mansfield really won over.

"Samantha landed on Methodist Mansfield by doing her research," he says. "She was really impressed by the hospital."

Fast-forward to the summer of 2020, and Samantha felt like a new mom all over again when Charlotte arrived in July.

"It's kind of crazy how in two years you forget so much stuff," she says. "It was like I was going through it for the first time again."

This time the baby arrived right on schedule, Samantha says, but there was a new twist: COVID-19 testing for both Mom and Dad.

"Surprisingly, that was not nearly as scary as people were trying to make it out to be," Samantha says. "Everyone was so informative and kind and helpful."

Her cesarean section went off without a hitch, thanks to a delivery team who made it a joyous occasion that the couple will remember forever. After months of anticipation and excitement, the Crists welcomed baby Charlotte on July 23, 2020.

'EVERYONE TREATED US SO WELL'

Despite the pandemic, Colten says, they never felt vulnerable, and postpartum nurse **Kara Russ, RN**, went above and beyond to make them feel secure.

"Kara was wonderful," Samantha says. "She was just very protective about letting anybody into our room."



The labor and delivery unit enforces "quiet times" several times a day to build a bond between parents and their newborns and to help families make a seamless transition from a hospital schedule to life at home.

"This provides families with uninterrupted time to rest or bond with their newborn," Kara says. "We do our best to provide individualized care based on the patient's needs."

Now at home with their two daughters, Samantha says their time at Methodist Mansfield was exceptional, thanks to people like Kara, Dr. Bhakta, and the rest of the team.

"Everyone treated us so well," she says.

As for Colten, he'll fondly remember one perk that he never would have expected, considering his visits to other hospitals.

"The cafeteria food was amazing," he says. "I love that cafeteria!"

Take a virtual tour of the labor and delivery suites at Methodist Mansfield at MethodistHealthSystem.org/MansfieldTour.

FOLK REMEDIES
STAND THE TEST OF TIME

Don't discount age-old herbal medicines because they often find their way into more traditional drugs



THERE'S A REASON folk remedies have such staying power, from the anti-malarial quinine in tonic water to the omega-3 fatty acids in cod liver oil.

They have proven medical benefits, and their active ingredients often find their way into medicine.

For that reason, these aren't fads but time-tested remedies. And that goes for the herbal medicines of the moment: turmeric and elderberry.

Both have anti-inflammatory qualities and have been shown to boost our natural immunity to fend off respiratory infections, like the flu, common cold, or even COVID-19.

"A large body of evidence supports their benefits," says **Jill Waggoner, MD**, a family practice physician on the medical staff at Methodist Charlton Medical Center and the author of *Natural Healing*.

As always, consult with your physician before adding a new supplement to your daily routine.



TURMERIC AND CURCUMIN

A pumpkin-colored curry spice, turmeric is touted for helping to prevent cancer, boost immunity, and ease arthritis and even anxiety, among a host of other benefits.

While turmeric root is no cure-all, Dr. Waggoner says, its healing properties are tied to a key ingredient: curcumin, a potent antioxidant and anti-inflammatory agent. That's why she prescribes curcumin to her COVID-19 patients.

"Curcumin can be used topically or orally," she explains. "If taken orally, it should be taken with black pepper and oil to increase its bio-availability."

The chemical isn't easily absorbed without piperine, the major active component of black pepper. Supplements often come mixed with those ingredients as a complex.

In addition, a low dose of the complex can benefit people without diagnosed health conditions, according to the National Institutes of Health.

As with most things, moderation is key. When taken in large amounts, curcumin can cause gastrointestinal distress like nausea and diarrhea, as well as liver irritation.

ELDERBERRY

Elderberry also has health benefits, but don't scarf down the raw black berries, leaves, or bark. They contain poisonous cyanide.

Once processed and packaged in over-the-counter capsules, syrup, and lozenges, elderberry eases upper respiratory symptoms caused by colds and influenza, Dr. Waggoner says.

"It is a reasonable option for treatment of mild respiratory viruses," she adds. "It can be taken several times daily to help with cold or flu symptoms."

Elderberry is high in vitamin C, antioxidant phenolic acids and flavonols, and anti-inflammatory anthocyanins, which are commonly found in fruits and vegetables that are blue, black, or dark red.

Supplements substantially reduced upper respiratory symptoms in an experiment with 180 participants, according to a 2018 study published by the NIH. A separate 2016 clinical trial of 312 people found that elderberry reduced the duration and severity of colds.

Just don't expect elderberry to be a panacea if you're living an otherwise unhealthy lifestyle.

"Of course, it's not going to do anything for somebody who is drinking, smoking, eating fried foods, and not exercising," Dr. Waggoner warns.

Find more tips to ward off illness by searching "prevention" at ShineOnlineHealth.com.

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in certain other formats if available.
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters via a contracted service provider
  - Information written in other languages.

If you need these services, please ask your nurse, the house supervisor, or other hospital personnel for assistance.

Alternatively, you may call the hospital's operator directly for assistance at the following numbers.

Methodist Charlton Medical Center • 214-947-7777
Methodist Dallas Medical Center • 214-947-8181
Methodist Mansfield Medical Center • 682-242-2000
Methodist Richardson Medical Center • 469-204-1000

If you believe that Methodist Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, please discuss this with your care team, or you can file a grievance (complaint) with:

Methodist Health System's Discrimination Grievances Coordinator via phone messaging at 214-947-5119 or email at discriminationcomplaints@mhd.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

NOTICE OF PROGRAM ACCESSIBILITY
ATTENTION: If you speak English, language assistance services, including TTY, are available to you free of charge:

Methodist Charlton Medical Center • 214-947-7777
Methodist Dallas Medical Center • 214-947-8181
Methodist Mansfield Medical Center • 682-242-2000
Methodist Richardson Medical Center • 469-204-1000

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

العربيـــة (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم:

اردو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। पर कॉल करें।

ગુજરાતી (Gujarati)
સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

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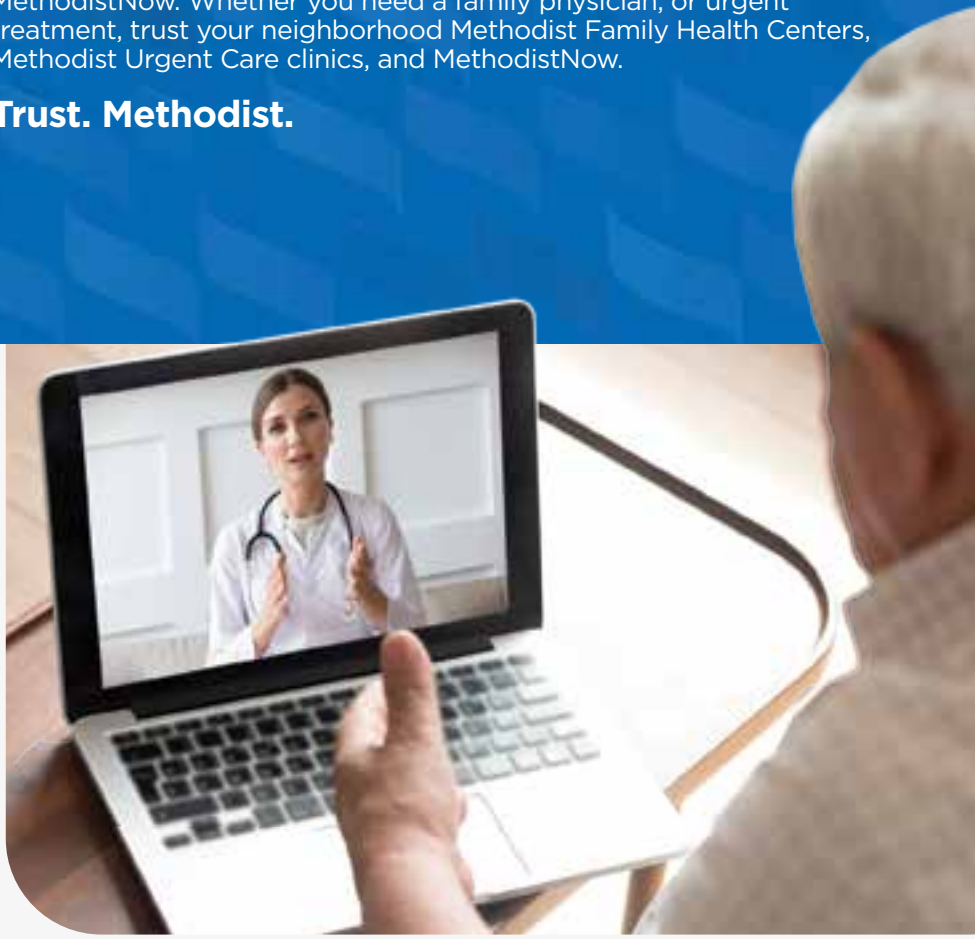

Methodist FAMILY HEALTH CENTERS

MethodistHealthSystem.org/FamilyHealth
214-947-0033

Methodist URGENT CARE

MethodistHealthSystem.org/UrgentCare
214-947-0019

Methodist NOW!

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SURGICAL UNIT OPENS **NEW CHAPTER FOR TRANSPLANT CARE**

The 36-bed unit features unparalleled access to devoted specialists and essential treatments

After nearly 40 years of providing lifesaving transplant services, Methodist Dallas Medical Center entered a new era last fall with the opening of a new surgical unit.

The 36-bed Progressive Care Unit for Transplant and Advanced Surgery made its debut Nov. 3 on the sixth floor of the Charles A. Sammons Tower, moving across campus from the Pat and Pete Schenkel Tower but providing the same unparalleled access to a broad range of devoted specialists and essential treatments for transplant patients and other complex surgeries.

As part of a $20 million project, Methodist Health System Foundation stepped forward early to raise $4 million in support of the capital expansion. Donors responded generously to the compelling need for this improvement, with 98% of the funds contributed to date.

This dedicated unit expands Methodist Dallas' transplant program and enhances continuity of care by providing a centralized home for patients who have a multitude of complex needs before and after surgery.

In the new space, patients can expect top-ranked medical expertise for organ transplants, pre-transplant evaluations, and liver and pancreatic operations.

"From the time a transplant patient enters the hospital through discharge, Methodist Dallas will be better able to streamline and coordinate their care," says **Jeffrey Weinstein, MD**, medical director of liver transplantation and hepatobiliary services at the Liver Institute at Methodist Dallas.

The bigger space, including two conference rooms, allows for better multidisciplinary collaboration for the best patient outcome.

"By bringing together a focused group, which includes additional expert staff such as nurses, dietitians, pharmacists, and social workers, the quality of patient care rises," Dr. Weinstein says.

Architects kept patient care and the staff's needs in mind while designing the unit's layout, from expansive hallways that allow patients to move around during their recovery to observation posts for eagle-eyed nurses.

"There are nurse alcoves outside of the rooms, so nurses can better watch over their patients, which is important because some of these patients require frequent monitoring," says **Kelly Finney, BSN, RN-BC**, nurse manager of the unit.

Advanced technology and new bedside computers also help caregivers keep track of vital signs and enhance the workflow.

Since their founding, the Transplant Institute and the Liver Institute at Methodist Dallas have restored hope to thousands of patients and their families, saving and improving lives through surgery, groundbreaking treatments, and innovative research. Methodist Dallas' transplant patient survival rates rank higher than any other healthcare institution in Dallas and far exceed the national averages.

As the need for transplant services rises, Methodist Dallas will continue investing in resources, outreach efforts, and facilities to best serve the surrounding community and beyond.

"The Transplant Institute has achieved many outstanding milestones and consistently delivers excellent patient outcomes, which has a value beyond measure," says **John Phillips, FACHE**, president of Methodist Dallas. "It is an honor to meet patients who travel from across the state and around the world who trust their lives to our expert care."

> THE TRANSPLANT INSTITUTE HAS ACHIEVED MANY OUTSTANDING MILESTONES AND **CONSISTENTLY DELIVERS EXCELLENT PATIENT OUTCOMES.**
>
> — JOHN PHILLIPS, PRESIDENT OF METHODIST DALLAS MEDICAL CENTER





Teen's transplant marks a lifesaving milestone

We're all cheering for the young patient behind Methodist's 1,000th liver transplant.

Nadia Gomez is a competitive cheerleader from Fort Worth who received her new liver at Methodist Dallas in January.

The 18-year-old says she was taking herbal supplements that her doctors believe caused her liver to fail in a matter of weeks.

Nadia went home from the hospital this week with a new liver — and a new chance at life.

Learn more about The Transplant Institute at Methodist Dallas Medical Center at **MethodistHealthSystem.org/transplant.**





Bhargava credits the team at Methodist Richardson Medical Center, and **an experimental treatment called Optune** that he wears on his head, for his continued success.

WEARABLE DEVICE HELPS BRAIN CANCER PATIENT

BEAT *the* ODDS

Thanks to a groundbreaking cancer treatment, four years have passed since doctors told a young patient he would not survive a year

Imagine being told you have only six to 12 months to live. Now imagine getting that news in your 20s.

This was the reality for Bhargava Kotapalli when he was diagnosed with glioblastoma, a devastating brain cancer, at age 27.

The disease typically proves fatal within 15 months of diagnosis, explains **Paul DeRose, MD**, radiation oncologist on the medical staff at Methodist Richardson Medical Center.

"I can hardly describe the magnitude of a moment like that," says Bhargava, remembering that moment when doctors delivered the news that he might not survive a year.

But that was back in 2016.

Today, Bhargava is living a normal life, enjoying his work as a data analyst at an engineering firm and spending his spare time hiking with friends, cooking, and learning about architecture.

It's a far cry from the prognosis he was given just a few years ago. For this, Bhargava credits the team at Methodist Richardson Medical Center and an experimental treatment called Optune, a wearable device that utilizes electric fields to disrupt the tumor cells' ability to multiply.

The 31-year-old Plano resident was the first patient at Methodist Richardson to try the new treatment and believes it saved his life.

"The level of care and support I received at Methodist Richardson and the chance to try Optune are why I am still alive," Bhargava says.

Until recently, there has been very little progress made in the treatment of glioblastoma, Dr. DeRose says.

"Bhargava's story is a big reason why we have renewed hope."

A LIFE-CHANGING DIAGNOSIS

Bhargava remembers the night he first realized something was wrong with his health. It was Aug. 27, 2016, and he was a graduate student pursuing his master's degree in geospatial information sciences at the University of Texas at Dallas.

That evening he went to dinner with friends, but he had to ask for a ride home when he started to feel unwell. He promptly fell asleep in the car and then again on the couch at his apartment. The last thing he remembers was getting up in the middle of the night to use the restroom.

Bhargava's roommates found him unconscious in the bathroom, so they called an ambulance. He was rushed to Methodist Richardson, where doctors determined a seizure was the cause of his collapse.

That kicked off numerous tests and scans that ultimately discovered the tumor on the left side of his brain. Surgery was the first step.

"The surgeon was able to successfully remove the entire tumor, but it took a few days to get results of the biopsy," Bhargava says. "I never expected I would get the news I did."

When the results came back, he was shocked when doctors told him it was glioblastoma and that he likely had only months to live.

BEGINNING TREATMENT

Shortly after his diagnosis, Bhargava began seeing Dr. DeRose, who quickly set up a treatment plan that included radiation and chemotherapy. To further improve Bhargava's odds, Dr. DeRose began looking into other treatment options, as well.

"I was impressed by the early data on Optune, so I offered the choice to Bhargava," Dr. DeRose says. "He was also enthusiastic about the data and decided to try it."

In February 2017, Bhargava began wearing Optune, a portable device that saturates the tumor location with an electric field. At that point, he had completed six weeks of radiation and was in the final phase of his almost yearlong chemotherapy treatment.

Before long, Dr. DeRose and Bhargava agreed to get even more aggressive and he began to wear the device at least 90% of the time because data indicates the more a patient wears the device, the better the results.

'EVERY DAY I GET IS A GIFT'

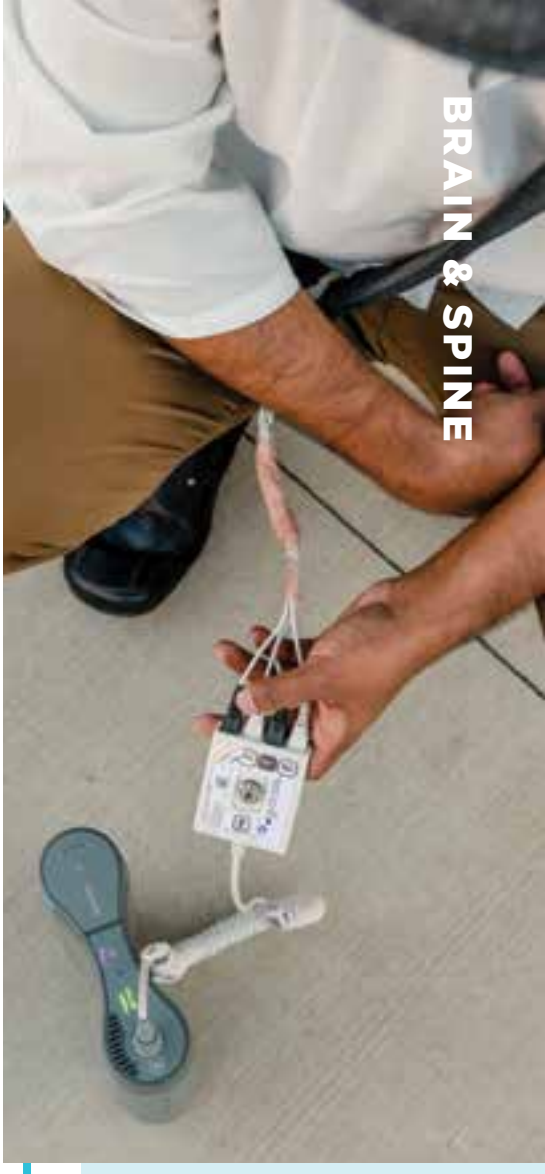
Bhargava has now been wearing Optune for almost four years and has no plans to stop. The outcome has surpassed both his and Dr. DeRose's expectations.

"When I see him every four months for scans I tell him the same thing," Dr. DeRose says. "I don't have a prognosis for you anymore. You are so far outside of any data or evidence we have, but I have no reason to believe that your cancer will return."

In addition to Bhargava, Dr. DeRose has had success in pursuing Optune treatment with almost 20 other patients at the Cancer Center. Bhargava says he's thankful for every day, and his doctor credits innovative treatment options for his survival.

"There is no one reason to explain how or why Bhargava is still alive," says Dr. DeRose. "But his success with Optune is one of the biggest factors."

Watch a video of a patient undergoing brain surgery while still awake at ShineOnlineHealth.com.



What is Optune?

It's a wearable, portable, FDA-approved device that creates low-intensity, wave-like electric fields that are sent to the tumor location via adhesive patches attached to the patient's scalp. These so-called TTFields help slow or stop glioblastoma cancer cells from multiplying and may also destroy some cancer cells.

Other treatment options for glioblastoma cancer include:

- Surgery to remove the glioblastoma
- Radiation therapy
- Chemotherapy
- Targeted drug therapy
- Clinical trials
- Palliative care

QUADRUPLE BYPASS PROVES **YOU CAN'T DENY *your* DNA**

Fit and trim as he neared 65, James Wieting chalked it up to aging when he became short of breath during his high-intensity fitness classes

"I was cursing old age," he says. "I thought I'm just not able to keep up with these young kids anymore.'"

But that didn't sound right to his wife, Marcia.

She spoke with a nurse friend, and soon James was visiting a cardiologist. A stress test detected some artery obstruction, and further scans revealed significant blockages in all four of his major coronary arteries.

James was stunned. He'd dropped 45 pounds in 2017 and was sticking to a strict paleo diet to keep the weight off. He had also been working out consistently for three years. Besides, his long career as a home inspector required him to climb over roofs and crawl under houses.

"I'm probably in my best physical condition since college, so this whole thing came as a complete shock," James says. "I've been pretty healthy most of my life, but they said, 'You can't deny your DNA.'"

The men in his family have a history of heart problems, James says. With each of his arteries 60% to 95% obstructed, he needed quadruple bypass surgery to increase blood flow through his heart and body.

"We cannot control the genetic component of heart disease — the buildup of plaque, cholesterol, and calcium over many years," says **Darien Bradford, MD**, cardiothoracic surgeon on the medical staff at Methodist Mansfield Medical Center.

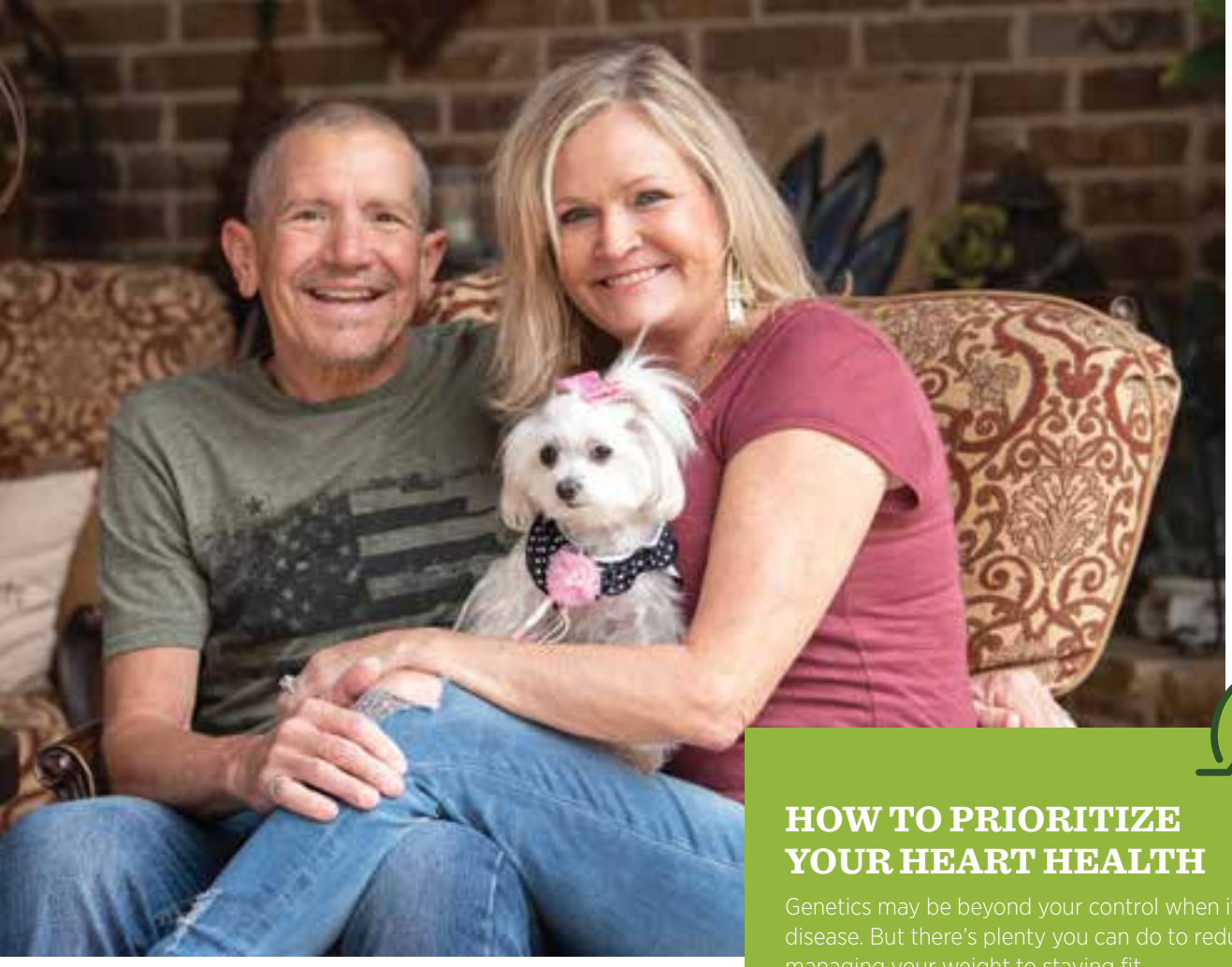
"He's an extremely healthy and fit man," Dr. Bradford continues. "But learning about heart disease is a dynamic process, and we are amazed at some of the people who end up with it: young people, old people, people who are physically fit."

Bypassing a heart artery is major surgery. It involves opening the sternum bone to expose the heart and using a blood vessel taken from the chest or leg to bypass the blockage so that blood detours around it.

A quadruple bypass takes about three hours, Dr. Bradford says.

James had never spent a single night in a hospital, so he found the prospect of surgery frightening, but not as scary as the alternative.





"I probably could have had a heart attack at any time," he reflects. "It was like a whirlwind, and my head is spinning that I'm going from working out five days a week to lying in a hospital and then having a three- to four-month recovery."

In the end, James says the experience wasn't nearly as daunting as he had feared. In fact, the day after his surgery he walked around the intensive care unit twice under the watchful eye of nurses.

"I didn't have nearly as much pain as I thought I was going to have," he says.

James was impressed not only with Dr. Bradford's skill but also the care he received at Methodist Mansfield.

"The nurses were absolutely amazing," James says. "They were sweet and kind and attentive, and everything was about the patient. They made the whole stay seem way easier than it could have been."

Eight days after surgery, he went home to rebuild his strength and allow his sternum to heal, which typically takes six to eight weeks.

James' recovery got a boost from his strong physical condition before the surgery, Dr. Bradford says.

"He's able to maintain physical activity, and most people wouldn't be able to do that," he says.

James can't wait to get back to his exercise classes. Meanwhile, he's walking a mile three times a day and planning to go to heart rehabilitation therapy.

"They tell you that the more you can be active without exerting yourself, the better it is for your body and recovery," he says. "It's all about mending the bone and getting your breath back. Walking is all I can do right now, so I will walk the hardest and longest that I can."

HOW TO PRIORITIZE YOUR HEART HEALTH

Genetics may be beyond your control when it comes to heart disease. But there's plenty you can do to reduce your risk, from managing your weight to staying fit.

Making good dietary choices is critical, Dr. Bradford says. Eat a colorful diet laden with vegetables and fruits, as well as plant proteins like lentils, chickpeas, almonds, and quinoa.

Limit your consumption of red meat to two or three times a week. Instead, choose fish and other lean meats like chicken without skin.

- Strengthen your heart muscle with moderate to vigorous exercise, ideally 30 minutes a day. Keeping fit also lowers blood pressure, trims excess weight, and helps arteries work better.
- If you've got high blood pressure or diabetes, controlling them is another key to heart health.
- Don't smoke or vape, both of which put you at higher risk for heart disease and stroke.
- Finally, get at least seven hours of sleep a night. Getting too little sleep influences eating habits, blood pressure, diabetes, and weight gain.

Assess your own heart health at MethodistHealthSystem.org/HeartHealth.

Weight loss is music TO THIS PIANO TEACHER'S EARS

When obesity threatened her health, Deanna Lariz made an investment in herself by undergoing bariatric sleeve surgery

Like so many people who struggle with the scale, Deanna barely noticed as her weight crept up over the years.

While weathering a three-year divorce and building a successful voice and piano coaching business from scratch, the 40-year-old mother of two reached a weight of 542 pounds.

"I was in survival mode for so long. I spent about 15 years not taking care of myself," she says. "My blood pressure was out of control and landed me in the ER constantly. I had sleep apnea. I couldn't tie my own shoes. I was constantly fatigued, and I would have to rest after walking a few feet."

When a home purchase fell through, she took that as a sign. So with her daughters' blessing, she put her down payment toward her health. To jump-start her weight loss, Deanna chose to undergo bariatric sleeve surgery at Methodist Charlton Medical Center.

"Investing that money in myself was different for me," she says. "I usually don't put myself first."

But Deanna had watched too many close family members struggle with obesity and didn't want to risk kidney failure, heart disease, or diabetes.

"I made a new choice because I wanted to be here to see my kids grow up," she says.

MUCH SAFER SURGERY

Bariatric surgery was not without risks for Deanna. Her BMI was 85 — much higher than the typical patient treated by **Manuel Castro-Arreola, MD**, general surgeon on the medical staff at Methodist Charlton.

The operation involved removing a portion of Deanna's stomach to make it smaller, leaving it shaped like a tube or sleeve.

Some surgeons might balk at performing the surgery on people with such a high BMI, but Dr. Castro assures his patients that technological advancements have made weight loss operations much safer over the years.

He says the benefits of a longer life span, improved medical conditions, and a better quality of life outweigh the risks.

"Methodist committed significant resources, including human resources, to help these patients do well," he explains, from bathrooms built to accommodate obese patients to specially designed CAT scan machines.

What's more, the cutting-edge robotic da Vinci Surgical System provides more precise optics and range of motion during surgery.

A 'TEAM SPORT'

In the two years since her surgery, Lariz has lost more than 200 pounds. She says her confidence is through the roof, and even her singing has improved. Her dramatic weight loss has also allowed her to discontinue using a sleep apnea machine and three of her four blood pressure medications.

"The weight dropped so quickly, it can take some time for your brain to catch up," says Deanna, who credits her therapist for helping her cope with the changes. "I'm glad I stayed in therapy to help me with the transition."

In addition to her ongoing therapy, she points to her support system at Methodist, including Dr. Castro and nurse coordinator **Tamera English-Everett**, as making a big difference in her success.

"Weight loss surgery is a team sport," Dr. Castro says. "Overall, the most important thing for a good outcome is the patient's commitment to a new lifestyle."

And Deanna's commitment was undeniable. She adhered to a strict liquid diet for weeks before surgery, as well as specific post-surgical eating and vitamin regimens.

She now has more energy for the 65 students she teaches at her Midlothian music studio. She's also relishing a stronger connection with her youngest daughter during their 2½-mile walks.

Deanna credits the Methodist team with giving her a clear path to a better life, not just for herself but also for her daughters.

"The care at Methodist was amazing — everything from the hospital stay, the clear direction they gave me before and after surgery, and how they were available for questions," Deanna says. "Tamera and Dr. Castro were there for me all along the way."

Find out if weight-loss surgery is right for you by calling the Methodist Weight Management Program at 214-947-0004 or emailing weightloss@mhd.com.



I MADE A NEW CHOICE
BECAUSE I WANTED TO
SEE MY KIDS GROW UP.
— DEANNA LARIZ



DIABETES AND COVID-19: A LETHAL COMBINATION

Diabetes raises the risk for a severe COVID-19 infection — but why?

Since early in the pandemic, doctors found certain underlying diseases made COVID-19 worse, and one of the most concerning of these co-morbidities — diabetes — affects about 10% of the U.S. population.

One study from the American Diabetes Association suggests that the risk of severe infection is tripled for people living with either type 1 or type 2 diabetes, compared to those without. Another found that diabetic patients with COVID-19 had higher incidences of pneumonia, respiratory failure, cardiac injury, and death.



Michael Foster, MD, pulmonologist on the medical staff at Methodist Richardson Medical Center, explains the reason behind this phenomenon is found in our blood sugar.

"Essentially, the higher your blood sugar is, the less functional your primary immune system — and that is why people with diabetes are at higher risk for most infections."

BLOOD SUGAR IS KEY

A normal blood sugar level while fasting is less than 100 milligrams per deciliter of blood, according to the Mayo Clinic. Anything above 125 milligrams per deciliter while fasting is considered to be too high, or hyperglycemic.

Spikes in blood sugar not only influence our energy levels but also impair our immune system, making it harder for us to fight off infections.

What's more, having high or uncontrollable blood sugar levels can trigger our body's inflammatory response. And while this is typically a natural process that helps protect us against viruses and other pathogens, severe inflammation can do more harm than good when it goes unchecked and begins attacking healthy cells and tissues.

"This hyper-inflammatory syndrome caused by the coronavirus is actually what kills you," Dr. Foster explains.

COMPOUNDING DAMAGE

High blood sugar can pose long-term health problems, with or without an infection.

"Simply put, hyperglycemia is going to make the body more susceptible to vascular and cellular damage," Dr. Foster says.

And in many cases, hyperglycemia and diabetes are often coupled with other medical issues, such as atherosclerosis, obesity, and hypertension. These conditions, along with a positive COVID-19 diagnosis, may place some patients more at risk for blood clots.

"The literature shows a higher risk of acute respiratory distress syndrome with higher presenting blood sugars," he adds. "With COVID-19, I have seen more clotting and worsening infections in diabetic patients than in non-diabetic patients."

NOT JUST DIABETICS

Even people who have never had diabetes may have cause for concern with COVID-19.

> THE HIGHER YOUR BLOOD SUGAR IS, THE LESS FUNCTIONAL YOUR PRIMARY IMMUNE SYSTEM — AND THAT IS WHY **PEOPLE WITH DIABETES ARE AT HIGHER RISK FOR MOST INFECTIONS.**
>
> — DR. MICHAEL FOSTER

"We're seeing people being hospitalized with high blood sugar, who don't have a history of diabetes, and they're having equally bad outcomes as those with known diabetes," Dr. Foster says. "That's why we check your blood sugar when examining you and might give you insulin even if you do not have diabetes."

Researchers have reported seeing new-onset diabetes and worsening symptoms of preexisting diabetes in patients with COVID-19.

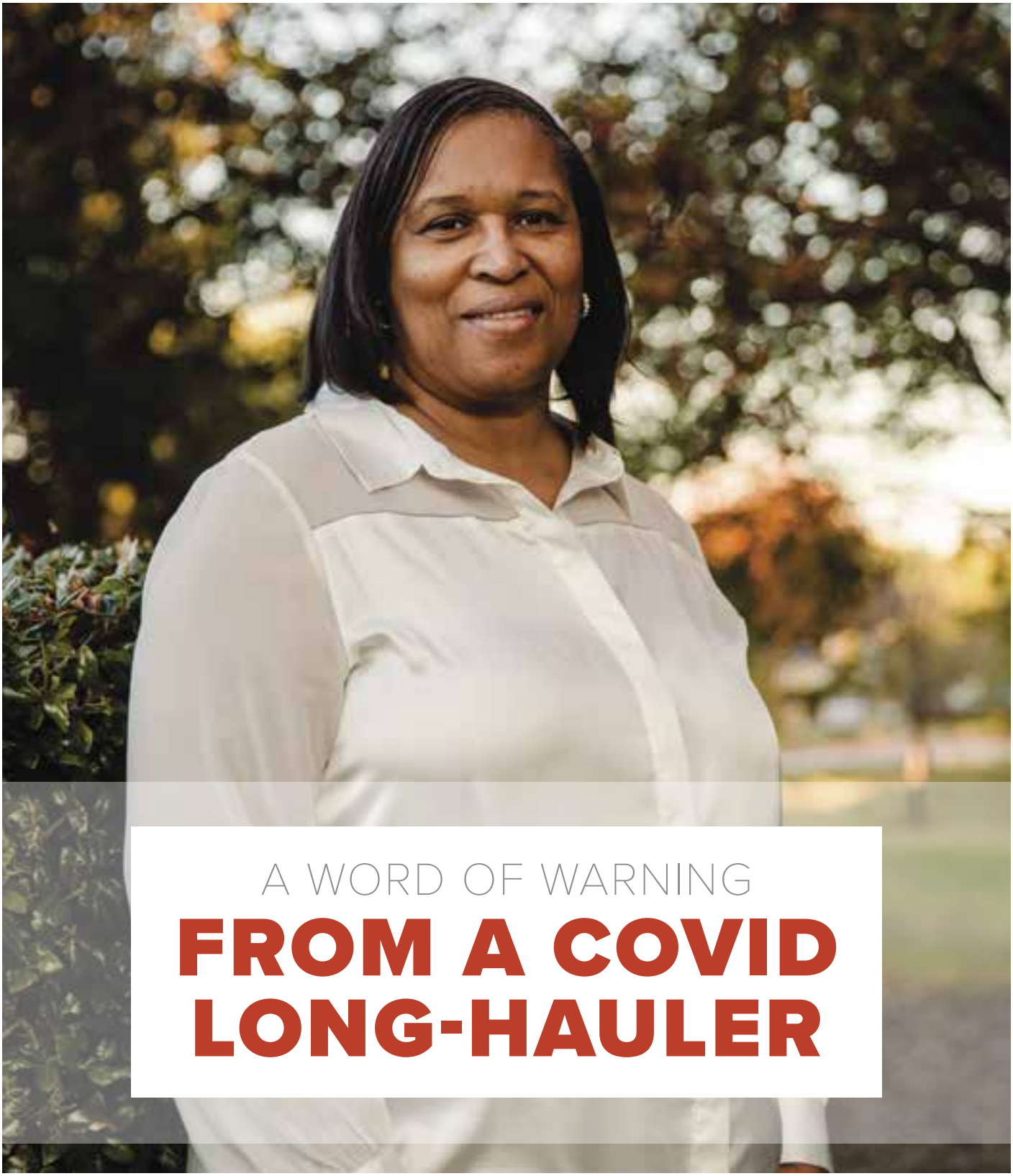
A vaccine is not yet available to everyone, and there's still more to learn about this new disease and its potential effects on the body. Foster says taking preventive precautions is still a must.

"The best recommendation I can give is to keep social-distancing, wearing masks, and washing your hands," he says.

If diabetes is of concern to you, it's recommended that you consult a doctor about medications and lifestyle changes.

Learn more about the connection between COVID-19 and diabetes at ShineOnlineHealth.com.

Thousands of those infected with the coronavirus may quietly suffer for months, **oblivious to the permanent damage COVID-19 may be doing to their bodies**



A WORD OF WARNING

FROM A COVID LONG-HAULER

When COVID-19 first hit North Texas, Claudicia Parson didn't realize the long-term impact it could have on her heart.

In the spring, Claudicia battled the respiratory virus at home for months, unaware it was damaging her cardiovascular system, as well as her kidneys, until she finally checked into Methodist Dallas Medical Center in September.

"I remember going to work on March 24, feeling completely fine," the 58-year-old Dallas resident recalls. "But when I got home that day I started coughing."

First the chills came, followed by diarrhea and a nighttime fever. Soon she lost her sense of taste and smell and had difficulty catching her breath. Claudicia had to stay home from work until July due to her infection. Sometimes she would cough so hard, it caused her to vomit.

Her doctor and other specialists used telehealth to prescribe her different medications, but they provided little relief.

"I knew something wasn't right," Claudicia says.

CLOT DAMAGES KIDNEY

Her symptoms came and went for months. It wasn't until one week in September that she reached a breaking point. An excruciating pain lanced Claudicia's right side, and nothing she did made it go away.

"Finally, I told my husband, 'You have to take me to the hospital,'" she says.

Claudicia arrived at Methodist Dallas where doctors found a blood clot in her kidney. It was cutting off blood flow and damaging the organ.

The medical staff treated her clot, and an electrocardiogram (EKG) was performed to examine her heart.

"The EKG showed that Claudicia's heart had begun to beat abnormally, a condition called atrial fibrillation," says **Manavjot (Mj) Sidhu, MD**, medical director of cardiology administrative services at Methodist Dallas.

"It felt like my heart was about to jump out of my chest," Claudicia says.

HEART RATE SKYROCKETS

Claudicia remembers her heart rate reaching 160 beats per minute, far more than the normal resting heart rate of 60-100 beats per minute. The rapid pumping of blood can overwork the kidneys and make things worse.

Later, an echocardiogram showed that the pump function of her heart was only about 15% to 20%, compared with a normal pump function of 60% to 65%.

"All of her symptoms pointed to post-COVID-19 syndrome," Dr. Sidhu says.

He says there is a trend among recovering COVID-19 patients who suffer from abnormal heart issues, including chest pain and rapid heart rates. One of the biggest indicators of cardiovascular complications is persistent shortness of breath.

"If a patient continues to have shortness of breath more than 30 days after their infection, it means there's something more to the story," Dr. Sidhu says. "That patient should then see a cardiologist to get checked out."

> I HAD A KIDNEY DOCTOR, A CARDIOLOGIST, AND AN INTERNAL MEDICINE DOCTOR AT METHODIST DALLAS. THEY ANSWERED ALL MY QUESTIONS AND EXPLAINED EVERYTHING TO ME, **SO THAT MADE A DIFFERENCE.**
>
> — CLAUDICIA PARSON

THE HELP SHE NEEDED

Doctors quickly delivered a small shock to Claudicia's heart to reset it back to a normal rhythm, and she was given heart failure medications to return it to its normal function. She was also given diuretics to release some of the fluid in her body that was straining her heart.

But there was a potentially bigger problem: Patients with abnormal heart rhythms are prone to develop more blood clots.

"I have to be on blood thinners for the rest of my life to make sure I don't develop any more clots," Claudicia says.

She stayed at the hospital for a week until she was well enough to leave. Now equipped with new medications and aftercare instructions, Claudicia is back at home spending time with her family and working again. She says she feels much better, and her cough has improved. She still follows up with Dr. Sidhu, who's monitoring her progress.

A key factor of her recovery is the collaboration of physicians across multiple specialties, Dr. Sidhu says.

"I had a kidney doctor, a cardiologist, and an internal medicine doctor at Methodist," Claudia says. "They answered all my questions and explained everything to me, so that made a difference."

A MESSAGE FOR OTHERS

Claudicia urges others suffering from COVID-19 to pay attention to their symptoms and get emergency help if they feel ill for months.

"If you think there is something wrong with your body, trust your instincts because you know your body best," Claudicia says.

Dr. Sidhu says there's still so much that's unpredictable about COVID-19 that it's better to be safe than sorry.

"It's clear the disease doesn't just affect the lungs, but the heart as well. Some patients — and we don't know who they'll be — may have to see a cardiologist because just taking medicine to treat respiratory issues is not going to solve the problems the virus can cause in the heart."

From heart disease to vascular conditions, you can trust your heart to Methodist. Learn more at MethodistHealthSystem.org/heart-care.



Working as a case manager at Methodist Mansfield Medical Center, Michelle Ferrell routinely came to the rescue of cancer patients — **a self-exam helped rescue her**

NURSE WHO SURVIVED BREAST CANCER OFFERS A *lifesaving lesson*

As a nurse and former case manager, **Michelle Ferrell, BSN, RN, CHPN**, frequently helped cancer patients and their families navigate through a difficult diagnosis.

Two years ago, Michelle was the one who needed help.

"I'd like to think my life was pretty normal before my breast cancer diagnosis," she says. "I did everyday things — spend time with my family and friends, work as a palliative care nurse at Methodist Mansfield Medical Center, and play with my two big dogs."

During a self-exam in the summer of 2019, she felt a lump in her left breast.

"It felt completely different from my breast tissue," she says. "It was so different that I paid attention to it.'"

What's more, Michelle says her left breast looked odd when she placed her hands on her hips.

That's a red flag, says Michelle's doctor, **Sarju Waghela, DO**, an oncologist on the medical staff at Methodist Mansfield.

"The best time to do a self-exam is in the shower, arm above your head and moving either in a circular motion or from the outside in," Dr. Waghela explains. "Once you get out of the shower, take a look at the skin to look for any thickening or skin changes. Place your hands on your hips and look in the mirror to look for any dimpling."

DIFFICULT ROAD AHEAD

Michelle was diagnosed with stage 2 triple-negative breast cancer, and she was well acquainted with what came next.

She was treated with eight rounds of IV chemotherapy and asked her husband, Charles, to shave her head. She also made the decision to have a bilateral mastectomy with deep inferior epigastric perforator (DIEP) flap reconstruction, which is when a surgeon uses fatty tissue to reconstruct the breasts.

After her surgery, Michelle got some good news: Her cancer had not spread to her lymph nodes. She also got some discouraging news: The chemotherapy hadn't gotten all of the cancer.

"Surgery is the cornerstone of treatment for breast cancer," Dr. Waghela says. "Some women will need only surgery, and other women will need surgery, chemotherapy, and radiation treatment."

Michelle needed it all, including eight additional cycles of oral chemotherapy after surgery.

Dr. Waghela says it's just one example of how Michelle showed her determination to beat cancer.

> "IT'S A STRUGGLE, BUT I'M **DETERMINED TO LIVE MY NEW NORMAL.**"
>
> — MICHELLE FERRELL







Michelle had her husband, Charles (above), and chemotherapy nurses like Katherine Darden (below left) and Madeline Harwood to lean on from the first day of her treatment to the last day of chemotherapy and beyond.



As a palliative care nurse, Michelle was well aware of what to expect after her diagnosis.

"Michelle had a great attitude through her journey and came out shining at the end of it," Dr. Waghela says. "She taught me a few things about resilience, and I am honored to be part of her treatment team."

'YOUR LIFE IS WORTH IT'

Michelle hopes that by sharing her story, she can inspire women to take action.

"I reflect back and wish I would have set a reminder on my phone to do a self-exam on a monthly basis in addition to an annual mammogram," she says. "Your life is worth it."

Now, Michelle is on a plan for the next several years to help reduce the risk of having her cancer return.

"I'm trying to learn not to freak out every time I feel a different twinge, have a headache, a backache, or anything that comes with aging — otherwise, cancer wins," Michelle says. "It's a struggle, but I'm determined to live my new normal."

Take our breast health risk assessment at MethodistHealthSystem.org/BreastCancerHRA.

> SHE TAUGHT ME A FEW THINGS ABOUT RESILIENCE, AND **I AM HONORED TO BE PART OF HER TREATMENT TEAM.**
>
> — DR. SARJU WAGHELA



DO YOU REALLY NEED ALL THOSE VITAMIN SUPPLEMENTS?

COVID-19 makes boosting your immune system seem like a good idea, but mega-dosing could make matters worse

UNTIL A CORONAVIRUS vaccine becomes universally available, masks and our immune systems stand between us and COVID-19 — besides vaccines, there's another V-word that may help boost our natural defenses and ward off a severe infection: **vitamins.**

Here are some suggestions for which vitamins are worth supplementing, and which most likely are not, from dietitian **Carey Shore, MS, RD, LD**, wellness coach and program coordinator at Methodist Health System.

VITAMIN D

During the pandemic, vitamin D was making headlines even before the nation's foremost immunologist Anthony Fauci, MD, acknowledged taking supplements.

"It is challenging to get enough vitamin D in our diets as it is not abundant in our food supply," Shore says, "and many of us do not get adequate sun exposure."

Unlike many vitamins that find their way into a healthy diet, most of us get only a fraction of the vitamin D we need in food (think fish or vitamin D milk). And thanks to many of our lifestyles, we don't get enough sunshine — the crucial ingredient our bodies need to manufacture vitamin D.

Sunlight synthesizes the hormone, so if you don't get outdoors enough, you may need a pick-me-up to give your immune system a boost.

"Research has demonstrated a decreased risk of respiratory tract infections with vitamin D supplementation," Shore says.

VITAMIN C

Unlike vitamin D, most of us get the vitamin C we need simply by maintaining a healthy diet, Shore says.

"Provided that you consume a few servings of vitamins and minerals daily, you will get more than enough vitamin C," she says.

For every study that claims vitamin C is the antioxidant to end them all, there's another saying it has little benefit. That said, there's no harm in supplementing your intake.

VITAMINS E AND B

Vitamin E is a potent antioxidant found in almonds, avocados, and legumes. Vitamin B, in its various forms, can be found in many fruits, as well as leafy vegetables, beans, and peas.

Like most vitamins, these two help maintain a healthy immune system, and there's even been some research suggesting vitamin B6 can help balance our immune response to infection.

But Shore says the bottom line on these two vitamins is to get what you need from your diet and skip the supplement.

WATCH OUT FOR MEGADOSING

Finally, a few words of warning from Shore about the risk of megadosing vitamins.

"There's no evidence to suggest that consuming more vitamins than you need will protect you in any way," she says. "In fact, it could cause other health problems."

As always, it's best to consult your doctor to ask whether you might have a deficiency or if you're worried you're getting too much of a good thing.

Looking for more "life hacks"? Visit ShineOnlineHealth.com for tips on keeping fit, sleeping well, and eating right.

CANCER-FREE AFTER SURGERY

HIT THE PERFECT TUNE

With tumors on his pancreas and kidney, David Lovrien needed a rare dual surgery that Methodist was uniquely equipped to handle

When Richardson musician David Lovrien nearly fainted last April, he brushed it off as dehydration — an occupational hazard as a saxophonist performing outside in the Texas heat.

He couldn't know the incident was a warning sign of two cancerous tumors growing on his pancreas and left kidney. It was only when David lost consciousness a few months later that he realized something was seriously wrong.

His search for answers eventually led him to Methodist Richardson Medical Center, where he discovered he would need complex surgery to remove the growths.

"It was clearly serendipity that I walked into Methodist Richardson," David says.

A SHOCKING DIAGNOSIS

David was performing in August at the Veterans Affairs hospital in South Dallas when he passed out. This, along with the memory of his earlier fainting spell, prompted him to call his primary care doctor.

"I was out for a couple of seconds and figured I'd better have this checked out," he says.

In the following weeks, he noticed other symptoms: muscle tightness on one side and weight loss. He thought it might have been because of his exercise regimen and healthier diet.

This made it all the more shocking when his doctor delivered the sobering news: David had two tumors, one on his left kidney and one on his pancreas.

Even worse, lab work revealed they were causing David's liver to shut down, too, and he needed to go to the emergency department immediately. David chose to go to Methodist Richardson because he remembered how the hospital treated his wife, Grace, years earlier for an infection.

"We were treated well and efficiently there, so off we went," he says.

FINDING EXPERT CARE

Trusting Methodist Richardson turned out to be a wise choice as David later found out it was the first hospital in the nation to earn The Joint Commission's gold seal of approval for liver, pancreatic, and bile duct cancer care.

There he met with **D. Rohan Jeyarajah, MD, FACS**, director of gastrointestinal surgical services and head of the hospital's hepatopancreaticobiliary surgery fellowship program.

Dr. Jeyarajah explained to David that in order to get rid of the tumor on his pancreas, he would need to perform what's known as the Whipple procedure, an intricate surgery that involves removing a section of the pancreas and bile duct and reattaching what remains to the stomach and small intestine.

REMOVING BOTH TUMORS

While Dr. Jeyarajah had a solution to fix David's pancreas, he was also dealing with the added complication of a second growth on David's kidney. It would take another set of hands to tackle this case.

So Dr. Jeyarajah called in **Greg Lieser, MD**, urologist on the medical staff at Methodist Richardson.

"David's tumor was unusually large," says Dr. Lieser, who estimated it to be roughly 8 centimeters. "That size is almost always kidney cancer."

The physicians decided the best option was a dual surgery to perform the Whipple and take out David's left kidney.

Both procedures can be performed using a single incision, Dr. Lieser says. That way, David wouldn't have to come back for another operation.

The combination of these two procedures is rare, says Dr. Jeyarajah. It requires a high level of technical skill.

But if any hospital was suited for the challenge, it would be Methodist Richardson, which recently earned a commendation from the American College of Surgeons for being a pilot site for its program to improve high-risk gastrointestinal surgery.

"We have a fantastic team and do incredible work together, so we're able to take care of these difficult cases," Dr. Jeyarajah says.

ON THE ROAD TO RECOVERY

David headed into surgery on Sept. 29, and surgeons successfully removed the growths in a four-hour procedure. To the immense relief of David and his family, they found the tumor on his kidney to be benign and the one on his pancreas to be low-grade malignant.

He will have to closely monitor his health after the removal of his left kidney, Dr. Lieser explains, but he shouldn't have any long-term problems from the tumor.

David remembers crying tears of relief when Dr. Jeyarajah came to his room to tell him the good news.



"The longer I was in the hospital, **the more I felt really grateful for how professional everyone was.** I was treated wonderfully."
— David Lovrien

"That was great to come out of the depths of worry and being told everything was OK," he says.

David says what really helped him through the ordeal was knowing he had a whole team of physicians, nurses, and other medical staff standing behind him.

"The longer I was in the hospital," he says, "the more I felt really grateful for how professional everyone was. I was treated wonderfully."

That collaborative spirit is at the heart of Methodist Richardson, Dr. Jeyarajah says, and it plays a big role in the hospital's success.

"We really enjoy working together, and we just want to help people," he says.

Learn more about the Methodist Richardson Cancer Center at MethodistHealthSystem.org/RichardsonCancerCare.

HOW OUTDOOR AIR QUALITY AFFECTS YOUR *health*



After months cooped up indoors with the pandemic surging, we're all eager to get out of the house to enjoy the spring

NOW THAT WE know COVID-19 doesn't spread as easily in outdoor spaces, it makes sense that more people are hitting the trails, taking a lap around the neighborhood, or just soaking up the sun on their patios.

But there are other hazards to contend with — namely air quality, says **Stephen Mueller, MD**, pulmonologist on the medical staff at Methodist Charlton Medical Center.

"Being in the city, we definitely have a lot of pollutants," Dr. Mueller says.

A HOST OF HEALTH PROBLEMS

Air pollution such as particulate matter, ozone, and nitrogen dioxide can be linked to all kinds of health issues, according to the World Health Organization. That includes asthma flare-ups, reduced lung function, respiratory infections, lung cancer, stroke, coronary artery disease, and chronic obstructive pulmonary disease (COPD).

If you have a chronic condition that puts you at higher risk of harm from air pollution, carefully weigh the risks and benefits of spending time outdoors when air quality is poor.

"It's best to get out early in the morning right when the sun is coming up or later in the evening when the sun is going down," Dr. Mueller says. "The pollutants are less prevalent."

WORSE IN THE HEAT

Extreme weather can exacerbate poor air quality, according to the National Centers for Environmental Information. For example, heat waves tend to trap pollutants in the stagnant air, leading to irritation in the respiratory system when inhaled.

"Pollutants become a bigger problem in the afternoon because the heat does not allow them to dissipate," Dr. Mueller says. "That's why it doesn't clear up in the summer as effectively as it does in the fall, winter, and spring."

It's not just man-made smog that causes problems. Naturally occurring allergens can also make the outdoors miserable.

NO ESCAPE FROM ALLERGIES

North Texas is well known for a climate that wreaks havoc on allergy sufferers.

"We see a lot of pollen in this area," Dr. Mueller says.

So as springtime approaches, here are a few precautions we should take when we venture outside:

- **Be informed about your area's air quality forecast.** Use the U.S. Air Quality Index at AirNow.gov to help guide your outdoor plans. "You can also check local TV and radio stations," Dr. Mueller says. "Smartwatches and phones will also have that information available."
- **Choose your outdoor exercise spot wisely.** Don't go for walks, runs, or bike rides in or near areas with high air pollution levels. This means busy roads or places where controlled burning takes place.
- **Consider adjusting your exercise plans.** Think about moving your workout indoors if air quality is poor. Just be cautious if you decide to hit the gym during the pandemic, Dr. Mueller says.

  "The gym should be enforcing all the proper safety guidelines and CDC recommendations to prevent the spread of COVID-19," he says.
- **Watch out for harmful gases in your home.** Outdoor pollutants don't always stay outside. They can make their way indoors, where the air may already contain higher levels of harmful gases and particles than outside, according to the National Safety Council. Closing the windows, banning smoking inside, vacuuming and dusting regularly, cleaning up mold, and using an air purifier can go a long way in protecting your home or workplace.

Find more fitness tips under the "live" tab at ShineOnlineHealth.com.







Mask up. Wash up. Step back.

To stay up to date on the latest COVID-19 developments, visit us at ShineOnlineHealth.com.

Methodist HEALTH SYSTEM





CARBS ARE NOT THE ENEMY

It's time to reimagine how we think about carbohydrates

FAR TOO OFTEN, we treat carbohydrates as the enemy. It makes sense, considering there are tons of meal plans and diet trends that demonize carbohydrates as the reason you can't lose weight or burn fat. The truth is, carbs are essential for our health.

"Even if you go on a high-protein, high-fat diet like keto, you can't completely isolate yourself from carbohydrates," says **Sachin Kukreja, MD**, bariatric surgeon on the medical staff at Methodist Dallas Medical Center. "The key is to understand which carbohydrates will fuel your body and which carbohydrates will weigh you down."

THE CARB BREAKDOWN

Carbohydrates are sugar-based molecules found in almost everything we eat. When we eat carbohydrates, our bodies break them down into simple sugars, absorb them into the bloodstream, and release insulin to transform the sugars into energy. Don't we all need energy to survive those 8 a.m. meetings that could have been emails? Yep, energy is important!

SIMPLE VS. COMPLEX

Carbohydrates don't all fall under one umbrella. In fact, there are two types of carbohydrates: simple and complex.

"Simple carbohydrates can be found in numerous foods and drinks, such as pastries, candy, dairy, juice, soda, and cereal," Dr. Kukreja says. "Pretty much anything processed is loaded with simple carbohydrates. Our bodies use simple carbohydrates at the cellular level, but if the simple carbohydrates are not used immediately, the body converts them into fat."

The breakdown process goes much faster for simple carbohydrates, which causes us to feel hungry again shortly after eating. This isn't the case for complex carbohydrates, which are found in whole grains, such as oatmeal, brown rice, popcorn, potatoes, peas, nuts, beans, and lentils. The breakdown for these foods is much slower, which helps you stay full longer.

"Both types of carbohydrates often get lumped together, but people need to differentiate between them," Dr. Kukreja says. "Think of it as winning the lottery. Do you want all your money at once, to quickly spend it, and then become broke? Or do you want installments over the next 10 years?"

He says most people who consume more complex carbohydrates feel more energized and experience less weight gain or even some weight loss.

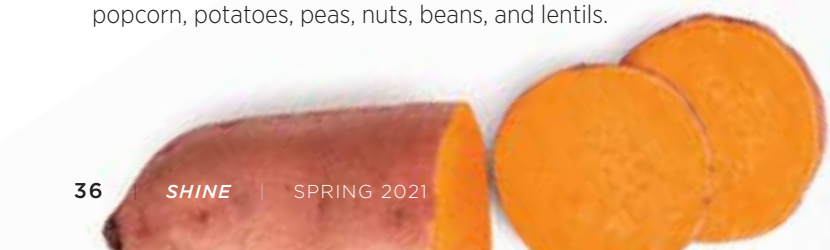
SWAP THIS FOR THAT

Now that you know which carbohydrates offer the most benefit, try swapping simple carbohydrates for more complex ones.

"I think sustainable changes all depend on the nature of your household, whether you cook in your home, or any cultural influences," Dr. Kukreja says. "By tweaking your eating habits, you are more likely to follow through and maintain a healthier lifestyle and keep you satisfied without the sugar crash."

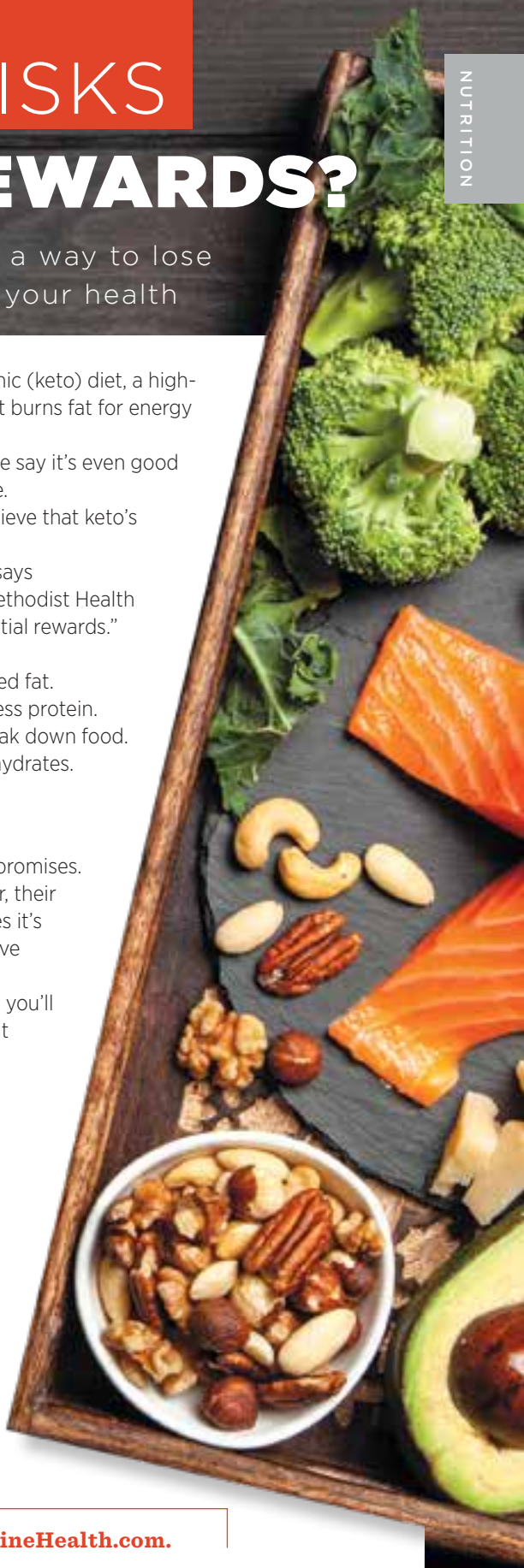
Find more nutrition tips under the "eat" tab on ShineOnlineHealth.com.





DO KETO'S RISKS OUTWEIGH ITS REWARDS?

If you're considering the keto diet as a way to lose weight, you might be jeopardizing your health



THOUSANDS OF PEOPLE swear by the weight-loss benefits of a ketogenic (keto) diet, a high-fat, ultra-low-carb lifestyle that fools the body into a starvation state so it burns fat for energy instead of sugar.

Keto also gives you an anti-inflammatory and immune boost, and some say it's even good for your state of mind because ketones are better brain fuel than glucose.

But diets must be sustainable to be effective, and there's reason to believe that keto's long-term damage outweighs its short-term rewards.

"There really isn't enough science to back up the anecdotal benefits," says **Carey Shore, MS, RD, LD**, wellness coach and program coordinator at Methodist Health System. "The downsides are also so significant, they outweigh any potential rewards."

Shore ticks off a laundry list of risks:

- Potential increase in cholesterol levels due to consuming more saturated fat.
- Kidney damage and loss of renal function as your body processes excess protein.
- Poor digestion and acid reflux from having little to no fiber to help break down food.
- A decrease in bone mineral content that accompanies a lack of carbohydrates.
- Kidney stones caused by higher levels of calcium in the urine.

WHAT'S THE POTENTIAL REWARD?

If the risks don't dissuade you, let's focus on what rewards the keto diet promises.

The diet plays a trick on your body by depriving its cells of blood sugar, their preferred fuel. To compensate for the missing glucose, your body believes it's starving and converts stored fat into ketones, which serve as an alternative energy supply.

It can take up to four days for the body to fully shift to "ketosis" — and you'll likely be famished the whole time. You're also likely to quickly lose weight when your body adjusts to a steady diet of meat, eggs, and fish.

But beware of the yo-yo effect, which is especially pronounced with the keto diet.

"There is no value, in my mind, of short-term weight loss when that weight will most likely surge once you're off the diet," Shore says.

A WARNING FOR DIABETICS

Researchers have also found that ketosis lowers diabetes risk and inflammation throughout the body thanks to an immune system byproduct of burning all that fat: gamma delta T cells.

But Shore warns, "Diabetics who follow this plan will see a temporary drop in blood sugars, but this is short-lived and not sustainable. Even diabetics need some carbohydrates. There really isn't enough science to back up the benefits in a meaningful way."

The bottom line: Speak with your doctor or a registered dietitian before adopting such an extreme diet.

Which diet is the best fit for you? Learn more at ShineOnlineHealth.com.

EAT BETTER WITH THESE HEALTHIER *takes on takeout*

By substituting an ingredient here and there, Asian and Italian fare can be delicious and nutritious

Craving some shrimp fried rice from your favorite Asian takeout restaurant? Have a taste for Italian food, but don't want to splurge on the excess calories?

Before you pick up the phone or open the delivery app of your choice, you might want to consider some healthy substitutes.

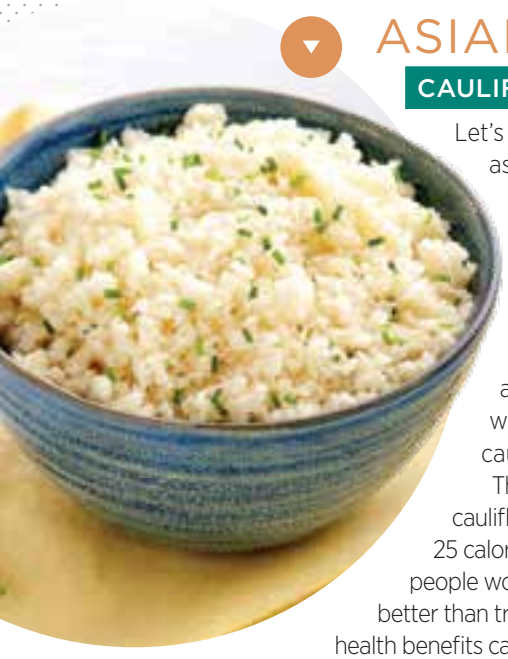
A great way to satisfy your cravings, without tipping the scale, is to swap out the fatty high-carbohydrate ingredients for more wholesome options.

"Healthier alternatives to our favorites are a really good way to reduce calorie intake and sodium," says **Abby Read, MS, RDN, LD**, a wellness coach and program coordinator at Methodist Dallas and Methodist Charlton medical centers. "Most weight gain tends to be from bloating and water retention, so it's wise to search for alternate ingredients when you are trying to eat a healthy diet."



ASIAN SWAPS

CAULIFLOWER RICE



Let's use shrimp fried rice as an example. In this takeout favorite, you can easily consume well over 320 calories per serving depending on the restaurant.

Many of those calories are from the rice, so why not switch it out for cauliflower rice instead?

Think about it, one cup of cauliflower rice contains about 25 calories and 5 carbs. Some people would even argue it tastes better than traditional rice, and its health benefits can't be denied.

"There's a good amount of fiber in cauliflower," Read says. "Swapping out traditional rice for cauliflower rice is a great way to improve your digestive health."

THE ZERO-CALORIE NOODLE

Noodles are a staple in Asian cuisine, but if you are monitoring your carbohydrates, you'll want to steer clear of them.

There is, however, a pseudo pasta that doesn't have any calories or carbs. This miracle noodle, called shirataki, or "white waterfall," comes from the Japanese konjac yam.

It's not all that flavorful, but its chewy texture makes it a perfect substitute for lo mein or pad thai recipes. Shirataki noodles are easy to prepare, and you can find them at your local natural grocery store.

PICK A HEALTHIER OIL FOR STIR FRY

When stir-frying, don't think of oil as just something you use to prevent your ingredients from sticking to the wok. The oil you choose affects how the meal tastes — and how many calories it contains.

Most of us will use the tried-and-true vegetable oil, but it's not the healthiest choice, and its ingredients can be a mystery (usually it's derived from soybeans, safflower, sunflower, or canola).

Consider using avocado oil for its high smoking point, peanut oil for an especially flavorful dish, or even a lesser-known substitute like sesame oil.



Sesame oil is good for heart health, it is high in antioxidants, and can even help control blood sugar, a boon for people with diabetes. Some studies even suggest it can help ease the effects of arthritis.



ITALIAN SWAPS

With just a few tweaks to your favorite Italian entrées, you can enjoy a healthier replica that's just as yummy as the original.

Get your food processor ready because you'll be taking it on quite a spin.



PESTO SAUCE

Pesto, an oil-based sauce consisting of basil and pine nuts, is frequently used in Italian cuisines. It can be mixed into a variety of recipes to add a distinct and very tasty flavor to your entrée.

You might be surprised to know that it takes only five ingredients to make a great pesto sauce: basil, olive oil, garlic cloves, lemon juice, and pine nuts. Always start off with fresh basil, but Read suggests adding other leafy greens to the mix.

"Even though it's green, pesto is really high in fat, calories, and salt," Read says. "You can create a healthier twist by adding kale or spinach."



CHICKEN PARMESAN

Chicken parmesan is a simple yet flavorful Italian entrée that can satisfy some of the pickiest eaters. However, it comes with a high price of calories, carbs, and fat. This is when creativity in the kitchen comes in handy.

To make this dish healthier, you can swap out the traditional white flour in the batter for almond flour and grated parmesan cheese. Almond flour is a great alternative for the common all-purpose flour. It's packed with nutrients, with around 180 calories and only 5 grams of carbs per serving.

When pan frying food, Read suggests using olive oil instead of vegetable oil.

"Olive oil is high in omega 3, and it's the healthy fat you need," she says.

If you'd rather completely avoid butter and oil, you could try using an air fryer.



CAULIFLOWER PIZZA

One of the best ways to enjoy pizza guilt-free is by getting rid of the crust and replacing it with a healthier alternative such as cauliflower or a whole-grain crust. Cauliflower is a gut-friendly vegetable, and it's gluten-free.

"For people who are trying to go low-carb, cauliflower pizza is the way to do it," Read says. "Unfortunately, cauliflower crusts tend to be expensive when bought in the stores, but there are plenty of recipes out there for you to be able to make it in your own kitchen."

It can be quite thrifty to make your own crust. All you need is one cauliflower head, grated parmesan, garlic powder, eggs, and either your blender or food processor to break down the cauliflower crowns.

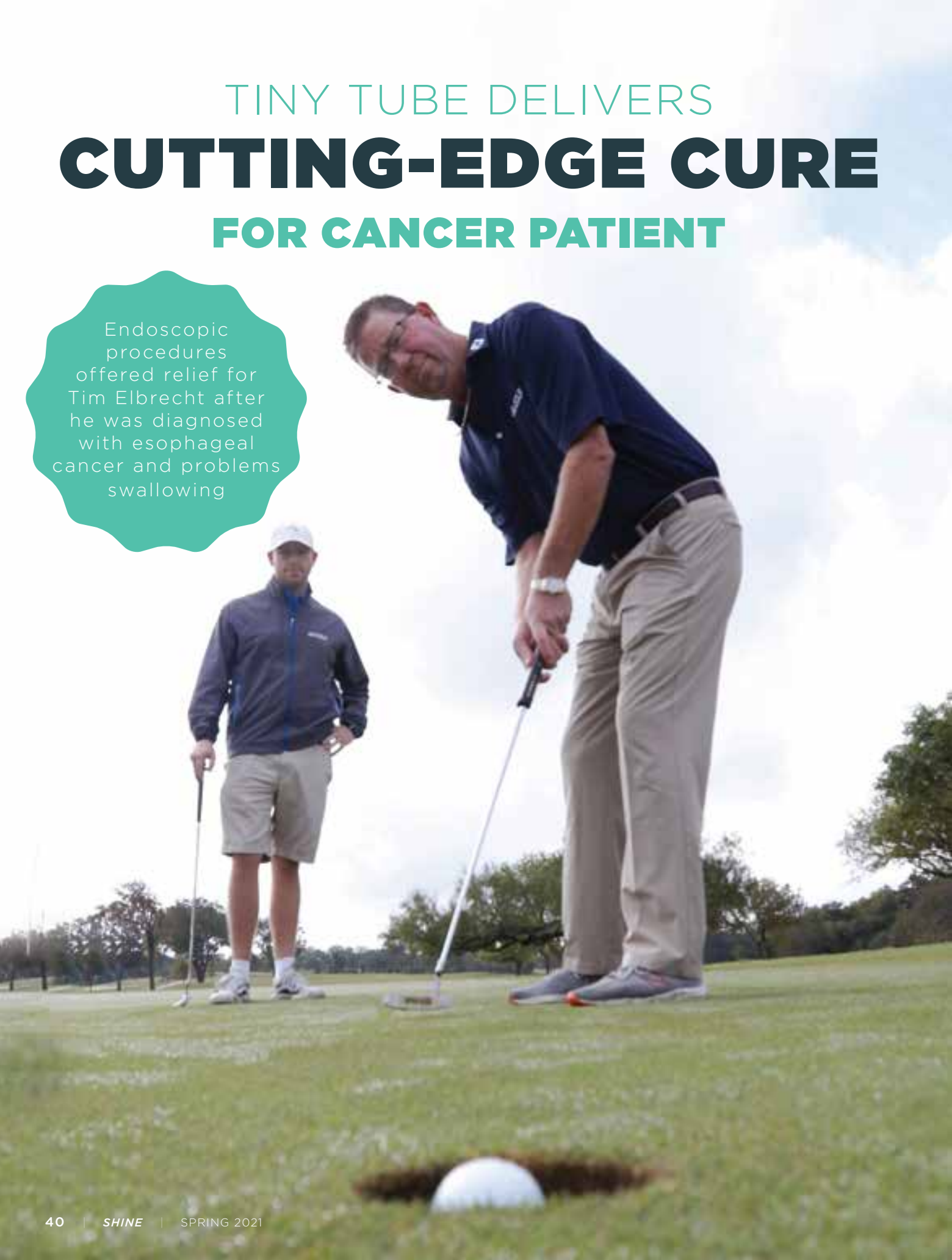
Get more menu swaps to help you eat healthier by searching recipes at ShineOnlineHealth.com.

TINY TUBE DELIVERS

CUTTING-EDGE CURE

FOR CANCER PATIENT

Endoscopic procedures offered relief for Tim Elbrecht after he was diagnosed with esophageal cancer and problems swallowing



At age 57, Tim Elbrecht was healthy, fit, and extremely active. He owns an Austin-based home-building company and spends a lot of time at construction sites when he's not golfing or enjoying the outdoors in his off-hours.

So when he got sick with two unrelated gastrointestinal issues, he found it tough to swallow — quite literally.

Tim was diagnosed with Zenker's diverticulum — a swallowing issue that normally affects people decades older — and cancer of the esophagus. He was hardly a prime candidate for either disease.

"I've never seen anyone having both these medical issues at the same time," says **Prashant Kedia, MD**, medical director of interventional endoscopy at Methodist Dallas Medical Center. "It's just by chance he happened to have them both."

CHOOSING A SCOPE OVER A SCALPEL

Tim lives in Austin, but his doctor sent him to Methodist Dallas for the state-of-the-art endoscopic procedures found in only a handful of Texas hospitals.

"Endoscopy is evolving so rapidly," Dr. Kedia says. "What you could do with endoscopy a decade ago has barrelled forward so fast. It's amazing what we can do and how many more diseases we can cure with an endoscope and not a scalpel."

Gastroenterologists can use an endoscope, essentially a tube with a camera on the end, to get an unparalleled look inside organs.

"When we see polyps, we can use a tool such as forceps to grasp them off or a snare to cut them off," Dr. Kedia says. "When the growth is large and invasive, we may not be able to do that with standard tools."

But getting a closer-up look inside an organ is just the beginning with modern endoscopy, thanks to a procedure called endoscopic submucosal dissection (ESD).

"ESD allows us to tunnel under the entire lesion and carve it out from underneath using advanced microsurgical tools through the endoscope," Dr. Kedia says. "It allows us to remove larger cancerous lesions in one piece, cure the patient, and reduce rates of recurrence."

GETTING HIS QUALITY OF LIFE BACK

Dr. Kedia and his team at Methodist Dallas removed Tim's cancerous growth in early September. He didn't even need to spend the night in the hospital.

"It was awesome technology," Tim says. "I was very pleased."

Subsequent biopsies have shown that Tim "is cured of his cancer," Dr. Kedia says. But there was another problem to solve.

Zenker's diverticulum causes a pouch to develop on the esophagus, the muscular tube connecting the mouth to the stomach. Once this pouch forms, it can retain food, making swallowing difficult.

"The ridge of the muscle is so tight and creates a high-pressure zone, which causes the esophagus to bow out," Dr. Kedia says.



> EVERYBODY I CAME IN CONTACT WITH WAS **KIND AND HELPFUL.**
>
> — TIM ELBRECHT

In the past, such a diagnosis would mean surgery.

But Tim's second procedure, a few weeks after the first, was also carried out using an endoscope.

"You cut the pouch using a special technique" known as a Zenker's peroral endoscopic myotomy (Z-POEM)," Dr. Kedia says. "The pocket opens and food is able to slide downward."

Thanks to this relatively new procedure, Dr. Kedia says Tim will be able to have his quality of life back.

Tim says it's back already, just a few months after his procedures, and he is beyond grateful for the expertise and care demonstrated by everyone associated with his case.

"The hospital experience was phenomenal," he says. "Everybody I came in contact with was kind and helpful."

Tim admits he was scared after his diagnosis, but having his wife, Cindy, and the rest of his family in his corner has meant the world to him.

"Having positive people around me is helping me work my way through all this," he says.

In addition to his family, Tim was comforted by the support from his medical team, including Dr. Kedia and the staff at Methodist Dallas.

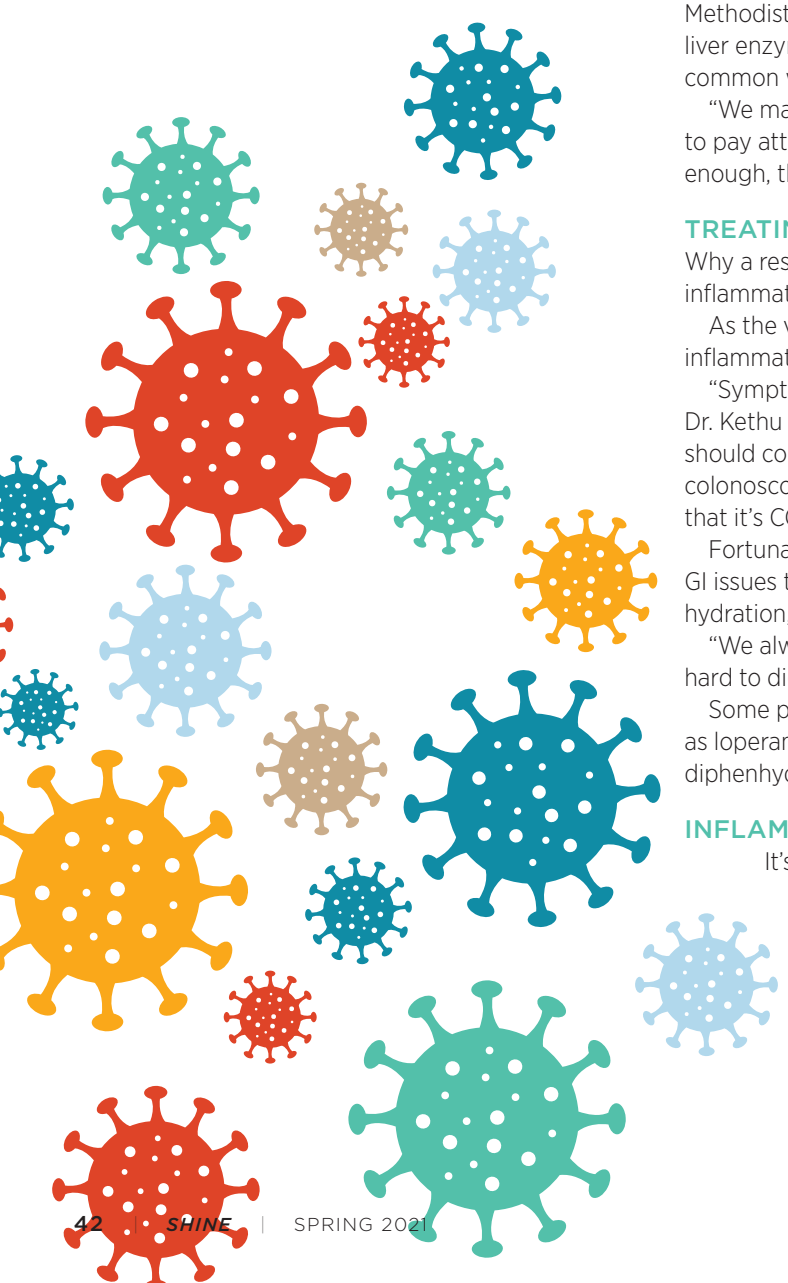
"I could see their eyes behind their masks," Tim says. "I could tell they cared, and that meant a lot to me."

Find the cancer care center nearest you by visiting MethodistHealthSystem.org/CancerCare.

FIRST SIGNS OF COVID-19

MIGHT JUST TURN YOUR STOMACH

Gastrointestinal issues like nausea and diarrhea could signal an infection, doctors warn



Pandemic stress is enough to upset anyone's stomach, but research suggests that digestive distress can be a direct symptom of COVID-19 and potentially an early warning sign.

Some studies estimate that about 16% to 33% of COVID-19 patients experience gastrointestinal (GI) issues, according to the *Cleveland Clinic Journal of Medicine*.

"The most common symptoms I've seen are nausea and diarrhea," says **Sripathi Kethu, MD**, gastroenterologist on the medical staff at Methodist Richardson Medical Center. Some may also have elevated liver enzymes, which points to inflammation in the liver and is common with viral infections, Dr. Kethu adds.

"We may need to monitor enzyme levels, but what we really have to pay attention to is diarrhea and vomiting," he says. "If severe enough, they can lead to dehydration or even kidney failure."

TREATING GI SYMPTOMS

Why a respiratory virus causes intestinal problems can be traced to inflammation.

As the virus attacks the intestines, it can cause a severe form of inflammation in the colon known as colitis.

"Symptoms of colitis include diarrhea and bleeding in stool," Dr. Kethu says. "If the bleeding lasts more than two days, you should come to the hospital to get checked out. We need to do a colonoscopy to determine the extent of the blood loss and confirm that it's COVID-19."

Fortunately, most COVID-19 cases are mild, Dr. Kethu says, and GI issues typically disappear in about a week with plenty of rest, hydration, and a change in diet.

"We always recommend avoiding dairy products because they're hard to digest with GI illnesses," he says.

Some patients find relief in over-the-counter medications, such as loperamide to treat the diarrhea and an antihistamine like diphenhydramine for the nausea.

INFLAMMATORY BOWEL DISEASE

It's too early to say whether COVID-19 will lead to lasting or permanent GI damage in people with existing inflammatory bowel disease (IBD), such as Crohn's disease or colitis. But preliminary research has found that COVID-19 patients with active IBD may be more vulnerable to complications, Dr. Kethu says.

"It's not just a worsening of their gastric issues," he says. "Some studies show they may have a slightly worse prognosis when it comes to respiratory issues, as well."



> "I'M SEEING MORE PEOPLE LET DOWN THEIR GUARD ABOUT COVID-19, **AND THAT'S A MISTAKE."**
>
> — DR. SRIPATHI KETHU

What's more, patients with IBD may already be taking potent immunosuppressant steroids. These medications help with GI symptoms, but they may also lead to a higher risk of infection from the coronavirus or other pathogens.

"I tell patients they have to be extra cautious," Dr. Kethu says. "But you should never stop or change your medications without talking to your doctor first."

WATCH FOR OTHER WARNING SIGNS

A study published in 2020 suggests early diagnosis of GI symptoms caused by COVID-19 could be key to early detection and treatment.

But it's also worth noting that GI distress is common with a wide range of bacterial and viral infections. So don't rush in for a COVID-19 test just because you're sick to your stomach.

"People ask me, 'If I have nausea, vomiting, or diarrhea, do I need to get tested?'" Dr. Kethu says. "Not necessarily, not unless you know you've had exposure to the coronavirus or notice other COVID-19 symptoms."

Dr. Kethu recommends that during the pandemic, you should be mindful of changes in your body and discuss your concerns with a physician.

And for those suffering from "pandemic fatigue," he advises everyone to remain vigilant because a vaccine isn't available to everyone yet and there's no cure for COVID-19.

"I'm seeing more people let down their guard, and that's a mistake," he says. "You have to continue to wear a mask, maintain social distancing, and wash your hands."

Learn more about COVID-19 and how to seek testing at MethodistHealthSystem.org/COVID-19.

Community

GROWING

METHODIST CHARLTON MEDICAL CENTER MOVES FORWARD WITH NEW ONCOLOGY UNIT

Methodist Charlton also made great strides in the construction of its new Dr. Stephen and Marylin Mansfield Oncology Unit, which is closer to opening each day.

Once complete, the unit will include 12 patient rooms, with the capacity to serve more than 700 patients annually. Patients will have access to life-preserving treatments on some of their sickest days in private spa-like rooms, featuring high-quality linens, comfortable seating for family and guests, and artful décor. Oncology certified nurses (OCNs) and board-certified medical oncologists will be on staff to provide expert-level care.

"Cancer is a real issue in the southern sector of Dallas, especially breast cancer," says Methodist Charlton President **Fran Laukaitis, MHA, BSN, RN, FACHE**.

For breast cancer alone, Susan G. Komen's most recent Community Profile Report for Dallas County reports the death rate for Black/African-American women is 1.4 times higher than the combined rate for all women in Dallas County. Within the Methodist Charlton service area, 50.6 percent of the population is Black/African-American.

"It was clear to us that, in addition to our community education programs and outreach efforts, we needed a dedicated oncology unit," Laukaitis says.



IN THE COMMUNITY

METHODIST CHARLTON PROMOTES PHYSICAL HEALTH



Thanks to a sponsorship from Methodist Charlton Medical Center, the city of Cedar Hill opened a new outdoor fitness area early last year.

Unveiling the Fitness Court at Calf Pasture Park, Cedar Hill Mayor Stephen Mason took the opportunity to praise hospital leadership for being true partners in health and wellness.

"Having a health care provider as the sponsor of the new fitness court is a blessing," the mayor said. "I hope that every citizen will take advantage of this."

The fitness court, on Joe Wilson Road north of Belt Line, encourages healthy living and is designed for people of all ages and fitness levels to use their own body weight in a series of circuit training exercises inspired by CrossFit and military training.

PROUD ACCOMPLISHMENTS

EXPECT FIRST-CLASS CARE IN WOMEN'S HEALTH

Methodist Charlton Medical Center announced last August that it is a recipient of the Healthgrades 2020 Gynecologic Surgery Excellence Award™, the Healthgrades 2020 Labor and Delivery Excellence Award, and the Healthgrades 2020 Obstetrics and Gynecology Excellence Award™.

These achievements recognize Methodist Charlton for exceptional care of mothers during and after labor and delivery, as well as care of women undergoing gynecologic procedures.

"We are honored to have won these awards several consecutive years," said **Fran Laukaitis, MHA, BSN, RN, FACHE**, President of Methodist Charlton. "This demonstrates the ongoing commitment of our physicians, nurses, and staff to serve women and families when they need us most."

LIVING OUT OUR **MISSION**

9,483

The number of people Methodist Health System **employed throughout the Metroplex** in 2020

$149 million

How much Methodist Health System provided in **unreimbursed charity care** in fiscal year 2020

THE NUMBER OF PEOPLE EMPLOYED IN 2020 BY

Methodist Charlton Medical Center:

1,662

6

The number of years Methodist Health System has been part of the Mayo Clinic Care Network. Both Methodist and Mayo Clinic continue to work together to benefit the communities they serve by sharing knowledge, accessing the latest medical information, and providing innovative care, unmatched in this marketplace.

$1.5 billion Methodist Health System's 2020 economic impact, including from **income and benefits provided for employees**

ADVISORY BOARD

Thank you to the outstanding people serving on our Advisory Board:

Dan Eddy; Kevin Fegan, PhD; Michael Finch, MD, Kenneth Govan, Chair; Dick Griner; Paul Hackett, MD; Ed Harrison; John Hubbard, PhD; Marcus Knight; Bob Mong; Stephen Mueller, MD; Rev. Payton Parker; Greg Porter; Marc Smith, Ed.D; Jill Waggoner, MD; Margie Waldrop.



IMPROVING EMERGENCY CARE IN SOUTHERN DALLAS COUNTY

Last fall, Methodist Health System announced plans to break ground on a major three-story addition to Methodist Charlton Medical Center. A new 40,000 square-foot Emergency Department (ED) located at Wheatland Road and Bolton Boone Drive will almost double the size of the current ED and increase the number of beds from 45 to 70.

The new ED will include larger waiting and patient triage areas, more trauma rooms, expanded ambulance bays, and new imaging equipment that will allow patients to be scanned without being moved for testing.

Jeffrey Butterfield, MD, medical director of the Emergency Department states, "Many of our patients are admitted to Methodist Charlton through our ED. This new state of the art department will help provide shorter wait times and overall a better patient experience."

ARE HYDRATION POWDERS

HELPFUL — OR JUST HYPE?

You may have seen packets of powder that are designed to be added to your drink to help you hydrate "faster," but do they make a difference?



HYDRATION PACKETS TOUT benefits that range from recovery after workouts to relieving a hangover. Some claim to add electrolytes to plain water or another beverage, while others boast added flavor. What exactly is in these hydration packets, and are they good for you?

UNDERSTANDING HYDRATION

There's no question that not getting enough water in your diet is bad for you.

"Without enough water in your body, you may experience headaches, dizziness, and low energy," says **Joseph Claiborne, MD**, internal medicine physician on the medical staff at Methodist Dallas Medical Center.

Adequate hydration yields health benefits including:

- Alertness
- Balance
- Joint health
- Temperature regulation
- Waste removal
- Feelings of overall well-being

HOW CAN I GET ENOUGH WATER?

You might believe drinking water is the best way to get enough water … and that's generally true. But if you have an extraordinary need for hydration — like if you're working long periods outside in the heat or if you've been suffering from diarrhea — you might need a little extra boost.



Fats, sugars, and minerals found in water can cause the liquid to linger in your stomach where you can absorb more of it. Believe it or not, milk is more hydrating than tap water, researchers have found. But there's a limit to this benefit. Super-sweet drinks, like soda, pull water into your small intestine to help deal with the inrush of sugar — thus lessening the amount of hydration they provide overall.

DO HYDRATION PACKETS HELP?



Most hydration packets contain some mix of electrolytes, such as calcium, chloride, magnesium, phosphate, potassium, and sodium. These minerals help regulate the water in your body, so you can effectively get nutrients into your cells and waste out of your body. Too few or too many electrolytes can become a problem.

"Most of the time, unless you drink only distilled water or exercise heavily, you probably get enough electrolytes from your diet and your usual tap water or bottled water," Dr. Claiborne says.

However, in some cases, you may need to boost your electrolytes. The American College of Sports Medicine recommends that people working or exercising in the heat for more than an hour drink beverages containing electrolytes for fluid replacement. Both sports drinks and electrolyte packs can fulfill this need.

ARE THEY EVER HARMFUL?

No evidence of specific harm has been found tied to hydration powders, but it is certainly possible to develop an electrolyte imbalance. For instance, too much calcium has been tied to kidney stones, while excess sodium can raise blood pressure and, paradoxically, cause dehydration.

"A good rule of thumb is to only use hydration powders when you'll be working out heavily or in the heat for more than an hour," says Dr. Claiborne, a two-sport athlete in college himself.

Otherwise, drinking water should be all you need to rehydrate. And for those pesky hangovers, the best prevention is to drink alcohol moderately, if at all.

Find more fitness tips under the "live" tab on ShineOnlineHealth.com.

Methodist CHARLTON

We're in your neighborhood



MEDICAL CENTERS

Methodist Charlton Medical Center
3500 W. Wheatland Road
Dallas, TX 75237
214-947-7777
Mothers' Milk Bank of North Texas drop-off site

Methodist Rehabilitation Hospital
3020 W. Wheatland Road
Dallas, TX 75237
972-708-8600

Methodist Midlothian Medical Center
1201 E. U.S. Highway 287
Midlothian, TX 76065
469-846-2000

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

1 Central Grand Prairie
820 S. Carrier Parkway
Grand Prairie, TX 75051
972-262-1425

2 South Grand Prairie
4560 Lake Ridge Parkway
Suite 200
Grand Prairie, TX 75052
972-263-5272

3 Charlton
7979 West Virginia Drive
Dallas, TX 75237
972-780-8400

4 Methodist Premier Wellness-Charlton Concierge Medicine
3430 W. Wheatland Road
Suite 118
Dallas, TX 75237
972-298-2099

5 Methodist Family Health Center-Cedar Hill
950 E. Belt Line Road
Suite 150
Cedar Hill, TX 75104
972-291-7863

6 Midlothian
2230 Bryan Place
Suite 200
Midlothian, TX 76065
972-775-4132

7 Waxahachie
1700 N. Highway 77
Suite 210
Waxahachie, TX 75165
972-937-1210

8 Methodist Charlton Internal Medicine Associates
7999 West Virginia Drive
Suite A
Dallas, TX 75237
972-296-6696

OTHER FACILITIES

9 Methodist Charlton Family Medicine Center
3500 W. Wheatland Road
Dallas, TX 75237
214-947-5400

10 Methodist Transitional Care Center
109 Methodist Way
DeSoto, TX 75115
469-643-5300

2 Methodist Convenient Care Campus
4560 Lake Ridge Parkway
Grand Prairie, TX 75052
972-522-7778

2 Methodist Urgent Care — Grand Prairie
4560 Lake Ridge Parkway,
Suite 110
Grand Prairie, TX 75052
972-522-7778

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TREATING YOUR CANCER WHILE CARING FOR YOU.



Methodist
CHARLTON

Each cancer is unique and so is every patient we treat. From screening and diagnosis to treatment and beyond, Methodist Charlton Medical Center is here to help you move forward and strengthen you with everything that you need so you can focus on what matters most: beating cancer.

We are excited to share that our new Dr. Stephen and Marilyn Mansfield Oncology Unit at Methodist Charlton is Now Open to provide a dedicated space for those undergoing inpatient cancer care.

For the best care at every stage, trust Methodist.

Commission on Cancer

MethodistHealthSystem.org/Charlton-cancer

NAPBC

Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist Charlton Medical Center, Methodist Health System, or any of its affiliated hospitals. Methodist Health System complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.