SHINE

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FIREFIGHTER COMES TO HIS OWN RESCUE BY LOSING WEIGHT



Methodist DALLAS MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | FALL 2021



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SHINE

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James C. Scoggin Jr.
Chief Executive Officer, Methodist Health System

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

John E. Phillips, FACHE
President, Methodist Dallas Medical Center

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

Laura Motta Mena, PhD
Director of Community and Public Relations, Methodist Dallas Medical Center

Ryan Owens
Director of Public Relations, Methodist Health System

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

Runhua "Renee" Yan
Communications Coordinator, Methodist Health System

Arnila Nolok
Public Relations Coordinator and Videographer, Methodist Health System

Sheryle Nsangolo
Public Relations Specialist, Methodist Health System

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GASTROINTESTINAL DISTRESS AN **EARLY WARNING SIGN** FOR COVID-19

READ



Initial research shows up to a third of COVID-19 patients experience gastrointestinal symptoms — **some of which linger far after recovery from the coronavirus.**

SAME **DOCTOR TREATS MOTHER AND SON PREEMIES,** 35 YEARS APART

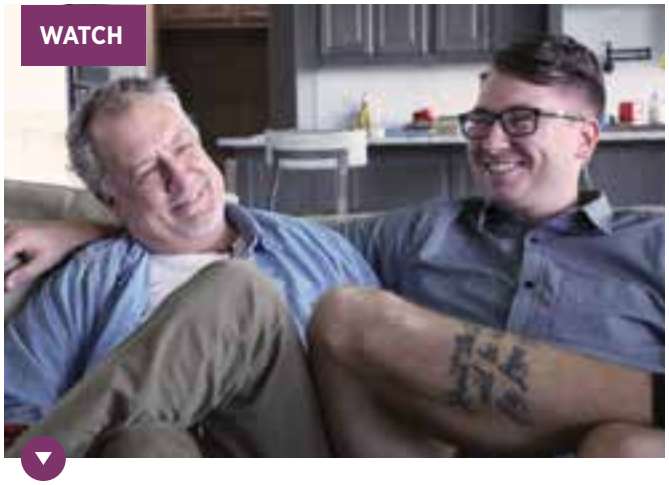
WATCH



Leslie Moulton returns to the same neonatal intensive care unit that treated her in 1985, this time with a premature child of her own. **Her son would end up being treated by the same doctor who helped her.**

SON GIVES HIS FATHER THE ULTIMATE **LIFESAVING GIFT: A NEW KIDNEY**

WATCH



It was an easy decision when Christian Gates learned he **could help save his father Dennis' life: "Let's get this done."**

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COLD AND FLU SEASON COULD BE **WORSE THIS FALL**



Cold viruses made a comeback this summer, and flu could return with a vengeance in the fall

INFLUENZA AND THE common cold barely surfaced last year, thanks to mask use and social distancing. That was fortunate because COVID-19 was raging and the U.S. dodged a potentially disastrous "twindemic."

But cold viruses made a comeback this summer, as many people shed their masks and shared breathing space again, and the fall could be even worse if flu season returns with a vengeance.

"If we end up seeing simultaneous infections with COVID-19, influenza, and RSV, the situation could become complicated," says **Leigh Hunter, MD, FACP**, an infectious disease specialist and program director of the Internal Medicine Residency Program at Methodist Dallas Medical Center.

Young children and seniors are especially at risk because one of the biggest threats is respiratory syncytial virus, a nasty cold commonly known as RSV.

"RSV threatens the very young, the very old, and the immunosuppressed," Dr. Hunter says.

WHAT IS RSV?

For most of us, RSV causes a nasty cold, but for children under 1 year old, it's the most common cause of pneumonia and bronchial infections.

RSV infections typically surge in the fall and winter. But the 2020-21 cold and flu season was barely a blip because of social distancing, mask mandates, and widespread virtual learning last school year.

Over the summer, those viruses made up for lost time, especially among young children who hadn't experienced the usual respiratory viral infections, Dr. Hunter says. In June, the Centers for Disease Control and Prevention (CDC) issued a health advisory that warned of a summer surge in RSV across Texas and the South.

Telling the difference between an RSV infection and COVID-19 can be a challenge, Dr. Hunter says. Also, both viruses can occur together. If your child catches RSV, it may lower their immunity and put them at higher risk for a COVID-19 infection, and vice versa.

That's why you should visit a doctor, especially if your symptoms, or your child's, become severe or won't go away after one or two weeks.

"We need to do testing with a respiratory virus panel that looks for RSV, COVID-19, and other viruses," Dr. Hunter says.

The worst symptoms of RSV include difficulty breathing and a high fever. Children and older adults can also develop a blue pallor to the skin, especially the lips and nail beds.

On the bright side, RSV spreads just like any other respiratory virus, so all the precautions we've become accustomed to — masks, social distancing, and hand hygiene — will stop its spread, too.

WHAT ABOUT THE FALL?

RSV may have surged over the summer, but the flu could be our next problem. So while we may have dodged a bullet last fall, a "twindemic" remains a very real possibility.

Since last September, the CDC says there have been only 2,000 cases of flu reported nationwide — down from more than 200,000 in an average year.

That's the lowest level on record, and it makes developing a flu vaccine far more difficult because there's less data for researchers to draw on to predict which strains will be prevalent in the fall.

Of course, that's no reason to skip the flu vaccine when it becomes available. And it's possible by next fall, there will be a vaccine that kills two bugs with one stone.

"Research is under way to combine the flu and COVID-19 vaccines, which looks promising," Dr. Hunter says.

Find the latest tips for a cold and flu season like no other at ShineOnlineHealth.com.



FOR THIS FIREFIGHTER, IT WAS

WEIGHT LOSS SURGERY TO THE RESCUE

Gastric sleeve surgery gave Alvarado firefighter Doug Johnson a fighting chance at overcoming obesity and the many health problems that came with it



Doug met the main requirement for bariatric surgery — **a body mass index of 40 and over** (or a BMI of 35 and over with an obesity-related medical condition).

Doug was always a big guy. In high school, the 6-foot-tall athlete weighed 220 pounds and dominated football, baseball, track, and tennis. In his 20s and 30s, Doug continued to eat like an athlete in training and packed on the pounds.

Eventually, his weight reached 350 pounds. That had consequences on his health: He was borderline diabetic and suffered from sleep apnea, hypertension, high cholesterol, and regular headaches, among other issues.

"I was always tired — that was the story of my life," Doug says. "I couldn't be out in the sun or the heat. Everything was very taxing on me."

Heart disease also runs in Doug's family. His brother died from a heart attack at age 32, leaving behind four kids. That loss was never far from Doug's thoughts.

"I wanted to live to see my three kids grow up," he says. At that point, he didn't have enough energy to play with them.

Doug also worried about how his weight could affect him on the job.

"I didn't know if my co-workers — guys half my size — would be able to drag me out of a burning building if something happened," he says.

HEEDING THE ALARM

After doing a lot of research and consulting with his wife, who is a nurse, Doug turned to bariatric surgeon **Preeti Malladi, MD, FACS**, medical director of the Weight Management Institute at Methodist Dallas Medical Center, to help him jump-start his weight loss.

"Doug was a great candidate for a gastric sleeve," Dr. Malladi says. "He had been struggling with his weight for a long time and had tried medication and just about every diet with only temporary results."

In this minimally invasive procedure, the surgeon removes the majority of the patient's stomach using small incisions in the abdomen. After surgery, the stomach resembles a sleeve shape. Because it holds less volume, patients feel full quickly and eat less overall.

Doug met the main requirement for bariatric surgery — a body mass index of 40 and over (or a BMI of 35 and over with an obesity-related medical condition).

He diligently prepared for the procedure, which includes introducing a special diet under the guidance of a dietitian, attending counseling with a psychologist, undergoing assessments with a fitness trainer, and enrolling in Methodist's pre-op class, which educates patients on bariatric surgery.

"The patient is being supported from so many different angles," Dr. Malladi says. "We care for each patient as an individual, and our care is very comprehensive. I involve other medical specialties if the patient has other medical conditions."

MANY OF THESE PATIENTS ARE TRANSFORMED. IT'S EXCITING TO SEE THE HAPPINESS AND ENERGY THAT THEY GET FROM LOSING THE WEIGHT.

— DR. MALLADI

'HE LOOKS FANTASTIC'

Doug says his bariatric surgery couldn't have gone better. "Everything was perfect, and everybody at Methodist took great care of me," he says.

He lost more than 160 pounds as a result of the surgery. Now at age 40, Doug weighs less than he did in high school.

"Many of these patients are transformed," Dr. Malladi says. "It's exciting to see the happiness and energy that they get from losing the weight, feeling better, and getting off of medications."

"He looks fantastic," agrees bariatric coordinator Katherine Odom, who runs the largest bariatric support group in North Texas out of Methodist Dallas. The group is open to anyone, whether they have undergone a bariatric surgery at Methodist or elsewhere, or those who are interested in learning more.

"He had a textbook perfect case," says Odom. "After the surgery, he went home the following day and didn't have any issues or complications, and the result was dramatic weight loss."

Doug says his sleep apnea has resolved itself and he has a lot more energy for his three kids. He even began coaching his youngest son's soccer team.

"My kids have definitely noticed," he says. "People who I haven't seen in a while don't even recognize me."

That's in no small part because of the commitment that Doug has made, Dr. Malladi says.

"Bariatric surgery requires a long-term commitment to lifestyle changes," she continues. "Doug was successful because he committed to the process and followed instructions. He impressed us with his focus."



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.



MANSFIELD GRANDMOTHER SURVIVES ONE OF THE DEADLIEST HEART ATTACKS

Doctors raced against the clock to fix a life-threatening blockage

After a blood clot blocked a major artery in her heart, doctors were in a race for time to repair an artery blockage in Mansfield resident Mimi Leasor.

All heart attacks are dangerous, but a widow-maker is especially deadly and, despite its name, it's just as likely to afflict women

That's a fact that isn't lost on Mimi Leasor, or her husband, who credits her survival to the quick actions of paramedics, nurses, and the medical staff at Methodist Mansfield Medical Center.

"She hit the jackpot, or she wouldn't be here," Mike Leasor says. "I think that's pretty clear."

At 58 years old, Mimi suffered a STEMI, or ST-segment elevation myocardial infarctions, heart attack — the medical term for a widow-maker — last March. With no prior history of heart conditions or health issues, she went into cardiac arrest, nonetheless.

"She was not breathing basically," Mike says.



STEMIs — or ST-segment elevation myocardial infarctions — generally involve a 100% blockage of the artery that supplies blood to two-thirds of the heart.

AN ESCALATING EMERGENCY

Mimi describes the sensation as having a buildup of air in her chest. Growing more worried by the minute, she called her husband at his office.

Mike rushed home, and the couple decided it was best to get it checked, just in case. Two miles from the hospital, Mimi's condition took a turn for the worse. She began vomiting and struggling for breath, so Mike stopped in the parking lot near an emergency clinic.

"Air was coming out," he says, "but nothing was going in."

Nurses from the clinic ran out to help, administering CPR while an ambulance was called. Paramedics used a defibrillator to deliver shocks to her heart to bring back a normal heartbeat and rushed her to the emergency department at Methodist Mansfield.

Mimi's heart was in ventricular fibrillation, a dangerous disturbance in heart rhythm that prevents it from pumping blood effectively. It wasn't long before she suffered cardiac arrest and lost consciousness.

1 IN 8 SURVIVAL RATE

Because STEMIs generally involve a 100% blockage of the artery that supplies blood to two-thirds of the heart, the survival rate is just 12% when they happen outside of a hospital, according to the American Heart Association.

With any heart attack, time is of the essence, but that's especially true when the left anterior descending (LAD) artery is 100% blocked, says **Viral Lathia, MD**, cardiologist on the medical staff at Methodist Mansfield who was on call that day.

"Each minute that care is delayed increases the risk of adverse outcomes," Dr. Lathia says. "We start preparing for patients before they physically arrive at the hospital. That way we minimize the time it takes to get them to treatment."

OVERCOMING THE ODDS

Mimi was in such a precarious state when she reached the hospital that Dr. Lathia had to deliver more shocks to try to restore her heart's rhythm. He then inserted a catheter through a blood vessel in her groin, threading it to her heart to assess the issue. He found that the blockage in her artery was likely caused by a clot.

The team used the catheter to place two stents, or tiny wire mesh tubes, to keep the artery open and restore blood flow. Mimi was taken to the intensive care unit (ICU) where nurses could keep a close eye on her.

Doctors were concerned about Mimi's cognitive state after her massive heart attack. But she surpassed their expectations during her three-day stay at the hospital.

"They said she shouldn't have lived through it," Mike says. "Then for her not to have any cognitive difficulties was just nothing short of amazing."

COMPLETE RECOVERY

Mimi credits Dr. Lathia and the rest of the hospital's cardiac team with helping her through a potentially fatal situation.

"They were all very caring. I can't say anything but how great they were," she says.

These days, Mimi is back to doing the things she enjoyed before her hospitalization: gardening, golfing, and spending time with her young grandchildren.

"You'd never know she had a heart attack," Mike says.

Mimi's heart attack has not stopped her from living a full life, but she is more health-conscious now and makes it a priority to get regular check-ups. She says she's grateful to have Methodist Mansfield in the community.

"I couldn't ask for better care," she says.

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



> THE BEST ADVICE I HAVE IS TO FIGURE OUT WHAT 'WINNING' LOOKS LIKE FOR YOU IN YOUR BATTLE. FOR ME, **WINNING IS ONE MORE DAY WITH MY FAMILY.**
>
> — COLONEL JASON JULIAN



MARINE PILOT *flying high* AFTER BEATING CANCER

Colon and liver cancer weren't enough to ground this retired Marine colonel, who feels blessed after his prognosis

Colonel Jason Julian is back home in Texas after 26 years on active duty in the U.S. Marine Corps. A sixth-generation Texan, he always planned to return with his family after retiring from his post in Virginia.

The Plano native just didn't expect that cancer would be involved in bringing him back.

"I knew from the beginning I wanted to fight it with grace," Jason says, "and I'm really proud of doing that as best I could."

Two years, two surgeries, and 12 rounds of chemotherapy later, Jason says he feels "blessed with the best outcome possible."

He'll get no argument from his doctor, **D. Rohan Jeyarajah, MD, FACS**, medical director of gastrointestinal surgical services at Methodist Richardson Medical Center and head of the hospital's hepatopancreaticobiliary surgery fellowship program.

"Jason's story shows that for some colorectal cancer patients, there is a chance for long-term survival, potentially a cure," Dr. Jeyarajah says.

There have been many ups and downs since Jason was diagnosed with stage 3 colon cancer at age 47.

"It was a gut punch I never saw coming," he says.







STARTING THE BATTLE

Before returning to Texas, Jason was stationed at Marine Corps Base Quantico in Virginia. He kept in good shape for his work as a pilot, but in the fall of 2018, he began experiencing cramping and constipation.

"Doctors kept changing my diagnosis, from a hernia to dehydration to severe constipation, but my symptoms never went away," he says.

The pain got so bad that his wife, Kelli, took him to the emergency room early one morning.

Tests revealed a tumor on the left side of his colon. After the initial shock wore off, his family was determined to remain positive.

"We focused on the biggest blessing which was that the cancer had not spread," he says.

But even after a successful surgery and 12 rounds of chemotherapy, his cancer journey was far from over.

CANCER SPREADS TO LIVER

By November 2020, the Julian family had relocated to Flower Mound and Jason found a new oncologist. Routine blood work returned concerning results, so a CT scan was in order.

The scan found two growths: The cancer was back, and it had spread to his liver.

"Hearing that hit us hard," Jason says. "After we prayed and recovered from the news, my wife and I got to work."

They quickly found their way to Methodist Richardson and Dr. Jeyarajah, who acted just as fast after reviewing Jason's cancer history and his recent scans. He was scheduled for surgery within a few days.

"Since no other spots were seen on his scans, I was very confident this surgery could be curative," Dr. Jeyarajah says.

Dr. Jeyarajah used a da Vinci Xi surgical robot to remove a portion of Jason's liver, leaving more than enough for the organ to remain fully functional. Even better, he says, the recovery would be "smoother and faster" thanks to the smaller incisions delivered by the robot.

After surgery, Jason woke up to learn that the cancer had been completely removed and the prognosis for recovery was excellent.

"Since his surgery in December, I am very excited about how well he is doing," Dr. Jeyarajah says.

Today, Jason is back at work, now in human resources for a local aerospace company and spends as much time as he can with his loved ones.

"The best advice I have is to figure out what 'winning' looks like for you in your battle," he says. "For me, winning is one more day with my family."

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

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200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
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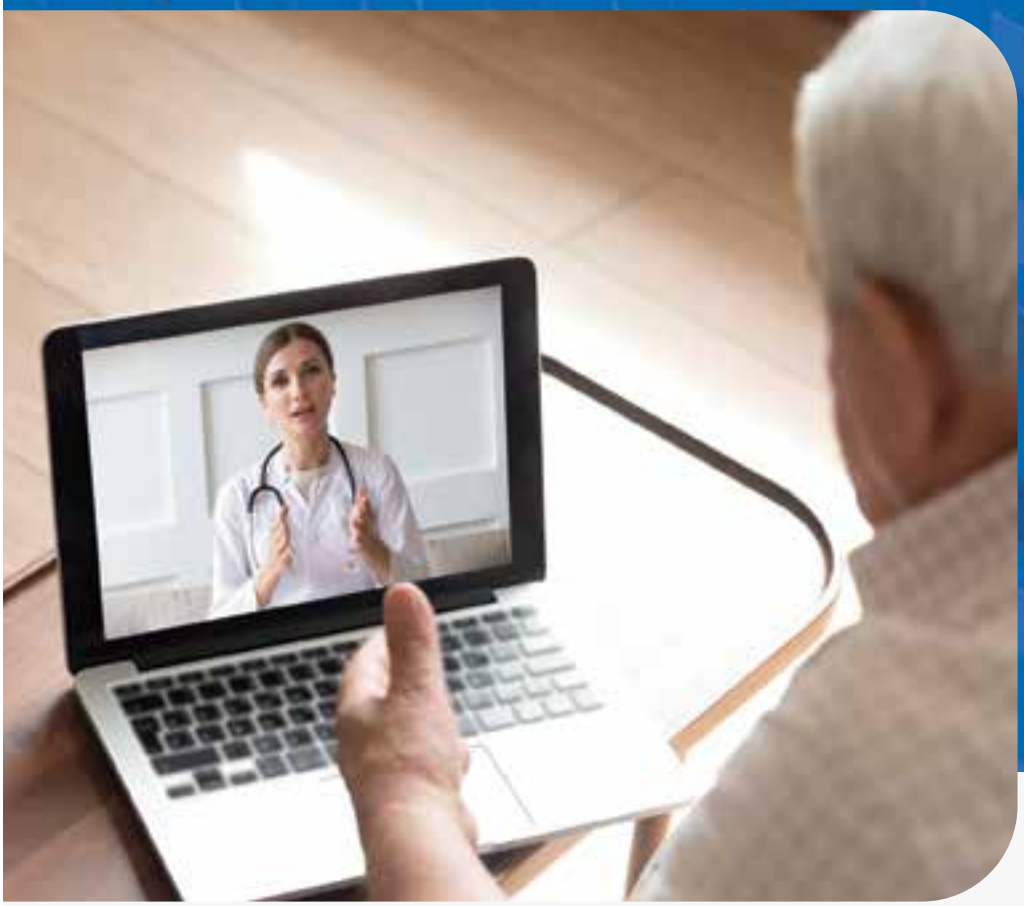

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HOW VARIANTS FROM ABROAD COULD PROLONG THE PANDEMIC

The pandemic isn't over. It's evolving, as demonstrated by the highly contagious delta variant making its impact around the world

THE GOOD NEWS is that every vaccine available in the U.S. offers protection against these mutant strains of the coronavirus, including Pfizer, Moderna, and even the single-shot Johnson & Johnson vaccine.

But 40% of Americans are not fully vaccinated, and more than half of Texans have not had a single dose.

"If you're unvaccinated, you're really at risk right now with this delta variant," says **Leigh Hunter, MD, FACP**, infectious disease specialist and program director of the Internal Medicine Residency Program at Methodist Dallas Medical Center.

There's also a growing danger of "breakthrough" infections, where a hardier strain of virus breaks through a vaccine's defenses. But Dr. Hunter says few breakthrough cases are serious enough to result in hospitalization.

"The bottom line is that vaccines work," she says. "They keep you out of the hospital, and they keep you from being severely ill."

Here's what else you should know about each of the variants that have emerged so far.

THE DELTA VARIANT

Months after the delta strain emerged in India, where it devastated a largely unvaccinated population, this so-called "faster and fitter" variant is wreaking havoc in U.S. hotspots like Missouri, Alabama, and Mississippi. All those states have something in common: Most of their residents remain unvaccinated — just like Texas.

"Nationwide, 99% of the people with severe disease who are hospitalized are unvaccinated," Dr. Hunter says. "That number applies to COVID-19 deaths, too."

Statewide, the delta variant accounted for only 12% of COVID-19 cases in May. That number was nearing 40% over the summer, as case counts and hospitalizations in Dallas-Fort Worth began to inch up again.

With more infections come new opportunities for the virus to mutate again and potentially create more dangerous variants. Stopping the spread stops the virus from evolving.

OTHER VARIANTS AND BOOSTERS

First detected last fall in the U.K., the Alpha strain is about 50% more transmissible and has spread to every state in the U.S.

Other strains, such as the South African-born beta variant and gamma, which first circulated in Brazil, could prove trickier to combat with the current slate of vaccines.

That may make another booster shot necessary. Pfizer is expected to seek U.S. authorization for a third booster dose of its vaccine.

In this sense, living with the coronavirus in coming years may resemble the annual flu shot campaign, with researchers judging which strain will be most prevalent and tailoring the vaccine as needed.

"We may need updated vaccine boosters periodically until we can suppress the numbers of infections," Dr. Hunter says.

HOW WE BEAT THE VIRUS

We don't need to eradicate the coronavirus to get back to normal. After all, the avian flu that caused the Spanish influenza epidemic more than a century ago is still around, and another coronavirus known as the common cold is here to stay.

Instead, health officials are focusing their efforts on getting more people vaccinated to eliminate the worst cases of COVID-19.

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

Learn how three Methodist Health System patients conquered COVID-19.

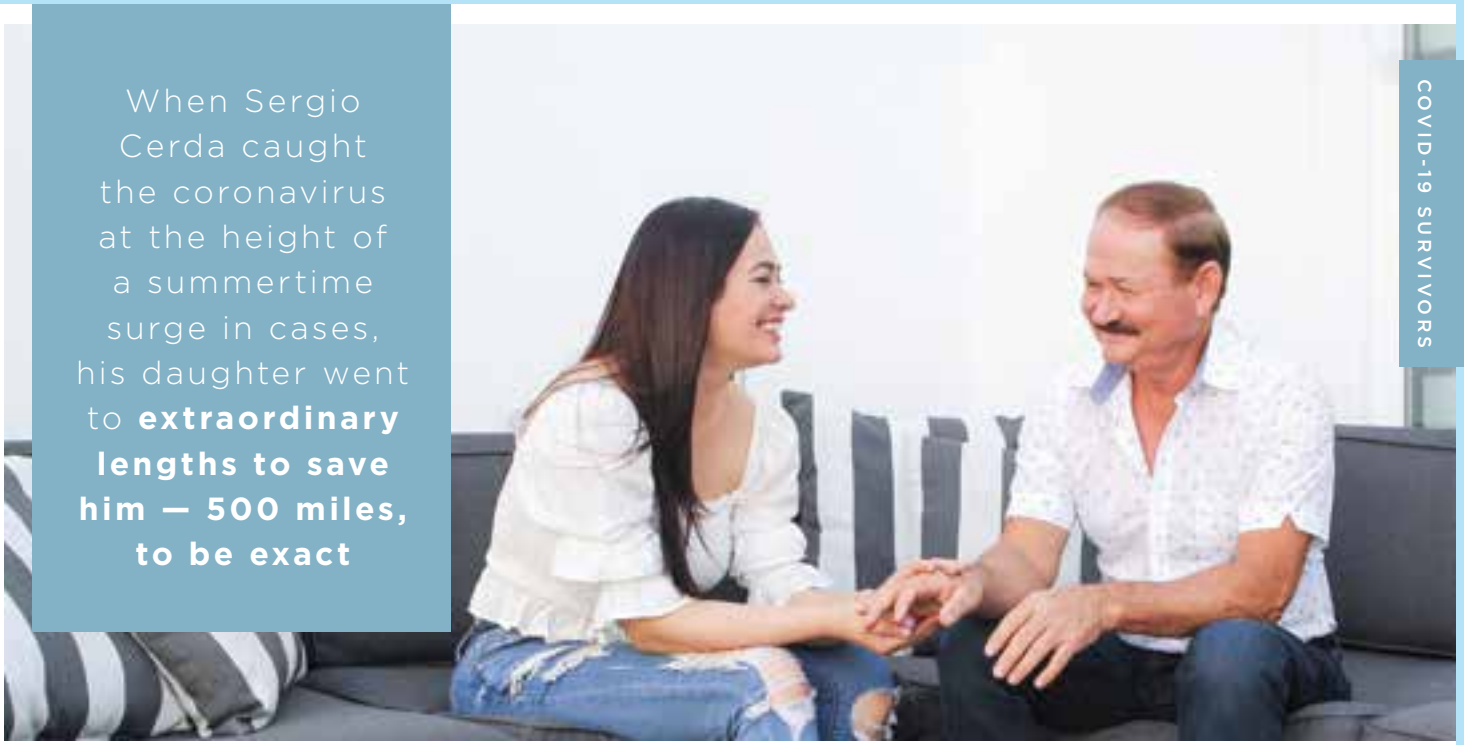
Pages 15-17.







When Sergio Cerda caught the coronavirus at the height of a summertime surge in cases, his daughter went to **extraordinary lengths to save him — 500 miles, to be exact**



SOUTH TEXAS PATIENT TRAVELS 500 MILES FOR LIFESAVING TREATMENT

WITH HER FATHER getting sicker, Nallely Cerda and her close-knit family faced a difficult dilemma last August when hospitals in their South Texas town were overrun with COVID-19 patients.

As a nurse herself, Nallely decided to transfer her father, Sergio, to Methodist Dallas Medical Center. She had heard from a friend how the hospital was offering treatments such as remdesivir and convalescent plasma.

"So I had it in the back of my mind that Methodist Dallas was the place to go," Nallely says.

With help from **Juan Avila, MD**, internal medicine physician on the medical staff at Methodist Dallas, the Cerda family got Sergio the care he needed in the hospital's COVID-19 unit.

"I was impressed by his daughter's initiative," Dr. Avila says. "She was the one who really got him to our hospital where he could get these treatments in a timely manner."

Nallely continues. "They called me back and said, 'We accept your dad's case. Would you like to start the transfer?'"

500 MILES TO TREATMENT

There was just one problem: Dallas was an eight-hour drive from their border town of Mission. An ambulance ride seemed too risky, so Nallely sought out other options.

Within hours she had arranged a plane to take her father, cutting his transport time from eight hours to two. As paramedics accompanied her father to Dallas, Nallely and her mother drove north, all the while coordinating with medical staff and fielding questions from concerned family members by phone.

"I told my dad, 'You already have a room at the hospital; you're going to get the best care ever,'" she recalls.

Sergio says he was resigned to his fate but soon gained renewed hope.

"At first I thought, if I die, it's God's will," Sergio says. "But when I got to Methodist Dallas, I knew I was not going to die."

Dr. Avila, who was in charge of Sergio's care, called Nallely the next morning with an update. He helped Sergio get the steroids and remdesivir he needed.

"He responded well to the medicine," Dr. Avila says.

He also received convalescent plasma, and within 28 hours of the plasma transfusion, Sergio's breathing improved and his need for supplemental oxygen gradually decreased until he could be safely discharged.

"Little by little, he got better," Nallely says. "We're so grateful to God for making this happen."

'I'M A SURVIVOR'

The family eventually returned home where Sergio slowly but surely regained his health. Nallely, living five minutes away, kept a close eye on her father. She says he seemed to have turned a corner after two months. He's walking seven miles daily and recently got his COVID-19 vaccine.

"I'm a survivor because of Methodist Dallas," Sergio says.

Learn more about staying healthy and stopping the spread of COVID-19 at ShineOnlineHealth.com.

'STEP BY STEP,'

CHRONICALLY ILL WOMAN OVERCAME INFECTION

Kathy Brashear was living with a host of health problems even before COVID-19 stole her breath away

LIKE MOST PEOPLE, Kathy Brashear had heard the warnings that COVID-19 patients with underlying health conditions are the most at risk for severe cases. So she feels lucky to be alive.

The 54-year-old Cedar Hill resident spent 86 days fighting the infection at Methodist Charlton Medical Center. She stayed in the intensive care unit (ICU) for almost half of that time.

Her condition was so critical that her lungs collapsed three times and she needed intubation, a procedure to insert a tube into her windpipe so a ventilator could help her breathe.

Even after leaving the ICU, Kathy faced an uphill battle to regain her strength. She could no longer complete everyday tasks like walking, feeding herself, or even holding a cup.

But Kathy says she drew strength from the network of experts and hospital staff — physicians, nurses, respiratory and physical therapists, social workers, lab technicians, and even housekeepers — who looked after her.

"It makes you try a lot harder when someone is caring so much, when you have a team who will go along with you, step by step," Kathy says.

RECOVERING PHYSICALLY

Kathy can't recall much from her six weeks in the ICU. She was sedated most of the time in order for a ventilator to breathe for her. She does, however, remember needing a lot of help after being taken off of the machine. She couldn't even sit up on her own.

"When you're in bed for a long time, you're not using your arms, your legs, or your trunk," explains **Agnes Manait, PT, RPT**, physical therapist at Methodist Charlton. "The main issues with COVID-19 patients are strength and endurance."

Kathy spent hours with Manait to rebuild the muscles that atrophied during her illness, and she began seeing progress.

"We'd do foot exercises till I could get up and walk, arm exercises till I could do what I needed to do," Kathy recalls. "She didn't give up. She didn't let me quit."

That's the spirit of the entire physical therapy team at Methodist Charlton in action.

"It was a team effort," Manait says.

RESPIRATORY SUPPORT

Because the coronavirus primarily targets the lungs, COVID-19 patients needed the expertise of respiratory therapists who are specially trained in the equipment and techniques needed to handle pulmonary diseases. These frontline workers faced a great responsibility — as well as great personal risk.

"We were probably at the highest level of danger, using suctioning equipment and dealing with ventilators," says



Kathy Brashear is back home now, continuing her recovery with help from her daughter Ashley Greer.

Susan Money, RRT-NPS, AE-C, ACCS, respiratory therapy manager at Methodist Charlton.

Money ensured her staff always wore the proper personal protective equipment to keep them safe.

"In a way, the pandemic really brought us together," she says. "We learned to work together better. Everybody stepped up, every single person."

In turn, their collective efforts made a huge difference to countless patients like Kathy.

"She went from someone who wasn't even able to sit at the edge of the bed and get up to someone who was able to walk and go home," Manait says.

Kathy says she won't forget the care she received at Methodist Charlton.

"I am humbled and grateful to everyone who cared for me," she says. "They were on their game. Because of them, I'm still here, and I'm still continuing to fight."

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



COVID-19 SCARE LED MAN BACK **TO HIS FAITH**

Rich Niccolls found the right mindset to tackle the challenge ahead by channeling his inner strength

GRAVELY ILL AND losing hope with each ragged breath, the time had come for Rich Niccolls to lace up his running shoes and beat the virus.

Three days into his hospital stay, Rich had reached a new low in the COVID-19 unit at Methodist Mansfield Medical Center.

"I was scared to death because I couldn't breathe — and I wasn't seeing any real improvement," he says, a year removed from his ordeal. "I had to do something, so the next morning I grabbed the shoes I'd worn into the hospital, laced them up, and turned a corner."

Years ago, Rich had run half-marathons, and he insists that simple gesture made him an active participant in his recovery.

"I realized I've got to get back home," he says. "I still have to be a husband, a dad, and a friend. So I'll do what I can for my part."

'BEST DECISION'

Days earlier, Rich's wife, Traci, was taking him to the hospital for a second COVID-19 test (the first was negative) after working a construction job in the Texas heat caused a nasty case of heat exhaustion. Now, he was dangerously dehydrated and running a fever.

"She asked, 'Do you want to go to Arlington or Mansfield?'" he recalls. "I said, 'Take me to Methodist Mansfield.' It's probably the best decision I've ever made."

Shortly after arriving, he learned his test came back positive. He was told he was being admitted and wouldn't leave the hospital for a couple of days, at least. Rich was devastated.

"I was concerned with my pride," he wrote in a 4,000-word blog post chronicling his ordeal. "The doctor was concerned with my life."

That doctor, **Shelley Lenamond, DO, FHM, CPE**, hospitalist on the medical staff at Methodist Mansfield, says Rich was quick to appreciate how serious his infection had become. There's no substitute for a patient who is engaged in their treatment, she says.

"That's super important, especially with COVID-19 patients," Dr. Lenamond says. "That mental aspect profoundly affects our patients, and it makes a huge difference."

FINDING INSPIRATION AFTER LOSS

Rich was not the first man in his family to suffer a bad case of COVID-19, and sadly, he wouldn't be the last. His adult son was hospitalized with the virus shortly before Rich was exposed himself. And his own 82-year-old father died from COVID-19 in May 2021, after years battling chronic obstructive pulmonary disease.

Rich would receive an antiviral treatment, remdisivir, and an infusion of antibody-rich blood plasma from a patient who had recovered from COVID-19.

Even so, he hit bottom that July Fourth weekend in 2020. That's when he strapped on his shoes and called on his faith for help.

"I realized I had been faithless in my approach to all this," Rich says. "But others lent me their faith, and I rediscovered my own. I realized I'm not by myself."

A former missionary and Christian youth pastor, Rich thanks God for his recovery, but he also credits others along his path, from his family and friends who showed up holding handwritten signs in the parking lot outside his window to the cleaning staff, respiratory therapists, and nurses who were there night and day to care for him.

"I don't know how they do it, day in and day out," he says. "They took a risk every time they opened that door. They treated me like I was the only person in the hospital."

Of course, he wasn't, and thoughts of his fellow COVID-19 patients weighed on his mind when his condition improved and the time came for his release. The staff even organized a "clap out" in his honor, clapping, shouting, and singing to "Uptown Funk."

"In the midst of a very tough year, I am glad for the three minutes this staff had to dance and celebrate," Rich says, "and super glad that I was part of the party!"

Read more about the countless staff members who work tirelessly to combat the pandemic by searching Healthcare Heroes at ShineOnlineHealth.com.

All healthcare providers in Texas are **required to enter every vaccinated individual into the state's immunization registry,** a database known as ImmTrac2.

WHY IT'S SO CRUCIAL TO PROTECT YOUR COVID-19 VACCINE CARD

If you've received a vaccine for COVID-19, you just received an invaluable document you need to safeguard

IMAGINE THE HEADACHE if you lost your passport or Social Security card. COVID-19 vaccine record cards — those index card-sized documents distributed at vaccine clinics nationwide — are just like any other form of personal ID and should be protected as such.

What's more, they could become as essential as passports for international travel. Some U.S. sports venues already require proof of vaccination before allowing entry into stadiums for in-person attendance.

If the vaccines symbolize our ability to return to normal life, it stands to reason we should protect our immunization records.

"This is an important issue," says **Jon Albrecht, RPh, MHA, BCNSP, FASHP**, vice president and chief pharmacy officer of Methodist Health System. "There have been numerous reports of fake vaccine cards. This has resulted in some businesses, such as cruise lines, asking for double verification — meaning your vaccine card plus an authenticated report."

AN ELECTRONIC RECORD

Everyone who receives the COVID-19 vaccine is issued a document that includes name, birthdate, date of vaccination, and the vaccine brand. But what you may not realize is an electronic record is also created once you're immunized.

If you got your shots from a healthcare provider who uses Epic Systems, a software program that stores patients' medical information, you can find the information by logging into Epic's patient portal, MyChart.

"If you don't already have access to MyChart, then you will need to contact your provider to get access," Albrecht says. "If your provider doesn't have Epic, there is another option."

All healthcare providers in Texas are required to enter every vaccinated individual into the state's immunization registry, a database known as ImmTrac2.

"Individuals don't have access to the ImmTrac2 system, only registered medical providers," Albrecht explains. "Individuals would have to go to their primary care physician or vaccine provider to get printed copies of their immunization records."



PROTECTING YOUR INFORMATION

You might have heard recommendations to laminate your COVID-19 vaccine card to better protect it from wear and tear. But Albrecht recommends against it and points to the blank spaces marked "other" on the card.

"Those empty slots are there for a reason, in the event we have to have booster doses," Albrecht says. "If you laminate the card, it is going to be hard to add the booster doses to it."

Experts now recommend a third booster dose of the Pfizer and Moderna vaccines for anyone with a compromised immune system.

If you already laminated your card, he adds, don't fret. You can go back to the provider that originally administered your vaccine and request a replacement. Your provider can also replace a lost or stolen card.

Instead of lamination, Albrecht recommends getting a protective sleeve — like those given out at Methodist Dallas' vaccine clinic — to slip over your card.

"Treat your vaccination card just like a passport," he advises. "Most people don't carry around their passport everywhere they go. Keep it in a safe place."

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



5 TIPS FOR PREPARING YOUR BABY'S BIRTH PLAN

Every parent deserves to enjoy the journey to parenthood, so get the most out of this exciting time

WHILE WELCOMING A BABY is certainly a cause for celebration, it can also seem like a daunting challenge, especially if it's your first child.

Consider a birth plan to help navigate the ups and downs of labor and delivery, says **Heather Havener, MD**, OB-GYN on the medical staff at Methodist Mansfield Medical Center. It's a blueprint of sorts detailing your healthcare preferences, including where you'll deliver the baby, who will assist you, which medications you'll accept during labor, and so much more.

"I tell patients it's completely optional," she explains, "but it puts some people at ease to have that plan. It's also a good idea if there are certain decisions in the birthing process that are really important to you."

1. PAIN MANAGEMENT

A birth plan is especially beneficial for mothers who want a natural birth or a birth with minimal medications.

Dr. Havener says it's important for parents to research their options for pain management and communicate their decisions with their care team. They might opt for an epidural, IV pain medications, or something else entirely.

"Heat can help, so maybe they'll want a shower or a heating pad," she says. "Some patients feel like being on the birthing ball helps with labor, and others will even bring their own essential oils and diffuser."

2. ASSISTANCE IN THE DELIVERY ROOM

Having the right person to support you during labor can be a huge source of comfort. You can use your birth plan to specify who's allowed in the room during the delivery.

"COVID-19 has complicated things a bit, but Methodist Mansfield still allows moms to have up to two support people in the room," Dr. Havener says. "They can be a doula, your partner, a family member, or anyone else you want to help you through the process."

3. KEEP YOUR GO BAG READY

When the exciting day finally arrives, it can be a mad dash to get to the hospital, especially if your water breaks unexpectedly. To make things easier, pack a bag in advance.

Dr. Havener warns against overpacking and instead advises parents to stick to the essentials, namely ID and insurance information, a change of clothes, toiletries, and a few comfort items.

"Even if you forget a couple of toiletries, usually we can get a toothbrush, toothpaste, towels, and things like that," she says. "For the baby, the hospital provides diapers, blankets, and hats."

4. THE DELIVERY

Your birth plan should also specify how you want to deliver your baby. Whether it's induced labor, natural childbirth, assisted deliveries, or a caesarean section, moms have several options.

"I find birth plans helpful for patients who maybe had a less than ideal experience previously or if they encountered complications in labor with another baby," Dr. Havener says.

For the moments after delivery, your birth plan can help you make the most of the experience.

You can decide who will hold the baby first, when to give the first bath, and even when to cut the umbilical cord.

5. CONSULT YOUR DOCTOR

Dr. Havener recommends patients show their physicians the plan they've created before labor and delivery to help manage expectations and prevent misunderstandings. But ultimately, she says, these choices are up to parents to make.

"This is their new family, and they should be able to make these important decisions and feel comfortable about all of it," she says.

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

This first-time mother's pain signaled preeclampsia, high blood pressure that threatened her unborn baby's life, and her own



WHEN A HIGH-RISK PREGNANCY DELIVERS

THE HIGHEST REWARD

Nora Browne was just 30 weeks pregnant with her first child when she began suffering abdominal pain on New Year's Day in 2021.

When stretching and a yoga ball provided no relief, Nora called her doctor's office and reached the doctor on call.

Nora decided to just head to bed after a routine consultation and a promise to follow up if her pain worsened.

By 2 a.m., it became painfully apparent that Nora's plan to sleep it off wasn't working. After one more call to the doctor's office, Nora and her husband, Thom, made their way to Methodist Dallas Medical Center, where a maternal care specialist gave them a shock.

"By coming in today, you saved not only your baby's life, but also your own," **Nicole Yost, MD**, maternal and fetal medicine specialist on the medical staff at Methodist Dallas, told Nora at the time.

HIGH BLOOD PRESSURE

The couple arrived to find an unfamiliar doctor, **Angelica Knickerbocker, MD**, OB-GYN on the medical staff at Methodist Dallas, also waiting for them.

"I had never even met her before," Nora says. "She happened to be the on-call doctor that night."

Dr. Knickerbocker diagnosed Nora with preeclampsia, high blood pressure that can damage the organs of pregnant women and impede blood flow to the uterus. Untreated, preeclampsia can lead to serious, and possibly fatal, complications for mother and baby.

"I was concerned about her liver," Dr. Knickerbocker says, so she ordered an ultrasound of the organ and stayed by Nora's side throughout the procedure.

"She was incredible," Nora says of Dr. Knickerbocker's care.

Once Nora's scan came back normal and her pain and blood pressure were under control, Dr. Knickerbocker summoned Dr. Yost. She arrived in the early morning hours for a sonogram of the baby, and it quickly became apparent how fortunate it was that Nora had listened to her body.

"For the rest of your life," the physician told her, "you need to trust that instinct you have."

Dr. Yost explained that the preeclampsia had reached the baby two or three weeks earlier, and his growth was severely restricted. He simply wasn't getting what he needed.

"I knew the baby should be a little under 3.5 pounds, so I asked for his weight," Nora says. The answer came back: 2 pounds.

LIFE-THREATENING SYNDROME

But it wasn't just the baby whose health was in danger.

"Nora was at risk for liver rupture and the placenta coming off the wall early," Dr. Yost says. "When it starts to affect the mom's health, then it is time to deliver the baby."

Dr. Knickerbocker agreed because Nora was also developing HELLP syndrome, the worst form of preeclampsia characterized by hemolysis (the destruction of red blood cells), elevated liver enzymes, and a low platelet count.

"Everything about obstetrics is a balance of risk and benefit," Dr. Knickerbocker says. "How much risk to mom are we willing to take for the benefit of baby?"

In Nora's case, the risk was too high, so she, Thom, and their team decided it was time for Nora to deliver.

Then, just as fear for their baby's well-being started to sink in, a doctor from the neonatal intensive care unit (NICU) came by to deliver some good news: Babies delivered at 30 weeks have a 98% chance of survival.

It was the hope they needed, along with the support of the entire team at Methodist Dallas.

"We had seen so many people at this point, and every one of them had a calming effect," Nora says. "Everyone was so kind."

So off she went to the delivery room. About 15 minutes later, Arthur Patrick Browne made his debut. After 78 days in the NICU, Arthur went home "as healthy as can be," Nora says.

Looking back, Dr. Yost says everything just fell into place, from a patient in tune with her body to a team in tune with their patient. Throw in a 24/7 NICU and a hospital that now boasts a Level III Maternal Care designation, and that produces a comprehensive facility for mothers and families.

The Texas Department of State Health Services has certified the Women and Children's Services team to provide care to complex maternal medical conditions, obstetric complications, and fetal conditions, just like those Nora experienced during her pregnancy.

"That's a big deal," Dr. Yost says.





Tour the labor and delivery department at Methodist Dallas by visiting MethodistHealthSystem.org/DallasMaternityTour.

MIDLOTHIAN'S FIRST HOSPITAL

PROVIDES RAPID RESPONSE **FOR THIS FIRST RESPONDER**



A rare diagnosis led an Arlington police detective to seek help close to home

Nobody ever plans to have an emergency, but it's good to know help is only minutes away if something does happen.

That's how Leonor Thompson sees it after an episode of intense pain landed her in the emergency department at Methodist Midlothian Medical Center, the city's first and only hospital. It was so new, Leonor had almost forgotten it was there.

"I was so glad," Leonor says. "I thought, 'Oh yeah, we have a hospital here now. We have an ER in Midlothian.' I was relieved because it was so close."

Leonor now realizes how fortunate it is she had a hospital so close to home. Doctors discovered she had a rare condition called fallopian tube torsion.

"We found that the fallopian tube had basically twisted up on itself and was filled with blood and fluid, and that was the source of her pain," says **Jason Brown, MD,** OB-GYN on the medical staff at Methodist Midlothian.

It's so uncommon that one report estimates it's seen in only 1 out of 1.5 million people.

GETTING IMMEDIATE HELP

Leonor says her health troubles started after midnight on a typical Wednesday. The 40-year-old Arlington police detective remembers returning home from a late-night shift and crawling into bed. But a couple of hours later, she woke up feeling unwell.

"Initially, it was a subtle pain, almost like a stomachache. I thought maybe it was indigestion," Leonor says. Trying not to wake her husband, Shane, Leonor made her way to the bathroom.

"In 10 minutes, that pain got pretty intense, pretty fast," she says.

Nausea set in, causing Leonor to vomit. Then came a constant stabbing pain in her abdomen.

"It was so, so sharp, like a stomach cramp on steroids," Leonor says.

Soon after that, Shane found her doubled over. Around 3 a.m., when it became obvious the pain wasn't subsiding, they got in the car.

But where could they go? All the hospitals that came to mind were quite a ways out, Leonor thought. That's when Shane remembered that Methodist Midlothian recently opened near their home. Decision made, the couple rushed to the hospital.

"Within that first five minutes we were in a room," Leonor says.

CONFIRMING THE DIAGNOSIS

She was seen by **Kelsey English, MD**, emergency medicine physician on the medical staff at Methodist Midlothian.

"Leonor had severe lower abdominal pain. You could really tell she was hurting quite a bit," Dr. English says. A CT scan revealed Leonor had fluid in the fallopian tubes, a condition known as hydrosalpinx.

"That was a pretty atypical diagnosis," Dr. English says. So she admitted Leonor and reached out to Dr. Brown, the OB-GYN on call.

Dr. Brown could immediately sense something was wrong.

"I barely examined her abdomen and could tell she would require surgery," Dr. Brown says.

He and his team took Leonor to the operating room and did a diagnostic laparoscopy, which entails inserting a scope through an incision in her abdomen to find the problem. It was how he determined Leonor had fallopian tube torsion.

'SUCH A TEAM EFFORT'

It was a lot for Shane and Leonor to take in, so after the surgery, Dr. Brown showed them photos so they could better understand the condition.

"I just took some time to really explain it to them well," he says. "It's just part of doing the right thing."

Leonor left the hospital only 12 hours after her admission. Looking back, she says she's thankful for the care she received at her community's new hospital and is relieved to have the staff's expertise considering how rare her condition is.

"It was such a team effort," Leonor says of her treatment. "From the minute we got there, I was very blessed to have been treated so well during a really stressful and intense time, all the way up to the minute I got wheeled out of the hospital."





Learn how MidloQuickER.org is reinventing emergency care in Ellis County.

MAKING QUICK WORK OF A WIDOW MAKER

Out of breath and doubled over in pain, Daniel Lauriano decided his lawn work would have to wait and sought help last March



At the time, the Richardson man didn't know that he had suffered a "widow maker" heart attack, caused by a complete blockage of the main vessel that supplies blood to the heart.

After a startling electrocardiogram and a flurry of pre-op prep at Methodist Campus for Continuing Care, an ambulance rushed the 47-year-old to Methodist Richardson Medical Center, where the cardiac catheterization team was waiting.

"Thank God for them," Daniel says. "I owe them my life."

Leading that team was **Nhan Nguyen, MD**, interventional cardiologist and medical director of cardiology at Methodist Richardson.

"This is something that we know exactly what it is and how to fix it, and we do it really well," Dr. Nguyen says.

The team performed a balloon angioplasty, a minimally invasive procedure to quickly restore blood flow through the left anterior descending artery. He then inserted a stent — a tiny mesh scaffolding that remains in the artery to ensure it stays open.

During the procedure, the team also found a blockage that wasn't life-threatening. Two weeks later, another stent on the right side of Daniel's heart addressed that risk.

DEADLIEST OF HEART ATTACKS

The dangers of widow makers, also known as STEMI heart attacks, are extreme.

The American Heart Association puts the survival rate for such attacks at 12% when they happen outside of a hospital.

Without swift treatment to restore blood flow, the patient can die or suffer irreversible heart damage.

Thanks to the program Dr. Nguyen started 16 years ago, Methodist Richardson is set up to treat heart attacks without wasting a minute, streamlining the entire process "from door to balloon," he says.

The cardiac team includes specialists in cardiology, cardiothoracic surgery, general thoracic surgery, and vascular surgery — with comprehensive after-hours care available 24/7.

When seconds are the difference between life and death, having a team renowned for its speed and skill is invaluable.

MEN AREN'T ALONE

While "widow maker" is an apt name for such a deadly affliction, it's also a misnomer because such heart attacks don't discriminate between men and women.

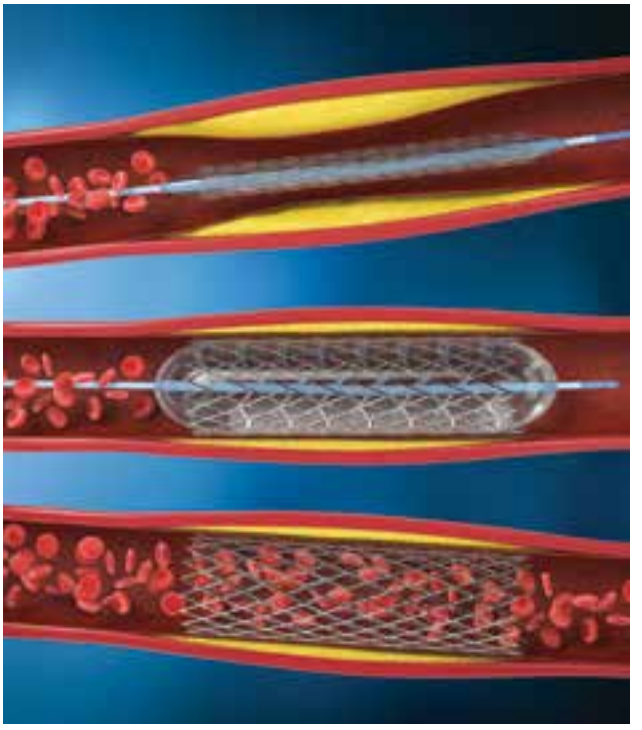
However, Dr. Nguyen says, the symptoms can differ between them. Where men often complain of chest or arm pain, women suffering a heart attack may mistake it for indigestion or heartburn.

The cardiologist recommends seeing your primary care doctor regularly and having health screenings — blood pressure, cholesterol, blood sugar — to help minimize risks. It's becoming more common for heart attacks to strike people at any age.

"Just because you're young doesn't mean you don't have heart disease," Dr. Nguyen says.

> JUST BECAUSE YOU'RE YOUNG **DOESN'T MEAN YOU DON'T HAVE HEART DISEASE.**
>
> — DR. NGUYEN

The team performed a balloon angioplasty, a minimally invasive procedure to quickly restore blood flow by inserting a stent into the left anterior descending artery.



WHAT ARE THE RISKS?

Most heart attacks are linked to coronary artery disease and the buildup of cholesterol-rich, fatty deposits called plaque.

Besides keeping tabs on your cholesterol and blood pressure, staying fit and eating right can help stave off heart disease.

Daniel, who likes to swim and bike, considers himself active. He spent 25 years as a construction worker but admits his diet was in need of some renovation.

"I ate whatever I wanted," he says. "This was a big mistake."

Daniel, a native of Belize who has four adult children and a wife of 28 years, didn't hesitate to make lifestyle changes. His sister, a dietitian at another local hospital, helped transform his diet in strict fashion. Before long, he had already lost 23 pounds.

"It's a blessing every day I get up," Daniel says.

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



HOPE FOR HERNIA PATIENT

AFTER SURGERIES FAILED HER

After a painful hernia continued to threaten her comfort and happiness, Methodist Mansfield Medical Center staff found a solution

When surgery kept failing her, Pamela Rowe learned to live with a painful hernia, year after year after year.

She missed work because of the pain and suffered constant heartburn and embarrassment when people asked if she was pregnant.

The breaking point came when a doctor told Pamela the hernia — a complication from an earlier surgery that caused tissue and organs to press painfully on a weak spot in her abdominal muscles — couldn't be fixed and pain medication was her only recourse.

She became depressed, but then a colleague recommended she seek another opinion at Methodist Mansfield.

"I didn't get my hopes up or anything," Pamela recalls of bringing her hernia files and X-rays to the first visit with **Jeremy Parcells, MD**, bariatric surgeon on the medical staff at Methodist Mansfield. "When he began talking to me, I started crying and said, 'I know there's nothing you can do about it.'"

Dr. Parcells promised to review her history and ended up taking a different approach.

> I DIDN'T THINK ANYBODY WAS EVER GOING TO HELP ME WITH THIS. **THEY LITERALLY CHANGED MY WHOLE LIFE.**
>
> — PAMELA ROWE

"When repairs are failing, you have to look at why," he says. "A lot of it is working with the patient to do everything we can to make things as successful as possible, to stack the odds in their favor."

ODDS AGAINST HER

For too long, nothing had worked in Pamela's favor.

"I was in deep depression because I didn't think anybody was ever going to be able to help me with this," she says.

Rowe first had laparoscopic surgery in 2017 to correct her endometriosis, a painful condition where tissue similar to the lining of the uterus grows outside of the organ.

Within a year, the incisional hernia emerged at the site of her surgery. Three surgeries to correct the hernia were unsuccessful.

Pamela's weight stacked the odds against her. Obesity increases the risk of developing a hernia and complicates gastrointestinal surgery.

Dr. Parcells told Pamela there was a fix, but she had to lose weight. She agreed instantly.

"I was determined," she says.

A LONG TIME COMING

For months, Pamela drank protein shakes for breakfast, stuck to salads at lunch, and protein and veggies in the evening.

She lost 15 pounds within a couple of months, and Dr. Parcells gave the green light for step two: a series of injections to relax her abdominal muscles. That would ensure the tissue wasn't under tension during surgery and make the hernia repair more likely to last.

Dr. Parcells and his partner, **Gary Alexander, MD**, general surgeon on the medical staff at Methodist Mansfield, also performed an advanced surgical technique that separates and lengthens muscle layers on the sides of the abdomen to help close the middle.

On Oct. 14, 2020, the surgical team repaired her hernia and reinforced it with mesh. Pamela was ecstatic.

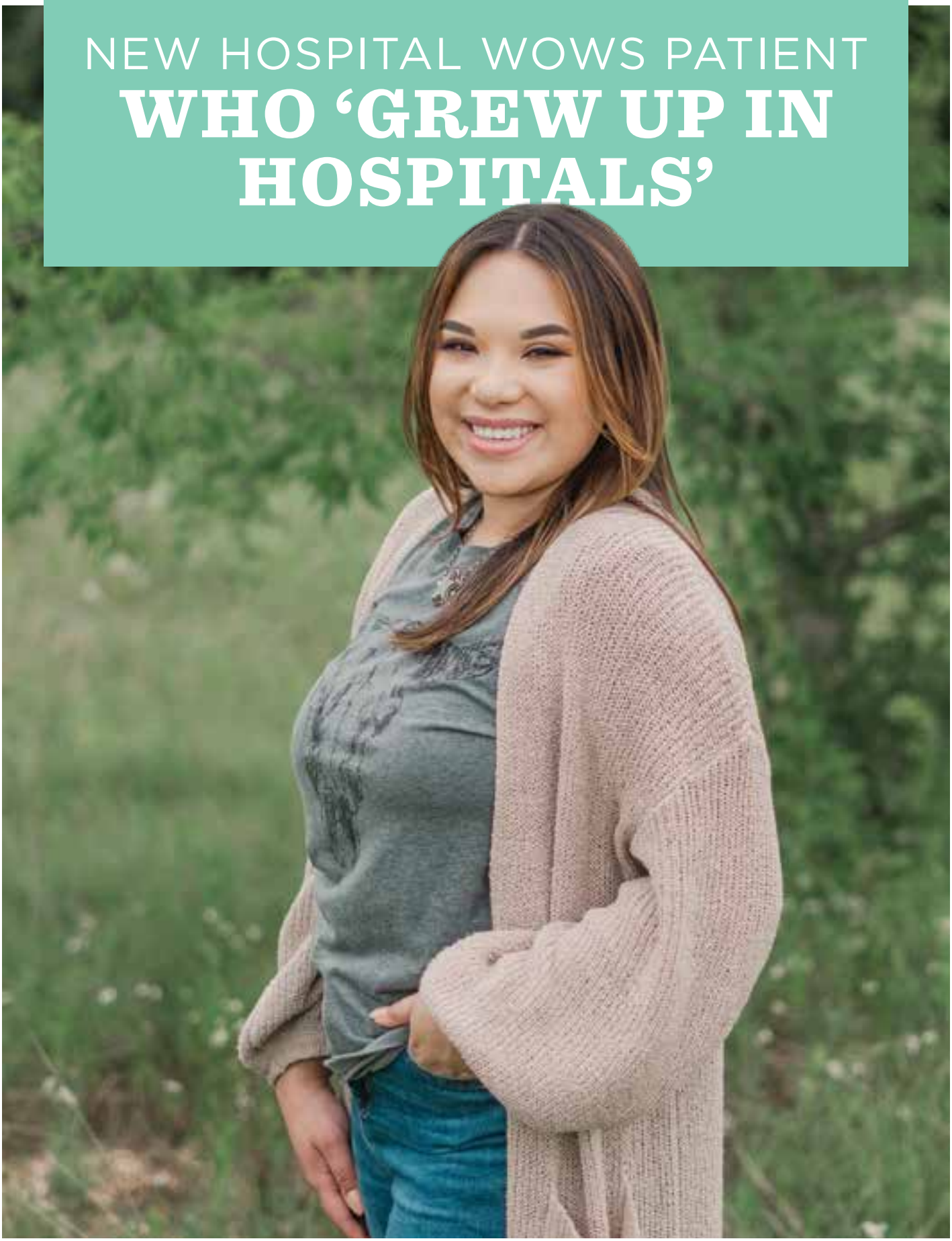
"I'd been waiting for that day for so long," she says. "They literally changed my whole life."



To find a physician, visit MethodistHealthSystem.org/FindADoctor

NEW HOSPITAL WOWS PATIENT

WHO 'GREW UP IN HOSPITALS'





After a sleepless night, Amy Jackson decided enough was enough.

She didn't know it was appendicitis. But she knew her pain wouldn't go away on its own.

"I was really sick," the 24-year-old says, describing her unrelenting abdominal pain, migraine, and nausea. "It was excruciating no matter which way I tried to sit or lie down."

Doubled over and unable to stand up for long, she decided a trip to the ED was her best bet, and she was relieved that Methodist Midlothian Medical Center was a five-minute drive away.

"That's comforting that they're so close to me," Amy says. "Otherwise, I would have had to drive 30 minutes to the nearest hospital while I was in unbelievable pain."

NO STRANGER TO HOSPITALS

The moment she checked in, Amy was impressed with the staff at Methodist Midlothian.

"They worked quickly because they knew I was hurting," she says. "Before I even took a seat in the waiting room, someone came out to get me for testing."

Those tests showed her appendix had doubled in size and needed to come out, says **Thomas Schaeffer, MD**, emergency medicine physician on the medical staff at Methodist Midlothian.

Hospital staff scheduled her for a minimally invasive laparoscopic procedure to remove the organ. Amy was given medication to ease the pain while she waited for surgery, and staff helped her to complete paperwork while she waited.

"ER nurses and techs were constantly keeping me updated and informed. I wasn't just sitting there waiting," she says. "They did a phenomenal job."

Amy has a younger brother with cystic fibrosis, so she's no stranger to hospitals.

"We grew up in hospitals and emergency rooms with his condition," she says. "Methodist Midlothian is a really nice change from most hospitals."

> BEFORE I EVEN TOOK A SEAT IN THE WAITING ROOM, **SOMEONE CAME OUT TO GET ME FOR TESTING.**
>
> — AMY JACKSON

SEAMLESS SURGERY

When the time came for her emergency appendectomy, the procedure lasted a mere 30 minutes, thanks to Methodist Midlothian's cutting-edge facilities, says **Andrew Standerwick, MD, FACS**, general surgeon on the hospital's medical staff who performed the surgery.

"Methodist Midlothian invested in excellent tools," he says. "We have spacious operating suites and top-of-the-line laparoscopic equipment."

Dr. Standerwick also credited the hospital's "very accommodating" staff for making the surgery seamless. And Amy echoes that sentiment.

"I was extremely impressed," she says. "The admissions staff, ER staff, OR staff — all were phenomenal. Dr. Standerwick checked on me after I woke up from the surgery and the next morning, too. Everyone was top notch."

Additionally, Amy said her post-op pain was minimal and her incisions healed beautifully, adding to an excellent overall experience.

Dr. Standerwick is not surprised. "I've heard from multiple patients that they love going to Methodist Midlothian," he says. "They appreciate the care here."

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

METHODIST CHARLTON UNVEILS NEW CANCER CENTER

Cutting-edge oncology unit aims to address the area's rising cancer rates



A state-of-the-art 12-bed oncology unit devoted to medical and surgical patients diagnosed with cancer made its debut in spring 2021 at Methodist Charlton Medical Center.

The Dr. Stephen and Marilyn Mansfield Oncology Unit bears tribute to the health system's former president and chief executive officer and his wife.

"You don't have to look far to see Steve and Marilyn's fingerprints on this organization and the legacy that they have left behind," Methodist Health System CEO **Jim Scoggin** says. "It is only fitting that the names Stephen and Marilyn Mansfield be memorialized today in this special place and in this very special way."

Financed by a $3.5 million capital campaign led by the Methodist Health System Foundation, the cancer center was unveiled a month after Methodist Health System broke ground on a $71 million expansion of Methodist Charlton's emergency department.

"This new oncology center and the soon-to-come emergency department are beacons of our commitment to both the southern sector and to this wonderful hospital," says **Pam Stoyanoff, MBA, CPA, FACHE**, president and chief operating officer at Methodist Health System.

The unit features 12 patient rooms, with the capacity to serve more than 700 patients, both inpatient and outpatient, each year. With cancer rates alarmingly high in Methodist Charlton's service area, the new unit has been busy admitting patients.

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

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

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

Sit down at your next family dinner or company board meeting and look around the room. According to the National Cancer Institute, every third person at that table will be diagnosed with cancer during his or her lifetime.

That statistic may be the cause of interrupted life stories and burdened families. But it's also the impetus behind this new unit at Methodist Charlton.

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







IT IS ONLY FITTING THAT THE NAMES STEPHEN AND MARILYN MANSFIELD BE MEMORIALIZED TODAY **IN THIS SPECIAL PLACE AND IN THIS VERY SPECIAL WAY.**

— METHODIST HEALTH SYSTEM CEO JIM SCOGGIN





Patient with painful gallstones finds relief — ROBOTICALLY

A physician describes robot-assisted gallbladder removal as a highly precise video game: "You plug in and get going"

> PATIENTS OFTEN HAVE THIS PICTURE OF THE ROBOT DOING THE SURGERY. **BUT IT'S ENTIRELY ME DOING THE OPERATION.**
>
> — DR. JOHNSTON

Weeks of nausea and abdominal pain had pushed 72-year-old Jill Billups to her limit.

After visiting her doctor and a gastroenterologist, she would learn gallstones were the problem, and removing her gallbladder with minimally invasive surgery would be the solution.

"We'll want to do this robotically," Jill says, recalling her conversation with **Walter Stuart Johnston, MD, FACS**, general surgeon on the medical staff at Methodist Richardson Medical Center. "And I said, 'What does that mean?'"

Dr. Johnston explained he'd have a wingman — or a wing "bot" — for the procedure, a surgery known as a cholecystectomy. He says her surprise was a common reaction at Methodist Richardson, where the robotic surgery program has surpassed 3,500 procedures since its 2011 inception.

HOW THE ROBOT WORKS

Dr. Johnson told Jill that the da Vinci Surgical System offers several advantages, namely greater precision and a shorter recovery time. That was music to Jill's ears, especially two key words: "minimally invasive."

The surgical robot gives surgeons like Dr. Johnston an advanced set of instruments that translate hand movements in real time. The tiny instruments have "wrists" that bend and rotate like a human hand but with a greater range of motion and exceptional precision.

"It becomes second nature," he says. "It's like playing a video game: You plug in and get going."

The da Vinci robot gives surgeons like Dr. Johnston an advanced set of instruments that **translate hand movements in real time.**

What's more, the robot's console gives Dr. Johnston a highly magnified surgical field of vision with 3D high-definition video, along with an ingenious method of illuminating the bile duct: fluorescent cholangiography.

Thirty minutes before surgery, the patient is given an IV medication that gets excreted into the bile, which comes out of the liver and goes to the gallbladder.

"With one click of a button, you can switch from looking at everything with regular light to having a near-infrared visioning system. That adds an element of safety," Dr. Johnston explains. "I can see everything."

HOME THE SAME DAY

On the day Jill went in for surgery, the Methodist team immediately put her at ease.

"The anesthesiologist was really funny," she says, recalling the last thing she remembers him saying before her surgery. "I'm going to give you a little champagne cocktail right now, and when we get in there, I'll give you a strong margarita."

That sounded OK to Jill, who for months had rarely been able to eat or drink without feeling miserable.

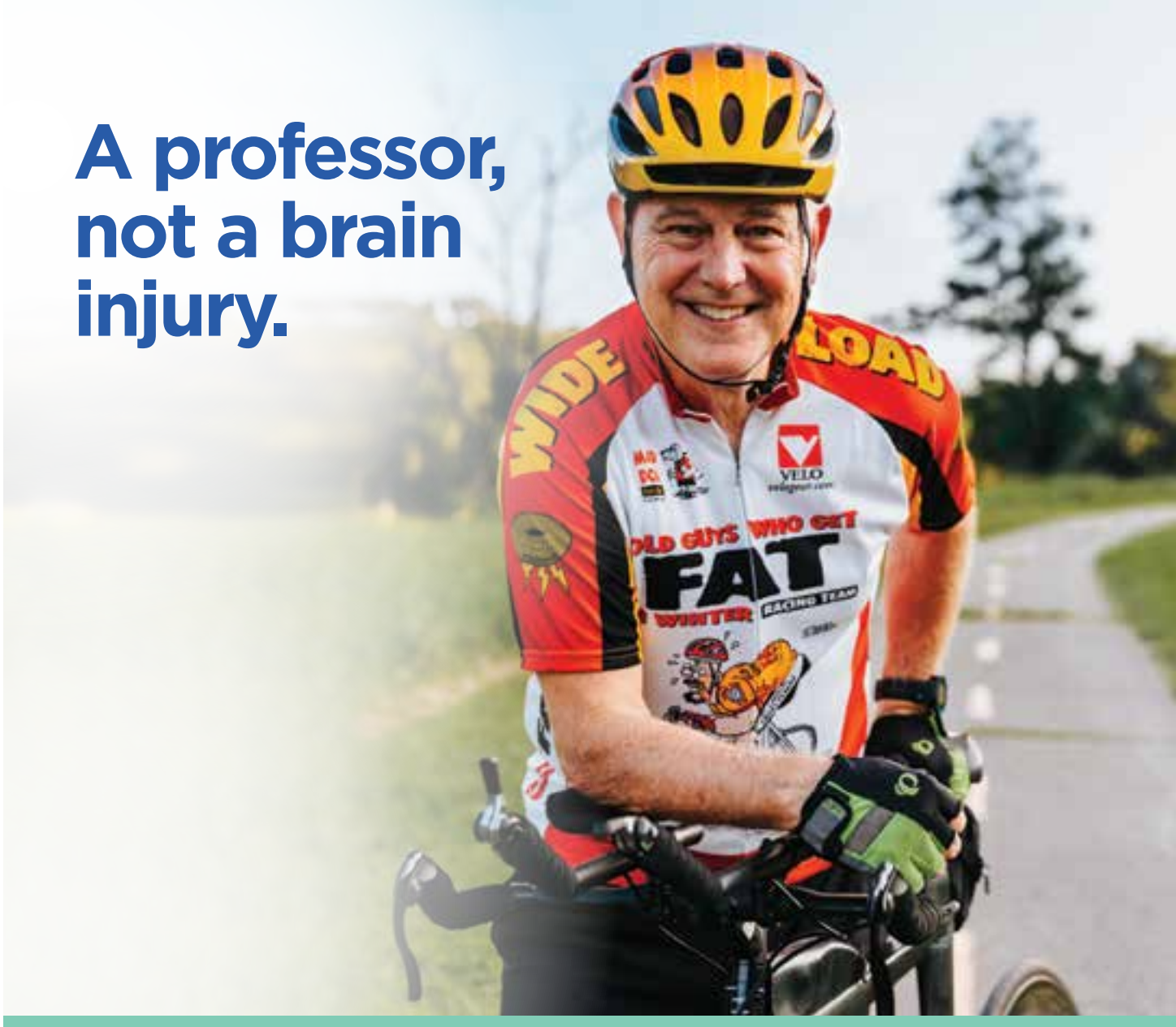
A short time later, Jill woke up pain-free in recovery and went home the same day with stitches that would dissolve on their own. After a brief follow-up visit with Dr. Johnston, she was good to go.

"I was kind of scared before I went, but I was absolutely fine," Jill says. "I feel so much better now."

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



A professor, not a brain injury.



When Bob Kaiser needed Methodist Health System, we didn't see a brain injury, we saw a professor, father, and friend. After his bike collided with a car, a subdural hematoma threatened his life. But at Methodist, neurosurgeons on the medical staff performed a lifesaving craniotomy and Methodist's care team got him home in just days. Keeping our neighbors, like Bob, peddling and teaching with exceptional, innovative care. That's community. And why so many people trust Methodist.

Methodist
HEALTH SYSTEM

MethodistHealthSystem.org

Trust. Methodist.

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

FALL INTO nutrition

From trying new diets to breaking out cooler-weather recipes, the autumn months may bring about changes in your eating habits

Learn how to balance healthy options and personal happiness when making food choices.



WHO IS **WHOLE30** FOR?

Eliminating grains, legumes, alcohol, and sugar — is it worth it?

Page 36



FIBER, FIBER, **FIBER**

Stock your kitchen with fiber-rich foods like legumes, apples, and whole grains.

Page 38



SUPER FOODS FOR A **SUPER YOU**

Learn how to fight inflammation and craft an eating plan that works.

Page 40



THE FIRST MEAL OF THE DAY

If you find it difficult to eat your usual breakfast every day, try these alternatives.

Page 42



DEMYSTIFYING THE **SIRTFOOD DIET**

Does this trendy diet popularized by Adele really work?

Page 46

WHO BENEFITS MOST FROM THE WHOLE30 DIET?

The Whole30 diet may not help you shed pounds, but its adherents swear by its ability to improve digestion and combat chronic pain

This is the high season for diets, with calorie counters everywhere hoping to shave off pandemic pounds before we run out the clock on summer. Serial dieters have plenty of popular options to choose from, and the Whole30 may be the buzz-iest of them all.

But it's not your typical diet.

"This is not a weight loss diet," says **Carey Shore, MS, RD, LD**, wellness coach at Methodist Dallas and Methodist Richardson Medical Centers. "It's an elimination diet that helps you figure out your psychological and physical triggers."

The 30-day program requires adherents to eliminate alcohol, grains, legumes, dairy, and sugar to reboot their eating habits and to also help identify food sensitivities.

"This type of program is for somebody who has chronic inflammation and is trying to figure out if their pain is diet-related," Shore says.





WHAT'S IN IT FOR ME?

The Whole30 was created in 2009 by two certified sports nutritionists who promoted the program as a way to reset a dieter's metabolism and change their relationship with food.

As such, the diet doesn't promise any weight loss, so there's no calorie counting involved.

Even so, its practitioners promote its other benefits, from better skin and improved sleep to healthier digestion and more energy. Chronic pain sufferers who blame their misery on food sensitivities swear by it, too.

"It's a great way to kick-start a healthier lifestyle," Shore says. "If your normal diet includes a lot of processed foods, you'll definitely notice a difference in the way you feel when you stop eating them."

But she warns it won't work for everyone. That's partly because it's such a strict program and requires a major commitment to stop eating a long list of foods — some of which are healthy.

WHAT'S THE DOWNSIDE?

The Whole30 casts aside a broad swath of healthy food groups such as legumes and whole grains — food groups that provide many B vitamins and other nutrients. And don't forget all the roughage you'll be missing out on.

"When you cut out grains and beans, you'll be missing a large amount of fiber, so it could create some digestive upset," Shore says.

She suggests Whole30 followers supplement their fiber intake by using fiber powders or taking an osmotic-type laxative. They should also add more fruits and vegetables.

Nuts and seeds are also Whole30-friendly, so they're another good way to boost your fiber intake and reduce constipation.

Perhaps the biggest knock on the Whole30 is how strict it is: If you slip up and eat one of its many forbidden foods, the diet requires you to start the 30 days over again.

> THIS IS NOT A WEIGHT LOSS DIET. IT'S AN ELIMINATION DIET THAT HELPS YOU **FIGURE OUT YOUR PSYCHOLOGICAL AND PHYSICAL TRIGGERS.**
>
> — CAREY SHORE





AFTER 30 DAYS ARE OVER

Finally, the diets that work best tend to be those that change your eating habits for good. But once Whole30 dieters finish the 30-day challenge, they tend to return to bad habits.

That said, if you suffer from chronic pain and food sensitivities or just want to kick junk food for a month and see what happens, maybe the Whole30 is for you.

"Elimination diets are hard," Shore says, "but they can help people in numerous ways."

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

5 WAYS TO GET MORE FIBER INTO YOUR DIET

Most of us know we need fiber to maintain good digestive health. But did you know it can also help prevent chronic conditions such as type 2 diabetes, colorectal cancer, heart disease, and high cholesterol?

> A FIBER-RICH DIET WILL NOT ONLY **KEEP YOU REGULAR AND HELP AVOID DISEASE. IT WILL ALSO HELP YOU MAINTAIN A HEALTHY WEIGHT.** FIBER-RICH FOODS ARE OFTEN LOWER IN CALORIES, CARBOHYDRATES, OR FAT."
>
> — ABBY READ, MS, RDN, LD

In order for us to reap the benefits fiber has to offer, we must consume adequate amounts of the complex carbohydrate.

"Most Americans come up seriously short on the amount of fiber they eat daily," says Read. "Men should aim to consume between 30 and 38 grams per day, and women should try to eat between 21 and 25."

While we get nothing from the nutrients within fiber, it helps our bodies break down other foods.

"Fiber is a complex carbohydrate that our bodies can't digest," says **Abby Read, MS, RDN, LD**, a wellness coach and program coordinator at Methodist Dallas and Methodist Charlton Medical Centers. "Instead of breaking down, it passes whole through our stomachs, colon, and small intestines and then out from our bodies."

Anytime you eat fiber — preferably in the form of fruits and vegetables rather than supplements and powders — it causes your stool to be heavier, larger, and softer, which promotes regularity.

It also helps normalize glucose and cholesterol levels. Researchers found that for every 8-gram increase in dietary fiber consumed each day, the risk of early death, colon cancer, heart disease, and type 2 diabetes dropped by 5% to 27%.



Since fiber is so impactful to our health, here are five easy ways you can eat more of it:

1. MAKE YOUR FIRST MEAL COUNT.

Oatmeal is a yummy classic that has 5 grams of fiber per cup. Pair it with apple slices to give your meal an extra boost of fiber. If it's still too bland after that, add brown sugar, cinnamon, nuts, or all of the above to make it tastier.

Cold cereal can also be a good option if oats don't float your boat. Some bran cereals contain 5 grams of fiber per serving. If you're in a hurry, skip the milk, and eat it dry on your way to work.



2. SWITCH TO WHOLE GRAINS.

Consider replacing the white noodles in your next plate of linguine with a whole-wheat version. Whole-grain pasta, breads, cereals, rice, pastas, and tortillas have more fiber — as well as vitamins and other nutrients — than their refined or enriched (i.e. white) versions. Keep that in mind the next time you're at the grocery store.

3. BEANS, BEANS, THE MAGICAL FIBER!

Beans are a powerful source of fiber. Eat just 1 cup of cooked beans, and you will have already consumed most of your daily fiber goal. Pasta made from chickpeas (aka garbanzo beans) makes for a high-fiber alternative. Whether you consume pinto beans, lentils, or red beans, you can't go wrong — so long as you watch your portion size. Eating too much can cause bloating, constipation, and gas.





4. HOW 'BOUT THEM APPLES?

Fruits are another smart addition to a high-fiber diet, whether as a snack, a side dish, or a nutritious dessert. A cup of strawberries has 3 grams of fiber, and the same goes for a whole banana. Adding a side of vegetables to each meal creates an easy opportunity to add fiber to your plate. For example, a cup of cooked Brussels sprouts has 4 grams of fiber, bringing you closer to that daily fiber goal.

5. EAT WHOLESOME SNACKS.

Low-fat popcorn and peanuts are satisfying snacks that can help keep the hunger pangs away. Two cups of popped corn come with 3 grams of fiber. But go easy on the butter and salt, or your healthy snack can quickly pack on the calories and raise your blood pressure.

Peanuts are another guilt-free snack option that has a substantial amount of fiber. Just half a cup of peanuts comes with around 8 grams of fiber.

Being more conscious about your fiber intake won't just make your tummy happier. It could also help keep your waistline under control.



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

Stopping inflammation with food, one blueberry and fillet of salmon at a time

SUPER FOODS TO FIGHT INFLAMMATION *and* CHRONIC DISEASE



Inflammation disorders make millions of lives miserable. Medications often bring some relief, but you may not realize that diet can be every bit as effective.

"Foods that fight inflammation are critical to our health," says **Khadija Kabani, DO**, integrative and family medicine specialist on the medical staff at Methodist Charlton Medical Center. "If we can address inflammation, we can treat chronic illnesses, too."

Among those illnesses caused by chronic inflammation are arthritis, allergies, heart disease, depression, and even cancer and diabetes.

"When I evaluate my patients," Dr. Kabani adds, "I keep in mind that one condition can have many causes or one cause can lead to many conditions."

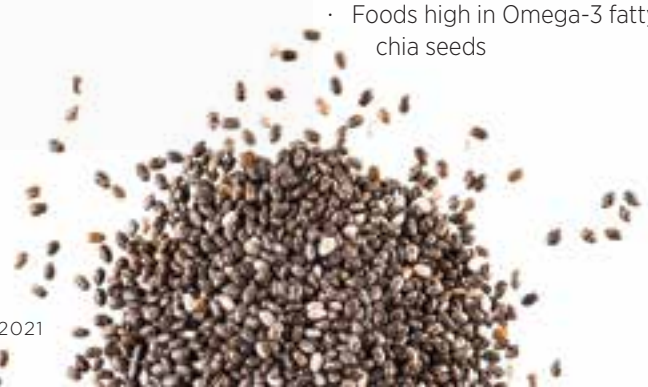
Inflammation serves an invaluable role in protecting the body, most notably during an infection. But chronic diseases arise when this natural reaction rages out of control.

Dietary changes can help quiet that storm.

ANTI-INFLAMMATORY FOODS

Foods that help battle inflammation are good for your general health, too. Odds are you know many of them:

- Green leafy vegetables and tomatoes
- Fruits like strawberries, blueberries, and oranges
- Fatty fish like salmon and tuna
- Foods high in Omega-3 fatty acids, including Dr. Kabani's favorite, chia seeds





Dr. Kabani says eating whole fruits and vegetables can deliver a host of anti-inflammatory benefits.

"Take blueberries, for example," she says. "They're full of polyphenol antioxidants called flavonoids whose potential to fight inflammation is phenomenal."

Add more blueberries to your diet, Dr. Kabani says, and you'll not only reduce inflammation, but improve memory, reduce the risk of cardiovascular disease, and make your body more sensitive and less resistant to insulin — a must for diabetic patients.

"I have a few super foods," she says, "and blueberries are on this list."

WHAT NOT TO EAT



Many foods trigger inflammation, and anyone who has even dabbled in dieting should be familiar with the biggest offenders.

- Saturated fats like cheese and trans fats like shortening
- White flour and other refined carbs (white rice, sugary cereal, etc.)
- Sodas and other sugary drinks
- Red meat and processed foods like hot dogs
- Omega-6 fatty acids (canola oil and mayonnaise)
- Fried foods of any kind
- Excess salt

Some of these foods are fine in moderation, but excess salt can inflame joints, and too much sugar triggers the release of cytokines, a kind of inflammatory protein. Even artificial sweeteners like aspartame can cause such a response because the body treats them as a toxin.

Similarly, moderate amounts of Omega-6 fatty acids aid normal growth and development, but the typical American diet is very high in this kind of fat. Get too much, and you're bound to trigger inflammation.

Other foods may trigger inflammatory responses for only certain people. Lactose-intolerant people are allergic to dairy, while gluten causes digestive problems for others.

WEIGHT LOSS

Several diets focus on foods that fight inflammation, most notably the Mediterranean diet.

"The commonality among different anti-inflammatory diets is the focus on fruits, vegetables, and healthy fats," Dr. Kabani says.

The bottom line: If you can find a healthy eating plan that helps you lose weight, it will be a diet that keeps on giving.

"Losing weight can ease inflammation," Dr. Kabani says. "Even small amounts of weight loss have greater benefits than you would think."

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



WHAT IS INFLAMMATION?

The "cascade of inflammation" is the human body's natural mechanism when it's injured. Think of a bruise or swelling when you twist your ankle, or a sore throat when you catch a cold.

When tissue becomes inflamed, white blood cells flood the area to kill off invaders. That increases blood flow, causing redness and warmth (inflammation). The chemical reaction spreads into surrounding areas, irritating the tissue and causing pain.

These are examples of acute, or short-term, inflammation. It's when this natural mechanism goes haywire that inflammation becomes chronic — and disease is the result.

For example, inflammation of the heart, also known as myocarditis, can cause fatigue and fluid buildup, and ultimately blood clots that lead to strokes or heart attacks.

Diabetes can inflame the kidneys, known as nephritis, and causes kidney failure.

And chronic joint inflammation causes arthritis and gout.



IS BREAKFAST REALLY THE MOST IMPORTANT MEAL?

It's an expression held dear by generations of mothers: Breakfast is the most important meal of the day. **But is it really?**

Whether it's oatmeal, cornflakes, or a fancy omelet, there's no doubt a nutritious breakfast can set the tone for your day.

"We burn a lot of fuel when we sleep," says **Carey Shore, MS, RD, LD**, wellness coach at Methodist Dallas and Methodist Richardson Medical Centers. "So, when we eat breakfast, we are refueling the energy we lost and renewing the energy we are about to use for the day."

But these days, with fasting diets still popular and our routines turned upside down by the pandemic, is breakfast really that much more important to good health than any other meal?

The answer depends on your eating preferences, Shore says. If you want to start each morning at peak performance, it's best to kick things off with a nutritious meal. But it's not the end of the world if you would rather skip it, she adds.

"If you prefer to go without eating breakfast, your other meals should prioritize the essential food groups," Shore says. "That means a lunch and dinner that include carbohydrates, protein, dairy, fruits, and vegetables."

Any meal can either invigorate your body or contribute to lethargy. Let's take a closer look at why we skip breakfast and how it can affect our health.



INTERMITTENT FASTING

Living a breakfast-free lifestyle is normal for those who practice intermittent fasting, a trendy diet that encourages adherents to abstain from eating entirely for certain periods.

It may not be for everyone, but some swear by this diet's weight-loss benefits, as well as its ability to reduce inflammation associated with arthritis and multiple sclerosis.

While some alternate entire days of fasting with a normal meal schedule — the "Eat, Stop, Eat" method — most intermittent fasters practice the "16/8" method, where each day is split between a 16-hour fast and an 8-hour eating window that typically begins at noon and ends at 8 p.m.

That means skipping a traditional breakfast in the morning and holding out until lunchtime to eat. By then, expect to be especially hungry, at least until your body gets used to the diet.

"A challenge that many face while doing an intermittent fast is not overeating during their next meal," Shore cautions. "When you allow yourself a small eating window, it's going to be hard to not overeat when you finally are able to eat."

Other side effects of this diet include fatigue, nausea, headaches, and even insomnia.

NO TIME FOR BREAKFAST?

While dieters may skip a meal to shave calories, other breakfast dodgers are simply saving time or don't want to cook.

Maybe you're too busy to eat, or perhaps life has made eating on a schedule, whether you're hungry or not, seem difficult.



Whatever the case, it's best not to ignore your body's nutritional needs, and there are ways to make meal prep quick and easy:

- **Prepare your meals the night before.** Countless food blogs demonstrate how easy it can be to make a low-carb quiche that doesn't take much time to prepare.
- **Hard-boil some eggs ahead of time for a quick protein boost each morning.** And if boiling an egg is too passé, bake a dozen at a time using a muffin pan in the oven.
- **No time to cook? No problem.** Cereal isn't the only cold breakfast option out there. Try a breakfast bowl with Greek yogurt, overnight oats, or cottage (or even ricotta!) cheese to rev up your stale shredded wheat or toasted oats routine.
- **Let your blender do the work.** Preparing a green smoothie requires very little effort and most of your work will come from chopping up fruits or vegetables, a task you could do ahead of time.



"Starting your day off with a smoothie is one of the easiest ways for you to add nutrients to your diet," Shore says. "If you aren't a salad person, throw in leafy greens to power-punch your meal with important vitamins."

CHOOSE WISELY

Whatever you do, don't fall into the mindset that high-fat/high-sugar breakfasts are the quickest and most convenient option. Odds are they won't fill you up for long, and there's a sugar crash waiting on the other side of that pastry.

"They may be delicious, but muffins, doughnuts, and croissants aren't foods that bring nutritional value," Shore warns. "They contain high amounts of sugar, which will boost your energy level for a short period."

The goal is to eat a balanced diet all day long, whether it begins with breakfast or not.

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

IN THE COMMUNITY

METHODIST DALLAS MEDICAL CENTER

TEAMING UP WITH URBAN FARM TO PROMOTE HEALTHY EATING

Methodist Dallas is teaming up with Elmwood Farm in Oak Cliff to promote healthier food options. Because healthy eating starts with healthier cooking, Methodist and Elmwood Farm launched an educational video series titled *Field to Plate: Seasonal Cooking for Everyone*. The first episode features **Carey Shore, RD**, wellness coach at Methodist Dallas, and Elmwood Farm board member Eric Nyström as they demonstrate easy ways to use the entire vegetable, from root to stem. Watch this and other videos on the Elmwood Farm website, elmwoodfarm.co.



RAISING AWARENESS AND FUNDS TO FIGHT PERIOD POVERTY

Methodist Dallas employees showed their support for patients at the Golden Cross Academic Clinic with its first-ever menstrual supplies donation drive. Staff collected more than 110 boxes of tampons and pads, as well as monetary donations. Sanitary products, something many people take for granted, are often in short supply or excluded completely in other giving campaigns, so we hope this drive helps destigmatize menstruation and reminds the community of a basic need faced by women everywhere.







METHODIST RICHARDSON MEDICAL CENTER

DOCTOR PAYS IT FORWARD BY TAKING A TRIP BACK

It's always rewarding to give back to those who have helped you. Richardson ISD alumna **Lilian St. John, MD**, neonatologist on the medical staff at Methodist Richardson, got to do just that when she returned to her old stomping grounds to help vaccinate RISD teachers and staff against COVID-19. Dr. St. John is proud to support the community, and she even brought along her high school letter jacket!

GIRL SCOUTS TREAT HEALTHCARE HEROES TO COOKIES

You may not be able to buy Girl Scout cookies right now, but the emergency department staff at Methodist Richardson got their Thin Mint fix, courtesy of Troop 785. The Scouts donated 14 cases of cookies to the grateful frontline workers. It was the perfect pick-me-up!

"Thank you, girls, for exemplifying what it means to be a Girl Scout and bringing joy to our workers in this time of need," says **Beena Mathai, RN, MSN, CCRN**, director of critical care. "You never cease to amaze us with your generosity and initiative."

METHODIST CHARLTON MEDICAL CENTER

CHAMBER HONORS STAFF'S COMMITMENT TO COMMUNITY

The Duncanville Chamber of Commerce named Methodist Charlton its member of the month for May. Danielle Franklin, chair of the Duncanville Chamber, presented the award to **Dustin Anthamatten**, VP of operations, and **Cynthia Mickens Ross**, director of community relations. This recognition represents the hospital's commitment to the community, and we are proud to be part of it!



STUDENTS DELIVER CARE PACKAGES TO FRONTLINE NURSES

The seniors at the Rosie M. Collins Sorrells School of Education and Social Services delivered care packages to show their appreciation for the nursing staff at Methodist Charlton. The students gathered more than 40 gifts containing snacks, notes of appreciation, and other items to lift the spirits of frontline workers. The packages were just the encouragement the staff needed.





METHODIST MANSFIELD MEDICAL CENTER

FIREFIGHTER WINS HERO AWARD FOR RESCUING WOMAN

Methodist Mansfield honored Midlothian firefighter Brandon Rogers (pictured left) with the Methodist Community Health Hero Award in June. When he saw a woman preparing to jump from an overpass in Waxahachie, the off-duty fireman risked his life to get her to safety. **Lauren Sticklin, RN,** and **Kevin Schroeder, RN**, (both pictured in the middle), co-chairs of the Community Health and Wellness Committee at Methodist Mansfield, presented the award to Brandon, with Midlothian Fire Chief Dale McCaskill.

METHODIST MIDLOTHIAN MEDICAL CENTER

OPEN-AIR FITNESS COURT GETS COMMUNITY IN SHAPE

Methodist Midlothian has partnered with the city to open the Midlothian Fitness Court. Designed for adults of all ages, the open-air facility is adaptable to all fitness levels and free to the public. The fitness court is located near Midlothian's sports complex, 1400 S. 14th St., and offers a fun and easy way for residents and their families to get active.



SPORTS PHYSICALS HELP PROTECT STUDENT ATHLETES

Hundreds of student athletes from across the area benefited from annual sports physicals and COVID-19 vaccines, thanks to an outreach campaign by Methodist Mansfield and Methodist Midlothian Medical Centers. Staff from both hospitals also offered echocardiogram screenings to help detect potential abnormalities or other cardiovascular conditions that could affect the students' health and well-being.



"Requiring a physical for our student athletes is a top priority for their safety going into the new school year," says **Jeff McDaniel, MD**, family medicine physician on the medical staff at Methodist Midlothian. "This is a tremendous undertaking and could not be done without the generous donation of time by our medical community."





Is the Sirtfood Diet FOR REAL?

The unconventional eating plan claims to help you shed pounds without exercise, all while happily consuming wine and chocolate — but doctors suggest a "yo-yo" effect may result

THE DIET WAS developed by two celebrity nutritionists in the U.K. and is credited with helping English pop singer Adele lose 100 pounds.

An emphasis is placed on protein-rich foods that purportedly activate sirtuins, which some call the body's "skinny genes."

"Sirtuins are reportedly responsible for protecting the body's cells from dying," says **Carey Shore, MS, RD, LD**, wellness coach at Methodist Dallas and Methodist Richardson Medical Centers. "It also slows down inflammation and regulates metabolism and the body's aging process."

The main ingredients in sirtfood recipes are buckwheat, matcha green tea powder, kale, arugula, and lovage, a leafy cousin of parsley that tastes like celery.

The program promises you can shed up to seven pounds in one week. But not so fast, critics say.

"It's not a sustainable diet," Shore says. "It's not a good idea to start a diet that promises rapid weight loss because what you'll more than likely experience is rapid weight gain."

Shore also says anyone trying an ultra-low-calorie diet — which Sirtfood is during its first phase — should consult a doctor.

"Anytime you are going under 1,200 calories a day, you should let your doctor know," she says.

PHASE 1: GREEN JUICE GALORE

The first phase lasts seven days. During the first three days, the dieter can consume up to 1,000 calories per day by drinking 3 cups of green juices and one sirtfood-rich meal like stir-fry with buckwheat noodles, chicken, or kale curry.

The remaining four days raise the daily calorie intake to 1,500: two green juices per day and two whole sirtfood meals. Drink water, tea, coffee, and green tea freely during this phase — but alcohol is off-limits.

The rewards of sirtuins are far from certain, Shore says. However, if the dieter consults with a physician and can push through to Phase 2, they will transition to more whole meals.

PHASE 2: WINE AND CHOCOLATE?

The second step is called the maintenance phase. There's no daily calorie limit for this phase, which generally lasts two weeks. Your daily green shake intake drops from two to one, along with three whole sirtfood meals per day.

This is the phase where you can have two or three glasses of red wine per week, as well as dark chocolate in moderation.

After completing the second phase, dieters can start over with Phase 1 to continue losing weight. Otherwise, they can stay the course by pairing regular sirtfood meals with at least one green sirtuin smoothie a day.

Proponents say "sirtifying" your diet can turn the program into a lifestyle rather than a fad diet.

THE BOTTOM LINE

Shore sees the appeal in the Sirtfood diet's promises: "Slowing down aging and boosting your metabolism are great motivators to want to start this diet."

But she emphasized the importance of consulting your primary care physician before hopping on a low-cal diet.

"Your doctor can do blood work, which will let you know about any nutrient deficiencies," she says. "That way, they can safely recommend any supplemental aids."

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