SHINE

Caring for a colleague
WITH COVID-19

How to beat **BACK PAIN**

Breaking ground

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Methodist CHARLTON

YOUR HEALTHY LIVING MAGAZINE | **SUMMER 2021**



30

People are getting vaccinated against COVID-19, but what does that mean for our social lives?

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SHINE

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James C. Scoggin Jr.
CEO, Methodist Health System

Pamela Stoyanoff, MBA, CPA, FACHE
President and Chief Operating Officer, Methodist Health System

Fran Laukaitis, MHA, BSN, RN, FACHE
President, Methodist Charlton Medical Center

Stacy Covitz, MBA
Vice President of Marketing and Public Relations, Methodist Health System

Cynthia Mickens Ross
Director of Community Relations and External Affairs, Methodist Charlton Medical Center

Ryan Owens
Director of Public Relations, Methodist Health System

Matt Peterson
Manager of Publications and Internal Communications, Methodist Health System

Runhua "Renee" Yan
Communications Coordinator, Methodist Health System

Sheryle Nsangolo
Public Relations Specialist, Methodist Health System

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STROKE BRINGS TOGETHER **LONGTIME NEIGHBORS — IN THE DALLAS ER**



Duncanville resident Joe Dancy didn't learn his longtime **neighbor was a doctor until he suffered a massive stroke.**

TEXAS NURSE GETS FATHER **AIRLIFTED 500 MILES FOR COVID-19 CARE**



When the father of a South Texas nurse caught COVID-19, **she was willing to do anything — including traveling 500 miles to Dallas for lifesaving care.**

IS BREAKFAST REALLY THE MOST **IMPORTANT MEAL OF THE DAY?**



What we eat is important to our health, but how critical is timing, **and is breakfast any more important than other meals?**

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TEEN SETS MILESTONE IN TRANSPLANT CARE

A high school cheerleader gets a new liver after a shocking diagnosis turns her world on its head

Eighteen-year-old Nadia Gomez, who never struggled with health complications, was blindsided when a doctor revealed in December her liver was shutting down.

"I hardly ever get sick. I don't get colds or have allergies," Nadia says. "This caught me completely off guard."

It was this sobering news that brought Nadia to Methodist Dallas Medical Center, where she became the hospital's 1,000th patient for a liver transplant.

A RAPID DECLINE

Last fall, Nadia was juggling a part-time job, school, and cheerleading, so she didn't think twice when she began feeling tired. Not until her mother, Valarie, noticed something strange.

"I was looking straight at her, and I could see that her eyes were yellow," Valarie says. "So I took her to the nearby emergency room."

A blood test showed Nadia was suffering from liver damage. That explained the yellow tint to her eyes, a sign of impaired liver function. The physician who saw Nadia recommended she be transferred to a transplant center.

"I was in complete shock," Nadia says.

The doctor reached out to Methodist Dallas. On call that day was **Ashwini Mehta, DO**, transplant hepatologist on the medical staff at Methodist Dallas. She accepted Nadia for an urgent transfer out of concern her liver was failing.

"By the time she got here, Nadia was already going into acute liver failure," Dr. Mehta says. "I wanted to see if we could use aggressive treatments to avoid a transplant, but within two days, it was clear that she needed a new liver."

There was so much damage that much of Nadia's liver was dead tissue. She was placed on the transplant list, and a match was found within 48 hours.

LOOKING FOR A CAUSE

It's hard to pinpoint an exact cause for Nadia's liver failure, Dr. Mehta says. A vast number of drugs and diseases can damage this vital organ.

Nadia says she had taken herbal supplements a few times before her hospitalization, but Dr. Mehta says her condition was more likely caused by autoimmune hepatitis, a disease in which the immune system attacks healthy liver cells.

"If the cause is autoimmune, it's hard to say what the trigger was," Dr. Mehta says. "But we see this a lot, especially with women in their late teens or 20s, as well as older women in their late 50s or 60s."

Scientists believe a combination of genetic and environmental factors can raise the risk for autoimmune hepatitis.

"It's not something you can predict, unfortunately," Dr. Mehta adds.

In hindsight, Nadia says there were a few subtle signs of her declining health. Her energy level was low, and there was swelling in her legs. But she reasoned it was because of her hectic schedule and muscle-building cheer workouts.

"During her competitive season, Nadia always sleeps more and eats less," her mother says. "None of us realized what was actually happening."

1,000TH PATIENT

Nadia headed into surgery Jan. 7, barely a week after her initial ER visit.

The surgery was performed by **Alejandro Mejia, MD, FACS**, executive program director of organ transplantation on the medical staff at Methodist Dallas. Dr. Mejia says Nadia's case stood out because most of his patients have years' worth of chronic liver damage.





Nadia's condition was most likely caused by **autoimmune hepatitis**, a disease in which the immune system attacks healthy liver cells.

"Nadia is one of the youngest patients I've had," he says. "But looking at her liver function, she was about to go over the cliff."

The transplant was successful, but it took a while for Nadia's body to adjust.

"Her immune system is really, really strong — it's what we think caused her liver damage to start with," Dr. Mehta explains. "So when we transplanted the new liver, her body recognized the tissue as foreign and started to attack it. We see this a lot in younger people because their immune system is much stronger than older patients."

Doctors administered drugs to suppress Nadia's immune response, and she began to regain her strength.

"Nadia was a great patient," Dr. Mejia says. "It was a hard situation, but she was very mature and never complained."

LOOKING TO THE FUTURE

Nadia is now back home with her parents and two little brothers. She's doing school online now and hopes to return to cheerleading in a few months. She says the support she's received from her coach, teammates, and teachers has been incredible.

"My coach sent me a video of the cheer team praying for me at the last practice before the state competition," she says. "They were constantly checking on me and even made headbands that say 'Cheer for Nadia.'"

Nadia also credits her mother, Valarie, for supporting her through the scariest moments. Because her father had to stay home to care for her little brothers and the hospital's limits on visitors during the pandemic, Valarie was the one by Nadia's bedside every day.

"I think the only reason I stayed strong through everything is because my mom is such a strong-minded woman."

Nadia says she feels stronger every day and is happy to be with her loved ones again. She has a new outlook on life and hopes her story will inspire others to prioritize their health. Nadia and her family say athletes should get blood tests done each year before their competitive season to make sure internal injuries don't slip through the cracks.

"We get physicals every year, but that may not tell us if there's anything wrong internally. I think we need to take better care of our health and get routine checkups to catch things like this," Nadia says. "I feel like this is my second chance to live the life I want."

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



The crisis team consists of two full-time behavioral health employees — a registered nurse and a licensed clinical social worker — 16 police officers, and two sergeants.

POLICE FIND AN EAGER PARTNER FOR CRISIS TEAM

When mental health calls stretched their resources, local police teamed up with Methodist Richardson Medical Center

When Richardson police reached out to senior leadership at Methodist Richardson Medical Center about a possible collaboration, everyone was intrigued.

"Mental health is a top priority for law enforcement agencies across the country, including right here in Richardson," says Richardson Police Chief Gary Tittle. "The time was right to approach Methodist Richardson and see if we could come together to form a team aimed at addressing local mental health concerns."

Tens of millions of people are affected by mental illness each year, according to the National Institute of Mental Health, and estimates suggest only half of them are receiving treatment.

As a result, the number of mental health-related 911 calls has put an increasing strain on police resources.

"We are utilizing our uniformed patrol officer resources to answer these calls," Chief Tittle says, "and we are often receiving repeated calls for the same individual experiencing a repeating mental health crisis."

In collaborating with Methodist Richardson, he hopes to redirect those people in crisis to mental health professionals and reduce their reliance on law enforcement.

The chief has found a ready and willing partner at Methodist Richardson.

"After the initial meeting with the police department, everyone at Methodist was eager to get started," says **Lauren Wetzel**, intake manager of behavioral health and addiction recovery at Methodist Richardson. "We were in a unique position to offer our resources and work alongside our local law enforcement to build a partnership from the ground up."

HOW IT WORKS

After months of hard work and planning, along with financial support from the Methodist Richardson Medical Center Foundation, the Crisis Intervention Team (CIT) became a reality in October 2020.

Lauren describes the team's MO as a "multi-step, collaborative approach."

The crisis team consists of two full-time behavioral health employees — a registered nurse and a licensed clinical social worker — 16 police officers, and two sergeants.

In order to become a part of the team, officers must complete 40 hours of state-approved training. The Methodist CIT members also undergo training to learn more about the criminal justice side.

"On the front end, when Richardson police receive a call for service, their first goal is to de-escalate the situation," Lauren says. "If necessary, the officers can call into a 24-hour hotline for immediate advice from one of our mental health professionals."

BEHIND THE SCENES

From there, the behind-the-scenes work begins. The responding officer creates a report, and it's uniquely flagged for review by a CIT supervisor who will then assign the follow-up casework to one of the CIT members at the Richardson Police Department.

"This is where Methodist Richardson comes back into the picture," Lauren says. "One of our CIT members will 'triage' the situation with the police officer and formulate a 'next steps' plan."

That next step will often involve a joint visit by a CIT officer, a Methodist social worker, and a registered nurse to seek more information or medical history from the subject of the call or that person's immediate family who may have made the 911 call.

"With this information, we will put together a comprehensive plan that could include educating everyone in the home about mental illness, fostering healthy coping skills, and providing a menu of resources to connect these individuals with the services and providers they need," explains Lauren.

Additionally, anyone flagged by officers as possibly needing mental health services will be shared with the CIT members at Methodist for outreach efforts.

LOOKING AHEAD

Everyone involved in the CIT has expressed a commitment to continuing to fine-tune the current processes. Already, those involved have seen a greater awareness around mental illness in the community.

"This collaboration will lead to a number of improvements," says **Pavan Pamadurthi, MD**, psychiatric specialist on the medical staff at Methodist Richardson's Behavioral Health and Addiction Recovery Center.

In addition to improving awareness, Dr. Pamadurthi cited better training for local law enforcement and the integration of community-based mental health resources.

In looking to the future, team members hope this partnership will grow in size and scope.

"Ultimately, we want to see more support and understanding of mental health needs," Lauren says. "This program could spearhead that effort."

> WE WERE IN A UNIQUE POSITION TO OFFER OUR RESOURCES AND WORK ALONGSIDE OUR LOCAL LAW ENFORCEMENT TO **BUILD A PARTNERSHIP FROM THE GROUND UP.**
>
> — LAUREN WETZEL



Learn more about behavioral health services at Methodist Richardson by visiting MethodistHealthSystem.org/BehavioralHealth.


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PROJECT PROVES COMMITMENT TO COMMUNITY

New emergency department at Methodist Charlton Medical Center represents $71 million investment

Methodist Health System broke ground this spring on a three-story addition to the emergency department at Methodist Charlton Medical Center.

System leaders and representatives from EJ Smith Construction — including its director, Dallas Cowboys legend Emmitt Smith — turned the dirt March 30 on the 40,000-square-foot project. The expansion will almost double the size of the current ED, increasing its capacity to 70 beds.

"The new $71 million emergency department is the latest example of our continued dedication and service to the southern sector of Dallas," Chief Executive Officer **Jim Scoggin** said at the groundbreaking ceremony. "This is a great day for Methodist and for the special communities and citizens that make up the Best Southwest."

The new ED will also feature more trauma rooms, expanded ambulance bays, and larger waiting and patient triage areas that will seat and treat patients more efficiently and more comfortably.

"More space makes the emergency room a more welcoming and accessible community resource," says Methodist Charlton President **Fran Laukaitis, MHS, BSN, FACHE**. "This will help provide shorter wait times and a better patient experience overall."

The Methodist Charlton emergency department is designated as a Level III trauma facility. The new ED will provide the equipment necessary for specialty trauma teams to treat patients with critical injuries and the space to treat many patients simultaneously.

"Methodist has served the southern sector of Dallas for more than 93 years," says President and Chief Operating Officer **Pam Stoyanoff, MBA, CPA, FACHE**, Methodist Health System. "Right now, we provide the only two hospitals and trauma centers south of downtown Dallas."

The new emergency department is expected to open in summer 2022.

Visit MethodistHealthSystem.org/Charlton to see what else is new at Methodist Charlton.







The Stewart family's big day coincided with a momentous occasion for Methodist Midlothian Medical Center's labor and delivery team



NEWBORN MAKES HISTORY
AT MIDLOTHIAN'S FIRST HOSPITAL

Haley Stewart didn't learn her baby boy would be the first delivered at Methodist Midlothian Medical Center until she stepped into the new hospital in February.

"When I rounded the corner, everyone was standing there with open arms ready to get started," she recalls. "To say they were attentive is an understatement. They were so nice, so helpful about anything we needed."

Haley's first two boys were born at Methodist Mansfield Medical Center, where she loved the care her family received. But the new hospital is closer to home, and she could keep her OB-GYN, **Jason Brown, MD**, who's on the medical staff at both facilities.

Any apprehension she might have felt dissolved when she entered her private room with a panoramic view from the top floor of the facility.

"The aesthetic — it's beautiful," says Haley, a communications and marketing specialist for the Red Oak school district. "I liked the spacious layout and being able to look out the windows."

Even better, she says, some of the nurses had come over from Methodist Mansfield, so it felt like home.



Baby Wyatt came into the world Feb. 1, 2021, healthy and happy.

MIDLOTHIAN'S FIRST NEWBORN

The accomplished staff at Methodist Midlothian are just as vital to Dr. Brown, who has supervised all three of Haley's deliveries.

"The nurses and the staff who came over from Methodist Mansfield are highly seasoned and experienced and they brought their level of expertise to the new hospital," he says. "I never doubted anything regarding their skill."

Haley and her husband, Zach, an Irving firefighter, chose to induce delivery of their third baby so Dad could be there when the big moment came.

The room had special accommodations for Zach, too: a heated massage chair and fresh coffee on demand.

"He was loving his life while I was literally going through a contraction," Haley says with a grin. "I thought it was funny, and I was glad. It was nice that they were trying to make an effort for the spouse or parent who is there with you."

When the contractions strengthened, Dr. Brown induced labor, and Haley received an epidural block to relieve her pain. Baby Wyatt crowned that night, and with a single push, all 8 pounds, 3 ounces of him came into the world at 9:14 p.m. on Feb. 1.

"It was just so fast," Haley says. "I didn't have to do much. It was crazy."

The next day, a group of hospital administrators visited to celebrate the occasion and present the Stewart family with roses, a basket of baby gifts, a frosted white cake, and a festive balloon.

Following her two-night stay, Haley gives high marks to the overall experience and even the meals, especially the breakfast tacos and Cobb salad.

"Their service is excellent, the way they are so attentive to not only the mother but also the baby," she says. "It can't be matched."



Take a virtual tour of Methodist's newest hospital at MethodistHealthSystem.org/Midlothian.

ARE SLEEP AIDS more than a *short-term fix?*

With so many of us relying on medications to get the right amount of shut-eye, it's time to consider just how safe their long-term use really is

A good night's sleep can be elusive these days, especially amid the daily stress of a global pandemic.

So it's no wonder more of us are relying on sleep aids, over-the-counter and otherwise, to get the recommended seven to nine hours of shut-eye every adult needs.

Get too little sleep for long enough and there could be life-threatening consequences, most notably to your heart health, says **Roberto Nieto, MD**, neurologist and board-certified sleep specialist on the medical staff at Methodist Mansfield Medical Center.

"When people are sleep-deprived, cortisol and other stress hormones can be released," Dr. Nieto says. "And this could lead to hypertension [high blood pressure] and other chronic medical conditions."

But how safe are these supplements and sedatives for nightly use, and could their side effects do more harm than good?

As always, it's best to talk to your own doctor first before trying any sleep aids. But in the meantime, let's examine a few of the pros and cons with Dr. Nieto.



ALLERGY MEDICATIONS

For allergy sufferers, over-the-counter medications like diphenhydramine and doxylamine are a godsend. But it's a side effect of these antihistamines — drowsiness — that provides relief for the sleep-deprived.

All those brand names with a "PM" tacked on the end are part of this group, making antihistamines among the most popular options for over-the-counter sleep aids.

The downside: Their "hangover effect" makes you groggy the next day, and they can cause a laundry list of other side effects, from dry mouth to blurred vision.

"Antihistamines can cause older people to become disoriented," Dr. Nieto says.

What's more, you can quickly build up a tolerance to antihistamines, meaning the more you take them, the less effective they become.



MELATONIN

Melatonin is a hormone that our bodies create naturally to regulate our sleep/wake cycle. Your body makes less during the day and more when the sun goes down.

While you can add melatonin to your diet (eggs and tart cherries pack the most), it can also be taken as a supplement to help improve sleep without causing a drowsy effect.

"Whenever patients report insomnia, I advise them to take 10 milligrams of melatonin before bedtime," Dr. Nieto says.

Research shows that melatonin can help treat patients with neurodegenerative disorders, such as Alzheimer's disease and Parkinson's disease. Best of all, melatonin won't create a dependency, and users don't build up a tolerance for it.

Just be aware that melatonin can interfere with other medications, and watch out for side effects, including headaches and dizziness.



VALERIAN ROOT

Native to Western Europe, valerian has been used for centuries as an herbal remedy. Studies have shown that the root of the flowering grassland perennial can reduce the time it takes to fall asleep, although your experience may vary.

Valerian can interfere with prescription drugs and interact poorly with depressants, such as alcohol, but it's generally considered to be safe, aside from side effects including dizziness, headaches, and — strangely enough — sleeplessness.

Remember that herbal supplements are not regulated by the Food and Drug Administration, so be careful and consult your doctor before taking them.



PRESCRIPTION SLEEP AIDS

You'll also need to consult a doctor if you have exhausted the over-the-counter options and opt for a prescription sleep aid instead.

These medications may help patients doze off easier or stay asleep longer, sometimes both. But prescription sleep aids have risks that come along with the benefits.

The antidepressant trazodone is one of the safest to use, Dr. Nieto says, because it's among the least likely to cause a dependency. While it was originally prescribed to treat depression and anxiety, doctors have been prescribing it for sleep deprivation for many years.

On the other side of the spectrum is the sedative-hypnotic, zolpidem. Dr. Nieto doesn't recommend this often-prescribed sleep aid because many patients find it difficult to stop using. It's also known to cause sleepwalking, drowsiness, and confusion.

There are several other options to discuss with your doctor, but most of them carry the risk of becoming dependent.

Substance-free treatments

Sleep medications can be useful for a short time, but relying on them long-term is not the best solution because of the risk of dependency.

Instead, try to identify the cause of your sleeplessness and adopt healthy habits to treat underlying stress and bring persistent quality sleep back into your life.

- **Exercise is a great way to relieve stress.** Whether yoga, walking, or jogging for 30 minutes a day, getting to sleep when it's bedtime may involve a more active lifestyle.
- **Limit coffee intake to two cups a day.** Caffeine can disrupt your circadian rhythm and delay your ability to fall asleep. It's also best to skip that cup of joe late in the afternoon.
- **Chamomile tea is a natural remedy that helps combat insomnia and anxiety.** Try sipping a cup of tea at the end of the day to relax and soothe stress away.
- **Avoid using electronics during the last 30 minutes of the day.** The blue light in phones and tablets can slow down your body's ability to fall asleep. Dr. Nieto recommends keeping phones out of the bedroom.

Dr. Nieto finds that chronic insomnia typically has an underlying cause, and treating that trauma or stressor should be the first step before medication enters the equation.

"Was there a recent traumatic incident in their life?" he asks. "Do they have anxiety or depression?"

It could also be that another medication the patient is taking for an unrelated condition is causing the sleeplessness, he says. Regardless, rooting out the cause is job number one.

"It's important to delve into what the root of the interrupted sleep is before prescribing a sleep aid," he says.



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



A wellness expert recommends ways to help us **restore our mental and physical health after a year in quarantine**

Mind(fulness) OVER MATTER

AS THE COVID-19 pandemic wears on, you may find yourself moving on autopilot, going through the motions without focusing on what you're doing.

Dissociating, or zoning out, is a common response to stress, but it's not a very effective one, says **Theresa Murphy, LCSW**, director of behavioral health for the Methodist Family Medicine Residency Program.

Instead, Murphy recommends trying the exact opposite: immersing yourself completely in the moment. This practice of mindfulness will do much more for your mental health and physical wellness, she says.

"When something stressful happens, we're constantly moving to the next thing and trying to push things down, so we don't even notice what we're feeling," Murphy says. "But before we even talk about coping skills or changing our behavior, the first step to alleviating stress is noticing when you're experiencing it."

That's where being mindful of what you're experiencing can help.

"It's just taking a pause to ask yourself, 'OK, how do I feel right now? Right here, in this moment.'"

WHAT IS MINDFULNESS?

According to the Mayo Clinic, mindfulness is being "intensely aware of what you're sensing and feeling in the moment, without interpretation or judgment."

In other words, it's about paying attention to what's happening here and now, Murphy says, instead of getting caught up in distractions or our own thoughts.

"It's really to stop that automatic loop in our head where we're constantly going from one thing to the next and actually noticing the sensations around us and within us," Murphy explains.

You can apply this practice anywhere, she explains, even when doing mundane tasks like washing the dishes.

Instead of focusing on other things you need to do or daydreaming, make an effort to stay present. Think about the feel of soapy water running over your hands and the smooth texture of the plates. Anxiety often occurs when we are either ruminating about the past or anticipating negative outcomes for the future. Practicing mindfulness grounds us in the current moment.

"There's no right way to practice mindfulness because there are so many different forms," Murphy says. "Meditation is one form, but you can also practice mindfulness while doing everyday activities."

CUTTING THROUGH THE DISTRACTIONS

Staying in the moment is easier said than done. Between the pandemic and all our technological distractions, it's far more tempting to let our minds drift.

"If you're someone who constantly scrolls through your phone, set a time limit for yourself and turn off your notifications," Murphy advises. "Take breaks from your computer and do a few breathing exercises between emails.

Practicing mindfulness might take some discipline, but the end result is worth it, she says.

"So often, we go through entire days, and we can't even remember what we did," Murphy says. "Mindfulness will help bring you back to the present. It allows us to feel both joy and pain. Being mindful is not always pleasant, but it allows us to experience the full breadth of life — to live our lives fully."

Discover more ways to care for yourself by searching "self-care" at ShineOnlineHealth.com.

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Room 509F, HHH Building
Washington, DC 20201
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ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

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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.

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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

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡ください。



Back to school means a lot more than new pencils.

Getting everything ready to get kids back to school can be stressful. But Methodist is here to make it a little easier with all the checkups, physicals and immunizations kids need. With convenient locations across DFW, it's easy to make an appointment at any of our 24 Methodist Family Health Centers and Medical Groups or at Methodist Urgent Care. Stop by and make sure this school year gets off to a smooth start.

Methodist URGENT CARE

214-947-0019
MethodistHealthSystem.org/UrgentCare

Methodist FAMILY HEALTH CENTERS

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Methodist Family Health Centers and Medical Groups are owned and operated by MedHealth/Methodist Medical Group and are staffed by independently practicing physicians who are employees of MedHealth/Methodist Medical Group. The physicians and staff who provide services at these sites are not employees or agents of Methodist Health System or any of its affiliated hospitals.



WHEN A HEART ATTACK STRIKES

‘OUT OF THE BLUE’

A stent inserted through the wrist provided a quick fix and fast recovery for this Mansfield educator

For Chuck Roe, a heart attack struck "out of the blue" — and without the usual warning signs.

Not long before, the assistant director of fine arts at Mansfield Independent School District had gone through a battery of stress tests. They all came up clean, he says, and he had no previous history of heart problems.

So when he felt weak and started sweating one morning while taking his daughter to school, he assumed he had COVID-19. He figured he should go home and climb back into bed.

"It was a close call," Chuck says. "If I've learned anything from this, it's not to look just for 'typical' heart attack symptoms."

That's good advice, says **Steven P. Havard, MD**, cardiologist on the medical staff at Methodist Mansfield Medical Center who treated Chuck.

"All too often, patients expect the symptoms of a heart attack to be intense," Dr. Havard says. In reality, they often go unnoticed."

INVISIBLE HEART ATTACKS

Silent myocardial infarctions (SMIs) account for a significant number of heart attacks. They're often so brief and mild that the patient might confuse it for something else entirely.

They might confuse their fatigue with not getting enough sleep, or they may mistake pain in their throat or chest as simple heartburn or indigestion. It's only later that they realize what damage was done.

"A silent myocardial infarction can scar the heart, potentially weakening a patient enough that a subsequent heart attack becomes that much more dangerous," Dr. Havard says.

Chuck felt no crushing pain, just a tightness in his chest and a "horrible sweat." It was his wife, Kristy, who urged him to seek immediate care — and likely saved his life, Chuck says.

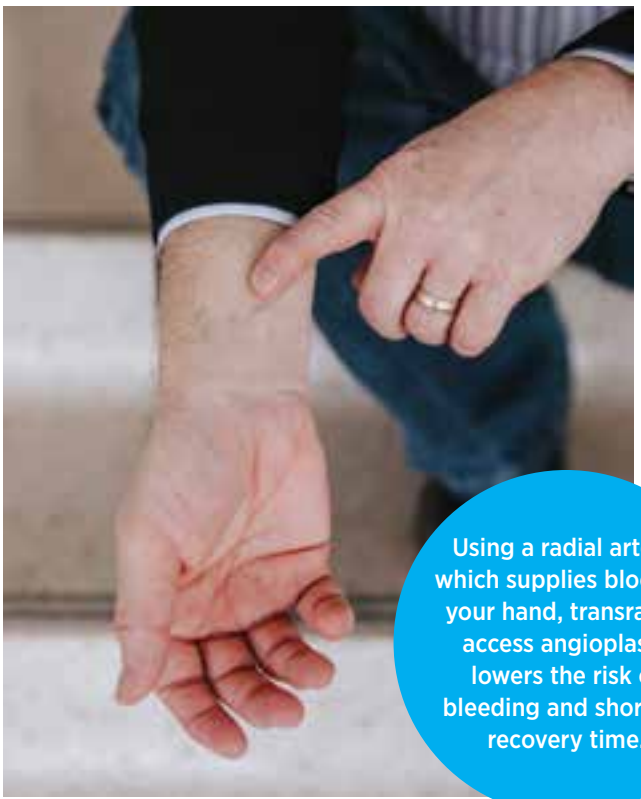
"If I had gone home and gone to bed," he says, "I wouldn't have woken up."

ARTERY 100% BLOCKED

Chuck was quickly transferred from a standalone emergency room to the cardiac catheterization lab at Methodist Mansfield.



A mural sponsored by Methodist Mansfield adorns the Flying Squirrel Coffee Co. in downtown Mansfield.



Using a radial artery, which supplies blood to your hand, transradial access angioplasty lowers the risk of bleeding and shortens recovery time.

There, he would learn that one of his arteries was 100% blocked, and he'd need a stent to open it.

These tiny mesh tubes are inserted into a blocked artery using a balloon catheter. The balloon is then inflated, and the stent scaffolding locks in place, opening the artery to give the heart the blood it needs.

Dr. Havard and the rest of the cath lab team used an incision in Chuck's wrist to place the stent and get the blood pumping again.

INSERTED THROUGH WRIST

While balloon angioplasty is nothing new, the minimally invasive procedure has historically been performed through the femoral artery in the groin.

Using a radial artery, which supplies blood to your hand, isn't a method offered at all U.S. hospitals, but it has been catching on — and for good reason.

The radial artery is easier to access and much smaller than the femoral artery, so the risk of bleeding is lower. Also, patients tend to recover more quickly from a transradial access angioplasty, and they don't have to lie still for several hours after the procedure, as in a femoral access procedure.

In Chuck's case, he was in a recovery room just two hours after he dropped his daughter off at school. Two days after that, he was out of the hospital and beyond grateful for the care he received.

"This was my first stay in a hospital," Chuck says. "The nurses we had were amazing, and everyone was so caring and careful."

Take a free heart health risk assessment at MethodistHealthSystem.org/HeartHRA.



MALE INFERTILITY MAY BE *more common than you think*

When it comes to infertility, there's a double standard that burdens women and spares men, but would-be fathers are every bit as likely to be infertile

Relationships are a two-way street, and the most successful ones depend on both partners putting in equal effort. So when it comes to starting a family, it makes sense that neither partner bears the burden alone when infertility problems arise.

Medical professionals generally use the term infertile to describe couples who have tried unsuccessfully to conceive a child for more than a year — or six months for women over the age of 35.

Women can be infertile, but so can men, says **Andrew Sun, MD**, urologist on the medical staff at Methodist Dallas Medical Center.

"Men are the reason for a couple's infertility half of the time," Dr. Sun says. "Unfortunately, the burden and blame of infertility have fallen upon women historically."

The ideal way to treat infertility is for both partners to get tested at the same time, Dr. Sun says.

He recommends that men consult with a fellowship-trained male fertility specialist, who will run a semen analysis and hormone panel. For anyone reluctant to visit a doctor, some tests can be submitted from the comfort of home.

"Sperm quality is like a check-engine light for your body," Dr. Sun says. "Finding that the sperm is unhealthy is often a sign that the body is unhealthy."

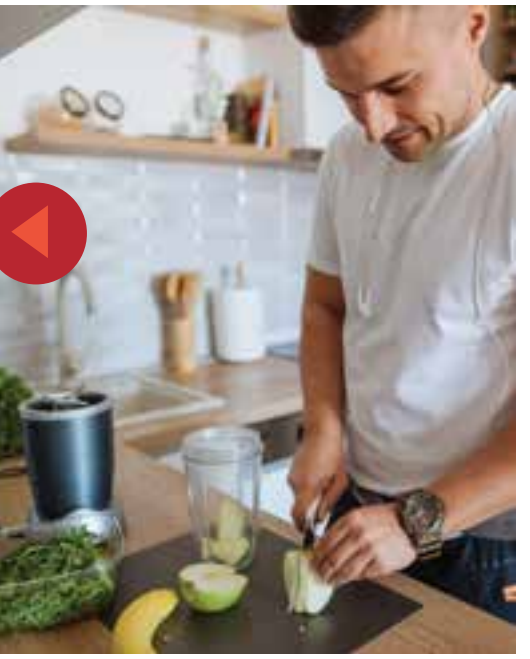
5 WAYS TO KEEP SPERM HEALTHY

There are things men can do to improve their chances of parenthood and contribute to their overall health.

Dr. Sun provided a few recommendations:

- **Lose weight** — "Excess weight messes with proper sperm production and hormone functioning," he says.
- **Keep a healthy diet** — Fast food and processed foods contain higher levels of chemical byproducts that can alter sperm health and hormone levels. A proper diet includes an assortment of fruits and vegetables, along with healthy plant-based fats, lean protein, and a low to moderate amount of caffeine, alcohol, and sugar.
- **Exercise regularly** — Exercising increases beneficial hormones, normalizes weight, and reduces stress levels, which can contribute to fertility problems.
- **Stop smoking** — Tobacco use decreases the quality of sperm. It can damage sperm DNA, its shape, and its ability to fertilize an egg.
- **Correct hormonal imbalances** — Studies suggest that overall testosterone levels have been declining for decades, which is why seeing a specialist may be important.
- **Avoid hot tubs and saunas** — Semen is sensitive to heat, and subjecting your body to prolonged high temperatures is not good for your sperm health. "That's like boiling the sperm," Dr. Sun explains.

"Making the body healthy makes the sperm healthy," Dr. Sun says. "All lifestyle changes should be done now so you can live a longer, healthier life and be a better dad for your family."





INFERTILITY IS NOTHING NEW

Health information is abundant in today's digital age, but so is misinformation. That's especially true for a hot-button topic like infertility.

Dr. Sun recommends patients ignore alarmist media articles about a widespread decline in male fertility.

"We're not all going to become sterile," he says, pointing to methodology problems in commonly cited studies. "There's no real hard data showing infertility cases are increasing."

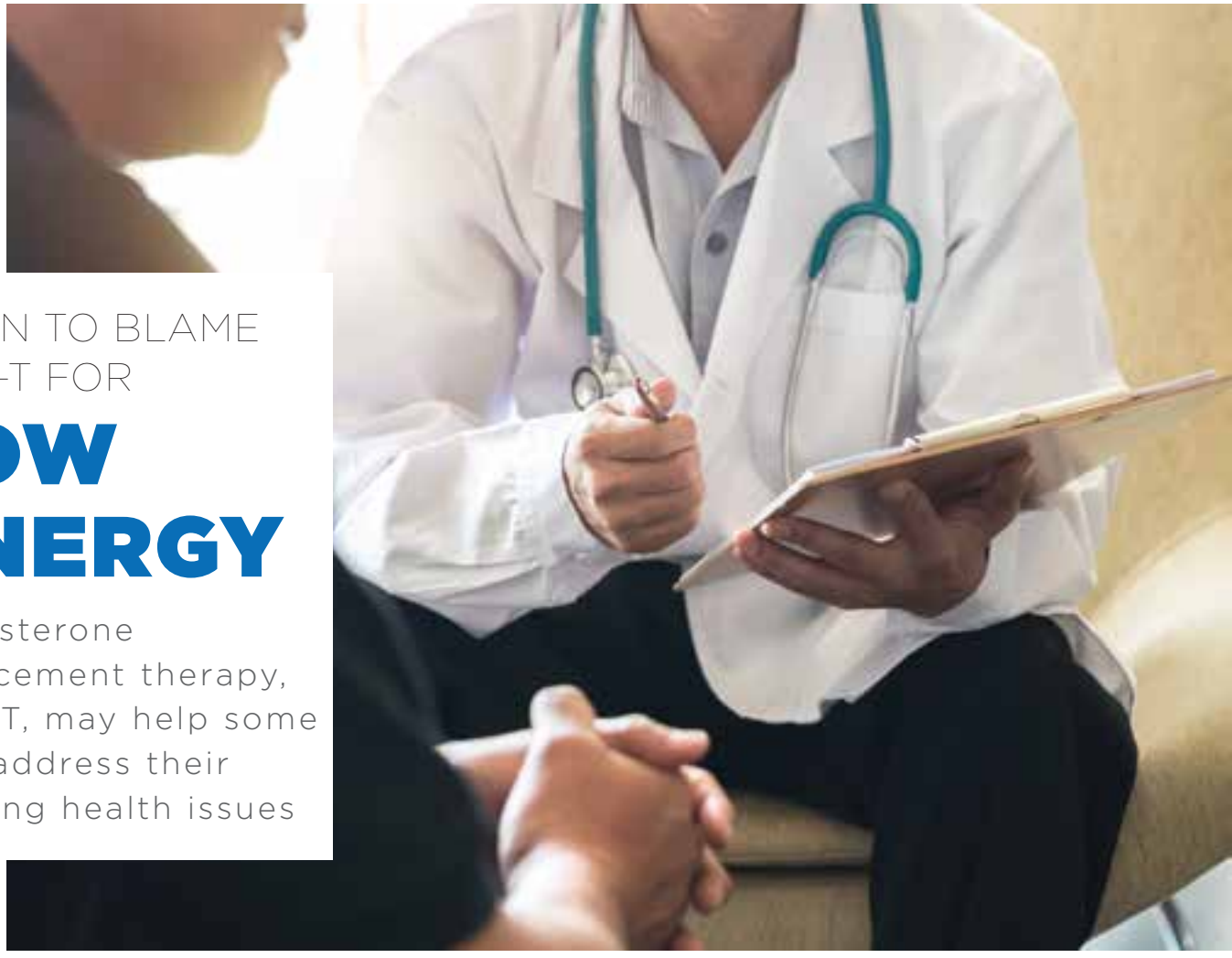
It's possible that the decline in sperm quality reported in these studies can be attributed to increasingly unhealthy lifestyles — eating poorly and becoming more sedentary, Dr. Sun says.

He also notes that infertility has always been relatively common, affecting 10% to 15% of couples. Of course, that doesn't make it any easier for couples who struggle to conceive, Dr. Sun acknowledges.

That's why it's so important when times are tough to lean on each other and share the burden — and its solution — equally.

"This difficult time requires a lot of support from both partners," he says. "This is very much a shared journey just like parenthood will be. You're going to have to support each other for many years to raise a kid together — now is the time to start being very supportive."

Discover more men's health tips at ShineOnlineHealth.com.



WHEN TO BLAME LOW-T FOR

LOW ENERGY

Testosterone replacement therapy, or TRT, may help some men address their nagging health issues

Men with abnormally low testosterone can feel a range of physical and emotional symptoms: decreased sex drive, erectile dysfunction, low energy levels, and mood swings.

"They call it 'andropause,' instead of menopause," says **Gregory Lieser, MD**, urologist on the medical staff at Methodist Richardson Medical Center. "And it can be a serious drag on your quality of life."

Some boys are born with hypogonadism, also known as "low-T," but it can also develop later on, usually after age 45 because of an injury or infection or in conjunction with other maladies, such as diabetes and obesity. Up to 4 out of 10 men report experiencing its effects.

"We all have different levels of testosterone, and it's normal for it to decline as men grow older," Dr. Lieser says. "But when it drops below a certain threshold, you can feel it."

Working with a urology professional can confirm if your symptoms are caused by low-T. If they are, you may consider testosterone replacement therapy (TRT) to treat your low-T.

This solution is not appropriate for everyone, however, so working closely with an experienced healthcare provider is important.

"Every guy doesn't need to have his testosterone checked after a certain age," Dr. Lieser says. "But I've had good results with this treatment for patients who have these symptoms and don't know why."

UNDERSTANDING LOW-T

Testosterone is the hormone responsible for changes experienced by adolescent boys during puberty. It also helps create sperm. If you don't have the proper levels of testosterone in the body, you have low-T.

In addition to decreased sex drive, erectile dysfunction, low energy, and mood swings, low-T may cause several issues:

- Anemia
- Difficulty concentrating
- Hair loss
- Increased body fat
- Insomnia
- Loss of calcium in the bones
- Loss of muscle mass and strength

TREATMENT WITH TRT



TRT is a way to introduce testosterone into your system to balance your hormone levels and lessen symptoms. TRT therapy can be delivered through:

- Injections
- Patches
- Skin gel
- Under-skin pellets

To be fully effective, TRT must be continued throughout life. If the treatment is discontinued, your hormone levels are likely to drop again.

"It's lifetime therapy," Dr. Lieser says. "If you're going to do it, you're going to need to keep doing it in order to get the benefit."

Skin gel is the most frequently chosen method of TRT treatment, with an estimated 70% of men with low-T using it. The gel is easy to administer by rubbing into the shoulders or the upper areas of your arms after you get out of the shower.

BENEFITS AND DRAWBACKS



TRT can be highly effective in reversing the effects of low-T, including boosting energy and sex drive. However, increasing your testosterone levels with TRT can also result in undesirable side effects:

- Acne
- Enlarged breasts
- Enlarged prostate
- High red blood cell count
- Swollen ankles and feet

Additionally, and somewhat counterintuitively, the treatment can cause infertility because it impedes sperm production and causes the testicles to shrink. The brain essentially detects an abundance of testosterone and puts the brakes on the process.

WHEN TRT IS NOT AN OPTION



A variety of pre-existing conditions may make TRT a dangerous option for managing low-T. If you are living with the following conditions, TRT may further compromise your health:

- Cancer, particularly prostate cancer
- Elevated red blood cell count
- Heart complications
- Sleep apnea

Anyone with a history of prostate cancer should find another alternative to treat their symptoms, Dr. Lieser says.

"Testosterone accelerates the growth of prostate cancer," he warns. "It's like pouring gasoline on a fire."

Additionally, do not consider TRT for anti-aging or performance enhancement. TRT that is not prescribed by your doctor may contain unsafe ingredients.

Visit ShineOnlineHealth.com for tips on keeping fit, sleeping well, and eating right.

Natural remedies for low-T

If you are living with low testosterone levels, or low-T, and cannot use testosterone replacement therapy (TRT) because of comorbid health conditions, a natural approach to treatment may be right for you.

However, Dr. Lieser cautions against using supplements that claim to be a natural form of testosterone enhancement.

"Any plant-based androgen actually functions in a similar capacity," he says. "The problem is they're unregulated, so it's hard to know what you're getting."

Instead, your healthcare provider can help you establish a routine of lifestyle adjustments to enhance your quality of life:

- **Choose a nutrient-rich menu.** Focus on foods rich in vitamin D and zinc, such as beans, meat, nuts, poultry, and seafood. Also, limit your intake of saturated fat and sugar.
- **Manage weight.** If you are overweight or obese, take steps to lose excess weight by exercising regularly and eating foods low in calories and saturated fat.
- **Prioritize sleep.** Set a goal to get seven to eight hours each night. Try to go to bed and wake up at the same time every night and morning, and keep electronics out of the bedroom.
- **Reduce stress.** Regularly take time to engage in relaxing activities that you enjoy, such as golf, reading, or taking walks. Also, try not to overbook your schedule or overextend yourself.



According to the Centers for Disease Control and Prevention, falls are the **leading cause of traumatic brain injuries.**

WHEN SECONDS COUNT,

TRAUMA TEAM MUST WORK IN CONCERT

Glenda Wynn's daughter Kelli knew just where to go when her mother suffered a potentially deadly brain injury: the hospital where Kelli works as a nurse manager

Glenda Wynn credits her daughters' quick thinking for surviving a traumatic brain injury in a nasty fall last year. But her ordeal began a few weeks before that.

It was early September when the 80-year-old Dallas native underwent a minimally invasive angioplasty at Methodist Richardson Medical Center to help restore blood flow in an artery of her left leg.

A week later, while recovering from the procedure at her daughter's home, she developed internal bleeding, a serious complication known as a retroperitoneal hemorrhage, and returned to the hospital.

"She was bleeding into her abdominal cavity," says her daughter **Kelli Oldham, RN, BSN**, a nurse manager on the medical staff at Methodist Richardson. "Luckily the bleed sealed off on its own, but her blood counts were so low she needed a specialty blood transfusion."

A couple of days later, Kelli and her sister, Shelby, took their mom home to resume her recovery. But less than 24 hours later, the real trauma would begin.

> I RECOVERED SO WELL BECAUSE I HAD BEEN AT METHODIST RICHARDSON AND **RECEIVED EXCELLENT CARE.**
>
> — GLENDA WYNN

A DEADLY COMBINATION

That night, Glenda woke up to use the bathroom but got tangled in her bedding and fell, hitting the right side of her head on a table.

"Shelby helped her back into bed, then she came and got me," Kelli says. "We both have healthcare experience, so we knew that mom's low blood platelet levels from her hemorrhage, plus a head trauma, was a dangerous combination.

"So we called 911."

By the time the ambulance arrived, Glenda was showing the telltale signs of a traumatic brain injury: confusion, vomiting, blurry vision, and a headache. Fortunately, they were close to Kelli's hospital, but she soon learned that might not be where the first responders were headed.

"I knew I had to say something when the paramedics told me they weren't going to take her to the closest hospital," Kelli says. "I insisted on Methodist Richardson and believe fully in the capabilities of the medical team there."

'WE KNEW THE RISKS'

Glenda was rushed into the emergency department at Methodist Richardson and immediately underwent a CT scan. The results showed very bad news: She had a massive brain hemorrhage and a midline shift, an often fatal injury.

"A midline shift occurs when pressure exerted by the buildup of blood and swelling around the damaged brain tissues is powerful enough to push the entire brain off-center," explains **Michael Oh, MD**, neurosurgeon on the medical staff at Methodist Richardson.

"I was on call and on campus when Glenda came in. She wasn't doing well, and I had to have a very serious discussion with her daughters."

Given Glenda's age and the fact that her platelet levels were already so low because of her abdominal hemorrhage, Dr. Oh wasn't confident she would survive surgery. That didn't dissuade her daughters.

"We knew the risks," says Kelli, "but we believed in the medical team and that they would do their best to give her a fighting chance, so we gave our consent for surgery."

Three hours later, Dr. Oh emerged from the operating room with good news: the surgery was successful, and Glenda's vital signs were stable.

A CONCERTED EFFORT

Dr. Oh credits every aspect of Glenda's care for her survival, starting with her daughters' quick thinking and the short trip to their hospital of choice.

"Surgery was not the only thing that saved her life," he says. "Getting to the ED quickly, a rapid evaluation with the CT scan, mobilizing the OR team, prompt surgery, and the post-op care she needed in the ICU and beyond all contributed to her full recovery."

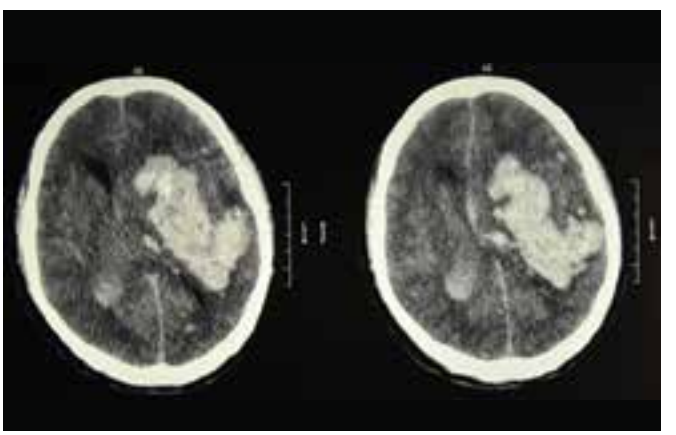
Hospitals equipped to handle trauma patients like Glenda must have a multidisciplinary approach where every part of the system is working together, Dr. Oh says. Getting patients the care they need in a prompt and coordinated manner is something Methodist Richardson takes pride in.

Glenda barely remembers the night she fell, but she believes it was nothing short of "miraculous."

"I knew I recovered so well because I had been at Methodist Richardson and received excellent care," she says.

Dr. Oh says Glenda's recovery is a testament to the high-level care at Methodist Richardson — and why it's applying for formal recognition as a Level III trauma center this year.

"The community will become more aware of the hospital's capabilities," he says. "That's what we are most eager for."



Bleeding in the brain can cause its "midline" to shift, as illustrated in the large hemorrhage pictured above.

Learn more about the many neurological services offered at Methodist Richardson and request an appointment by visiting MethodistHealthSystem.org/RichardsonNeuro.

BACK IN THE SADDLE AFTER **traveling cross-country for care**



A young woman from North Carolina struggling with scoliosis found the right treatment option 1,200 miles away in Dallas

Sara Grace Lane has seen her share of doctors and specialists, having lived with scoliosis for nearly half of her 20 years.

"I have two curvatures in my spine," Sara says. "The curve started in my lower back, but above it, my spine started curving in the other direction to compensate for it."

Doctors told Sara she would need a complete spinal fusion and recommended placing rods along the length of her spine.

That would correct Sara's scoliosis, but it would also limit her flexibility and mobility.

So she sought another opinion in Dallas, 1,200 miles away from her home in North Carolina.

A SAFER AND SUPERIOR X-RAY

A family friend referred Sara to **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Dallas Medical Center.

After a positive initial consultation, she made her first trip to Dallas to see him in 2019.

Dr. Graham needed to examine Sara's spine, so he used Methodist Dallas' EOS imaging system to get a clear 3D X-ray. The advanced machine provides a better quality scan with about a third of the radiation.

"The machine allows me to X-ray a patient standing up, so I can see how her spine aligns with her hips and head," Dr. Graham explains. "The lower dose of radiation also makes it safer for long-term health, especially for scoliosis patients who regularly have to get X-rays."

ALTERNATIVES TO SURGERY

Dr. Graham says Sara has adolescent idiopathic scoliosis, generally diagnosed around age 11 when children start experiencing growth spurts. But it typically doesn't require surgery.

"It can be treated by wearing back braces," Dr. Graham says. "Yoga and other exercises that strengthen core muscles are also beneficial for the spine."

Surgery is more often used when the curved spine puts pressure on other organs, causing pain or trouble standing.

Sara says it was refreshing to have a surgeon who wasn't pressuring her to have surgery.

"He made it clear it was my choice, and I could take time to think about it," she says. "That was really important to me because it's a pretty big commitment to go from North Carolina to Texas."

A LESS EXTREME SOLUTION

At the time, Sara was heading to college, and the muscle spasms caused by her scoliosis were starting to interfere with her quality of life. She was finding it difficult to sit through her classes and carry textbooks. She even had trouble finding comfortable clothes.

She wanted relief but was hesitant to have her entire spine fused with rods and screws.

"A surgery like that would involve delving into more muscles and tissue, and it might end up making her quality of life even worse," Dr. Graham explains.

That's why Sara was so pleased when he proposed a more conservative approach.

"She was already going through a transitional period in her life, graduating high school and going to college," Dr. Graham says. "I wanted to be sensitive to that."

Dr. Graham says Sara's curvature was centered in her lumbar spine. By operating on this small portion of her lower back, he says, the other curve in Sara's thoracic spine would right itself naturally over time.

"I was pretty excited to hear him say that because it meant I didn't have to have my entire spine fused all the way down from my shoulder to my hips," Sara says.



So in June 2020, she and her parents made the two-day drive to Methodist Dallas.

'SO MUCH BETTER'

Sara was nervous about the surgery, especially during a pandemic, but her mother was by her side for most of her stay.

Dr. Graham used metal implants to help fuse the lower part of Sara's spine, and she spent a week recovering in the hospital.

"I was doing really well there because I had the full-time care of all those nurses," Sara says. She and her family stayed close to Methodist Dallas for a few weeks after her discharge, just to be safe.

Now back home in North Carolina, Sara's still going to physical therapy but says she's getting stronger every day.

"I'm doing so much better now," she says. "Since the surgery, my back has tremendously improved. I'm never taking for granted doing normal tasks like taking a walk or doing the dishes again."

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

> SINCE THE SURGERY, MY BACK HAS **TREMENDOUSLY IMPROVED**. I'M NEVER TAKING FOR GRANTED DOING NORMAL TASKS LIKE TAKING A WALK OR DOING THE DISHES AGAIN.
>
> — SARA GRACE LANE



5 TIPS FOR SUMMER FOOT CARE

Summer presents a tempting opportunity to trade sneakers for sandals, but you could be risking injury if you're too footloose

SHOES WITH ARCH SUPPORT INCLUDE **ATHLETIC SHOES, COWBOY BOOTS, HIKING BOOTS,** AND **SANDALS** WITH A **CONTOURED FOOTBED.**

Summer ushers in sandal season. Head to the pool or beach, and it's a barefoot bonanza.

While it's tempting to shed your shoes when the temperatures rise, **R. Jeffrey Doyle, DPM, FACFAS**, a podiatrist on the medical staff at Methodist Richardson Medical Center, warns against being too footloose and fancy-free.

"Wearing flip-flops and going barefoot can cause a whole lot of problems, including injury and infections that could otherwise be avoided," Dr. Doyle says.

It's even more dangerous if you're among the millions living with neuropathy, a numbness in the feet and other extremities.

"Oftentimes someone is not aware if they have stepped on something hot or sharp, which can cause severe burns and infection," Dr. Doyle says.

Keep your feet safe by heeding Dr. Doyle's recommendations:

1. DON'T WEAR FLATS OR GO BAREFOOT.

Flip-flops have no arch support and are notorious for causing plantar fasciitis, a disorder of the connective tissue that runs along the arch of the foot.

"Going barefoot is even worse," Dr. Doyle says. "Avoid walking barefoot as much as you can."

People with high arches and low arches are equally susceptible to plantar fasciitis, which feels like a "stone bruise in their heel," he says.

"We see it constantly due to poor footwear," Dr. Doyle says, "and even more often during the summertime."



2. CHOOSE SOMETHING WITH ARCH SUPPORT.

He recommends athletic shoes, cowboy boots, hiking boots, or sandals that have a contoured footbed and arch support.

For ladies who want a little lift, wedges or sandals with a 1- or 2-inch heel are solid options approved by Dr. Doyle.



3. AVOID THE FUNGUS AMONG US.

Don't let the name 'athlete's foot' fool you: It's not just jocks who catch this fungal infection of the feet and toenails.

Here's another reason to avoid going barefoot in public places, such as hotel rooms, shared shower facilities, and your gym's locker room: It's impossible to know whether they have been sufficiently sanitized.

Nail salons can also be a breeding ground for infections. Disposable plastic liners in soaking tubs are a must, as are sterile tool kits for each customer. Consider bringing your own from home.

While mostly an annoyance, untreated athlete's foot could spread to the toenails. Fungal infections of the toenail are not only unsightly and hard to get rid of, but they can also cause painful ingrown toenails.

"People experiencing ingrown toenails should always see a podiatrist for treatment," Dr. Doyle says.



4. ALWAYS WEAR THE PROPER ATHLETIC SHOES.



There's a reason why high-tops don't look like soccer spikes and why football cleats are a far cry from tennis shoes: Each type of shoe was designed to support a particular motion or activity.

"It's imperative to wear the proper footwear for each of these sports," Dr. Doyle warns.

And definitely don't go shoeless. Going barefoot during touch football, a pickup game of soccer, or running is the easiest way to break a toe or sprain an ankle.

5. IF YOU DO HURT YOURSELF, SEE A DOCTOR.

Don't assume that pain is just a sprain. It could be a torn ligament or an avulsion fracture, which is when a ligament yanks off a piece of bone.

"People who have injured themselves need to be seen and evaluated right away," Dr. Doyle says.

Injuries that aren't properly treated can lead to serious consequences such as joint instability, chronic pain, and infection.

If you suspect you've broken a toe, Dr. Doyle warns: "Toe fractures run the gamut of severity."



Some are minor enough to heal on their own with taping and compression. A fracture that's displaced the bone requires treatment, as does one that breaks the skin.

"An open fracture is an urgent matter and needs to be flushed out with antibiotics," Dr. Doyle says.

Keep these tips in mind, and you'll get your summer off on the right foot.

Do you really need 10,000 steps a day? Find out by searching "fitness" on ShineOnlineHealth.org.

ROBOTIC SURGERY GETS SCHOOL SECURITY GUARD BACK ON DUTY





Up to 15% of American adults suffer from gallbladder disease, an affliction that became unbearable for Sherita Cunningham — until her doctor suggested robot-assisted surgery

Everyone experiences digestive discomfort from time to time. But in severe cases, it can be crippling.

Just ask longtime Dallas Independent School District security guard Sherita Cunningham. The 56-year-old was on vacation last summer when an intense pain in her upper abdomen brought her to her knees.

"I was literally crawling around to get everywhere I needed to go," Sherita says. "Having children is one kind of pain. I don't know if this is worse, but it's in that class."

It was this unbearable pain that led Sherita to seek help from **Susannah Hambright, MD**, general surgeon on the medical staff at Methodist Dallas Medical Center.

A sonogram revealed a gallstone had lodged itself in the neck of Sherita's gallbladder.

Dr. Hambright told Sherita she would need surgery and recommended a robot-assisted procedure using Methodist Dallas' da Vinci Surgical System.

"I've had surgeries," Sherita says, "but I had never experienced anything like that. Robotic? I was like, 'What is this all about?'"

RELIEF AFTER WEEKS OF PAIN

Sherita says she first knew something was wrong when a wave of pain hit after she finished eating dinner one night. When she began vomiting, she chalked it up to food poisoning.

"I thought maybe the pain would go away, but it was constant," she says.

Sherita's primary care physician prescribed her acetaminophen for pain and esomeprazole magnesium to

reduce stomach acid, but nothing worked. Sherita had to resort to a liquid diet because she couldn't keep solid food down.

"I lost about 12 pounds just like that," she says. "This went on for about three weeks. Some days were better than others."

By the time doctors discovered the gallstone and she found herself in Dr. Hambright's office, Sherita's abdomen was tender to the touch.

"We call her pain classic for gallbladder problems," Dr. Hambright says. "It's in the upper right quadrant and comes and goes in waves. It's usually associated with nausea or bloating and is worsened by heavy or spicy meals."

The stone was preventing Sherita's gallbladder from emptying bile into the intestine to aid in digesting fat. The bile that accumulates in the gallbladder can become infected.

BETTER PRECISION, BETTER RESULTS

Dr. Hambright explained to Sherita how the da Vinci robot, guided by her hands, would allow for a better outcome and ease her recovery.

It's similar to laparoscopic surgery with two big benefits — enhanced 3D imaging and micro-precision instruments that are hinged instead of straight. The technology also leaves less scarring or adhesions that can lead to future problems, like hernias and bowel obstructions.

"It's like a sneak peek into the abdomen without opening it up wide," Dr. Hambright says. "It allows precise dissection with fewer instruments, which enables us to give patients minimally invasive surgery that gets them home that day and back to work in a few days."

Sometimes people assume the robot conducts the surgery, but that's not how it works.

"The robot is doing what the surgeon is doing," Dr. Hambright explains. "It's not like there's a button to press that says, 'Take out the gallbladder.'"

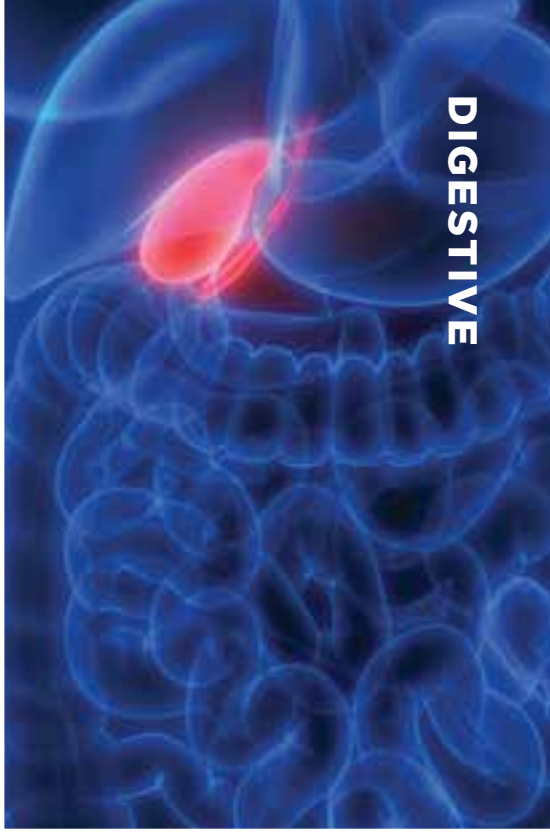
A RETURN TO NORMAL

When Dr. Hambright performed surgery on Sherita, she discovered the gallbladder was so inflamed that it had perforated her intestines and some of the tissue was dead. She removed the gangrenous tissue and sent it for biopsy. Luckily, the results were benign.

Meanwhile, Sherita has happily returned to work and doing normal activities, including spending time with her grandkids. She credits Dr. Hambright and the surgical team for her recovery.

"The people were really nice and took care of everything I needed," she says, "from the anesthesiologist and nurses to the procedure itself."





ABOUT GALLBLADDER DISEASE

The gallbladder is a small organ that receives bile from the liver and squeezes it into the small intestine to help digest fats.

Disease of the gallbladder is fairly common, afflicting up to 15% of American adults.

Women who are pregnant or have had multiple pregnancies are twice as likely to suffer gallstones as men of comparable age. This disparity evens out in older individuals as the frequency of gallstones increases with age.

In general, people who are more likely to get gallbladder disease include those who are female, pregnant, diabetic, obese, 40 or older, losing weight quickly, eating a high-fat diet, taking contraceptive pills, or undergoing hormone replacement therapy.

Learn more about robotic surgery options by searching "robotics" at MethodistHealthSystem.org.

As more people get vaccinated against COVID-19, **what does that mean for our social lives?**



WHAT'S SAFE (AND WHAT ISN'T) ONCE YOU'RE vaccinated



Millions of Texans have been vaccinated against COVID-19, and the state is ramping up to get more people protected each day.

So if you've already rolled up your sleeves and gotten your shots, you may be wondering, "Now what?"

First, it's important to remember you don't become automatically immune to COVID-19 after your first or even your second shot, says **Ed Dominguez, MD**, infectious disease specialist on the medical staff at Methodist Dallas Medical Center. To be considered fully vaccinated, two weeks must have passed since your last dose, or, in the case of the Johnson & Johnson vaccine, your single dose.

"It takes 14 days for your body to produce the antibodies needed for that kind of maximal immune response," he explains.

But once fully vaccinated, you'll benefit from a much lower risk of contracting COVID-19, as well as more freedom in your social life.

The Centers for Disease Control and Prevention now says fully vaccinated individuals can resume activities they enjoyed before the pandemic started, including meeting in small groups with other vaccinated people without the usual restrictions.

"Transmission is unlikely to happen between two vaccinated individuals, so they can be together in the same room without any need for social distancing or masks," Dr. Dominguez says.

What's more, getting vaccinated means you won't have to self-quarantine or get tested after being exposed to someone with COVID-19 unless you begin experiencing symptoms.

VISITING FRIENDS AND FAMILY

Fully vaccinated people can safely visit unvaccinated friends and family who are not at high risk for COVID-19. This is especially encouraging news for older adults missing their families.

"If you've been careful about your and your children's exposure to the community," Dr. Dominguez says, "then bringing grandparents who are fully vaccinated into the house is a reasonable thing to do."

The bigger concern is being in public or healthcare settings where you might be around people who are at greater risk of serious illness. Masks remain a must at hospitals and most other healthcare facilities, as well as mass transit hubs like airports.

"If you're around strangers and don't know their vaccination status, you should still wear masks and keep your distance," Dr. Dominguez says, "because you can't predict who will get sick."

No one is fully immune, even with the vaccine. All three authorized vaccines are highly effective against severe infections and hospitalizations, but positive COVID-19 tests among immunized people, while rare, can still occur, especially to those with compromised immune systems.

"It's very uncommon, but it can happen," Dr. Dominguez says. "So you have to continue to take precautions."

RESTAURANTS, GYMS, AND MORE

Social activities, such as eating at restaurants or going to the gym, are now considered safe for fully vaccinated people, according to the CDC. In fact, people who've gotten their vaccine can enjoy many of their pre-pandemic pastimes, including attending church, going to a salon, or stopping for drinks at the local bar.

If you miss going to sports games, concerts, or festivals, you'll be happy to know that attending crowded, outdoor events is also safe for vaccinated people.

But officials encourage everyone to respect the guidelines of the workplace or local businesses if they require masks or other preventive measures.

"If you're in a public place, you should still be following the usual guidelines," Dr. Dominguez says.





TRAVEL

After staying home for so long, many people will be excited to learn what the vaccine means for their travel plans. The CDC now says fully vaccinated individuals can travel domestically or internationally without the need for self-quarantine or testing unless their destination requires it.

That said, masks and social distancing are still a must because you will be in close contact with many strangers whose vaccination status is a mystery.

And before you book that plane ticket with your brand-new antibodies, bear in mind each state also comes with its own set of mandates and restrictions.

"We have to be respectful of our destination," Dr. Dominguez says. "If you're crossing state boundaries, you have to recognize that things may be a little bit different when you arrive."

LOOKING AHEAD

Immunization against COVID-19 is key to returning to our pre-pandemic lives. The goal is to get enough people vaccinated so we can stamp out new variants of the coronavirus.

"The more people we vaccinate, the less likely new variants of the virus will arise," Dr. Dominguez says. "If we cut off its path of transmission, it's essentially cornered and can't spread disease or mutate."

Getting vaccinated not only helps people protect themselves, but it can also protect those around them, especially children younger than 12 who are not yet eligible for any of the approved vaccines.

"There's a public health argument to be made that getting vaccinated is for the good of the community, your family, and yourself," Dr. Dominguez says.



Methodist Health System is now vaccinating adults and adolescents age 12 and up against COVID-19. Schedule an appointment at Vaccine.MHD.com/MyChart.

CARING FOR A COLLEAGUE WITH COVID-19

A cardiologist credits his co-workers at Methodist Charlton for saving his life after a bout with the coronavirus turned severe

There's an old saying that doctors make the worst patients. After all, they're used to giving the medical advice, not taking it.

But when a physician on the medical staff at Methodist Charlton Medical Center grew severely ill last fall, he knew right where he needed to be. Now he says he owes his colleagues his life.

Cardiologist **Viswanadham "Vishu" Lammata, MD**, found the usual roles reversed last November when he fell ill with COVID-19.

"I've taken care of hundreds of COVID-19 patients, but this was the first time the patient was a colleague," says **Stephen Mueller, MD**, pulmonologist on the medical staff of Methodist Charlton.

Dr. Lammata says he trusted his fellow colleagues because he's seen firsthand how dedicated they are to each and every patient they treat.

"It's not very often that doctors take care of their own," Dr. Lammata says. "From the moment I was admitted to Methodist Charlton, I had hope and never lost it."

INFECTION GETS WORSE

It was early November when Dr. Lammata first got sick. He struggled with a fever and shortness of breath before testing positive for COVID-19.

"My symptoms worsened substantially, so I knew I needed medical attention," Dr. Lammata says.

A hospital near the doctor's DeSoto home treated him with Remdesivir, convalescent plasma, and steroids, but his infection only intensified after he was discharged.

Dr. Lammata knew he wasn't improving the way he should, so he sought treatment in more familiar surroundings, Methodist Charlton. He was taken to the intermediate care unit, just one step below the intensive care unit.

"When he came in, he was very sick with extremely low oxygen saturation levels," Dr. Mueller says. "On his second night, the rapid response team was needed due to a drastic drop in his ability to breathe."

The staff discussed moving Dr. Lammata to the ICU and helping him breathe with a ventilator, but Dr. Lammata worked with his co-workers to come up with an alternative.

"One silver lining of being cared for by your colleagues is that you have a better understanding and insight into the treatment approaches," Dr. Lammata says. "My knowledge of my condition allowed us to come up with a path that worked for everyone."

FIGHTING FOR HIS HEALTH

Dr. Mueller and the rest of the team caring for Dr. Lammata decided to try a nasal high-flow oxygen therapy, a less invasive type of ventilator. Dr. Lammata remained on the machine for several days. During this time, doctors also tried a technique known as "proning" to help him.

"Proning is thought to distribute oxygen more evenly throughout the lungs and improve overall oxygenation in patients in respiratory distress," Dr. Mueller explains.

This is done by placing the patients on their stomachs, or in a prone position, for 16 to 18 hours, after which they are turned onto their backs for six to eight hours if their oxygen levels allow it.

"Dr. Lammata did an incredible job with this and worked very hard to tolerate all the treatments he knew were his best chances at regaining his health," Dr. Mueller says.

FINALLY TURNING A CORNER

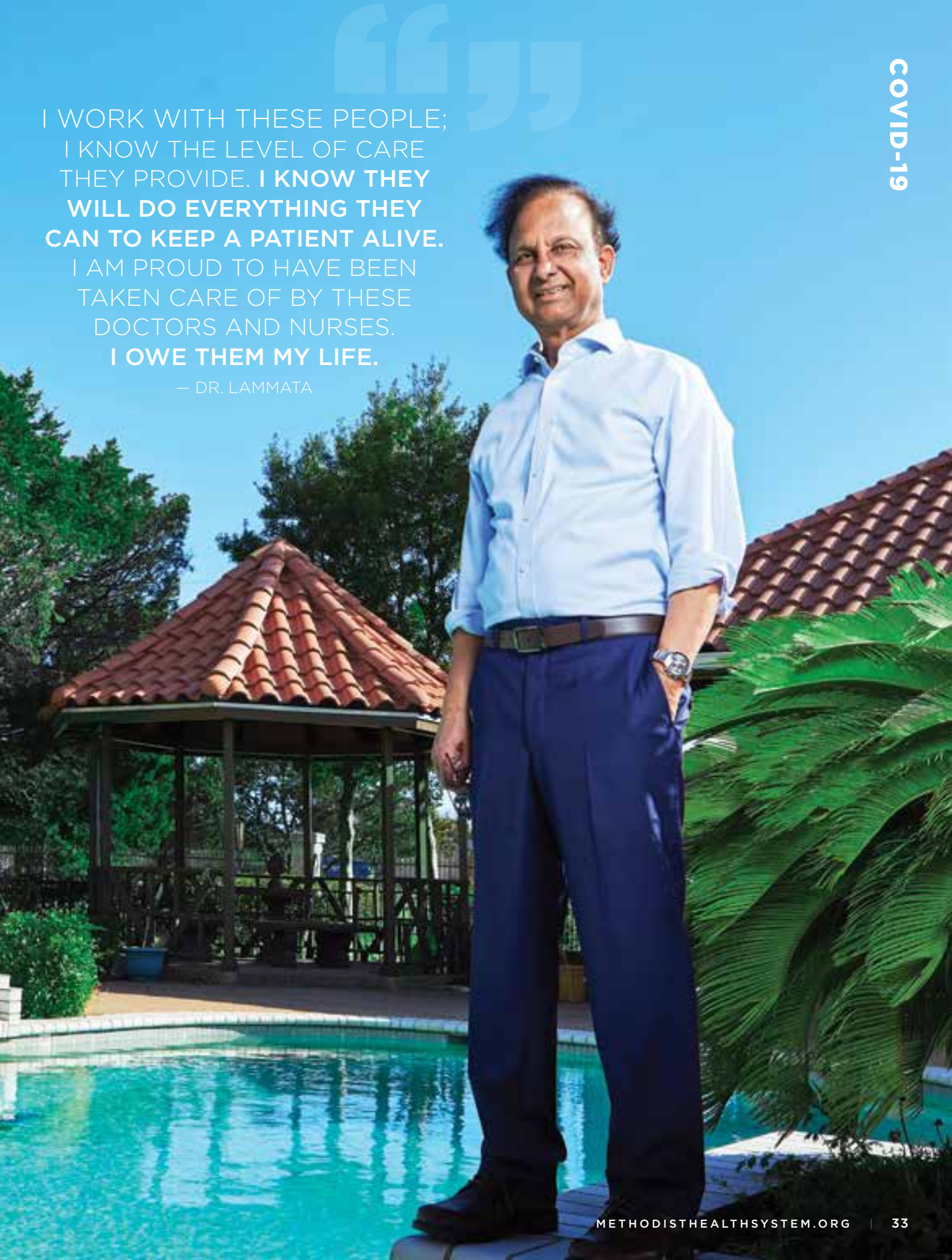
Nine days after being admitted in nearly critical condition, Dr. Lammata was able to go home, where he has fully recovered.

Looking back on his journey, he says he is grateful to serve alongside the healthcare workers who saved him.

"I work with these people; I know the level of care they provide," says Dr. Lammata. "I know they will do everything they can to keep a patient alive. I am proud to have been taken care of by these doctors and nurses. I owe them my life."

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





I WORK WITH THESE PEOPLE; I KNOW THE LEVEL OF CARE THEY PROVIDE. **I KNOW THEY WILL DO EVERYTHING THEY CAN TO KEEP A PATIENT ALIVE.** I AM PROUD TO HAVE BEEN TAKEN CARE OF BY THESE DOCTORS AND NURSES. **I OWE THEM MY LIFE.**

— DR. LAMMATA

Knee injury puts DANCING CAREER IN JEOPARDY

A Mansfield girl makes a quick recovery from serious knee damage after a bad landing at cheer practice



Mansfield High School sophomore Chloe Galvez has lofty goals for her career as a competitive cheerleader.

"I want to cheer for the rest of my life," she says.

That dream took a detour in November when she hyperextended her right knee doing a backflip. She said she was "kind of in shock" but jumped up like everything was fine.

To her coach, though, it was obvious Chloe had a serious injury.

So that evening Chloe's mom, Meghan, took the 15-year-old to the emergency department at Methodist Mansfield Medical Center, where X-rays showed some swelling. About a week later, she was back for an MRI with **John Harris, MD**, an orthopedic surgeon on the medical staff at Methodist Mansfield.

Dr. Harris told Chloe that her awkward landing had torn the medial meniscus on the inner part of her knee. She would need arthroscopic surgery.

EASIER FIX FOR TEENS

Each knee has two menisci, C-shaped cushions of cartilage that absorb stress between the femur (thigh bone) and tibia (shin bone) and stabilize your knee, Dr. Harris says. Not all meniscus tears require surgery, and they're more difficult to repair past age 20, he says. For older patients, trimming the damaged section is about the only option.

But Dr. Harris knew that the healthier tissue of someone young and athletic like Chloe makes for an easier fix and a more positive long-term outlook.

Hearing she needed surgery was tough for Chloe, whose competitive season was about to begin. She also had a Christmas performance coming up at the DeSoto dance studio her mother has owned since 2011. Dr. Harris told her she'd need to lay off doing what she loved for four or five months to allow her knee time to recover.

"He was very soft and gentle," Meghan says of Dr. Harris, "but at the same time, he was very clear" about Chloe's recovery time.

Chloe had her procedure on Dec. 7 at Methodist Mansfield. Dr. Harris used a less-invasive "all-inside" technique, inserting suture material and an anchor through an incision in front of the knee, then through the meniscus.

When the sutures are pulled, the anchor sets into place and the tear closes.

The surgical team placed three of these stitches into Chloe's right medial meniscus through three 1-centimeter incisions.

AS STRONG AS EVER

For six weeks, Chloe used a hinged knee brace, and her physical therapy lasted several months.

"It's definitely been a challenge going from cheerleading every day and dancing every day to just having to sit at home," says Chloe, the third oldest of seven children.

Dr. Harris believes that when Chloe returns to competition, her knee will be as strong as ever.

"The nice thing about these kids is they typically heal pretty well," he says. "If you have the right patient, the right care, the right injury type, and the appropriate indications, they'll do well."

Chloe's mother has only praise for the team at Methodist Mansfield for the care they gave the oldest of her four daughters.

"I thought they just did a really good job of making sure we were all comfortable and getting her in quickly so she could get on the road to recovery," she says.

Take a free joint health risk assessment at MethodistHealthSystem.org/JointHRA.



It’s time to stop putting off your health.

At Methodist, we know people across our community are putting off regular checkups, skipping vital screenings and ignoring nagging symptoms. And they’re putting their health at risk. That’s why we’re here to remind you that our exceptional staff is ready with the latest diagnostics, advanced screening procedures and safety protocols in place to help keep you safe. Early detection and ongoing care can make all the difference. Don’t put off your health another day.

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Methodist HEALTH SYSTEM

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WHEN A PAIN IN THE NECK SIGNALS SOMETHING DEADLY

When Dale Parker awoke with a crick in her neck, she never imagined she'd be on her way to the ER at Methodist Dallas that same day

For many of us, it's not unusual to wake up with a crick in your neck, but for Dale Parker, that pain was a warning sign for a potentially life-threatening hemorrhage in her spine.

When Dale woke up in the early hours of Jan. 13, the 70-year-old Granbury resident brushed off the stiffness in her neck as a run-of-the-mill muscle ache. She applied some analgesic cream to relieve the soreness and went back to sleep.

"About 30 minutes later, I woke up with the most unbelievable pain in my neck that I've ever had," Dale recalls. She soon noticed she was losing feeling in her left arm and leg.

Dale was rushed to the local emergency department where it was revealed she suffered a spontaneous spinal epidural hematoma, meaning a blood vessel in her neck had ruptured, and the blood was compressing her spinal cord, causing pain.

She would need spinal surgery immediately.

A METHODIST CONNECTION

Dale knew exactly which surgeon she wanted to help her. She asked the doctor to contact **Nimesh Patel, MD**, neurosurgeon on the medical staff at Methodist Dallas Medical Center — a hospital more than an hour's drive from her Granbury home.

"I told him the only neurosurgeon I want to see is Dr. Patel," Dale says. "He helped me with an unrelated spinal surgery three years ago, and I have such great faith in that man."

Dale also had another connection to Methodist Dallas: All three of her children were born there. She says it was serendipitous that she ended up meeting Dr. Patel three years ago.

"A friend referred me to him, and I had no idea he was associated with Methodist," she says. "I remember walking into his office that first time. He just has this way about him that makes you feel like everything's going to be OK."





> I HONESTLY BELIEVE THEY **SAVED MY QUALITY OF LIFE.**
> — DALE PARKER

A RARE CASE

Paramedics drove Dale to Methodist Dallas while hospital staff notified Dr. Patel, who was called in around 1 a.m. Staff briefed him, and imaging scans showed blood pooling along the C3 and C4 vertebrae near the top of her neck.

"To have a blood clot in that area, it's very high risk for a couple of different reasons," Dr. Patel explains. "One, it can cause paralysis, and two, it can affect your diaphragm, the muscle that controls your breathing. It's only a matter of time before the swelling starts to impede your ability to breathe."

This injury is more typically seen in trauma patients or people who have recently undergone surgery on or near their necks.

"Cases like Dale's are rare because this doesn't usually happen spontaneously," Dr. Patel says. "But the tell-tale sign here is the muscle weakness she experienced. That's indicative of an issue in the upper spinal cord or brain."

Because time was of the essence, Dr. Patel says, it really mattered how swiftly the medical staff moved. Once he started working, it took about 30 minutes to completely remove the clot and relieve the pressure.

"This is just one of the countless nights where we followed our coordinated plan to take care of the patient," he says. "If you have an emergency, just know that Methodist Dallas is a hospital here for the community, and we know how to take care of you."

HOME IN A FEW DAYS

Dale's surgery was a success, and she began to make a speedy recovery. With some assistance, she regained her mobility quickly and was soon moving around in and beyond her hospital room. Within three days of her surgery, Dale had returned home to Granbury with her husband, Tommy, and their children, who had come to help.

"I didn't even need a home health nurse," says Dale, who is feeling stronger each day.

She and Tommy try to take half-mile walks when they can, and she no longer needs a walker. Follow-up doctor appointments have confirmed that Dale's recovery is on the right track.

She credits Dr. Patel and his team for the high level of care she received that night.

"I honestly believe they saved my quality of life," she says.

Emergencies can't wait. Learn more about ER and trauma care at MethodistHealthSystem.org.



COMFORT FOOD THAT NURTURES THE BODY AND SOUL

Try these savory substitutes the next time you fix your own Tex-Mex and soul food recipes

Dieters who have resolved to live a healthier lifestyle may think they need to swear off traditionally carbohydrate-heavy comfort foods like Tex-Mex.

Not so fast, says **Abby Read, MS, RDN, LD**, a wellness coach and program coordinator at Methodist Dallas and Methodist Charlton Medical Centers.

"Healthier, down-home cooking is all about making small tweaks to your favorite comfort foods," Read says. "You still get to enjoy the savory flavors in the meals that you love but with less fat and refined carbohydrates," she says.

Serve up a Mexican menu without any regrets with just a few low-carb swaps. And don't worry, Read says. "Even when it's low-carb, Mexican food can be fun and delicious!"







TEX-MEX

LOW-CARB CHIPS

Making your own tortilla chips might sound overly ambitious, but it's quite easy — either using store-bought corn tortillas or, if you're more industrious, after making your own almond flour tortillas (see below).

"Creating low-carb chips doesn't require that many steps," says Read. "It's actually really simple and you'll be able to control how much salt, oil, and calories go into your snack."

For premade tortillas, all you need to do is cut your tortillas into small triangles, sprinkle olive oil and salt over the triangles, and place them in the oven/air fryer at 400 degrees for six minutes.

ALMOND FLOUR TORTILLAS

You don't have to be a professional to make homemade tortillas, but you may have to visit your local health food store to snag some of the necessary ingredients.

If you want a gluten-free version, try using almond flour. It's high in protein, low in carbohydrates, and contains fiber and vitamin E — a powerful antioxidant.

A few extra steps are needed to make your own tortillas, but they're the perfect low-carb substitute for the tortillas that usually come with your fajita plate.

JICAMA TORTILLAS

If you're not the "do-it-yourself" type, jicama tortillas are a great premade alternative available at many grocery stores.

Jicama is a root vegetable also known as a Mexican turnip. It's packed with fiber and dense in nutrients, which can help improve heart health. Even better, two jicama tortillas contain only 15 calories and 3 grams of carbs.

Jicama tortillas pair well with fajitas, tacos, enchiladas, and flautas.



SOUL FOOD







Soul food is a staple cuisine in the South that helps connect Black communities with their African roots.

Rich in spice and flavor and steeped in history, these meals are traditionally high in saturated fats and carbohydrates. But when your health is the top priority, traditions are meant to be broken.

SHRIMP AND GRITS

This trendy brunch favorite serves up a buttery and cheesy mix that's rich in iron. But anyone watching their carbohydrates should steer clear of the grits, a cornmeal porridge that contains around 180 calories and 40 grams of carbohydrates per serving.

Cut those numbers in half by substituting ground cauliflower for the traditional grits.

"Once you grind the cauliflower down into a rice-like size, you'll notice that its texture is very similar to the grits you're replacing, and it provides more fiber than grits," says Read.

CATFISH

Fried catfish is a classic dish in the South. Packed with protein and omega-3 fatty acids, the fish itself doesn't have a high number of calories. Again, it's the batter and oil that are the problem.

Cut the calories and carbohydrates with this dish by using almond flour as your batter's base and cooking the fish in the air fryer to eliminate the oil.

MAC AND CHEESE

A great way to make this gooey side dish more nutritious is to switch out traditional noodles for something high in protein and fiber.

"Pasta noodles made from chickpeas are rich in protein," says Read. "The amount of fiber it provides makes it valuable compared to a regular noodle."

A good way to add nutrition to your meal is to substitute a vegetable noodle, like spiral zucchini. It will also give your digestive system a boost and reduce blood sugar levels.

Search for recipes and other nutrition tips at ShineOnlineHealth.com.





Back pain may be inevitable for most of us, but there are many options for managing the symptoms

WITH BACK PAIN, *surgery should be* THE 'LAST RESORT'

Back pain is the single leading cause of disability worldwide, the most common reason Americans miss work, and a near-certainty for 80% of the population, studies show.

It's no wonder such a drag on our quality of life drives so many patients to seek out invasive solutions like surgery. But experts say that shouldn't be the first choice.

"You want to exhaust all the conservative treatments first. That's the standard of care," says **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Health System. "Surgery is a last resort."

The first instinct for many people may be to grimace and bear it.

That, too, is the wrong approach, says **Shaun Garff, DO**, sports medicine specialist on the medical staff at Methodist Charlton Medical Center.

"People who come to that mindset, they're at a loss. They don't know what else to do," Dr. Garff says. "But there's always something you can do. It's just a matter of finding what that is."

Identifying that solution is Dr. Garff's and Dr. Graham's specialty, and both agree that our quality of life depends on a healthy back.

"You only get one back," Dr. Garff says. "You can replace your knee, your shoulder, or your hip. You can't replace your back. You've got one shot at this."

So here are a few options, from stretching and core exercises to medications and dietary changes, and finally, surgery.

RELAX, THEN REHAB

Back pain can be caused by any number of conditions: lumbar arthritis, bulging or herniated discs, and even spinal stenosis — a narrowing of the spinal canal that usually causes pain in the legs, too.

Much of the time, however, the problem isn't structural. It's a strained muscle, tendon, or ligament. That's why the first step isn't to stretch, but simply to relax.

"If your muscles are tense and you have a lot of pain, it's really hard to exercise and stretch. So you've got to relax first," Dr. Garff says.

There are several ways to get back muscles to relax: applying a heating pad or a cold pack, meditation, massage therapy, acupressure, or simply a warm bath.

The next step is to get moving, first by stretching and then through exercise, Dr. Garff says.

"Movement encourages blood flow and flexibility," he says. "Those are the things that allow your body to begin healing, decrease inflammation, and reduce the pain."

When Dr. Garff encourages his patients to strengthen their core, he's not asking them to work out at the gym or sweat through a brutal set of crunches, which will only worsen the pain.

"It's daunting to think 'I've got to do core exercises and my back's hurt,'" he says. "Find your five or 10 minutes to relax and exercise your back every day. You'd be amazed at what that will do for you in the long term."

MEDICINE AND DIET

Patients often reach for over-the-counter and prescription medications first when they experience backaches or muscle spasms, but drugs only provide short-term fixes without addressing the root of the problem.

Many even bring complications of their own with unwanted side effects. For example, overusing NSAIDs — nonsteroidal anti-inflammatory drugs — can lead to ulcers or kidney damage, while muscle relaxants can cause drowsiness.

Prescriptions like oxycodone and hydrocodone can address the pain, but dependence and addiction are major concerns.

Weight loss is another option to manage back pain because being overweight or obese puts more stress on the spine and raises the risk of back problems. Those who carry extra weight in their midsection are especially prone to back issues because their center of gravity strains back muscles and the other connective tissues that support the spine.

Making simple dietary changes and resolving to eat less and eat healthier can relieve some of the burden on your back and make exercise less intimidating.

SPINAL FUSION

For the minority of patients who do need surgery, Dr. Graham groups them into two categories: decompression and fusion.

The more extreme option, spinal fusion, essentially creates a solid unit from two or more vertebrae to stabilize the spine after a disc is removed or when arthritis or a fracture weakens the spine.

"With decompression, you're taking stuff out," Dr. Graham explains. "With fusion, you're actually leaving an implant."

These screws, rods, or plates work together with bone or bone-like implants placed between the bones to encourage the vertebrae to grow together so there's less movement in the spine.

Expect this surgery to require two or three days in the hospital, potentially followed by several months for the bones to fuse together. Patients may also require physical therapy to learn how to walk, sit, and stand while keeping their newly fused spine properly aligned.

Fusion can be an effective treatment and generally relieves symptoms in the short term, but it also tends to be a temporary fix. That's because the vertebrae around the fused section will suddenly be under increased stress.

What's more, surgery won't cure osteoarthritis, the degenerative illness often responsible for the problem. The bottom line, Dr. Graham says, is to understand all your options before rushing into surgery to solve your pain. After all, you only have one back.

"I'd rather have 15 patients all doing really well than have 30 who had surgery for the wrong reasons," he says. "To me, that's not a success."

Take a free back pain health assessment to help identify your risk factors at MethodistHealthSystem.org/SpineHRA.

WHEN IS SURGERY THE ANSWER?

If a more conservative strategy offers no relief, it may be time to consult a neurosurgeon like Dr. Graham, who will conduct a patient interview and a series of physical exams to diagnose what's causing the pain.

Just don't expect surgery to be his first choice.

"A very small percentage of the causes of back pain get better after surgery," he says. "The No. 1 cause for failure in any kind of back surgery is the operation being done for the wrong reasons."

Decompression surgeries, such as laminectomies and discectomies, relieve pressure on the spine caused by degenerative arthritis, spinal stenosis, or a bulging or herniated disc.

"You're taking bone away that's pinching nerves," Dr. Graham says.

He says most operations like these are minimally invasive, take only about an hour, and allow the patient to go home the same day.

DOUBLE TROUBLE
NO MATCH
for this NICU team

A mother with preemie twins found a second family in the nurses who cared for her babies "like they were their own"

Last fall, Ashley Donnell had barely begun her third trimester with her twins when she woke up cramping.

A month earlier Ashley had been placed on steroid treatments because she was already dilated. So she wasn't about to take any chances that November morning and made an appointment at her OB-GYN's office.

"I thought I'd go in for my appointment and they'd be like, 'You're OK; let's just watch you,'" Ashley says. "Boy, was I wrong."

About seven hours later, her sons were delivered at Methodist Mansfield Medical Center. Most twins come four to six weeks early; Ashley's arrived 12 weeks ahead of schedule.



ENTERING THE WORLD TOGETHER

That evening Malik — all 2 pounds, 11 ounces of him — made his debut. His brother, Myles — weighing in at 3 pounds, 2 ounces — was delivered a minute later.

The fraternal twins were sent to the hospital's leading-edge, 16-bed neonatal intensive care unit (NICU). Ashley and their dad, Mario Mouton, saw them for the first time a day later.

"They were just there, tiny and wonderful," she says.

Ashley stayed in the hospital for three days, spending as much time as possible with her babies.

Her doctor, **Robert S. Krombach, MD**, OB-GYN on the medical staff at Methodist Mansfield, witnesses that close relationship between families and nurses every day and finds it inspiring.

"Our nurses and staff in labor and delivery and in the NICU are some of the best I've ever worked with," he says. "We are so lucky to have them."

His associate **Heather J. Havener, MD**, a fellow OB-GYN on the medical staff at the hospital, agrees. From pregnancy through birth and beyond, she says, Methodist Mansfield has an "amazing team in women's services. Nurses, lactation specialists, physicians, social workers, techs, managers — we all work together and always put the patients first."

Jordyn Gary, RN, was part of the team of nurses caring for the Mouton boys.

"The whole family was easy to fall in love with," says Jordyn, who came to Methodist Dallas Medical Center NICU in 2017.

"Our whole goal is to make families feel comfortable, so they know that when they can't be with their babies that their babies are being taken care of."

When Ashley talks about Myles' and Malik's six weeks at Methodist Mansfield, her appreciation for everyone who cared for her and her babies is evident.

"The nurses explained everything going on," she says. "The doctor would call me every morning to tell me what tests had been run and what the results were. There were no holes, no gaps, and they were happy to answer questions. The staff cares for your babies like they were their own.

Jordyn remembers the first time Mario was allowed to hold the babies.

"He was nervous but so excited," she says. "They were both so loving and so sweet. Oh, my gosh, they love those boys so much."

'AN EMOTIONAL SEND-OFF'

By late December, the twins were doing well enough to be released more than a month ahead of their original due date in February. It was an emotional send-off, for the nurses and family alike.

"The hospital let us pick them up at 7 p.m. so we could see both shifts of the nurses who had cared for them," Ashley says. "You're trying not to cry; they're trying not to cry."

While saying goodbye was tough, Ashley is grateful her babies are home and that they're healthy.



And although months have passed, she cherishes her memories of that special time in the NICU.

"I can't say enough good things about our experience there," she says. "I loved it. I loved it."

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



IN THE COMMUNITY

METHODIST DALLAS MEDICAL CENTER



FOOD PANTRY FOR PATIENTS AT GOLDEN CROSS CLINIC

In response to increased food insecurity in our community, the Methodist Dallas Medical Center Golden Cross Academic Clinic opened a food pantry for patients in January. A month-long food drive organized by physician residents from the OB-GYN program and staff at Methodist Dallas gathered 1,850 food items and $350 in donations — a testament to their generosity and commitment to helping the community.



COFFEE BUS PUTS A PEP BACK IN STAFF'S STEP

Sometimes a little pick-me-up is just what the staff at Methodist Dallas needs. And we count on regular visits from the Bubble Bus Co. to brighten our day. Staff members enjoyed a variety of beverages, sponsored by friends from the Novel Bishop Arts apartment complex and Brewed coffee shop. The bus has visited the campus several times so far, giving even the busiest of workers a chance to grab a drink and go back to their units.





CLINIC DELIVERS VACCINE TO TEACHERS IN RICHARDSON ISD

Faculty and staff members from Richardson ISD rolled up their sleeves to get the COVID-19 vaccine at a spring clinic held by Methodist Richardson Medical Center. "We are a proud community partner with Richardson ISD," says Methodist Richardson President **Ken Hutchenrider, FACHE**. "We are so pleased to have been able to provide this service for our district and our community."

METHODIST RICHARDSON MEDICAL CENTER

HOSPITAL MARKS MAJOR MILESTONE IN ROBOTIC SURGERY

Methodist Richardson Medical Center celebrated a major milestone in its robotic surgery program, performing its 3,500th minimally invasive procedure using its three da Vinci Surgical System® robots. The surgical robots are used primarily for gallbladder, gastrointestinal, general, gynecologic, pancreatic, thoracic, and urological procedures.

STATE'S SEAL OF APPROVAL RECOGNIZES MATERNAL CARE

The Department of State Health Services has awarded Methodist Richardson a Level III Maternal Designation. Texas is one of the first states to rate hospitals for maternal care, and the hospital is honored to be recognized for the quality and comprehensive care it delivers to mother and baby.



METHODIST CHARLTON MEDICAL CENTER

CLINICS BRING VACCINE TO THOUSANDS IN BEST SOUTHWEST

In cities across southern Dallas County, Methodist Charlton Medical Center brought the COVID-19 vaccine to the doorsteps of thousands of residents. Four popup clinics were held in partnership with school districts in Cedar Hill, Duncanville, DeSoto, and Lancaster. Staff administered about 1,000 shots at each location. Many of these neighborhoods have no public transportation, so the popup clinics removed barriers and increased access to the lifesaving vaccine.



NEW ONCOLOGY UNIT OFFERS A LIFELINE FOR CANCER PATIENTS

A ceremony was held in May to debut the new Dr. Stephen and Marilyn Mansfield Oncology Unit at Methodist Charlton. The 12-room unit has brought cutting-edge cancer care closer to home to up to 700 patients annually. "Cancer is a real issue in the southern sector of Dallas," says Methodist Charlton President **Fran Laukaitis, MHA, BSN, RN, FACHE**. The unit was made possible by a $3.5 million capital campaign led by the Methodist Health System Foundation.







METHODIST MANSFIELD MEDICAL CENTER

MANSFIELD WOMEN'S CLUB HOSTS SPRING CHARITY SHOW

The Mansfield Women's Club stepped out in style at their spring style show, sponsored by Methodist Mansfield Medical Center. The style show at Walnut Creek Country Club raised funds to support women and children and community charities. Methodist Mansfield President **Juan Fresquez Jr.** served as master of ceremonies to the 150 guests who helped make the event a success.

ICU NURSES WIN ALL-PRO AWARD FOR COVID-19 CARE

The ICU team at Methodist Mansfield won an All-Pro Nursing Award from the American Nurse journal for their communication, leadership, and responsiveness during the pandemic. The ICU nurses were instrumental in creating the COVID-19 unit and became surrogate family members for patients, comforting them and sharing information about care with loved ones who could not enter the unit.



METHODIST MIDLOTHIAN MEDICAL CENTER

BOOK DRIVE PROMOTES LITERACY FROM DAY ONE

Midlothian High School and Methodist Midlothian have partnered together to help boost literacy education through the hospital's "Read to Me" program for infants. Midlothian ISD staff and students collected 300 new books to donate to patients with newborns in the Women's Services Department. The goal is to promote the importance of families reading together.

NEW PROFESSIONAL OFFICE BUILDING OPENS IN MIDLOTHIAN

Staff and physicians have a new 40,000-square-foot home that debuted in May with the opening of the new Professional Office Building at Methodist Midlothian. A small group of physicians and local leaders gathered for a ribbon-cutting ceremony to commemorate the opening of the two-story facility, which will house Methodist Midlothian Family Health Center, the Midlothian ISD Express Care Clinic, Texas Oncology, and several specialists.



TEXAS TECH NURSING SCHOOL FINDS A HOME AT METHODIST MANSFIELD



The satellite campus opens this fall, a team effort that's years in the making

METHODIST HEALTH SYSTEM (MHS) is partnering with Texas Tech University to open a satellite nursing school at Methodist Mansfield Medical Center — Texas Tech's first such venture in Tarrant County.

The COVID-19 pandemic provided a reminder of just how important nurses are, and the new school will help address a nursing shortage in North Texas.

"We are excited to be building a talented pipeline of nurses here in our community to continue our efforts in delivering high-quality care to patients," Methodist Mansfield President **Juan Fresquez Jr.** said at an April ceremony announcing the new school.

Methodist Mansfield will be home to a satellite campus for the Texas Tech University Health Sciences Center (TTUHSC) School of Nursing, where 20 junior BSN students from the Dallas-Fort Worth area will continue their studies in the fall.

The City of Mansfield collaborated with MHS to attract the new campus, a joint effort that is several years in the making.

"The City of Mansfield continues to benefit from its relationship with Methodist Mansfield Medical Center," Mansfield Mayor Michael Evans said. "These students will join other healthcare professionals in Mansfield as allies in building a healthier city."

City Manager Joe Smolinski said the city's $1.9 million investment in the project illustrates the importance Mansfield places on the Methodist–TTUHSC alliance.

"Since its opening in 2006, Methodist Mansfield has played a significant role in our local economy," Smolinski said. "With numerous medical and healthcare businesses locating in Mansfield over the last 14 years, our city is now seen as a leader in the region and state for an industry that continues to expand and grow."



Now in its 40th year, Texas Tech's School of Nursing currently offers traditional BSN programs in Lubbock, Odessa, and Abilene. It's nationally accredited, and *Nursing Schools Almanac* ranked the School of Nursing among the best nursing schools in the state and nation.

Lori Rice-Spearman, PhD, president of TTUHSC, said Texas Tech leaders were thrilled to create a new avenue to meet the critical need for new nurses.

"Thank you to the city of Mansfield and Methodist Health System for inviting us to join efforts in the delivery of healthcare in your community," she said.

Learn more about the Texas Tech School of Nursing by visiting ttuhsc.edu/nursing.

Methodist CHARLTON

We're in your neighborhood



MEDICAL CENTERS

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3500 W. Wheatland Road
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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 Cedar Hill
950 E. Belt Line Road
Suite 150
Cedar Hill, TX 75104
972-291-7863

6 Midlothian
979 Don Floyd Drive
Suite 124
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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To find a gastroenterologist, please call 877-637-4297.



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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.