SHINE



Couple sheds nearly 300 POUNDS WITH WEIGHT-LOSS SURGERY

4 things to know about HORMONE REPLACEMENT THERAPY

Why you shouldn't wait TO SEEK EMERGENCY CARE

IS **PLANT-BASED MILK** *Right* FOR YOUR **FAMILY?**

Methodist DALLAS

YOUR HEALTHY LIVING MAGAZINE | **WINTER 2020**



After a traumatic cycling accident, Professor Bob Kaiser's emergency brain surgery was overseen by a familiar face — his student.

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SHINE

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See what our ER staff is doing to **keep you safe during the pandemic and beyond.**

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4 HORMONE REPLACEMENT THERAPY: things to know

For women entering their late 40s or early 50s, menopause is the end of an undeniable transition marked by mood swings, hot flashes, night sweats, sleep problems, and changes in metabolism and libido

Your Methodist OB-GYN can help

> WE ARE LIVING EXTREMELY LONG LIVES NOW COMPARED WITH OUR ANCESTORS, AND SUFFERING FROM MENOPAUSAL SYMPTOMS FOR A SIGNIFICANT PORTION OF THAT LIFE IS UNNECESSARY. **DON'T BE AFRAID TO LOOK INTO YOUR TREATMENT OPTIONS.**
>
> — DR. THERESA PATTON

There are ways to relieve the symptoms of menopause. Many women have found hormone replacement therapy can alleviate their worst discomfort, says **Theresa Patton, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center.

"We are living extremely long lives now compared with our ancestors, and suffering with menopausal symptoms for a significant portion of that life is unnecessary," Dr. Patton says. "So, don't be afraid to look into your treatment options."

1. ESTROGEN INFLUENCES MANY FUNCTIONS

Estrogen, the primary female sex hormone, is known for its role in healthy sexual and reproductive development. But it also protects bone health, regulates cholesterol levels, and interferes with damaging free radicals, according to the Cleveland Clinic.

"Estrogen is an important hormone that affects nearly all tissues of the body, as well as the breasts, vagina, brain, skin, and more," Dr. Patton says.

As women age and stop menstruating, their bodies produce less estrogen. Low estrogen can cause many of the symptoms associated with perimenopause, including hot flashes, trouble sleeping, vaginal dryness, low libido, and dry skin. Estrogen therapy can correct these issues.

It may also be beneficial in other ways, such as maintaining strong bones, Dr. Patton explains, although that's not its primary use. Some studies suggest estrogen can help prevent vascular disease and dementia, but the data is mixed and depends on each person's health condition.

2. RISKS VARY FROM PERSON TO PERSON

Hormone replacement therapy can increase risks of blood clots and heart attacks for some patients, depending on the dose, timing, and type of treatment, Dr. Patton says.

According to the Mayo Clinic, hormone replacement therapy primarily helps women younger than age 60 and those who start treatments within 10 years of experiencing perimenopausal symptoms. For them, the benefits may outweigh the risks.

Another concern patients often mention is breast cancer, Dr. Patton says. One study conducted by the Women's Health Initiative found an increased risk of breast cancer with hormone replacement therapy.

That study refers to a specific treatment involving estrogen and another hormone, progesterone, Dr. Patton says. Progesterone is sometimes used in combination with estrogen to lower the risk of uterine cancer.

An updated analysis has since found taking estrogen alone does not increase the risk of breast cancer.

"What we've learned since that study is that using a lower dose of estrogen for a shorter amount of time is safe for most women," Dr. Patton says.



YOUNGER THAN

60

Hormone replacement therapy primarily helps women **younger than age 60 and those who start treatments within 10 years of experiencing menopausal symptoms.**

3. NOT ALL MEDICATIONS ARE MADE EQUAL

Hormone replacement therapy comes in many forms: creams, injections, patches, and pills. Their formulas also vary, and your body can react differently depending on which you use.

Many healthcare providers offer an estrogen pellet that contains traces of testosterone, which may be beneficial for a small percentage of women by preserving bone density, muscle mass, and libido.

"My experience is that these pellets contain too much testosterone, causing women to have testosterone levels as high as men," Dr. Patton says. "This has many health risks associated with it, especially heart attack."

It's more difficult to control the dose of these pellets, too. They may also raise estrogen to unhealthy levels, putting women at higher risk for blood clots in the legs or lungs.

4. BE INFORMED AND GO SLOW

Whether hormone therapy is the right choice for you also largely depends on your personal health condition.

"Definitely go over your needs and concerns with your doctor," Dr. Patton says.

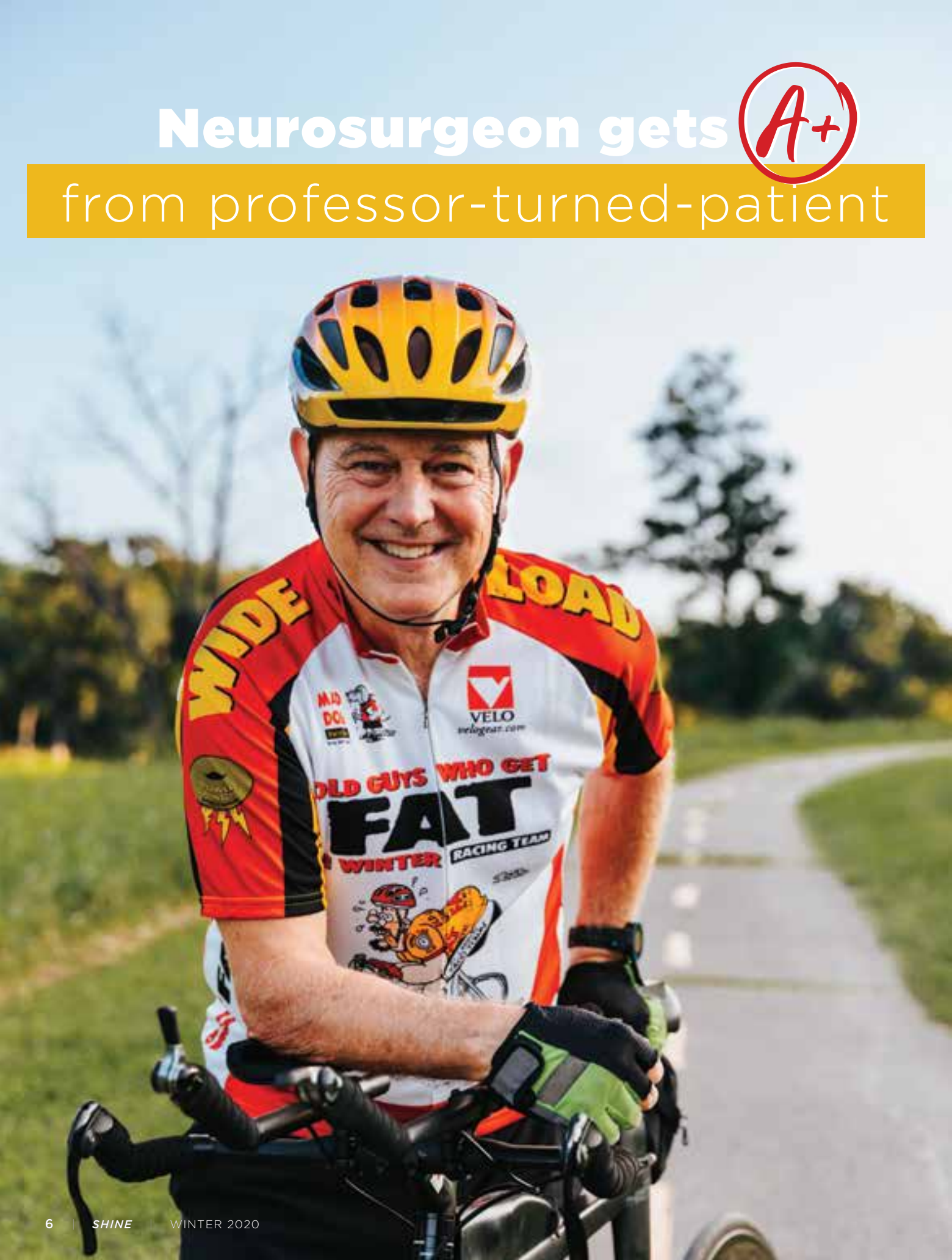
If you do decide on it, it's best to start on the lowest dose possible and for the shortest amount of time.

"I tell patients constantly that a short time for hormone replacement therapy is five to 10 years," Dr. Patton says. "That will help them gently get past the symptoms they experience during that transition into menopause."

Find the answers to your women's health questions under the "Learn" tab at ShineOnlineHealth.com

Neurosurgeon gets A+

from professor-turned-patient



Professor Bob Kaiser told his star pupil that if he ever needed a brain surgeon, "You're the guy" — words that would become prophetic after a cycling accident

Professor Bob Kaiser is used to working with some of the top physicians from across the country as head of a healthcare master's degree program at UT Dallas.

But it wasn't until the avid bicyclist was nearly killed by a car that he sought medical help from one of his students.

Bob had gotten to know **Nimesh Patel, MD**, inside the classroom and quickly learned he's a neurosurgeon and executive medical director at Methodist Dallas Medical Center. Dr. Patel had offered to provide a consultation to Robert's older brother, who suffered a cerebral hemorrhage in the spring.

"At one point, I even said to him, 'If I ever need a brain surgeon, you're the guy,'" Bob says.

That pronouncement became prophetic in May when a casual bike ride with friends quickly turned sideways. The 67-year-old was crossing a busy intersection in Richardson when he plowed into a moving car.

"We were going down a street named Lookout, of all things," he says. "I was following one of my friends, and the light changed. The next thing I remember is waking up with a first responder at my side."

'WE'LL TAKE CARE OF YOU'

Bob had struck the vehicle so hard, he knocked off a side mirror where he hit his head.

"My chest and my right arm crashed into his car door and put a pretty good-sized dent in it," he says. "A little faster and I probably would have been run over."

Bob was rushed to a local emergency room where doctors determined his arm was swollen, but not broken. They also found some minor bleeding in his brain but assured him that the injury would heal on its own.

Bob took it easy for a couple of weeks before picking things back up with his running and biking buddies. But pretty soon, he began experiencing double vision and awkward movement in his right leg, which prompted his optometrist to recommend an MRI in late July.

"I was sitting down to dinner with my family on the day of the MRI when the doctor called me back with the scan results," Bob says. "He told me I needed emergency brain surgery."

Bob hung up the phone and knew who he wanted to help him. Around 6 a.m. the next day, he forwarded the scans to Dr. Patel, who is still a student in his class at UT Dallas, and got a call back within a few minutes.

"He said, 'Have your wife drop you off at Methodist Dallas. We'll take care of you,'" Bob remembers.

EMERGENCY SURGERY

Dr. Patel says he immediately recognized the issue when he saw Bob's scans.

"It's called a subdural hematoma, and it's caused by trauma," he explains. "A normal MRI would show the two halves of the brain fully expanded against the skull. In his case, he had blood that layered on top of the brain on both sides, and that was putting pressure on it."

A vein was torn during Bob's initial accident, Dr. Patel says, and the bleeding only got worse as Bob returned to his active lifestyle. Anti-inflammatory medications that he was taking for aches and pains exacerbated the problem.

If untreated, subdural hematomas are life-threatening, Dr. Patel says. But even as alarm bells were ringing for the neurosurgeon, he calmly directed Bob to the Methodist Dallas emergency room where he greeted his professor-turned-patient and ushered him to surgery.

Dr. Patel performed a craniotomy and drained the excess fluid before closing the skull and sending Bob on his way to recovery.

"The nursing staff was just remarkable," Bob says. "The surgery was on Tuesday, and I was home Thursday afternoon."

> THE NURSING STAFF WAS JUST REMARKABLE. **THE SURGERY WAS ON TUESDAY, AND I WAS HOME THURSDAY AFTERNOON.**
>
> — PROFESSOR BOB KAISER

BACK IN CLASS

If anyone doubted whether Bob would teach the next class, they needn't have worried.

Barely out of the operating room, he was already feeling well enough to reassure his students and colleagues in a self-recorded video.

"He was back to teaching our class online that next Monday," Dr. Patel says.

Bob even took the opportunity to incorporate his story and his star pupil into his lesson plans on business principles.

"There are a lot of things I've done for an A," Dr. Patel jokes. "But this one takes the cake."

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



This artist rendering offers a glimpse into the emergency department expansion at Methodist Charlton Medical Center, scheduled to break ground in 2021.

HOSPITALS TAKE COUNTLESS PRECAUTIONS TO PUT YOUR SAFETY FIRST

While the pandemic has made going to restaurants, bars, and movie theaters more risky, experts agree there's one place you shouldn't hesitate to visit: the hospital

Since last spring, experts at the Centers for Disease Control and Prevention (CDC) have seen an alarming decline in the number of emergency room visits. Doctors are concerned that fear of contracting COVID-19 is preventing people from seeking potentially life-saving treatments for heart attacks, strokes, aneurysms, and other emergencies.

"The hospital has taken effective steps to protect everyone," says **Jeff Butterfield, MD**, medical director of the emergency department at Methodist Charlton Medical Center. "If you have COVID-19, we know how to treat you. And if you don't, we've got all the precautions in place to help keep you safe."

TAKING PRECAUTIONS

When the pandemic began, Methodist Health System hospitals prepared every department for potential surges in patients, including the emergency department, which treats all manner of ailments and injuries.

Everyone is screened at the hospital door for possible symptoms of COVID-19, and all patients are tested for COVID-19 before they're admitted.

For everyone's safety, Methodist Health System hospitals are limiting visitors

Medical staff are garbed in personal protective equipment to minimize potential exposure.

Hospitals have also expanded the capacity of their emergency rooms to keep COVID-19 patients sequestered. Negative air-pressure rooms have been installed to prevent airborne viral particles from escaping, and more are ready if needed, Dr. Butterfield says.

What's more, maintenance workers are ready at a moment's notice to deploy movable walls to construct new units for an overflow of patients, and environmental services staff have been invaluable in sanitizing public areas and private rooms.

"If you have a medical issue or injury, you're safe at Methodist," Dr. Butterfield says. "We follow recommended protocols and guidelines to help keep you safe. We've got it down to a science."

In fact, each hospital has an entire department devoted to preventing disease outbreaks.

"Our office is on-call 24/7," says **Marie Wilson, MSN, RN, CIC**, manager of infection prevention and control at Methodist Dallas Medical Center.

Marie and her team are responsible for identifying patterns of infection in the community and within the hospital. Infection preventionists also develop hospital policies and procedures, educate healthcare teams on best practices, advise leaders and other professionals, and coordinate with local and national public health agencies.

HOSPITAL VISITS ON DECLINE

A worrisome trend has emerged in the weeks after COVID-19 became a national emergency: Hospitals saw patient visits decline 23% for heart attacks, 20% for strokes, and 10% for uncontrolled high blood pressure, according to the CDC. By May, visits to the emergency department dropped 42% compared with last year.

That's a serious issue because time is of the essence when it comes to emergencies. Waiting to get help for a heart attack and stroke only makes matters worse and increases the risk of complications and even death.

Dr. Butterfield has seen the rate of critically ill patients triple and says it takes only a matter of days to improve survival rates in such cases.

"We don't want to see that trend continue," he says. "We want people to come in early, during the first signs of their illness, so that we can take preventive action before it's too late."

MONITORING THE PANDEMIC

Daily COVID-19 case numbers have dropped since the summer surge, but they're on the rise again. And doctors are always keeping an eye on case and fatality trends.

Dr. Butterfield and other experts are a part of Methodist Health System's COVID-19 task force, which regularly meets to discuss best practices, treatments, infection prevention guidelines, and other strategies to tackle the pandemic.

"We all share a common bond of wanting to create a safer healthcare environment for our patients, staff, and visitors," says Wilson, who helps lead the task force and makes it a priority to stay abreast of new research and practices to combat COVID-19.

Dr. Butterfield says the task force and "great minds" across the system are staying on the cutting edge of research to keep patients safe and well cared for.

"Please know that you are safe at Methodist Health," he adds. "We will be here for you and your family for any emergency."

Watch a special message from our emergency department staff at ShineOnlineHealth.com.

A major investment in Methodist Charlton

Next year, Methodist Health System will break ground on a $71 million expansion to house a new state-of-the-art emergency department (ED) at Methodist Charlton Medical Center.

The 40,000-square-foot project will nearly double the size of the current ED and will feature 70 beds, additional trauma rooms, and larger waiting areas.

"More space makes the emergency room a more welcoming and accessible community resource," says Methodist Charlton President **Fran Laukaitis, MHA, BSN, RN, FACHE**. "The emergency room is the front door to our facilities. That's how the majority of patients enter our hospital, so that's their first impression of our hospital. And it's really important that it's a good one."

The expansion, which will also feature a new CT scanner and other imaging equipment, will have a major impact on patient satisfaction, Dr. Butterfield says, because it will provide shorter wait times and "a superior patient experience."

It's a multimillion-dollar investment that once again proves the system's commitment to delivering quality healthcare to the southern sector of Dallas, says Methodist Health System President and Chief Operating Officer **Pam Stoyanoff, MBA, CPA, FACHE**.

"Methodist Health System has served the southern sector of Dallas for more than 92 years," Stoyanoff says. "It shares a very special bond with the communities it serves."

Groundbreaking for the new ED will occur in 2021, with an expected opening in summer 2022.

NEW KNEES, **NEW LIFE**



Susan Selleck enjoys being an active grandmother, but her 56-year-old knees weren't cooperating with her plans

Severe arthritis in both of her knees affected just about everything Susan Selleck tried to do.

"We travel a lot to see the grandkids, and I'm usually the one sitting down in the chair, not able to do anything," Susan says.

"I couldn't even go to the grocery store because I couldn't walk," Susan recalls. "I would be in so much pain, it would just be awful."

What made her pain even more frustrating is that Susan had always lived an active lifestyle. As a girl, her favorite hobby was speed skating. The Arlington woman believes that's when her knee problems began.

"It was just so much wear and tear. Whenever I broke my falls, it was always on my knees," Susan says. "I actually had bruises on my knees for a couple of years."

HIGH-TECH HELP

Armed with a diagnosis of arthritis in both knees, Susan knew surgery was in her future. She turned to **Diane Litke, MD**, orthopedic surgeon on the medical staff at Methodist Richardson Medical Center.

Dr. Litke explained she planned to do a total knee replacement on Susan using a Mako robotic arm.

"The robot guides my movements as a surgeon," Dr. Litke says. "I can change it 1 degree here or 1 degree there so I know the new knee is a perfect fit every time."

Dr. Litke likens the robot to a video game. On a screen in the operating room, she can tell exactly where to cut out the old knee and replace it with a new, precisely balanced titanium one.

DOUBLE DECISION

Having one total knee replacement may sound like a daunting surgery, but Susan had a request for Dr. Litke. She asked if the surgeon would do both of her knees at the same time so she would have a single recovery and miss less time at work.

"I mean, I knew I had two bad knees so I thought why not just do them both at the same time—if she's willing to do it," Susan says. "Then I'd have one recovery."

Dr. Litke agreed, and just a few months after surgery, Susan is walking around her Arlington neighborhood, even pedaling on her exercise bike.

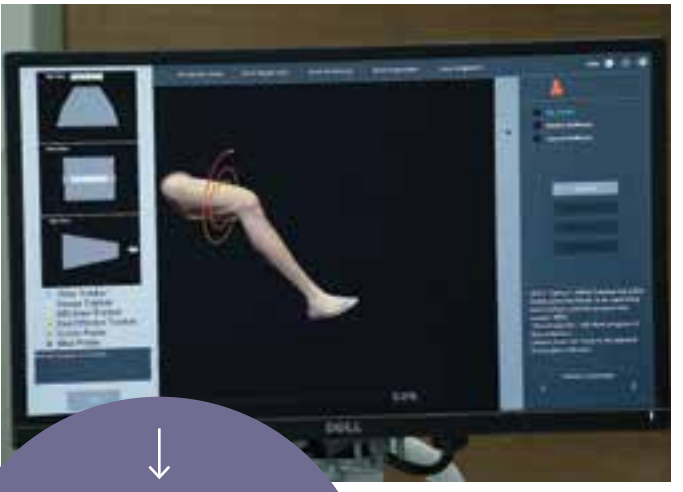
"I feel like I can do anything, and I can't wait to see my grandkids," Susan says. "This surgery gave me two new knees and a whole new life."

It's a story her surgeon has heard before and one that never gets old.

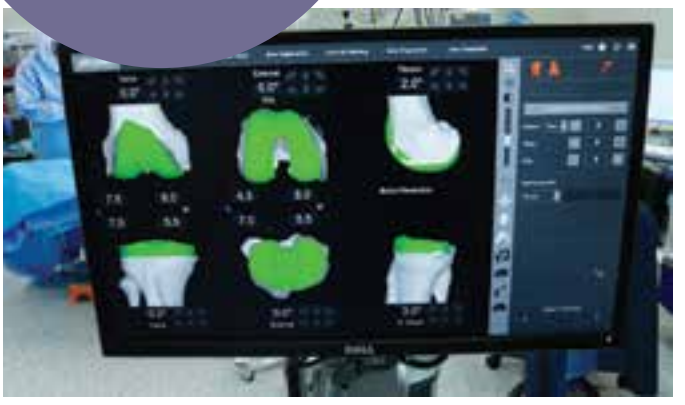
"This can be a game-changer in life. People tell me that all of the time," Dr. Litke says. "Now, they can walk around without pain, go on vacation, and play with the grandkids."

Watch Susan share her story in her own words at ShineOnlineHealth.com.

> THE ROBOT GUIDES MY MOVEMENTS AS A SURGEON. I CAN CHANGE IT 1 DEGREE HERE OR 1 DEGREE THERE SO **I KNOW THE NEW KNEE IS A PERFECT FIT EVERY TIME.**
>
> — DR. DIANE LITKE



Dr. Litke likens the Mako robotic arm to a video game. On a screen in the operating room, she can tell exactly where to cut out the old knee and replace it with a new, precisely balanced titanium one.





COUPLE SHEDS NEARLY 300 POUNDS

Some spouses do everything together — for Chuck and Caretha Coulter, that included weight-loss surgery

The husband and wife each had the same bariatric procedure at Methodist Dallas Medical Center just a year and a half apart.

The results have been dramatic. Together, the Cedar Hill couple has lost 280 pounds.

Chuck went first. "I just finally made a decision that I've got to do something different," he says.

LIFE-LONG STRUGGLE

Before coming to Methodist Dallas, the Coulters struggled for years to lose weight and stick to healthy eating habits.

After years of being heavy, Chuck developed type 2 diabetes, a disease other family members have struggled with. He was also diagnosed with degenerative discs in his lower back from old football injuries.

It was Chuck's back problem that led him to undergo sleeve gastrectomy, a minimally invasive surgery that removes a large portion of the stomach to leave it thin and tubular.

"Having the procedure will force you to make a complete life change," Chuck says.

His turnaround inspired his wife, Caretha, to address her own weight issues.

"Watching him go through the process kind of helped me kick-start mine," says Caretha, a professional chef.

She opted for the same surgery as her husband because she couldn't get around the kitchen as easily as she once did.

"It was hard for me to stand on my feet for long periods of time," Caretha says. "I also had migraines and high blood pressure, a myriad of things I needed to fix."

MAKING A CHANGE

The couple consulted with **Preeti Malladi, MD, FACS, FASMBS**, bariatric surgeon on the medical staff at Methodist Dallas, who performed both weight-loss surgeries.

"The sleeve helps with portion control," Dr. Malladi says. "The patient feels full with a small amount of food. They also feel less hungry."

The procedure can be done through a few small incisions, about 5 to 10 millimeters each. Dr. Malladi then uses a camera and long instruments to remove part of the stomach.

"Patients do really well, and their pain is controlled," she says. "It's minimally invasive, and it's very safe. I have a lot of patients who tell me they wish they did this sooner."

But that doesn't mean there's no work involved.

NEW HABITS

Surgery is a powerful tool, Dr. Malladi says, but it's not a silver bullet. Patients must also adopt new habits in order to make a lasting difference.

It's a lesson the Coulters have taken to heart by leading more active lives. Caretha has been training so she can complete future 5K runs, and Chuck starts his day with exercise.

They've also altered their diet by incorporating more fruits, vegetables, and protein while cutting out processed foods.

As a result, Caretha has lost about 80 pounds in less than a year, while Chuck has shed more than 200 pounds since his operation in 2018.

"The biggest victory for me was when I was able to come off my diabetes medicine," Chuck says.

Fat tissue increases insulin resistance, which contributes to type 2 diabetes, Dr. Malladi explains. Many times, as patients lose weight, they need less medicine to treat their diabetes or can forgo it entirely. "Not only are they decreasing their insulin resistance, but they're increasing their insulin production."





> **WE SMILE MORE.** MY WHOLE FAMILY HAS SAID THAT I'M A COMPLETELY DIFFERENT PERSON.
>
> — CARETHA COULTER

PAYING IT FORWARD

Chuck and Caretha attend meetings for the Methodist Dallas Pound Busters, a monthly bariatric patient support group who has been meeting on Zoom during the pandemic, a lifeline that's become a big part of their journey. They learn from veteran attendees and educate newcomers.

Caretha's culinary talents proved to be a great teaching tool. She's introduced healthy recipes at group tasting events and expanded her catering business by cooking for other patients.

"She takes regular recipes and makes them bariatric-friendly, and you literally can't tell the difference," says **Katherine Odom, BSN, RN, CBN**, bariatric coordinator of Methodist Dallas' weight management program. "It shows food can still be fun. It can be tasty and nutritious and have some variety."

The key, Caretha says, is finding healthier alternatives for ingredients. Her faux potato salad, for example, features radishes instead of potatoes, and she's learned to replace white flour with almond flour and egg noodles with lentil noodles.

The couple says what they've gained during their weight-loss journey far exceeds the pounds they've lost.

"I've grown so much mentally and spiritually from this," Chuck says.

Caretha agrees they're both happier these days.

"We smile more," Caretha adds. "My whole family has said that I'm a completely different person."

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

How COVID-19 stress can literally BREAK YOUR HEART

Heartache has become an all-too-familiar feeling during the emotional isolation of the pandemic, but could that pain in your chest be a sign of something more than sadness?

BROKEN HEART SYNDROME, also known as stress cardiomyopathy, is a condition marked by weakening muscle tissues in the heart, says **Manavjot (Mj) Sidhu, MD**, medical director of cardiology at Methodist Dallas Medical Center.

Lately, physicians like Dr. Sidhu are noticing more cases of the illness, which can mimic a heart attack. Some attribute the upward trend to the COVID-19 pandemic.

The Cleveland Clinic reported that the number of cases of stress cardiomyopathy it saw in its hospitals rose from less than 2% during pre-pandemic times to nearly 8% after the pandemic began. Findings suggest the spike is linked to "psychological, social, and economic stress" related to COVID-19.

But it could also be the body's direct response to a COVID-19 infection, Dr. Sidhu says.

Dr. Sidhu and his research team are researching that very issue — broken heart syndrome — and other cardiovascular effects as potential complications of COVID-19. Four of their COVID-19-related studies were recently accepted for a presentation by the American Heart Association.

"We had one case study where a patient came to the hospital with chest pain and heart failure," Dr. Sidhu says. "We treated her and later followed up after six weeks, and her heart failure had resolved, which indicates broken heart syndrome."

BROKEN HEART OR HEART ATTACK?

Broken heart syndrome is characterized by chest pain, low blood pressure, heart failure, and shortness of breath — the same symptoms as a heart attack. It is only when doctors run tests that they can discern a difference.

"With broken heart syndrome, unlike a heart attack, you won't see blockages caused by clots in the blood vessels," Dr. Sidhu says.

Stress cardiomyopathy causes the lower chambers of the heart to bulge abnormally during contraction. Some also refer to it as takotsubo cardiomyopathy, named after the Japanese octopus trap that resembles this heart abnormality in shape.

"This condition could be a response to physical illness or an emotional trigger, such as losing a loved one or receiving devastating news,'" Dr. Sidhu says.

It's thought that these triggers can unleash a flood of stress hormones that overwhelm the heart, preventing it from pumping blood properly.

RISKS AND PROGNOSIS

Women are more susceptible than men, and those who are older than 50 are at higher risk. What's more, patients with a history of neurological or psychiatric disorders may also be more likely to experience broken heart syndrome.

The good news is that the condition is reversible. With the right medications and plenty of rest, patients can fully recover without lasting damage to the heart.

However, that makes it no less serious than other heart conditions. The similarities between broken heart syndrome and heart attack make it a medical emergency, requiring closer evaluation. The key is acting quickly before complications arise like heart failure or fluid buildup in the lungs.

"If you have ongoing chest pain or feel pressure in your chest at any time, please come to the emergency department," Dr. Sidhu says. "Waiting will make things worse."

MANAGING STRESS

Controlling our stress level can be difficult, especially during a pandemic. But even though some things are beyond our control, there are steps we can take to help us cope.

Dr. Sidhu recommends taking time to focus on mental wellness by meditating, repeating positive affirmations, and practicing techniques that focus your breathing.

"I think these habits go a long way in keeping your mindset healthy and lowering your stress levels," Dr. Sidhu says.

Curious about your heart health? Take our quiz at MethodistHealthSystem.org/Heart.



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  - Information written in other languages.

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When cold and flu season strikes, Methodist Health System is ready to treat you right, right now. We are taking extra steps to keep our clinics clean and safe. We're also offering virtual visits over the phone through MethodistNow. Whether you need a flu shot, a family physician, or urgent treatment, trust your neighborhood Methodist Family Health Centers, Methodist Urgent Care clinics, and MethodistNow.
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UNITED STATES
OLYMPIC TEAM

HEART CARE THAT'S GOOD AS GOLD

In his Olympic days, "Fast Eddie" Southern could outrun just about anyone – but lung and heart disease were no ordinary hurdles

At age 82, lung disease and an ailing heart caught up with former Olympic hurdler Silas Edward "Fast Eddie" Southern, who won a silver medal in the 1956 Games in Melbourne, Australia.

"I was gasping for air," says Edward, who arrived at Methodist Richardson Medical Center last spring complaining of chest pain.

By that time, Edward was on supplemental oxygen around the clock because of chronic obstructive pulmonary disease.

But his doctors discovered that his condition had worsened: He had endured a small stroke and a minor heart attack and had blockages in his coronary and peripheral arteries.

His heart was functioning at only 25% of normal capacity. The restricted blood flow was starving his heart of oxygen, a shortage compounded by the lung disease.

'PUMP' STARTING HIS HEART

"He couldn't breathe — he couldn't do anything," says **Peter Frenkel, MD**, interventional cardiologist on the medical staff at Methodist Richardson. "He didn't have long."

Edward needed more blood flowing through his heart and body, but he didn't have a good chance of surviving a coronary bypass or surgery to implant a stent, according to Dr. Frenkel and his colleague **Derek Williams, MD**, cardiothoracic surgeon on the medical staff at Methodist Richardson.

The doctors proposed using a big mechanical heart pump called an Impella 5.0 to support his heart while stents were placed to relieve obstructions in his coronary arteries.

Edward knew his days were numbered if he didn't try the surgery. And he and his wife, Susan, still had too many things they wanted to do together.

"It was all or nothing," he says. "I thought about it and said, 'I'm not ready to go yet.'"

The heart team at Methodist Richardson regularly uses a smaller heart pump for this procedure, but Edward's ailing heart needed more support because of his blocked arteries.

"The Impella 5.0 is a large pump that can assist the heart and relieve strain on it during a high-risk stenting procedure," Dr. Williams explains. "Even though it was still a higher-risk procedure, it was by far his best option."

Through a minimally invasive procedure, the device, shaped like a flexible pencil, is threaded through a graft that is sewn onto the right axillary artery through a small incision in the chest.

NEW BEGINNINGS

The delicate procedure with the big pump was a first of its kind for Methodist Richardson.

"A community hospital like ours would usually send the patient to a specialty center for such a procedure," Dr. Williams says. "However, Methodist Richardson Medical Center is able to offer this to our patients because of the strength of our heart team."

Dr. Williams made a small incision under Edward's right collarbone and threaded the pump into his heart, securing it in place. Then Dr. Frenkel took over. Working through the radial artery in his left wrist, he maneuvered four stents into blockages in two coronary arteries.





> IT WAS ALL OR NOTHING. I THOUGHT ABOUT IT AND SAID, **'I'M NOT READY TO GO YET.'**
>
> — SILAS EDWARD "FAST EDDIE" SOUTHERN

"There was no margin for error," Dr. Frenkel says. "It's kind of like the World Series. There aren't many cases where you're asked to work at the top of your skill level."

After the team determined that Edward's vital signs were stable, the pump was removed, leaving just a small bump at the site of the graft.

Edward says the care he received at Methodist Richardson Medical Center was nothing short of excellent, and he's feeling much better.

"My breathing isn't restricted like it was before," he says. "That's for sure."

Once he regains his strength through physical therapy, Edward says he's looking forward to clearing one last hurdle, the pandemic, before spending quality time out and about with Susan.

"My wife and I will be able to go out together," he says.

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

5 WAYS to be your own advocate using *telemedicine*



Visiting your doctor virtually is convenient, and with MethodistNOW available 7 days a week from 8 a.m. to 8 p.m., it may be the safest way to seek routine medical care in the age of COVID-19

YOUR DOCTOR MAY be the medical expert, but you are the expert when it comes to your body and healthcare preferences. So, now more than ever, it's vital to be your own patient advocate.

Denise A. Johnson, MD, a family physician at Methodist Family Health Center - Murphy, has five ways to get the most out of your next (or maybe first!) telemedicine visit:



1. DO RESEARCH

If you've been diagnosed with a health condition, educate yourself about your disease. Learn what you can from reliable sources, such as the U.S. National Library of Medicine or the Centers for Disease Control and Prevention. You can use what you've learned to guide the conversation with your doctor.

"Look for evidence-based information," Dr. Johnson advises. "You can also use known health systems' websites, such as MethodistHealthSystem.org, to build your knowledge."

2. KEEP A LIST

Keep an up-to-date list of all the medications you're taking, including names and dosages.

"If you have diabetes, have recent home glucose readings available," Dr. Johnson says. "If you have high blood pressure, have blood pressure readings available. Consider checking your temperature and weight, as well."



3. KNOW YOUR DIGITAL TOOLS

When you schedule a virtual appointment through MethodistNOW, the support staff can help prepare you to connect with your doctor. If you're uncertain about new software, it might help to have a trusted friend or relative help you set it up, says Dr. Johnson.

4. ASK QUESTIONS

It is your right and responsibility to be informed about all aspects of your medical care. If you are unsure about any treatment, medication, or recommendation, ask your doctor to clarify. Dr. Johnson advises writing your questions ahead of your appointment.

5. KEEP YOUR OWN RECORDS

Even a brief appointment with your doctor can involve a lot of information. Keeping your own records of conversations and instructions helps eliminate confusion later.

Ultimately, Dr. Johnson says, telemedicine is an innovative way to approach healthcare.

"Patients will receive the same competent and compassionate care, just without the hands-on physical exam of a face-to-face clinical experience," she says. "Primary and specialty care are at your fingertips in the comfort of your home."

See a doctor without ever leaving home.
Visit MethodistNow.Life or call 214-730-6828.

High-tech health

Healthcare gets more difficult to manage as we age, with more doctor's appointments to schedule and more medications to take. Smart speakers and other voice-controlled technologies can lend a (socially distant) helping hand.

Use a smart speaker to set medication reminders, make and track appointments with doctors, and schedule exercises and other activities. Other electronic tools that can help you manage your health better include apps that track your health status, access your electronic medical records, or arrange video visits with your doctor.

Dream Team NURSES



Inseparable since elementary school, Jessica Peña (right) and Katie Cacioppo both **found their calling as registered nurses.**

THERE'S NEVER A DULL MOMENT ON THE COVID-19 UNIT. **KNOWING MY BEST FRIEND IS RIGHT THERE GETS ME THROUGH THE TOUGHEST SHIFTS.**

— KATIE CACIOPPO, BSN, RN

Teamwork is second nature to nurses **Jessica Peña, BSN, RN**, and **Katie Cacioppo, BSN, RN**, lifelong friends who work side by side in the COVID-19 unit at Methodist Richardson Medical Center

Inseparable since 2000, they first met in kindergarten when the more outgoing Jessica invited her shy classmate Katie to put together a puzzle.

Twenty years later, they're still together working as part of Methodist Health System's all-hands-on-deck team nursing strategy to combat the pandemic.

"Both of these young women have the confidence and maturity that is hard to find in nurses 15 years their senior," says **Heather Stirnweis, BSN, RN**, nurse clinical coordinator at Methodist Richardson. "Watching them grow has been a bright spot during these unprecedented times."

SOMEONE TO LEAN ON

Stress is ever-present on a nurse's best day, and a global healthcare crisis has only raised those stakes. So, having your best friend to lean on makes the hard work and long hours bearable.

"There's never a dull moment on the COVID-19 unit," Jessica says. "Having Katie nearby makes it easier."

Katie agrees there's nothing quite like being so closely in tune with a co-worker.

"Knowing my best friend is right there gets me through the toughest shifts," says Katie, who sits with the sickest COVID-19 patients when they speak with their families via Facetime.

Soothing patients is what Katie does best. "She's like Grandma's hug," whereas Jessica is "bright and bubbly," says their nurse manager, **Shannon Jackson, MSN, RN-BC**.

PERFECT FOR TEAM NURSING

The pair complement each other so well that they can anticipate each other's needs, which makes them ideally suited to be nurses in Methodist Richardson's COVID-19 unit.

"They have this unspoken language where they read each other's minds," says Jackson.

Under the team-based model, a group of nurses shares the responsibility of caring for a block of patients — as opposed to primary nursing, in which individual nurses oversee certain patients.

This sort of group care — first practiced during World War II when nurses were in high demand and short supply — allows hospitals to better cope with surges in critically ill patients and limits the time caregivers are exposed to the coronavirus.

"Jessica and Katie exceeded our expectations," Stirnweis says. "They think of team nursing as a balanced effort, and they do things that highlight their strong points."

'HEARTS WERE SET ON NURSING'

Katie and Jessica know each other's strengths so well because being together has become a lifelong pursuit.

They were classmates throughout elementary school, middle school, and high school. After graduating from Hebron High in 2013, they were off to college in Lubbock.

Picking the same career seemed like a foregone conclusion.

"Their hearts were set on nursing," Stirnweis says, "because they genuinely love people and love helping others."

Graduating from Texas Tech six months apart in 2018, they worked together first at a skilled nursing facility before Jessica moved on to Methodist Richardson last summer. It took just a few months on the job before Jessica persuaded Katie to join her.

ALWAYS THERE FOR THEIR PATIENTS

A month later the pandemic struck, and their unit has been on the front lines ever since, giving their patients the best their friendship has to offer.

"It's almost like they're sisters," Jackson says.

Just don't expect any sibling rivalry because Katie and Jessica make a point to never keep score of who's done what.

That's OK because, like their colleagues, they both do plenty.



Katie and Jessica have been spending time together since kindergarten, vacationing together and even planning their weddings together.

6 HEALTHY HABITS FROM STAYING HOME

Don't abandon everything you learned at home during COVID-19 shutdowns

Do you remember when the stay-at-home orders started and you set up a routine that would keep you focused and organized while you worked from home? Well, just because your office is allowing you to return to work and businesses are open again, don't abandon all your progress. **Here are six healthy home habits that might be worth continuing:**

1. REMEMBER THE ROUTINE



Set your alarm clock to an appropriate time that allows you to make your morning coffee just like you would back when your local coffee shop wasn't open. Use this time to set your intentions for the day. Prioritize the most important tasks and check off each item until it's complete.

"Many people adopted a number of healthy practices while staying home," says **Carey Shore, MS, RD, LD**, wellness coach at Methodist Dallas and Methodist Richardson medical centers. "It takes approximately three weeks of consistent practice for something to become a habit."

2. KEEP WORKING OUT IN THE GREAT OUTDOORS



Now that many of us can return to our gyms, let's not forget about how nice it is to enjoy nature while jogging and walking at a local park and trails. It's free, and you can invite a friend or your family members to join you.

"Not being able to go the gym forced many to seek activities outdoors," Carey says. "Walking, biking, and spending more time being active as a family are all great habits to maintain."

Now that winter is here, staying warm inside might be the best option for some days. But you can still stay active by setting up that home gym with resistance bands, dumbbells, a jump rope, yoga mat, or any other type of mobile workout equipment.

KEEP COOKING MEALS AT HOME



3.

When restaurants were temporarily closed, we were forced to dig out the pots and pans. Nutritionists say eating at home saves most of us a lot of money and maybe even more calories.

"We tend to eat more nutritiously when we cook it ourselves. This means more fruits, vegetables, and whole grains," Carey explains. "Also, we set a great example for children by teaching them how and what to cook."

Try to limit how often you eat out per week. You can also create a game, where you imitate a meal that you loved at a restaurant by researching recipes to remake it at home. Your bank account will thank you and, if you're successful, you'll impress your family and friends with your creative cooking skills.



4.

KEEP MAKING TIME FOR YOURSELF

This is still a stressful time for many of us, and too much news and social media isn't helping.

"Minimizing your exposure to all media, in addition to adopting healthy practices such as daily gratitude journaling and/or meditation, are great examples of how to adopt a healthy mindset," Carey says.

You can also use this time to read. It doesn't hurt to get lost in a book to distract yourself from reality.

KEEP DOING THOSE DIY PROJECTS

While we spent so much time indoors, some of us were forced to notice the ugly truths in our homes: We needed to make some serious upgrades. We also had plenty of time to improve those things ourselves.

From creating homemade bookshelves, updating our patio furniture, and making our front porches easier on the eyes for our neighbors, do-it-yourself projects kept a lot of us busy.

Now that some of us aren't spending as much time at home, it doesn't mean we can't make space for special projects during our downtime.



5.



6.

MAKE SLEEP A PRIORITY

If you are called back into the office, you don't have to say goodbye to getting enough sleep. Getting adequate sleep is important for you to function at your best. Taking a little time to decompress is more important during this stressful time. Work to fit in an hour of wrapping up the day before bed to help you slow down.

"Spending time doing relaxing activities will help calm your mind and body," Carey says. "Taking a bath, reading a book, or listening to soft music are just a few healthy examples."

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



> THEY HAVE JUST BEEN PHENOMENAL. THEY ARE ALWAYS KIND AND CARING, **AND YOU CAN TELL THEY ENJOY WHAT THEY DO**.
>
> — CATHERINE BRIDGES

ROBOTIC SURGERY OFFERS 'FAR SUPERIOR' *hysterectomy*

Women often suffer silently with menstrual issues, but this minimally invasive surgery offers an alternative

Catherine Bridges, for one, had reached her limit.

The wife, mother, and principal of high-performing Florence Hill Elementary School in Grand Prairie was exhausted by irregular, painful cycles that just kept getting worse.

"I was so tired and couldn't do things I loved anymore," Catherine says. "I said, 'I can't live like this.' I can't be a good mom, I can't be a good wife, and I can't be a good principal with this standing in the way. I've got to do something."

LEARNING HER OPTIONS

She went to see her longtime gynecologist, who performed an ultrasound that revealed Catherine had uterine fibroids. These noncancerous growths can cause prolonged periods, pelvic and back pain, and heavy menstrual bleeding.

"There is an emotional and physical toll that these heavy menses have, made worse by the frustration of having to deal with it," says **Erin C. Westerholm, DO**, OB/GYN on the medical staff at Methodist Mansfield Medical Center.

The physician laid out her patient's options: waiting it out until menopause, when the fibroids would likely shrink; hormone or birth control medication; endometrial ablation, which cauterizes the uterine lining; or a hysterectomy.

At 41, Catherine didn't want to "wait it out" or take hormones. She considered ablation, but that wouldn't solve her problem if she had adenomyosis, a condition in which the uterine lining grows into the muscle, causing it to contract frequently and bleed.

Adenomyosis can be definitively diagnosed only by examining the uterus after it has been removed.

DA VINCI TAKES THE WHEEL

Catherine was decisive. "I'm done having babies, so take it out," she recalls saying.

Dr. Westerholm opted to perform the procedure with the da Vinci Xi Surgical System at Methodist Mansfield.

The robot enables Dr. Westerholm to work with tiny instruments that she controls with a console. It translates her hand movements into minimally invasive surgery. The system also affords an unparalleled close-up, magnified 3D view of the organs.

Catherine trusted the physician's choice, and she's glad she did.

"I have friends who have had hysterectomies, and they told me it would take a year to recover," Catherine says.

"It took me a month and a half or two months, and I'm so much better. I have more energy, and I don't want to sleep all the time."

Making a small cut in the navel and two on either side that left tiny scars, Dr. Westerholm removed the uterus. She also excised the fallopian tubes, which is recommended because it decreases the lifetime risk of ovarian cancer.

"With traditional surgery, it is more of a challenge to get all of the tubes," Dr. Westerholm explains. "The robotic visualization is far superior."

The recovery time is much faster and easier than with traditional surgery, she points out.

"I have patients who go home the next day and can even go back to work in a short period of time, so it's a huge difference from major abdominal surgery," Dr. Westerholm notes. "They can do anything they want after six weeks."

BACK ON HER FEET

Catherine has a history with Methodist Mansfield, where she has gone for childbirth and emergency asthma relief.

"They have just been phenomenal," she says. "They are always kind and caring, and you can tell they enjoy what they do."

Catherine remembers how the facilities and every interaction put her at ease.

"The nurses and anesthesiologists do their best to make you feel comfortable even though you have just met them," she says. "It's a more personable experience."



The da Vinci Surgical System offers a magnified 3D view of a patient's organs, **translating a surgeon's hand movements to tiny instruments they control through a video console.**



Barbara Winn spent years working as a photojournalist in North Texas, teaming up with her husband, Brent, to photograph patients for this magazine

FROM BEHIND THE CAMERA to the **OPERATING TABLE**

Over the years, Barbara and Brent took pictures of several transplant recipients, many of them patients of **Alejandro Mejia, MD**, transplant surgeon on the medical staff at Methodist Dallas Medical Center.

'WE WANTED METHODIST TO TREAT US'

Little did Barbara know, she would be in their place years later, the recipient of life-saving surgery by the very same surgeon.

"From the years we worked for *Shine* magazine, we knew that if we ever had any major medical issues, we wanted Methodist to treat us," Brent says. "We wanted it done right."

For decades, Barbara had been living with a medical issue, but until last year, it was far from major.

"I had known since 1992 that I had hepatitis C, but at that time there was no reliable treatment. I was stable, so I decided to wait until science improved or my condition changed before I did anything," Barbara says.

Unfortunately, the decision to wait was nearly fatal. Late in 2019, Barbara recalls her health declined almost overnight. By then, she and Brent had moved a long way from DFW, 200 miles south and east of the nearest Methodist Health System hospital. Still, they jumped in the car and drove to Methodist Mansfield Medical Center.

"There were a lot of tests and scans," Barbara says.

She and Brent recall meeting **Adil Habib, MD**, hepatologist on the medical staff at Methodist Dallas Medical Center. Dr. Habib gave the couple a devastating diagnosis: Barbara's untreated hepatitis C had turned into cirrhosis and liver cancer.

"In a way, I didn't really have time to think about what was going to happen next," Brent says.

"We were told what was about to happen and then BOOM, there we were!"

Dr. Habib and his team developed a plan for Barbara. First, a procedure to remove several tumors from her liver. Next, the lengthy transplant evaluation process to get Barbara a new liver. Then, COVID-19 hit.

"Everything changed. I debated whether or not to begin evaluation and potentially expose myself to the virus. But even though the first procedure was successful, my health seemed to be declining," Barbara explains.

Barbara and Brent didn't take long to decide. They didn't really have a choice. By late April, Barbara was at Methodist Dallas and her condition so dire she was moved to near the top of the liver transplant list.

"Everything started moving at warp speed due to the rapid deterioration of her liver," Brent remembers.

"I don't remember much of those days. I found out later, the wheels were really turning for me to get a liver transplant," Barbara says.



Barbara's family stands outside her window with signs of **encouragement for their "Mimi."**



An optimistic Barbara **displays a sign of strength as she is wheeled to surgery.**



The transplant nurses give Barbara a **huge send-off as she leaves the hospital.**

Barbara was able to leave Methodist Dallas just a few days after Mother's Day **thanks to the most precious gift a mom and grandmother could ever receive.**



BARBARA'S TURN TO BE PHOTOGRAPHED

While Barbara was waiting for a liver at Methodist Dallas, Brent did what any photojournalist would do. He started documenting Barbara's medical journey, the same way they had for so many other Methodist patients.

Because of COVID-19 visitor restrictions, he was the only family member allowed inside the hospital. That didn't stop Barbara's family from standing outside her window with signs of encouragement for their "Mimi."

Barbara, who is a mother of two and grandmother of six, was scheduled for her liver transplant at the most remarkable time: the evening before Mother's Day.

Barbara's surgeon had a familiar name. It was Dr. Mejia, whose patients she had photographed so many times before. So, of course, Brent snapped a picture of Barbara's surgeon and of her being wheeled away for the 4-hour surgery.

He even photographed himself in a completely empty surgery waiting room.

"I was sitting alone in a huge waiting room for about 3 and a half hours. When I got the good news from Dr. Mejia about the surgery, I was relieved and excited, wiping tears of joy from my eyes as he led me to ICU," Brent says. "We were humbled by the fact that someone died for my wife to live."

Barbara's condition improved dramatically after her transplant as Brent took pictures every day to memorialize her recovery.

"We have a remarkable family and huge circle of friends, plus the best transplant team in the country, and the prayers overflowed," Barbara says.

Barbara was able to leave Methodist Dallas just a few days after Mother's Day thanks to the most precious gift a mom and grandmother could ever receive.

Learn more about the Transplant Institute at Methodist Dallas at MethodistHealthSystem.org/Dallas-Transplant.

> WE HAVE A **REMARKABLE FAMILY AND HUGE CIRCLE OF FRIENDS, PLUS THE BEST TRANSPLANT TEAM IN THE COUNTRY**, AND THE PRAYERS OVERFLOWED.
>
> — BARBARA WINN

SHOULD YOU RETHINK DAILY ASPIRIN?

Consult your doctor because that "baby aspirin" routine could be doing more harm than good

FOR DECADES, taking a daily low-dose aspirin or "baby aspirin" was considered a simple way to help prevent heart attacks and strokes. But recently, a group of new studies has emerged, challenging this practice for millions of healthy people. In fact, taking low-dose aspirin as a prophylactic may do more harm than good.

NEW RECOMMENDATIONS

With this research in hand, new guidelines from the American Heart Association and American College of Cardiology advise against the routine use of low-dose aspirin for prevention, suggesting the potential risks of bleeding outweigh the benefits. But it's not quite as cut and dried as it seems.

While important and groundbreaking, this shift away from aspirin therapy does not apply to everyone, and reading beyond the headlines is a must, says **Curtiss Moore, MD**, cardiologist on the medical staff at Methodist Mansfield Medical Center.

These new recommendations only apply to healthy people who have no known cardiovascular disease or stroke history and are looking to daily aspirin as a preventive measure.

"What has been discovered is that for primary prevention — a term for avoiding the first instance of a heart attack, stroke, or another type of cardiovascular event — the risk of bleeding is evenly matched with the benefit of reducing a heart attack," says Dr. Moore.

Aspirin's interference with blood clotting makes it beneficial to patients with an increased risk of a heart attack. But that same property becomes a liability when your blood's platelets can't clump together to make a wound, either internal or external, stop bleeding.



A BIG IMPACT

According to a Harvard study published in July 2019, about a quarter of people age 40 and older without cardiovascular disease are taking aspirin each day — that's 29 million people!

And of those folks, 6.6 million are taking aspirin without a doctor's recommendation. This potentially puts them at a higher risk for bleeding without the guarantee of preventing a first stroke or heart attack.

WHAT SHOULD YOU DO?

For anyone who has had a stroke, heart attack, bypass surgery, or any procedure to insert a stent into the coronary arteries, there is no debate that taking low-dose aspirin daily is still useful.

"In this group of people, we are willing to accept the risk of bleeding because the risk of another stroke, heart attack, or death is higher," Dr. Moore says. "Daily aspirin therapy is a cornerstone of treatment for them."

The U.S. Preventive Services Task Force still recommends daily aspirin if:

- You are between the ages of 50 to 59.
- You are not at increased bleeding risk.
- You have an increased risk (10% or greater) of heart attack or stroke over the next 10 years.

Dr. Moore says the decision to use low-dose aspirin therapy for people of other ages is more complicated.

THE BOTTOM LINE?

Before starting a daily aspirin regimen, have a discussion with your doctor. If you are already taking aspirin daily and wonder if you should stop, Dr. Moore advises getting the okay from your doctor first.

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



Healthcare worker's colleagues **got his heart pumping again**

Lonnie Greene has made a full recovery after nearly an hour in cardiac arrest – luckily, he had a full team of co-workers in his corner

Lonnie Greene was in the right place when he collapsed last spring: on the job as a respiratory therapist at Methodist Charlton Medical Center. Lonnie, 64, had previously survived a devastating "widow-maker" heart attack caused by a blocked artery. In March, he suffered a ventricular tachycardia — a quivering heart that can't pump blood.

But all he remembers from those 54 minutes in cardiac arrest is seeing his body on the floor from above.

"I wasn't afraid, but I thought it was kind of strange," he recalls.

STAFF SPRINGS TO ACTION

The nurse who responded discovered Lonnie wasn't breathing and called for a code blue, a public announcement of cardiac arrest.

The staff sprang into action. An entourage of at least 20 people rushed into the ER when he was wheeled in on a gurney, recalls **Rosalyn Reades, MD**, associate medical director of emergency medicine at Methodist Charlton.

"We all love Lonnie," she says. "When things like this happen, everybody comes to see if they can help."

Nurse practitioners began chest compressions, manually pumping blood through the body. They shocked him with a defibrillator, which is designed to jump-start the heart into a regular rhythm. They inserted a tube down his throat to pump oxygen into his lungs and ran an intravenous line to infuse medicines for heart failure.

"When someone is in cardiac arrest, the longer it lasts the higher the risk that they are not getting oxygen to the brain," Dr. Reades explains. "We were giving him all the medicines in the algorithm, and he might have been shocked eight to 10 times, if not more. It wasn't working."

DOUBLE THE DEFIBRILLATOR

That's when **Christopher Chase, MD**, emergency physician on the Methodist Charlton medical staff, suggested they use two defibrillators sequentially. The procedure has mixed results because one machine can short out the other — but it did the trick.

"When we shocked him with both, his heartbeat came back," Dr. Reades says. "He instantly started reacting to people and trying to talk."

She and her staff were amazed. No one had ever seen a patient promptly regain consciousness after that much time.

Nationally, the rate of survival for in-hospital cardiac arrest is only 17% to 20%. Outside of a hospital, it's a mere 10%.

Dr. Reades credits Greene's unexpected full recovery to the team effort.

"It was everyone doing everything they were supposed to do, and it was like this perfect storm of greatness," she says. "He got CPR and oxygen immediately, so he was able to stay without a heartbeat for a long time because he was getting the right kind of resuscitation."

Lonnie remembers looking around as he was rolled into the Intensive Care Unit.

"My two daughters were there and everybody and their dog was in that room because nobody could believe I was actually talking and making sense," he says. "I was the luckiest person on earth."

'MY OWN CRASH CART'

But he wasn't out of the woods yet. His heart still needed a boost, so cardiologist **Amit Guttigoli, MD**, implanted a cardioverter defibrillator that delivers shocks whenever it senses abnormal heart rhythms.

"I carry my own crash cart around in my chest," Lonnie says.

He has since started a new job teaching respiratory therapy in long-term care facilities, which is less stressful than his longtime career in critical care.

Still, he pines for the intensity of his former work — and for his old colleagues at Methodist Charlton.

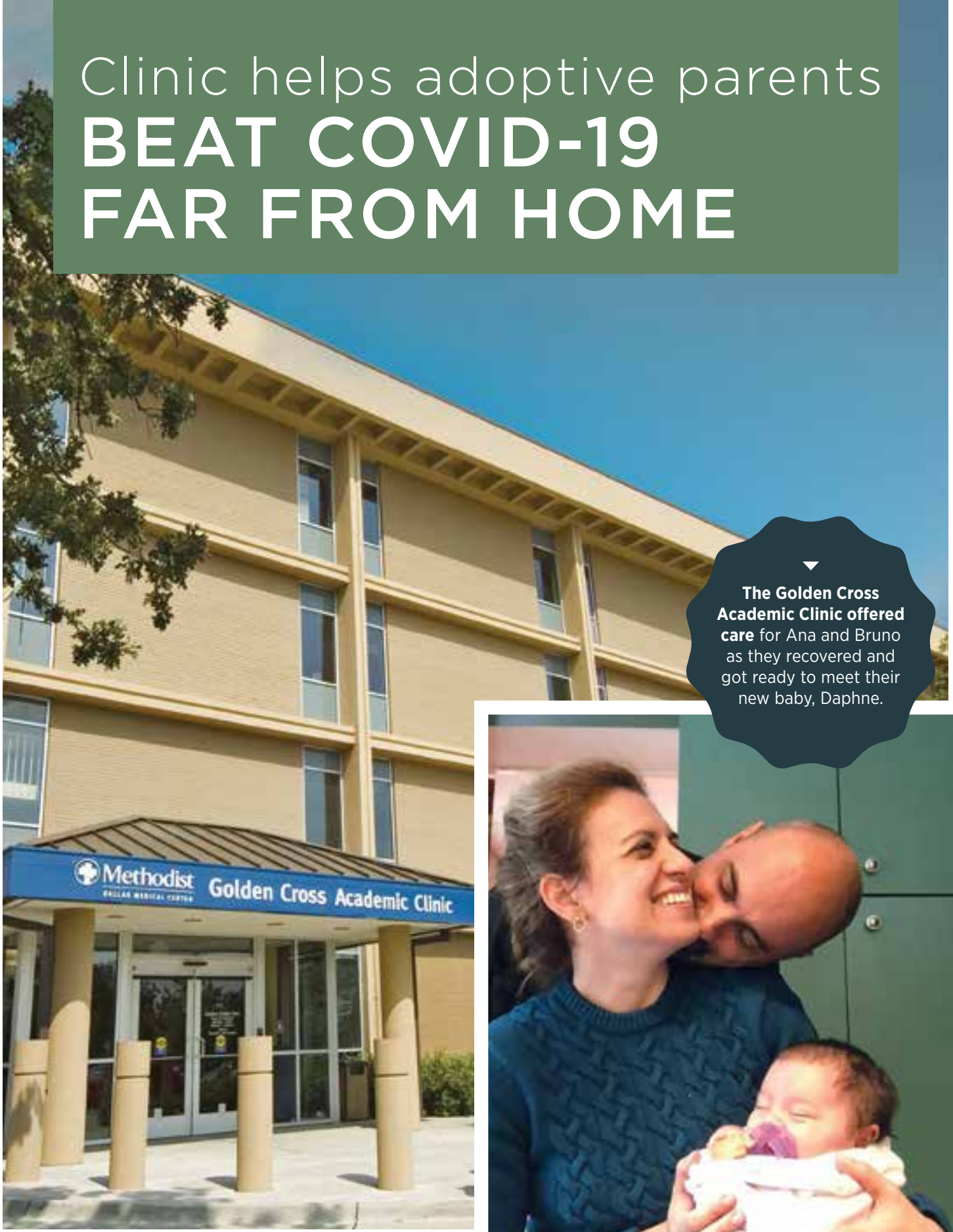
"I can't wait until I can see my staff again," he says. "I miss them."

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

> "I CARRY MY OWN **CRASH CART AROUND IN MY CHEST.**
>
> — LONNIE GREENE, FORMER RESPIRATORY THERAPIST AT METHODIST CHARLTON MEDICAL CENTER, SPEAKING OF HIS CARDIOVERTER DEFIBRILLATOR



Clinic helps adoptive parents BEAT COVID-19 FAR FROM HOME



The Golden Cross Academic Clinic offered care for Ana and Bruno as they recovered and got ready to meet their new baby, Daphne.

Little did adoptive parents Ana Tavares and Bruno Ribeiro know, they'd find a second family at Methodist Health System when both came down with COVID-19 after completing their 1,500-mile journey from New York to Dallas to adopt their daughter

"They were our entire social calendar for a month, and they became our best friends," Bruno says of the staff at Golden Cross Academic Clinic at Methodist Dallas Medical Center.

"They were always there with a word of encouragement and comfort, always with a smile behind the mask," he says. "They are courageous and kind."

DREAM DELAYED

For years, New Yorkers Ana and Bruno dreamed of being parents and ultimately decided to adopt. In March, they were matched with a birth mother in Dallas.

Two weeks before the due date, they headed south to quarantine themselves in Texas. But within about a week of arriving to adopt their new baby, they were both diagnosed with COVID-19.

"I developed a fever, so we decided to go to Methodist Dallas," Bruno explains. "The medical team in the emergency department didn't take chances. They tested me right away. The results arrived the next day, and I had COVID-19."

Three days later, Ana started feeling mild symptoms of the virus — fatigue and loss of smell and taste. She was tested, and the results came back positive for COVID-19.

Preparations for their new baby were put on hold as the couple spent weeks in quarantine recovering and testing every other day at Golden Cross Academic Clinic.

"We were so happy to help Ana and Bruno," says **Sondi Fiegel**, director of patient care for the clinic and Methodist Medical Group. "We were ready to see them get better. We've really pulled together to help everyone needing testing. It was truly a team effort, especially for Ana and Bruno."

That effort finally started paying off. After 14 days, Bruno was free of the virus, and his test came back negative. The road was longer for Ana, who was not cleared until day 33.



COVID-19 CAN'T DERAIL ADOPTION

During that time, Ana and Bruno's baby was born, and the couple worried about what would come of the adoption process.

"Our adrenaline went through the roof," Ana says. "Would the adoption agency honor the commitment with us or select another family for the baby girl? We had a new life in our lives and uncertainty at the end of the tunnel."

But the couple eventually emerged from that tunnel to find their new daughter, Daphne, waiting at the end. The staff at Golden Cross rejoiced with Ana and Bruno.

"With them, it felt like the clinic was truly fulfilling its mission," Fiegel says. "It's been a joy."

While the couple missed many of Daphne's firsts — her birth, her first cry, her first feeding, her first bath, her first month — Bruno and Ana say their first moments together were unforgettable. So, too, was the unexpected detour to Methodist Dallas, their special treatment at Golden Cross, and the successful recovery that followed.

"We were so lucky to have landed in the Golden Cross Clinic," says Bruno, now back in New York with Ana and Daphne. "We will always be grateful to Methodist."

Learn more about COVID-19 testing at MethodistHealthSystem.org/COVID-19.

> WE WERE SO LUCKY TO HAVE LANDED IN THE GOLDEN CROSS CLINIC. **WE WILL ALWAYS BE GRATEFUL TO METHODIST.**
>
> — BRUNO RIBEIRO

WHEN COVID-19 STRIKES TWICE

We're still learning the fundamentals of how the new coronavirus works, so brace yourself for more troubling news: You can catch COVID-19 more than once

JUST LIKE THE other six coronaviruses we know about, COVID-19 can strike the same person after your immunity fades.

"Reinfection in someone who has recovered is certainly possible," says **Ed Dominguez, MD**, infectious disease physician on the medical staff at Methodist Dallas Medical Center.

NOT ALL BAD NEWS

But there's a dose of good news, too, Dr. Dominguez says.

"The majority of people who get reinfected are asymptomatic," he says. "They don't seem to be getting sick, nor does it seem like they're spreading the virus."

He cautions that the research into repeat cases is inconclusive, and experts say cases of COVID-19 reinfection are rare so far.

But a case study published in the fall found that a 25-year-old Nevada man suffered a second infection more severe than his first.

HOW IMMUNITY WORKS

Antibodies are efficient at fighting viruses, but they do have their limitations.

Studies have found that it takes just three days for antibodies to begin forming after an infection, even in elderly patients who tend to have weaker immune systems.

As millions of these virus-fighting proteins flood the body, they bind to the virus and flush it from the system. In the best case, someone fights off the infection and still has plenty of antibody troops left over to mount a quick defense the next time that virus invades.

A vaccine accomplishes the same thing, stimulating the creation of antibodies without an actual infection.

But the antibodies don't stick around forever. Eventually, their tailor-made immunity fades, and we can get sick again.

THIS VIRUS ADAPTS

Immunity lasts forever only with viruses that don't mutate, like measles or chickenpox, which rarely strike twice. Other viruses like influenza mutate quickly and necessitate a new vaccine to be developed every year.

The new coronavirus is adapting, **but not fast enough to outmaneuver a vaccine or the antibodies we deploy** to fight off infection.

The new coronavirus falls somewhere in between. It is adapting, but not fast enough to outmaneuver a vaccine or the antibodies we deploy to fight off infection.

"We know this virus is mutating because the strain in the U.S. is a bit different from China's," Dr. Dominguez says. "There's just enough difference between those strains that you can get reinfected."

But there's hope that scientists can develop a vaccine that mounts a common defense against all the strains.

"If they can do that successfully, then it doesn't really matter if it mutates," Dr. Dominguez says. "We'll still be able to knock out the vast majority of this virus."

That's some good news we could all use right about now.

Learn more about staying healthy and stopping the spread by searching for "COVID-19" at ShineOnlineHealth.com.

KNOW BEFORE YOU GO



Methodist HEALTH SYSTEM

Knowing which Methodist location to go to when you are sick can be difficult. Make the right choice at the right time.

Routine Healthcare?

FAMILY HEALTH CENTER

(214) 947-0033

It's always best to contact your doctor's practice first if it's not an emergency!

- Depression/Anxiety
- Preventative screenings
- Medicare exams
- Prenatal care
- Prescription refills
- Well-child care
- Diabetes
- Hypertension
- Nutrition
- Allergies/Asthma
- Wellness exams
- Sports physicals
- School physicals
- Work physicals

Minor Illnesses During Extended Hours?

- Nausea/Vomiting
- Eye infections
- Urinary tract infections
- Coughs/Colds
- Stomach pain
- Cuts/Scrapes
- Sore throat
- Earaches
- Sinus infections
- Bites/Stings
- Minor burns
- Sprains/Strains

URGENT CARE



Find a location nearest you:

MethodistUrgentCare.com

Emergent Needs and Treatment After Hours?



EMERGENCY ROOM

- Uncontrolled bleeding
- Open fractures
- Loss of consciousness
- Chest pain
- Difficulty breathing
- Severe headache
- Fever 104°+
- Head injury
- Severe burns
- Weakness or numbness on one side

For more information about our locations visit:

MethodistHealthSystem.org



The AngelEye Camera System in Methodist Mansfield's NICU allowed Mor to **monitor her newborn remotely.**

CHALLENGING PREGNANCY MAKES BABY'S ARRIVAL a "divine blessing"

First-time mother is reminded daily of all she overcame to welcome her son into the world

From fertility issues to frequent stays at Methodist Mansfield Medical Center and a breech birth, nothing came easy for first-time mother Mor Xiong.

That's how Mor's baby boy earned his English name, Theodore, which means God's gift, as well as his Hmong name, which honors his family's Southeast Asian heritage.

"Koob Hmoov means 'divine blessing," she says. "It was very important for me to have that reminder."

These days, Mor spends her hours tending to Theodore, learning more about his eating habits, sleeping schedule, and personality. It's a stark contrast to life before.

SUCCESS THROUGH IVF

The struggle with fertility came as a surprise. Growing up with seven brothers and sisters, Mor thought she and her husband, Cualeng, would raise a family of similar size.

"But we realized we needed help," Mor says.

Couples might have trouble conceiving for a number of different reasons. The issue might stem from advanced age, chronic conditions, or the prospective father's reproductive health. And sometimes, there's no good explanation at all.

In Mor's case, doctors found she wasn't ovulating properly, so she and Cualeng decided to try in vitro



fertilization (IVF) to bolster their chances of starting a family. The first two attempts ended in miscarriages, but their hope flared in the summer of 2019 when Mor became pregnant with Theodore.

"I remember at the beginning, my husband and I said we were going to take it week by week because of our previous losses," she says.

OVERCOMING OBSTACLES

Doctors knew the pregnancy would require close monitoring given Mor's medical history. And soon, several issues did become apparent.

"First and foremost was a condition called cervical incompetence," says **Jennifer Hernandez, MD**, maternal-fetal medicine specialist on the medical staff at Methodist Mansfield.

Cervical incompetence is characterized by a weak cervix in a woman's reproductive system. Normally, the cervix is firm and closed until late in the pregnancy when it gradually shortens and opens to allow for the baby's birth. Cervical incompetence, however, can cause the cervix to open too early and result in a miscarriage.

"Cervical incompetence is not something you would even know you have until you get pregnant," Dr. Hernandez says. "It takes extra screening to identify, and it's not something a person can control."

Dr. Hernandez placed a specialized stitch, known as a cerclage, around Mor's cervix to lend it extra support and prolong her pregnancy to a full 37 weeks.

But there were other challenges at work. Mor was prone to bouts of bleeding, which her doctors traced to a polyp, or abnormal growth, in her cervix. She also developed gestational diabetes, something that affects 2% to 10% of pregnancies in the U.S. each year, according to the Centers for Disease Control and Prevention (CDC).

Because of these risks, Mor had frequent stays at the hospital and spent her days on bedrest.

AN UNEXPECTED DELIVERY

Near the end of her pregnancy, Mor was allowed to go home. But hardly a week later, she returned to the hospital with Theodore unexpectedly on his way. A cesarean section was necessary because Theodore was breech, with his feet positioned downward instead of his head, Dr. Pearce explains.

"The nurses and doctors were very reassuring," Mor says, remembering the surgery. "It also helped that I recognized their faces. In my case, I was there for so long I met everyone. I trusted them."

Mor also took great comfort in having Cualeng in the operating room with her. Together, the couple welcomed Theodore on March 22.

NICU TO THE RESCUE

Although the operation went well, doctors wanted to monitor Theodore for some breathing issues.

Respiratory distress is not unusual in preterm births and cases where mothers develop gestational diabetes, Dr. Hernandez says. The doctors placed Theodore in the neonatal intensive care unit (NICU), where he stayed for a couple of weeks, while Mor had to self-quarantine at home due to concerns over COVID-19 exposure.

> "CERVICAL INCOMPETENCE IS NOT SOMETHING YOU WOULD EVEN KNOW YOU HAVE UNTIL YOU GET PREGNANT. **IT TAKES EXTRA SCREENING TO IDENTIFY, AND IT'S NOT SOMETHING A PERSON CAN CONTROL.**
>
> — DR. JENNIFER HERNANDEZ

Fortunately, Methodist Mansfield's AngelEye Camera System allowed Mor to watch over Theodore remotely using an app. She was even able to send her extended family a link to the camera feed.

"Theodore's the first grandbaby for my husband's parents," Mor says. "They loved it. They watched him all the time."

Mor and Cualeng were elated the day Theodore finally came home.

"It's a gift to be able to spend time with him," she says. "It's amazing to have a child at home and be like, 'Wow, this baby is mine.'"

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



KNOW YOUR RISKS OF BREAST CANCER AT EVERY STAGE AND AGE

Maintaining your breast health throughout life means staying up-to-date on mammograms and other necessary health screenings

Breast cancer is one of the most common types of cancer among women, second only to skin cancer. About 250,000 women are diagnosed each year.

With so many women affected by this disease, it's hard to overstate the importance of getting screened and consulting a doctor for help, says **Jenevieve Hughes, MD**, breast surgeon on the medical staff at Methodist Richardson Medical Center.

"Everyone's concerned right now with the COVID-19 pandemic, but we want to encourage people to keep their annual mammogram appointments," Dr. Hughes says. "It's safe to come in during the pandemic and we're taking all the precautions at the Women's Imaging Center. Delaying the screening only results in delayed care."

There's no time like the present to speak with your doctor and consider a few more words of advice from Dr. Hughes:

1. YOU MAY NEED CHEMOTHERAPY EVEN WITH EARLY-STAGE CANCER

Doctors use a process called "staging" to diagnose cancer and determine how far it has developed. The later the stage, the more advanced the cancer.

Previously, the stage of the cancer was determined by the tumor's size and whether it has spread to the lymph nodes or elsewhere in the body, Dr. Hughes says. But in 2018, the guidelines were revised to account for more details.

"The new staging system gives a fuller picture. It provides a better understanding of the cancer's biology and the patient's prognosis," Dr. Hughes says. "There are different subtypes of breast cancer, so there's no one-size-fits-all answer for treatment."

Some patients may require more potent treatments like chemotherapy or radiation early on — because staging indicators suggest their cancers are more aggressive.



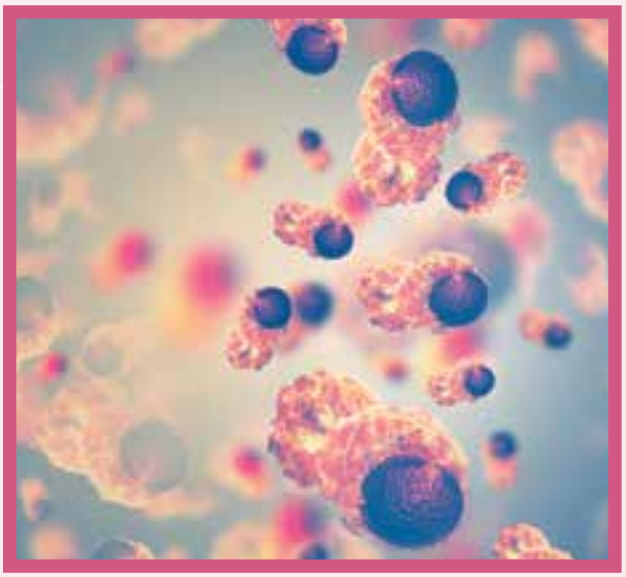
2. THERE IS ALWAYS A CHANCE OF RECURRENCE

A common misconception is that removing both breasts with a double mastectomy will prevent the cancer from returning. In truth, Dr. Hughes says, "The risk is never zero."

"A double mastectomy can reduce the risk of cancer, but there's no guarantee that cancer will never return to the chest or another part of the body, so we have to have a detailed conversation about whether a mastectomy is the best option."

There are additional treatment options aside from surgery, including radiation, chemo, or endocrine therapy, which blocks the hormones that help cancer cells grow.

"Some patients only require one type of treatment, and others may need a combination," Dr. Hughes says.





3. SPEAK WITH YOUR FAMILY AND DOCTOR ABOUT RISK FACTORS

Research shows there are multiple risk factors linked to breast cancer. Many of them are beyond our control, including genetic mutations, aging, and reproductive history, according to the Centers for Disease Control and Prevention (CDC).

Speaking with family members about any shared medical history is important to identify patterns of disease and help calculate the risk of cancer.

There may also be an environmental component to consider. The CDC lists several risk factors for breast cancer, including smoking, being overweight after menopause, and not exercising regularly.

"Each of these risk factors tweaks the calculator a little, but it's important to keep in mind that no one thing can determine whether you'll get breast cancer," Dr. Hughes says.

4. ANNUAL SCREENINGS ARE RECOMMENDED

An annual clinical breast exam by a doctor is recommended starting at age 25. Mammograms can go a long way for early detection and diagnosis.

As a general rule, Dr. Hughes suggests setting an annual appointment for a mammogram once women turn 40. But it can also depend on personal risk factors, she says. If someone has a family history of breast cancer, it's a good idea to talk to a doctor about getting screened earlier.

Meanwhile, she advises patients to work on maintaining their overall health, including eating well, exercising regularly, and getting a proper night's sleep of seven to eight hours each night.

"Those are all good lifelong practices to adopt for prevention and general health and wellness."

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



THE NUTS AND OATS OF PLANT-BASED MILKS

It used to be so simple: milk came from cows; however, plant-based alternatives are abundant and often overwhelming, so here some tips to help you choose

Soy, oat, cashew, almond, and flax milk are a few of the options available to consumers.

"Some people see non-dairy milks as healthier options," says **Carey Shore, MS, RD, LD**, wellness coach at Methodist Dallas and Methodist Richardson medical centers. "Plus, they offer great options for people who have dairy allergies or lactose intolerance. There is no 'one size fits all' for dairy products and alternatives."

Carey advises that you should choose a plant-based milk that contains a small number of ingredients and additives. That's because most options have sweetened and unsweetened versions, with some adding vanilla flavoring. So, it's important that you check out the nutrition facts for preservatives and other additives before trying something new.

"It's best to opt for a plain flavor," Carey says. "Flavorings in the milk increase the amount of added sugar and saturated fat, and they add more indecipherable ingredients to the product."

When checking out the nutrition label, read beyond the number of calories and carbohydrates it contains per serving. Instead, get in the habit of reading the vitamin portion of the label.

"Consider the amount of protein, calcium, and Vitamin D, as this food group should provide ample amounts of those nutrients," Carey says. "This option might be great for weight loss, while another can improve heart health."

Here's a list of benefits for common plant-based milks to help you determine what might be best for you and your family:



ALMOND MILK

The almond has a reputation for being the healthiest of the nut family, and it's believed to play a role in reducing diabetes. Compared to whole milk's 150 calories, unsweetened almond milk contains just 30 calories per serving.

"Almond milk doesn't contain cholesterol or saturated fats," Carey says, "so it would be considered heart-healthy."

Almond milk is great for your skin and eyesight, too, containing up to 50% of the recommended daily requirement of vitamin E.



CASHEW MILK

Not only are cashews arguably one of the tastiest nuts out there, but unsweetened cashew milk provides the lowest calories of all the nut-based milks. Due to the amount of vitamin E in each serving size, cashew milk can also boost eye health by protecting cells from free radicals that could break down tissues.

HEMP MILK

Don't worry: Hemp milk is made from the seeds of the cannabis sativa plant, so it doesn't contain the intoxicant tetrahydrocannabinol. But it is known to have a relaxing effect that's believed to help reduce stress, anxiety, and symptoms of premenstrual syndrome. Another benefit of this vegan milk is that it contains nitric oxide, a gas molecule that makes your blood vessels dilate and relax, which can help lower blood pressure and reduce the risk of heart disease. It also contains omega-3 fatty acids, which promote cardiovascular health.

COCONUT MILK

Coconut milk is frequently used in Asian-inspired recipes. It's low in calories and carbohydrates, so if you drink it in moderation it shouldn't tip the scale. It also has a significant amount of vitamin B12 to give you a nice boost of energy. And with 40 milligrams of potassium per serving, coconut milk can lower the risk of cardiac arrhythmia.

OAT MILK

For anyone allergic to nuts who wants to explore plant-based milk, oat milk provides a great option that should also be gluten-free. Just like oatmeal, oat milk helps reduce cholesterol levels because it contains a fiber called beta glucan. It also has more protein than flax milk, another nut-free milk.

FLAX MILK

Flax milk comes from the Linaceae family of plants. Flaxseeds have a reputation for being one of the healthiest and most beneficial plants out there. Flax milk is packed with omega-3 fatty acids and vitamin B12 and has 25 calories per serving. It's filled with alpha-linoleic acids, which can help combat heart disease by reversing the hardening of blood vessels.

DO IT YOURSELF

All of these plant-based milks have one more benefit to consider: They can easily be made at home.

If you have an idea of which milk you'd like to create, search for it online and you'll find many recipes to choose from — so long as you have a reliable blender and a cheesecloth to filter the debris from the milk.

"If you have the skillset, time, and motivation, try making milk yourself!" Carey says. "I always encourage people to get in the kitchen and see what they can create on their own."





SOY MILK

Soy milk comes from the soybean plant, a member of the pea family (would you believe pea milk is also a thing?). If your daily diet has room to add a few extra calories or carbs, you could drink soy milk guilt-free. It promotes bone and heart health and has the highest protein content of any option on this list.

"From a nutrition perspective, soy is very similar to cow's milk in terms of protein content," Carey says.



RICE MILK

If you're looking for a plant-based milk that doesn't come from a nut or bean, then rice milk might be the choice for you. This lactose-free milk is high in carbohydrates so it will give you a nice boost of energy. And due to the rice bran oil it contains, the milk encourages cardiovascular health and may help lower cholesterol. It also contains antioxidants, which may promote normal brain function and aid in preventing cancers and thyroid problems.

MILK, FOR ALL IT'S WORTH

COMPARE LOW-FAT COW'S MILK WITH SOME OF OUR FAVORITE PLANT-BASED MILK OPTIONS

MILK TYPES	LOW-FAT	SOY	ALMOND	CASHEW	OAT	COCONUT
CALORIES (KCAL)	122	110	30	25	120	45
CARBS (G)	12	9	1	1	16	<1
SUGARS (G)	12	6	0	0	5	<1
FAT (G)	4.8	4.5	2.5	2	2.5	4
SAT. FAT (G)	3.1	.5	0	0	0	3.5
PROTEIN (G)	8	8	1	<1	3	0
VITAMIN D (MCG) DV	25%	30%	10%	10%	25%	25%
CALCIUM (MC) DV	23%	45%	30%	30%	35%	45%
POTASSIUM (MG)	342	287	25	0	0	40

DV= daily value

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

PLASMA FROM RECOVERED PATIENT **WORKS FOR GRANDMOTHER WITH COVID-19**

Barbara Sterling's inspirational story of survival is well-known in the halls of Methodist Charlton Medical Center

After all, the DeSoto grandmother was the hospital's first COVID-19 patient. The 62-year-old was also among the first there to receive convalescent plasma from a recovered patient, a treatment her family believes saved her life. Barbara's send-off from Methodist Charlton was all over the local TV news.

Barbara's remarkable recovery story is familiar, it seems, to everyone but Barbara.

"I don't remember anything," Barbara says. "I don't remember feeling sick. I don't remember going to the hospital or the treatment. But when my family tells me the story of my time there, I get chills."

Out of the 54 days Barbara spent in the intensive care unit (ICU), 33 of them were on a ventilator. Her family members could only see her through video chats, and her husband and son were warned she might not make it. Barbara had several underlying health conditions, including diabetes. Her family thought they were about to plan her funeral.

"I believe God sent me to Methodist Charlton, sick with COVID-19, so the doctors could work through me and learn through me," Barbara says. "I am so grateful to them."

HOW CONVALESCENT PLASMA WORKS

Mahesh Kottapalli, MD, infectious disease specialist on the medical staff at Methodist Charlton, oversaw Barbara's care and her treatment with convalescent plasma. Dr. Kottapalli explains the blood product is taken from a patient who has recovered from COVID-19. The plasma contains antibodies, which can attack the virus in a patient like Barbara, helping them to recover.

"The success rate when using the plasma has been very high here. I personally have not had any deaths from COVID-19 patients who received convalescent plasma," Dr. Kottapalli says.

After receiving the plasma, Barbara improved almost immediately. Dr. Kottapalli says they have learned a lot from patients like Barbara. For example, Methodist Health physicians are routinely transfusing patients with plasma as soon as they are admitted to the hospital.

"Convalescent plasma seems to be on the uptick in terms of how many people want to use it," says **Karen Roush, MD**, vice-chair of pathology for Methodist Health System. "I had a physician tell me that when used early on, he thought it was better than Remdesivir, a medication used to treat COVID-19. We're transfusing patients much, much earlier than we were, so that certainly could make a difference."

TIME TO RETURN THE FAVOR

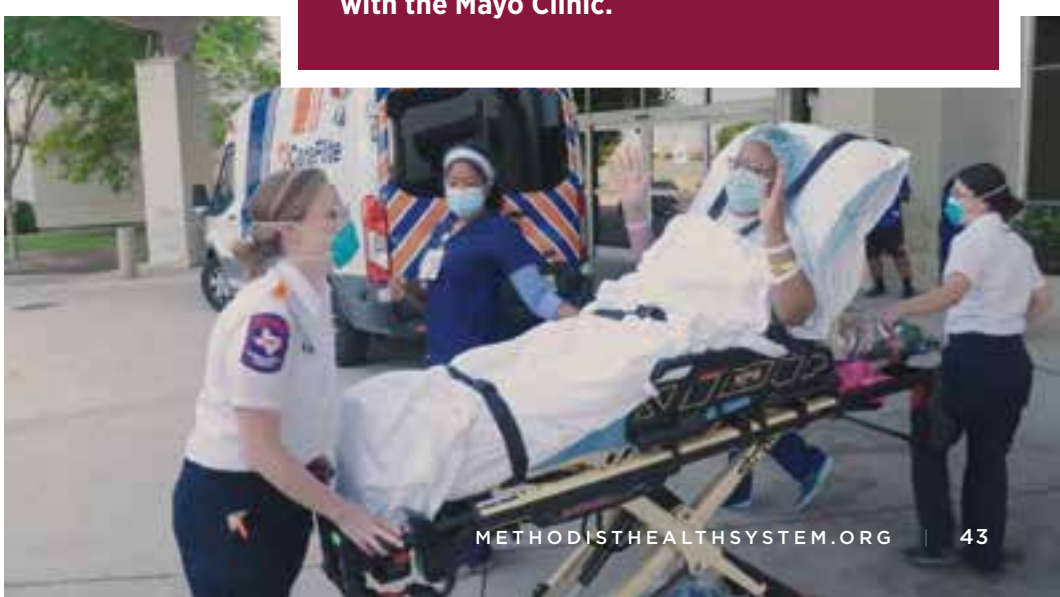
After Barbara was released from Methodist Charlton, she needed time to recover in a rehabilitation hospital. That's common after long stays in the ICU.

But now, Barbara is back home and planning to pay it forward. "When my doctor gives me the 'OK,' I'm going to donate my plasma so I can help a COVID-19 patient the same way someone else helped me," she says.

Dr. Kottapalli encourages others to do the same. He says any COVID-19 survivor who qualifies to give blood can donate their plasma starting up to 20 days after a full recovery.

For more information on how to donate, visit CarterBloodCare.org or call 817-412-5830.

Methodist Health System has been treating COVID-19 with convalescent plasma since early in the pandemic, **thanks to a collaboration with the Mayo Clinic.**





LIFE GETS BACK ON COURSE AFTER SURGERY

COVID-19 fears are no reason to put off medical care because emergencies can't wait



Hospitals are taking every precaution to protect patients during the pandemic, so whether it's dealing with an odd pain or major accident, the emergency room is open and safe for all — a fact that Mansfield resident Johnny Colley is grateful for.

When the 61-year-old attorney was hit with sharp abdominal pains one Friday in April, he was resistant to go to a clinic. Amid sweeping reports and fears of COVID-19, he and his wife hardly left their home anymore, only venturing to the store for necessities.

"I was very apprehensive about going to any doctor," Johnny says. "There was a fear of the pandemic."

He held out hope the pain would go away on its own. After all, he was in great health and hadn't needed a hospital in almost four decades. But instead of getting better as he'd hoped, the pain lingered, and soon Johnny was also running a fever. He realized he needed help and drove to Methodist Mansfield Medical Center.

> THE STAFF WAS FANTASTIC THROUGHOUT THE WHOLE PROCESS. THEY MADE ME COMFORTABLE, AND THAT TOOK AWAY THE STRESS AND THE FEAR I HAD. **I NEVER FELT INSECURE OR UNDER ANY THREAT WHATSOEVER.**
>
> — JOHNNY COLLEY



"I was pretty worried and scared," he says. "But I did know that if I went to Methodist Mansfield, I would not only be treated by professionals, but I would be in a great facility."

AN EMERGENCY SITUATION

Trusting Methodist Mansfield turned out to be the best thing Johnny could have done.

Doctors found two big gallstones wreaking havoc on his body. He needed to have emergency surgery to remove his inflamed gallbladder. Johnny was taken to his own room where he stayed until the procedure.

"The staff was fantastic through the whole process," he recalls. "They made me comfortable, and that took away the stress and the fear I had."

Their efforts were especially appreciated as COVID-19 was at the forefront of every conversation.

"I never felt insecure or under any threat whatsoever."

DON'T HESITATE TO GET HELP

One poll by the American College of Emergency Physicians found almost one-third of American adults are avoiding medical help due to fears about being exposed to COVID-19. Another by the Kaiser Family Foundation, a nonprofit, reported that almost half of Americans say family members have postponed seeing a doctor for the same reason.

However, waiting to get help can be life-threatening. "Putting off healthcare can be disastrous," says **Jennifer Coffman, MD**, medical director of the emergency department at Methodist Mansfield.

"People are being cautious, which is understandable," she says. "But not seeking treatment for serious issues can lead to fewer treatment options and complications that could have been avoided."

MAKING SAFETY A PRIORITY

Waiting to get help can be life-threatening, and it's critical to keep an eye on changes to your body.

"If you're unable to see your regular physician or symptoms are becoming worse, please seek help in the emergency room," Dr. Coffman urges.

This is a lesson Johnny now takes to heart.

"You hear people say, 'You don't want to go to the hospital during a pandemic,'" he says. "That is not true with Methodist Mansfield."

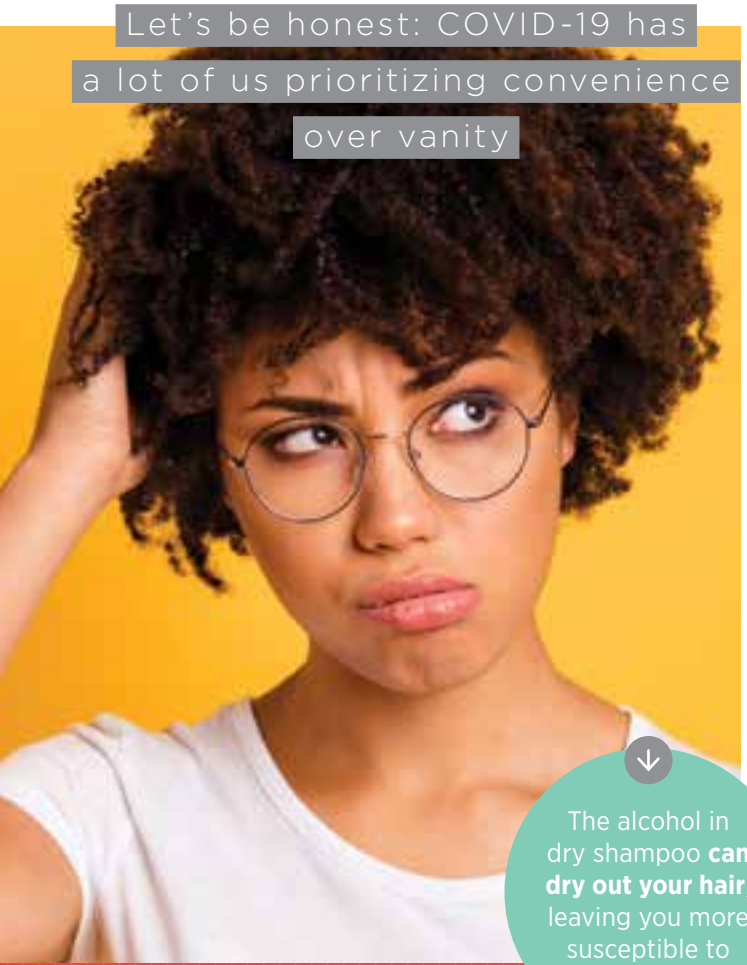
Dr. Coffman says protecting patients is and will always be a top priority.

"We have always strived to be the safety net of the community," she says. "Let us continue to be this for you."

Read more about how our emergency room staff is keeping patients safe at ShineOnlineHealth.com.

Does dry shampoo REALLY CAUSE HAIR LOSS?

Let's be honest: COVID-19 has a lot of us prioritizing convenience over vanity



The alcohol in dry shampoo **can dry out your hair**, leaving you more susceptible to **breakage**.

IF YOU'RE NOT leaving the house, sometimes that daily shower can feel optional. So, it's no wonder more of us are looking at dry shampoo as an easy alternative to washing our hair. A quick online search will pull up thousands of results claiming dry shampoo causes hair loss or damage, while an equal number of results promise there's nothing to worry about. What's the truth?

WHAT DRY SHAMPOO DOES TO YOUR HAIR

The term "dry shampoo" is somewhat misleading, as the product doesn't actually shampoo your hair. Instead, it uses alcohol and/or starch to absorb oil.

"Dry shampoos essentially absorb excess oils and sebum from the scalp, which can assist in hair styling and reduce the greasy appearance of the scalp to provide increased volume and a fresh appearance," says **Angie Koriakos, DO**, a dermatologist on the medical staff at Methodist Richardson Medical Center.

This can be helpful for the occasional freshening-up, but the alcohol in dry shampoos can dry out your hair. That can lead to frizz and make your hair more prone to breakage.

TEMPORARY FIX

Don't get used to the quick convenience of the product because it only buys your hair time. Using too much dry shampoo can cause product buildup on your scalp, clogging your hair follicles. When combined with infrequent hair-washing, that buildup can lead to dandruff and an itchy scalp, as well as irritated, scaly skin.

"Dry shampoo should not be used in patients with scalp disorders or infections," Dr. Koriakos warns. "Using this product too frequently, without proper washing on a regular basis, can lead to conditions such as seborrheic dermatitis or folliculitis of the scalp."

EVERYTHING IN MODERATION

If you've heard that dry shampoo could cause hair loss, the answer is yes — sort of.

An unhealthy scalp and hair breakage can lead to bald spots, and your hair growth can slow. When used several times a week, the ingredients in dry shampoo can build up and weaken the follicle and may cause inflammation, which can also increase hair shedding. The other downside of the product is that the powders it contains can cause hair follicles to stick together, so when one hair strand sheds, it may take a few extra strands with it.

To keep your hair healthy, Dr. Koriakos recommends using dry shampoo sparingly — no more than once or twice a week. Ultimately, she says, dry shampoo isn't the enemy of the scalp.

"Overall, dry shampoos can be beneficial for use when liquid shampoos are unavailable or to let you go a little longer between washes," Dr. Koriakos says. "They should only be used in conjunction with regular hair washing to maintain a healthy scalp."

Healthy hair habits

In addition to limiting your dry shampoo usage, here are some other tips for happy, healthy hair:

- When washing your hair, focus on applying shampoo to your scalp instead of the length of your hair.
- Apply conditioner after every shampoo and focus on the ends of your hair.
- Don't rub your hair with a towel to dry it. Instead, air-dry your hair or wrap it up in a towel.
- Avoid hairstyles that pull your hair back from your hairline too tightly, as well as hair products that advertise "long-lasting hold." These can break your hair.
- Use heat styling tools, such as blow dryers, straighteners, and curling irons, on low heat settings and with hair products that offer heat protection.
- Great news! You don't have to brush your hair 100 times a day. In fact, unless you are styling or detangling your hair, it's best to leave your brush on the shelf.

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