SHINE



FITNESS INSTRUCTOR RULES THE POOL AGAIN AFTER BEATING CANCER

HOW TO SOOTHE itchy skin this winter

CAN COFFEE help prevent disease?

Methodist RICHARDSON MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | WINTER 2022



4

Not every dizzy spell is vertigo, but a few warning signs can indicate when you should seek help.

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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

Kenneth Hutchenrider Jr., FACHE
President, Methodist Richardson Medical Center

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

Jan Arrant
Director of Community and Public Relations, Methodist Richardson 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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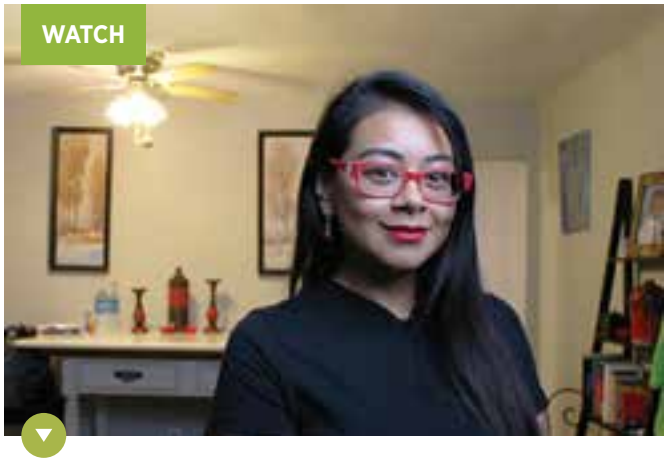
CRASH SURVIVOR WON'T TAKE HANDS **FOR GRANTED AGAIN**

WATCH



A car crash shattered Dallas activist Leslie Armijo Cannon's right wrist. **She began the long road to recovery at Methodist Dallas.**

OUTSMART HOLIDAY MENU TEMPTATION

READ



Don't let a decadent menu prevent you from meeting your health goals. Enjoy seasonal festivities without derailing your diet with these healthy holiday food tips.

SEEKING A NEW KNEE, **PATIENT LEARNS HE'D NEED A NEW LIVER**

READ



Rob Glenn's pain made it apparent he needed knee surgery. **Blood tests revealed he had a more pressing problem: liver failure**.

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WHAT SEPARATES VERTIGO FROM A DIZZY SPELL?

There's no mistaking a lightheaded feeling for a bout of vertigo, a frightening loss of balance that could be a critical warning sign

MOST OF US have experienced dizziness or lightheadedness, perhaps after overdoing it at the gym or standing up too quickly first thing in the morning. Usually, the feeling passes after a few moments.

Vertigo, the sensation that the world is spinning, sets itself apart as a recurring symptom that signals another condition, from a minor ear infection to a major stroke. Its debilitating effects can include chronic fatigue, queasiness, and nausea bad enough to cause vomiting.

A doctor can help you determine the cause and how concerned you should be, says **Frederic Nguyen, MD**, neurologist on the medical staff at Methodist Richardson Medical Center.

"Vertigo and dizziness affect 15% to 20% of adults and are among the most common reasons for medical office visits," Dr. Nguyen says.

Not every dizzy spell is a cause of concern, but there are a handful of warning signs where you should seek help, Dr. Nguyen says.

SEEK HELP F.A.S.T.

Don't delay seeking medical help if vertigo manifests itself suddenly and is accompanied by other symptoms, such as numbness in the face or arm or slurred speech.

"The onset is important," Dr. Nguyen says. "Sudden onset of new vertigo can be concerning, particularly if associated with other symptoms like those accompanying a stroke."

Keep in mind the most common warning signs of a stroke by remembering the acronym B.E. F.A.S.T.



TWO TYPES OF VERTIGO

There are two types of vertigo: central, named for the central nervous system, and peripheral, the more common type, associated with an inner-ear problem.

Central vertigo is caused by a "glitch" in the cerebellum, the small section of the brain where it meets the spine. This is where our brain's balance control is based, and a stroke could throw that system off.

Peripheral vertigo can be caused by a range of inner-ear problems, the most common being BPPV, or benign paroxysmal positional vertigo, Dr. Nguyen says.

What causes BPPV isn't entirely clear, but it grows more common with age and can sometimes be attributed to an ear injury, head trauma, or constant exposure to especially loud noises.

HOW TO TREAT IT

There is a range of treatment options to consider, including prescription medication and simple rehabilitation exercises, but Dr. Nguyen stresses the importance of diagnosis.

"First we must identify the potential causes," he says. "Then we can tailor the treatment."

Peripheral vertigo can often be treated with vestibular rehab therapy (VRT), an exercise program designed to improve balance and resolve dizziness. For example, using the Epley maneuver — a series of head and body motions — can help resolve vertigo by repositioning the tiny calcium crystals in the inner ear.

Dr. Nguyen says the best outcomes depend on a multidisciplinary approach that combines such self-therapy with rehab and treatment by an ear, nose and throat specialist.

"There are also some anti-dizzy medications available by prescription and over the counter," he says. "Just know that chronic vertigo is something you don't have to tolerate. See a doctor."

Expert care is a must when injury, illness, or disease affects the nervous system. Learn more by searching for "neurology" at MethodistHealthSystem.org.



AT-HOME COVID-19 TEST KITS: HOW DO THEY WORK?

Convenient at-home testing has become part of the universal testing regimen to detect the coronavirus

SINCE THE PANDEMIC began, lab technicians across the country have worked tirelessly to process countless nasal swabs and saliva specimens for signs of the virus.

It's an often thankless but crucial task overseen by experts like **Karen Roush, MD**, vice-chair of pathology for Methodist Health System. But now you can share the burden by taking a self-administered test in the comfort of your home. First, consider a few facts about at-home testing and some words of wisdom from Dr. Roush.

WHAT'S THE BENEFIT OF AT-HOME TESTING?

It's tough to beat the speed and convenience of an antigen test, especially when professional testing may not be readily accessible or if, for example, you want to know whether you should send Junior back to school after close contact.

"An antigen test is not quite as sensitive as a PCR test," Dr. Roush says, referring to the molecular tests that must be sent to a lab, "but you can complete the whole thing at home."

The test can be performed in just 15 minutes, and you can make do with a painless mid-nasal swab. No need for the dreaded deep "brain swab." Best of all, the results are easy to read. However, don't expect an at-home test to cut it for traveling commercially.

"It looks similar to a pregnancy test, so there are lines that you can read," she says. "But some airlines require a PCR test, so they may not take a test that you've done at home on yourself."

HOW MUCH DO THEY COST?

At-home testing kits usually cost between $25 and $35, but some can cost upwards of $100, especially if you're mailing a sample to a lab.

That's not cheap, considering COVID-19 tests are available for free at community-based sites nationwide, as well as many clinics and pharmacies. But some insurance plans cover the cost, and you're really paying for convenience, instant gratification, and (potentially) peace of mind. What's more, many clinics and testing sites require that you have symptoms before they will administer a test. And then you may have to wait for the results.

ARE THEY ACCURATE?

By their nature, rapid antigen tests are less sensitive than molecular diagnostic tests that must be processed by a lab. That's because these "gold standard" PCR tests amplify any traces of the virus so they are more easily detected. In effect, if you have COVID-19, a PCR test can come back positive before you feel sick, and even after you're no longer contagious.

Most at-home test kits contain two tests that can be taken hours apart to reduce the risk of a false positive or false negative. Of course, any self-administered test depends on your ability to follow the instructions to the letter.

"With all of the tests, the requirements need to be followed," Dr. Roush says. "They're going to be very specific about how the samples need to be collected, whether it's a cotton swab in the nose or spitting in a cup."

ARE AT-HOME TESTS NECESSARY?

Self-testing kits may be costlier and somewhat less accurate than the PCR tests that are often free at community testing sites, pharmacies, and clinics. But the fact remains that at-home tests are convenient and quick — and speed may be of the essence for vulnerable patients with potentially severe infections.

"That may induce someone to go get care earlier than they would by waiting to get a PCR test result back," Dr. Roush says. "And that, in turn, can prevent a decline into severe COVID-19."

Methodist Health System is administering COVID-19 vaccines, from first doses to booster shots. Schedule an appointment at Vaccine.MHD.com/MyChart.

FITNESS INSTRUCTOR MAKES A SPLASH BY BEATING CANCER

Two-time survivor who lost mother to breast cancer credits high-risk clinic for sparing her the same fate



Erika Burkhardt has beaten cancer twice, first in her 20s and then in her 50s. The first time, it was caught by chance — the second by being proactive.

She credits that awareness — and her enrollment in a high-risk breast cancer screening program at Methodist Richardson Medical Center — with saving her life.

"I fully believe that my story would have ended much differently if I hadn't been proactive," Erika says. "A big part of that was accepting my risk factors and seeking out resources for being high risk."

Now the fitness instructor is back to doing what she loves, teaching water aerobics classes at a pool in Plano, and sharing a message with fellow would-be survivors.

"Cancer is not what it once was," says Erika, 52. "While it is still a big deal, there's so much more hope than there was."

FAMILY HISTORY

Thirty years ago when Erika was 23, routine blood work discovered a rare cancer that required surgery to remove part of her liver.

"My health didn't suffer greatly," she says, "I put it behind me and moved on."

In 2015, cancer dealt another blow. Erika was 46 when she lost her mother to breast cancer. The loss motivated her to be more vigilant about her annual mammograms.

In the summer of 2019, when the Richardson woman noticed discharge leaking from one nipple, she made a mental note to mention it during her next appointment.

"Reading my mammogram results has always been more challenging due to the fact that I have dense breast tissue," Erika says. "At the mention of the discharge, the mammography clinic doctor decided to also do a breast ultrasound."

The results were inconclusive, so she was referred to **Jenevieve Hughes, MD, FACS**, a surgeon specializing in breast disease on the medical staff at Methodist Richardson Medical Center.

HIGH-RISK CLINIC

At Erika's first consultation, Dr. Hughes reviewed her test results, discussed her family history, and determined she was a good candidate to enroll in the High-Risk Breast Surveillance Clinic.

"Helping women, especially high-risk women, understand their risks and options has been one of my greatest interests as a breast specialist," Dr. Hughes says. "Having a clinic dedicated to this mission has made a profound impact on the hundreds of women we've seen since it began in 2012."

Clinic participants undergo a comprehensive assessment to identify their unique risk factors. Acceptance into the clinic is guided by their calculated risk scores in conjunction with family history and imaging results.

"The average lifetime risk of a woman developing breast cancer is 13 percent," Dr. Hughes explains. "Most often the patients accepted into the clinic have a lifetime risk of 20% or more. In Erika's case, she had a risk of 27.7%, so she immediately joined the clinic."



I FULLY BELIEVE THAT MY STORY WOULD HAVE ENDED MUCH DIFFERENTLY IF I HADN'T BEEN PROACTIVE. IF A WOMAN HAS ANY CONCERNS, I URGE THEM TO BE BRAVE AND GET ASSESSED.

— ERIKA BURKHARDT



CONSIDERING THE OPTIONS

In January 2020, Dr. Hughes recommended Erika undergo a minor surgical procedure to stop the nipple discharge and to obtain a biopsy sample.

"I discovered lobular carcinoma in situ or LCIS, an uncommon condition in which abnormal cells form in the milk glands," Dr. Hughes says. "It is not considered cancer, but it increases the patient's risk of one day developing an invasive breast cancer, so close follow-up is needed."

Erika's first impulse was to get a double mastectomy. Dr. Hughes encouraged her to look at all her options first. After a lengthy consultation, Erika went home feeling more educated about her choices.

"I knew I didn't want to start a long-term hormone blocking medication, so when Dr. Hughes laid out a plan of frequently checking for cancer it felt like the right choice for me," Erika says. "So every six months, I would have a mammogram, followed by a breast MRI six months later."

CATCHING CANCER EARLY

Results were normal at her June 2020 mammogram, so when a pea-sized mass of suspicious cells showed up on Erika's MRI six months later, everyone was shocked.

"A biopsy confirmed it was cancer, which was not good news," Dr. Hughes says, "but due to the monitoring plan, her cancer was discovered at its earliest stage."

Erika underwent a double mastectomy and reconstructive surgery on Feb. 24, 2021. Chemotherapy and radiation were unnecessary because the cancer was caught so early, but she will take a hormone blocker for five years to reduce the risk of the cancer returning.

"If a woman has any concerns, I urge them to be brave and get assessed," Erika says. "It might just save your life."

Managing your risk factors is the key to preventing breast cancer. Learn more at MethodistHealthSystem.org/BreastCancerHRA.

COMPREHENSIVE WOMEN'S HEALTHCARE

High-Risk Breast Surveillance Clinic services include:

- Additional imaging studies
- Breast health education
- Breast MRI
- Cessation services
- Chemoprevention
- Clinical breast exam
- Clinical trials
- Genetic counseling and testing
- Nutrition counseling
- Preventive therapies
- Prophylactic surgery or surgical intervention





EXPANSION PUTS

METHODIST SOUTHLAKE ON THE MAP

Methodist Health System adds its 11th hospital and invests in its emergency department to meet the needs of a growing community

MAJOR IMPROVEMENTS ARE afoot at Methodist Southlake Medical Center.

The biggest development came this fall at the groundbreaking for a major expansion to the hospital's emergency department. The 4,000-square-foot project will quadruple the size of the current emergency department, provide a larger patient waiting area, and enhance the hospital's diagnostic capabilities.

"Methodist Southlake is our newest and 11th hospital here in North Texas," Chief Executive Officer **Jim Scoggin** said at the groundbreaking ceremony. "This project is one of several key investments that Methodist Health System is making in Southlake this year as we work to be families' trusted choice for health and wellness."

The system acquired 20 acres of land to give Methodist Southlake room to grow during its journey to becoming a full-service, acute-care hospital, following its addition to Methodist Health System as a wholly-owned facility in June 2021.

"Growing Methodist Southlake Medical Center is important to me professionally, but it is also important to me personally," says President and Chief Operating Officer **Pam Stoyanoff, MBA, CPA, FACHE**. "My husband and I raised our kids here. I know how special this city is. We really plan to be here for the long haul."



A cutting-edge catheterization lab opened over the summer, adding to a burgeoning cardiology service line. The new emergency department is scheduled to open in summer 2022

"This investment is going to make the hospital more efficient and the care more effective," says **Benson Chacko, FACHE**, Methodist Southlake's new president. "The first responders and nurses are the true heroes, and we want to give them all the tools they need."

Learn more about the service lines Methodist Southlake has to offer at MethodistHealthSystem.org/Southlake.



ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, OVER **6% OF THE U.S. ADULT POPULATION AGE 20 AND OLDER HAVE CORONARY ARTERY DISEASE.**

SISTERS HAVE **SAME HEART SURGERY** DAYS APART AT **SAME HOSPITAL**

A family history of heart disease led both women to Methodist Charlton, **where each received bypass procedures**

Sisters often share similar life experiences, but Joyce Chapman Rousseau and Rhonda Shirley's bond is unique: both had open heart surgery days apart at the same hospital.

Joyce (pictured far right), the older of the two by eight years, knew she had to have open-heart surgery at Methodist Charlton Medical Center in May for her advanced coronary artery disease. What the 67-year-old Lancaster resident did not realize was her sister would be right there with her in the hospital.

"Rhonda called me after my surgery and she told me, 'I'm your next-door neighbor," says Joyce, remembering how she received the news that her little sister was waiting for her own operation just down the hall.

FAMILY HISTORY

Before joining Joyce at Methodist Charlton, Rhonda had suffered a series of heart attacks and was recuperating at Methodist Rehabilitation Hospital for a few weeks. Doctors tried fixing the blockages in her artery with medications and a less invasive procedure.

But her heart problems had become so severe that she couldn't breathe, and doctors told her she would also need open-heart surgery. She arrived at the hospital only days after Joyce.

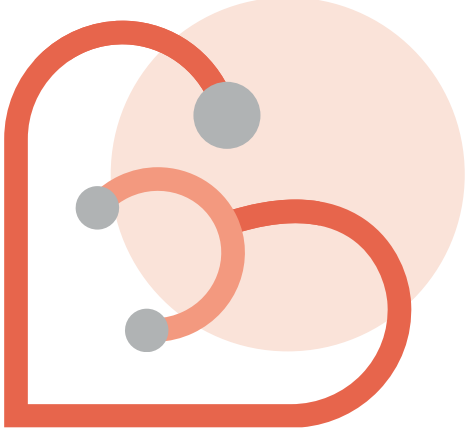
The sisters, who share a family history of heart disease, underwent the same procedure and were cared for by the same physicians on the medical staff at Methodist Charlton: interventional cardiologist **William Posligua, MD**, and cardiothoracic surgeon **Mini Sivadasan, MD**.

Joyce and Rhonda credit them and the rest of the cardiac team with saving their lives.

"If it hadn't been for them, we'd be dead," Rhonda says.

FACING SURGERY TOGETHER

Dr. Posligua has taken care of Joyce since 2018. She was already struggling with coronary artery disease, and another doctor had placed stents, or small mesh tubes, to keep her arteries open. But a couple of years later, Joyce's chest pain and shortness of breath persisted.





After performing a routine angiogram in May, Dr. Posligua told Joyce she would need a coronary artery bypass graft (CABG), a type of heart surgery that redirects blood flow around blockages, to alleviate her symptoms.

"Two days later, her sister Rhonda showed up with recurring chest pain," Dr. Posligua says. "They were both having symptoms more or less at the same time."

By the time Rhonda was getting ready for her surgery, Dr. Sivadasan had already performed Joyce's. Joyce was shocked to learn that her younger sister would undergo CABG, the same procedure.

Both surgeries were successful, and Joyce and Rhonda each stayed in the hospital for a couple of weeks before returning to their homes.

It was clear to everyone in the unit how close the two sisters were — a lifelong relationship that's lasted since childhood.

"My older sister and I took care of our three younger siblings," Joyce says. "Rhonda was probably the cutest little baby, and she had blond curly hair."

That loyalty and devotion to each other haven't gone away.

"They have a great bond, and they're always watching each other's back," Dr. Posligua adds.

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

IF YOU HAD GALLSTONES, **WOULD YOU KNOW IT?**



When healthy, the gallbladder keeps your digestion on track, but when gallstones gum up the works, serious trouble and intense pain can follow

THE GALLBLADDER STORES bile produced by the liver and releases it to help digest fat, says **Gary Alexander, MD**, general surgeon on the medical staff at Methodist Mansfield Medical Center.

"When things go wrong with the gallbladder, it can cause a lot of problems," he says. "And gallstones are actually the most common thing that can go wrong with the gallbladder."

Gallstones form when bile inside the gallbladder gets concentrated and sticks together, forming clumps that clog the gallbladder or bile duct and wreaking havoc. Dr. Alexander likens them to little globs of shortening that prevent bile and digestive enzymes from emptying into the intestine.

"That causes a lot of the symptoms that will take us to emergency rooms sometimes," Dr. Alexander says.

SYMPTOMS AND SIGNS

Gallstones, although more pliable than kidney stones, can inflict a lot of pain and tenderness when they cause blockages.

"The primary symptom is going to be pain," Dr. Alexander says.

The gallbladder is tucked under the liver on your right side, but because of the way the body interprets pain, some people may feel pain elsewhere, including in their abdomen, chest, and back, he says.

Eating greasy and fatty foods will intensify the pain by triggering the release of more bile into the intestine.

"We often will see folks whose diet consists of a lot of fast food and greasy type foods," he says. "It's pretty obvious that as soon as they eat some of these types of foods, within 30 minutes, they're hunched over in pain, feeling bloated and nauseated."

In addition to pain and digestive issues, gallstones can also cause inflammation in the gallbladder and surrounding area. In turn, blockages in the common bile duct can cause infections and complications like pancreatitis.

TREATING GALLSTONES

For patients who face a higher risk of developing gallstones, certain lifestyle changes can help. Dr. Alexander recommends avoiding high-cholesterol foods and adding fiber to your diet. There are also some drugs that can make gallstones softer and easier to pass.

But sometimes, he adds, dietary changes aren't enough. Once a patient stops taking their medication, more stones may develop.

In those cases, surgery to remove the gallbladder, a non-vital organ, is the surest option to prevent new stones from forming.

"Surgery should not always be the first option, even though it is oftentimes a very definitive option and it takes care of the problem," Dr. Alexander adds.

And plus, robotic technology has made the procedure safer for patients.

"At Methodist, we use the da Vinci Robotic Surgical System," Dr. Alexander says.

Using enhanced 3D imaging and micro-precision instruments, physicians are able to delicately remove the gallbladder through a few small incisions, he adds. Patients recover faster and face a lower risk of bleeding because of the limited amount of trauma to the surrounding tissue. Post-surgery, a patient's body will adjust to life without the gallbladder, which functions as a backup system to store bile.

KNOW YOUR OPTIONS

Ultimately, Dr. Alexander says, each patient's treatment comes down to his or her individual needs. He urges patients to consult with their doctor if they're concerned or suspect their symptoms indicate gallstones.

The last thing anyone wants is to wake up in pain during the middle of the night, uncertain of what to do.

"If you're in doubt and you feel bad, don't try to tough it out at home. Go to an emergency room or call your doctor and make a game plan to be assessed," he says. "It doesn't always mean you need to have surgery, but you want to have a game plan as to how to address this."

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

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

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

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

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

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

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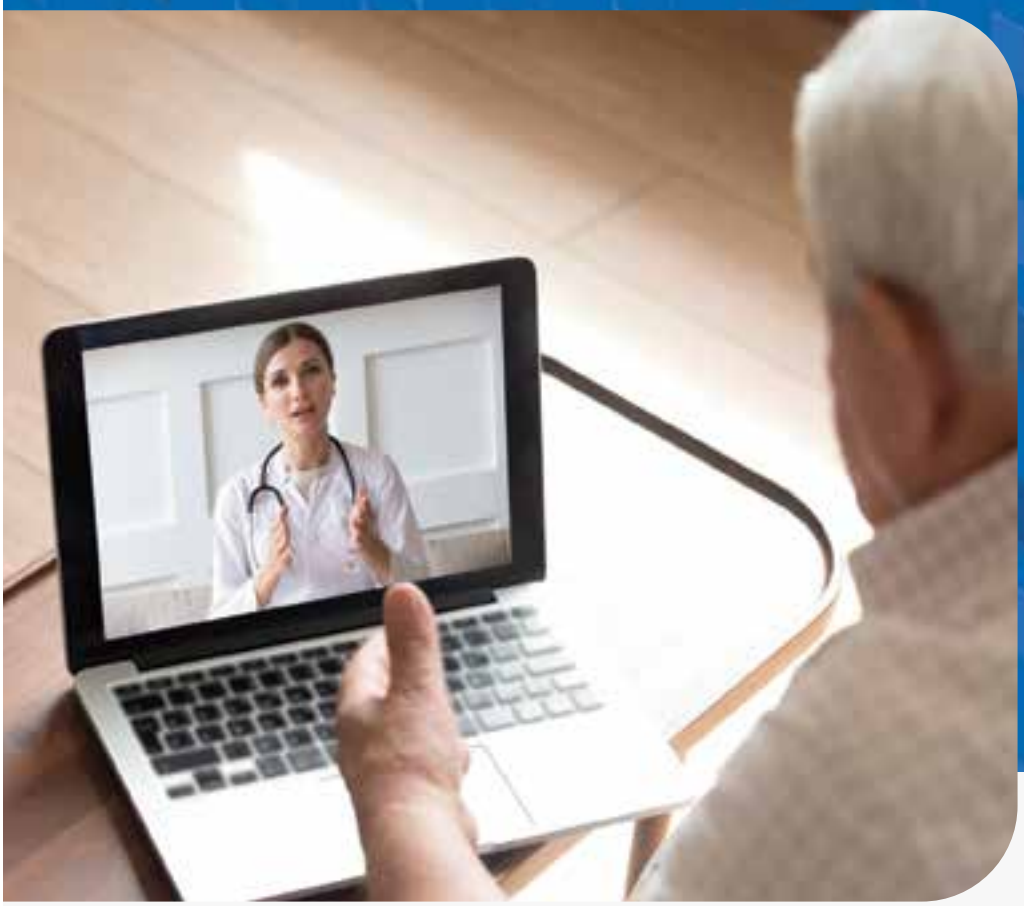

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After suffering from migraines for years, Melanie Proffitt reached a breaking point and learned a brain tumor was the cause



BRAIN SURGERY ENDS **DECADES OF MIGRAINES** FOR *grateful mother*

For as long as she can remember, Melanie Proffitt had experienced migraine headaches, so at first, the pain behind her right eye did not seem out of the ordinary.

"I'd take migraine medication, and the pain would go away in about an hour," says Melanie, a pharmacist at Methodist Dallas Medical Center who manages outpatient pharmacy services and the medication therapy management program.

Then in early 2021, the headaches she had lived with for 30 years intensified, causing unrelenting pain, vertigo, and nausea that sometimes made her vomit. Her 7-year-old son, Ethan, was worried, as were her co-workers, who prodded Melanie to get it checked out.

"One day my co-worker had to drive me home because I couldn't make it," says the 42-year-old Midlothian resident. "They dialed the phone to a neurologist and said, 'Make an appointment.'"

A week later, as she was leaving her MRI appointment, Melanie's neurologist called and urged her to go to the emergency department immediately. She had a brain tumor the size of an apple in her right frontal lobe.

"It was literally pushing my brain to the side, you could see on the MRIs," Melanie says. "I went home, packed a bag, and my husband drove me back to Methodist Dallas. It happened so fast, I didn't have a chance to think about it."

TUMOR WAS BENIGN

Melanie needed brain surgery to remove the meningioma, a specific type of tumor that grows in the lining surrounding the brain, explains **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Dallas. The size of the tumor made it surprising that Melanie was able to function as well as she could.

"I was shocked that she was able to talk and do her job with a tumor this large," Dr. Graham says.

"It shows how our bodies are constantly adapting. Our brains form new circuits to keep us functioning."

Dr. Graham performed the surgery in less than two hours. A biopsy of Melanie's tumor determined that it was benign — a grade 1 meningioma. When it is completely removed, grade 1 meningioma is considered cured and does not need further treatment.

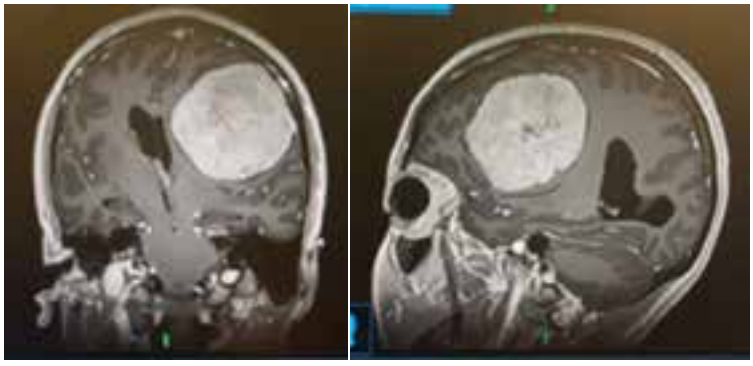
The tumor had likely been growing for years and may have contributed to Melanie's frequent migraines, says **Gregg Shalan, MD**, a neurologist on the medical staff at Methodist Dallas who oversaw her post-operative recovery.

"This was another great outcome from Methodist's Brain and Spine Institute," he says.

Methodist Dallas performs a variety of neurosurgical procedures including brain surgery, spine surgery, and endovascular therapy, which uses angiogram technology as a treatment option.

"Brain surgery is complicated," says Dr. Shalan, who points to the surgical team for Melanie's positive outcome.

While Dr. Graham was at the center of that effort, he credits the entire neuro team and hospital staff with Melanie's success.





Melanie always carries a blessed Brown Scapular, given to her by her mother, as a sign of her strong Catholic faith.



"These surgeries require an entire village of experts," Dr. Graham says. "Our hospital staff is exceptionally well trained and has incredible levels of expertise."

Melanie thanks her work family for reuniting her with her husband, Matt, and son, Ethan.

BACK TO WORK

After a few days in the hospital, Melanie spent another week recovering at home before she returned to work.

"Her positive attitude and great physical health helped her recover quickly," Dr. Shalan says. "Being as healthy as you can is a definite plus."

Melanie reports that she is now migraine-free. "It's the most amazing thing," she says.

While Dr. Graham says it's unlikely the tumor will return, Melanie will undergo yearly MRIs to monitor her brain. And in the meantime, she's back to work managing outpatient pharmacy services and the medication therapy management program.

"What Melanie does for Methodist Dallas is so important," Dr. Graham says. "It hits close to home that someone in the Methodist family had a problem and that we could take care of it and help them get back on their feet. It shows our level of community and how we help each other."

But all patients get that same level of care, whether or not they work for Methodist, Dr. Graham says.

"We welcome any and all patients in DFW who want to be part of this family," he says.

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

I FEEL LIKE I OWE SO MANY PEOPLE SO MUCH.

THEY GAVE ME MY LIFE BACK, AND I WILL FOREVER BE GRATEFUL. I COULD NOT HAVE MADE IT THROUGH THIS DIFFICULT TIME WITHOUT THE RELENTLESS SUPPORT AND LOVE FROM MY FAMILY AND WORK FAMILY.

— MELANIE PROFFITT



HOSPITAL DELIVERS BIG TIME

KEEPING CARE CLOSE TO HOME

All babies, great and small, get more time to bond with their mothers at Methodist Midlothian Medical Center

When Methodist Midlothian Medical Center opened its new labor and delivery wing, the hospital recognized the need for family-centered maternity care in the rapidly growing community.

For mom-to-be Crystal Smith, the timing couldn't have been better. Her son John was born Feb. 24 and was among the first babies born at Methodist Midlothian. He was also the biggest so far, weighing 10 pounds, 12 ounces.

For Crystal, the new unit allowed her to give birth close to her Waxahachie home. Happily, the birth went smoothly for the first-time mom, but the neonatal intensive care unit (NICU) was always nearby at Methodist Mansfield Medical Center if complications occurred.

CONTINUITY OF CARE

Another perk: "Not moving postpartum," says Crystal, who after 16 hours of labor was cuddling her son with her husband in their private labor/delivery/postpartum room.

Crystal's positive feelings about the combined birthing suite were echoed by **Jason Brown, MD**, OB-GYN on the medical staff at both hospitals.

"This concept of the labor/delivery/postpartum suite fosters greater continuity of care," Dr. Brown says. "The same nurse who manages her labor also has the opportunity to provide care after the delivery. In addition, there is less interruption of bonding time between mother and infant."

NURSES MEET EVERY NEED

A nurse herself, Crystal had high expectations for the hospital team, and she says they delivered.

"They were really kind and caring," recalls Crystal, who needed assistance with breastfeeding John. "One nurse went above and beyond the night I delivered my baby. She helped me out a lot."

Another nurse on the labor and delivery team spontaneously turned videographer, providing a keepsake both parents treasure.

"She took my husband's phone and motioned for him to get into the picture so he could be part of the moment with me and John," Crystal says.

THEY WERE REALLY KIND AND CARING. ONE NURSE WENT **ABOVE AND BEYOND** THE NIGHT I DELIVERED MY BABY. SHE REALLY HELPED ME OUT A LOT.

— CRYSTAL SMITH

UNPLANNED TRIP TO ER

Not everything went as planned pre-delivery. The night before John was born, Crystal's blood pressure spiked, prompting a trip to the emergency department at Methodist Midlothian. She was pleased with that care, too, and her high blood pressure was just a blip.

"The Methodist Midlothian emergency room was a good experience," she says. "The nurses explained what was happening on the monitors. That just totally reassured me that I made a good choice."

She returned home and delivered as planned on Feb. 24.

HEADED BACK TO WORK

Crystal relishes motherhood. She says John is a happy and healthy baby who is often giggling when he's not nibbling on teething toys.

The family remains impressed by the quality care at Methodist Midlothian, the city's first community hospital — so much so that Crystal persuaded a friend to use Dr. Brown and Methodist Midlothian's labor and delivery services.

Now, after taking a break to be at home with John, Crystal is planning a return to nursing. She may even try something new.

"At nursing school, I always wanted to be a labor and delivery nurse," she says. "The next job I take, I'm going to fight hard for a labor and delivery position."

Take a virtual tour of our newest hospital at MethodistHealthSystem.org/Midlothian.





5 WAYS TO CONQUER MORNING SICKNESS

Pregnancy is a special time in a woman's life but comes with its share of unpleasant side effects — and morning sickness is high on the list



About 70% of pregnant women experience the symptoms of morning sickness, which include nausea and vomiting. It typically starts by the ninth week of pregnancy, but episodes are hardly confined to the morning.

"Despite its name, morning sickness can happen any time of the day," says **Angelica Knickerbocker, MD**, OB-GYN on the medical staff at Methodist Dallas. "However, nausea during pregnancy is worse on an empty stomach — which is why many women struggle the most when they first wake up."

In rare cases, about 3% of the time, morning sickness can lead to hyperemesis gravidarum, a condition that causes severe dehydration and weight loss and may require hospitalization.

But even routine cases of morning sickness can disrupt an expectant mother's quality of life and make getting things done more difficult. And while there's no miracle cure, there are ways to reduce the symptoms.

Here are a few tips, ranging from dietary and behavioral changes to a supplement that could help:



EAT SMALL, FREQUENT MEALS

Nausea during pregnancy is bad on an empty stomach, but overeating can also trigger it. That's why Dr. Knickerbocker recommends eating smaller meals throughout the day.

The bottom line, she says, is to "make food convenient for yourself."

That might mean putting a granola bar on the nightstand so you can eat when you first wake up, or whenever the mood strikes. Or try packing a light lunch and carrying plenty of snacks to keep yourself satisfied throughout the day.

Listen to your body and avoid foods that are spicy, greasy, or fatty, Dr. Knickerbocker advises.

"They are very likely to trigger nausea and vomiting," she says.

THE BRAT DIET

Cravings and the urge to "eat for two" don't define every pregnancy. In fact, 50% of pregnant women experience some type of food aversion, whether it's a taste or smell that sickens them.

For those patients, Dr. Knickerbocker suggests trying the BRAT diet: BRAT stands for bananas, rice, applesauce, and toast — just what Mom once prescribed for the flu or an upset stomach.

If these options sound too bland, pair them with something else, so long as it doesn't nauseate you. For example, match your banana with peanut butter, or spread some butter and jelly on your toast.

AROMATHERAPY

Smells can trigger nausea and vomiting as easily as taste. So it's best to surround yourself with pleasing fragrances. This may require some trial and error, but Dr. Knickerbocker says it's worth figuring out.

"Pregnancy can cause your sense of smell to become very sensitive," she says.

Dr. Knickerbocker recommends suffusing your home and car with "fresh" fragrances like lemon and rosemary to take the edge off triggering smells.

As for meals, keep in mind that the temperature of food affects how strong its aroma is. Hot foods are more potent than cold foods, so if a once mouthwatering smell now triggers nausea, try meals that are served cold instead.

If you usually do the cooking but the smells are making you lose your appetite, ask your partner or a family member to take control in the kitchen for a while.

And here's another quick tip: Make a habit of taking walks outside to get some fresh air.

GIVE GINGER A TRY



Ginger root, an anti-inflammatory spice, is a natural remedy that helps settle nauseated stomachs. Try adding a teaspoon of ground ginger to your breakfast smoothie to help ease morning sickness.

Ginger ale can also reduce nausea. It's also caffeine-free, so it can be consumed any time of the day.

Finally, ginger candy is a tasty way to not only curb a sweet tooth but to help settle your morning sickness. Make your own candied ginger if you're feeling creative.

VITAMIN B6

Supplements shouldn't be your first option to beat morning sickness, but if your symptoms persist after trying the alternatives, vitamin B6 can also help reduce nausea. Just know that it doesn't work all that well when taken alone as a tablet, liquid, or capsule.

"B6 works best when it's paired with doxylamine," Dr. Knickerbocker says. "Doxylamine is an over-the-counter sleep aid that should be taken right before bed."

Taking pills while you're feeling nauseated can be a challenge, as anyone who's had to choke down a prenatal vitamin can attest.

A couple of ways to combat this problem is to take your supplement right before bed or choose liquid prenatal vitamins instead.

Vitamin B6 can also be found naturally in fish, potatoes, poultry, chickpeas, and cereal and has several other health benefits, most notably maintaining a healthy immune system.

If all else fails to ease your morning sickness, Dr. Knickerbocker suggests asking your doctor for other alternatives.

"If a patient's morning sickness symptoms persist after trying out all of these tips, then we will have to try out other therapies that we would tailor specifically for that patient," she says.

Learn more by searching "women's health" at ShineOnlineHealth.com.





I WAS IN THE RIGHT PLACE AT THE RIGHT TIME. I'LL BE FOREVER GRATEFUL TO THE MEDICAL TEAM AT METHODIST CHARLTON, **I WOULDN'T BE HERE TODAY WITHOUT THEM.**

— BRENDA SMITH

NEW SURGERY REMOVES BLOOD CLOTS

THAT TOOK HER BREATH AWAY

A close call with heart failure led this Dallas resident to try a new minimally invasive procedure at Methodist Charlton

Brenda Smith began experiencing an alarming change in her health last summer. Blood clots in her lung left the 55-year-old Dallas resident struggling to catch her breath.

"I was constantly out of breath and couldn't walk very far without stopping to rest," says Brenda, recalling her symptoms. "I made an appointment with my primary care physician, and she advised me to immediately go to the ER."

Brenda drove directly to Methodist Charlton Medical Center and arrived with dangerously low blood oxygen levels. Further testing revealed clots that put her in danger of heart failure, says **Nikhil Nalluri, MD**, interventional cardiologist on the medical staff at Methodist Charlton.

"If she hadn't come to the hospital when she did, her story would have a much different ending," Dr. Nalluri says.

The test results made Brenda a prime candidate to be one of the first patients at Methodist Charlton to receive an innovative new therapy to remove the life-threatening blood clots.

"It's hard to wrap my mind around the fact that I had multiple life-threatening blood clots in my lungs," she says, "and only needed an hour-long procedure that didn't even require being put under."

MEDICATION VS. SURGERY

Historically, major blood clots like Brenda's had limited treatment options. Doctors relied on the use of thrombolytics or "clot-busting medications" that prevented clots from getting larger but did not dissolve them.

Thrombolytics play an important role in treatment, Dr. Nalluri explains, but they also carry a risk of excessive bleeding because they interfere with our bodies' natural clotting process.

The good news is there have been major breakthroughs to aid surgeons performing surgeries for clot removal called thrombectomies, Dr. Nalluri says.

Recently, the FDA approved a new device that removes dangerous clots using a minimally invasive catheter-based approach. This tool greatly reduces the risk of bleeding and using it does not require an ICU stay.

"This approach is a game changer for patients at Methodist Charlton," Dr. Nalluri says.

When he presented Brenda with the option of using this new treatment, she was eager to give it a try.

HOME THE NEXT DAY

Brenda was taken to Methodist Charlton's cath lab for the procedure. Dr. Nalluri inserted the catheter through a blood vessel in her groin and guided it via ultrasound up to her lungs. The device used suction to vacuum the clots into its tube to remove them.

"Brenda's vitals immediately improved once the clots in her lungs were removed," Dr. Nalluri says. "The incredible part of this story is the fact that she went home healthy the very next day after having several large pulmonary embolisms removed."

Now, Brenda is happy being back at work, spending time with her daughter, and looking forward to the future. She's thankful to have sought help at Methodist Charlton when she did.

"I was in the right place at the right time," she says. "I'll be forever grateful to the medical team at Methodist Charlton. I wouldn't be here today without them."

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

5 DISEASES THAT COFFEE CAN HELP PREVENT

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



In 1991, the World Health Organization declared coffee a possible carcinogen, only to reverse course 25 years later to report it can actually reduce the risk of certain cancers.

The history of the coffee bean — actually the seed of the coffee cherry tree — is as complicated as its chemical composition.

"Coffee has thousands of compounds, including organic acids, amino acids, and antioxidants that have the potential to protect our bodies from contracting certain chronic conditions," says **Carey Shore, MS**, a registered and licensed dietitian at Methodist Dallas and Methodist Richardson Medical Centers. "It's more than a beverage that wakes us up."

Of course, moderation is the key with coffee, especially if you already suffer from hypertension, because excess caffeine can raise your blood pressure. But on the bright side, decaf coffee provides the same health benefits.

"If you already have high blood pressure," she adds, "make sure to consult with your doctor on how many cups you should drink a day."

Here's a look at five diseases and how a cup a day can help keep them away.



HEART DISEASE

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

"Coffee is linked to reducing the risk of metabolic syndrome, which is a cluster of conditions that increase the risk of heart disease and stroke," Shore says.

Those who drink more than two cups a day also have a lower chance of cardiovascular death, coronary artery disease, and congestive heart failure.

"The polyphenols in our coffee act as strong antioxidants that help reduce the risk for developing heart disease," Shore says.



TYPE 2 DIABETES

The polyphenolic compounds in coffee have also been shown to help prevent and manage Type 2 diabetes. So do the minerals found in coffee beans.

"Coffee contains magnesium, which is known for improving the effectiveness of insulin and glucose metabolism in our bodies," Shore says. "Increasing the amount of magnesium that we consume has been associated with reducing rates of Type 2 diabetes."

Just go easy on the extras because coffee can also raise your blood sugar temporarily, especially if you're heavy-handed with the sugar and cream.

And those sweet coffee drinks from your favorite coffee shop can contain upwards of 50 grams of sugar and 300 to 600 calories a pop.

LIVER DISEASE

Anyone at risk of liver disease should consider drinking more coffee, according to a 2021 study involving nearly half a million participants.

Research shows people who drink two to three cups a day can reduce their chances of contracting liver cancer, endometrium (cancer in the lining of the uterus), fibrosis, and cirrhosis (a late stage in fibrosis).

That's because drinking coffee creates a chemical called paraxanthine that slows the growth of scar tissues involved in fibrosis, which can help ward off cancer and hepatitis C.

COLON CANCER

Those who drink one to three cups of coffee a day can stimulate bowel movements, which can help keep you regular. Keeping digestion on track reduces the carcinogens to which the colon is exposed because the faster waste moves through the body, the better.

But not all coffee is created equal, Shore says.

"Blonde roasted coffee comes with a large number of antioxidants that have been connected to reducing the chance of colorectal cancer," she says. "It's also great at guarding against inflammation."

Coffee also stimulates the making of bile acids, further expediting digestion and helping break down excess cholesterol. That makes your morning brew helpful in preventing gallstones from forming.



GALLSTONES

The most common type of gallstone is made up primarily of undissolved cholesterol. A healthy gallbladder contains enough bile to dissolve the cholesterol that our liver excretes.

But when the liver releases too much cholesterol, the excess forms into crystals and eventually into painful gallstones that can lodge in bile ducts. Coffee can increase the flow of bile, helping prevent cholesterol from clumping into crystals.

An eight-year study involving more than 100,000 Danes found that participants who drank six cups of coffee a day lowered their gallstone risk by 23%. More moderate drinkers lowered their risks from 3%–17%.

MODERATION IS KEY

Shore says it's safe to drink up to four cups of coffee a day, or around 400 milligrams of home-brewed java. Keep in mind that a 12-ounce coffee from your barista probably contains upwards of 250 milligrams.

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

"Caffeine is an addictive substance, and people who want to cut back can sometimes experience side effects," Shore says. "Some people develop migraines when they cut coffee out too quickly. So it's best to do it slowly and not cold turkey."

Find more tips to stay well by searching "prevention" at ShineOnlineHealth.org.



COLORECTAL CANCER NO MATCH FOR PATIENT'S WILLPOWER

When her abdominal pain got too bad to ignore, this Dallas woman resolved to beat the odds

Two years ago, Alice Chapa was enduring chronic constipation and abdominal pain when a trip to the bathroom led to a frightening discovery.

"At that moment, I felt it," she says. She was bleeding and immediately knew she needed medical help.

When the cause of the bleeding was diagnosed, the 52-year-old's worst fear was realized: she had stage 3 colorectal cancer. In fact, the tumor had grown almost past her middle rectum.



'I'M GOING TO FIGHT THIS'

Methodist Dallas quickly admitted Alice to the hospital and ran a series of scans and tests, including a colonoscopy.

When **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Dallas Medical Center, came to give Alice and her family the diagnosis, there were plenty of tears — but with one notable exception: The patient remained dry-eyed and clearheaded.

"I'm going to fight this," she recalls thinking. "I looked at Dr. Lodha and said, 'Let's do what we got to do.'"

Alice needed an immediate colostomy, he says, a surgery that creates an opening in the abdominal wall into the colon, bypassing the rectum. For many patients, it's a temporary procedure, but it can still be a shock.

"It's a very difficult transition for patients," Dr. Lodha says. "A great deal of the anxiety some patients experience depends on one's attitude and outlook. The vast majority of time colostomies are not permanent."

Alice took it in stride.

"I said, 'I got this, I'm telling you,'" she says. "I know I got this."

GOING GOT TOUGH ...

At Methodist Dallas, cases like Alice's are reviewed by a colorectal cancer board of surgeons, oncologists, radiologists, and pathologists who will determine the best course of treatment.

Because Alice's tumor was so large, a team led by **Vasu Moparty, MD**, hematologist and medical oncologist on the medical staff at Methodist Dallas, worked to shrink the tumor through a yearlong regimen of chemotherapy drugs and radiation treatments, along with regular imaging screenings to monitor her progress.

It was tough, Alice admits: "I did get weak."

Still, she embraced the treatments and continually expressed gratitude for her doctors' care and the support she received from her family.

"My faith in God is what kept me strong," she says. "I never showed signs of sadness."

... BUT ALICE KEPT GOING

A year after the diagnosis, Dr. Lodha was able to remove the tumor and reconnect her colon.

"A day or two went by and Dr. Lodha came into my room and said, 'I have some news — all your cancer is gone,'" Alice recalls. "I popped up in my bed and said, 'Thank you, thank you, thank you! It's a blessing.'"



> **I'M ALIVE AND WALKING** BECAUSE OF DR. LODHA AND HIS TEAM.
>
> — ALICE CHAPA

Dr. Lodha still marvels at Alice's positive attitude in the most challenging of circumstances.

"It's a real shot in the arm to see what the human spirit is able to accomplish. Her outlook explains a great deal of how she has done so well."

Alice hopes her story will encourage others to realize that they, too, can find their inner strength to fight cancer, especially with the team at Methodist Dallas on their side.

"I feel great — it's amazing," Alice says. "I'm alive and walking because of Dr. Lodha and his team."

Methodist Dallas is applying for national accreditation from the Commission on Cancer for rectal cancer treatment, a distinction held by only 23 medical centers nationwide and none in Dallas.

Are you at risk for colorectal cancer? Find out by taking a free health assessment at MethodistHealthSystem.org/ColonCancerRisk.

The Importance of Being Proactive

Alice's story — shrugging off symptoms until the problem can't be ignored — is far too common, says **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Dallas Medical Center.

"People downplay the significance of what the problem could mean when it involves the colon and the rectum," Dr. Lodha says. "Patients automatically jump to 'Am I going to have a colostomy?' and that thought dominates the conversation. To the detriment of the patient, the symptoms get ignored."

Symptoms of colorectal cancer can include abdominal pain and persistent changes in bowel movements, including constipation, diarrhea, and skinny, pencil-shaped stools, he explains.



A DETOUR TO GET HIS HEART PUMPING STRONG AGAIN

Bad eating habits were the catalyst for a Mansfield man's heart problems, and multiple bypasses were the only solution

Louisiana native Todd Simmons never used to worry about his health, and the self-proclaimed foodie's once-indulgent diet proved it.

"My doctor always told me all that sausage and salt put me at risk of heart disease," says the 55-year-old financial adviser from Mansfield. "He was right, and it caught up with me."

After yard work left him gasping for air last fall, Todd underwent an exercise stress test, followed by a cardiac catheterization at Methodist Mansfield Medical Center.

That procedure, performed by **Steven Havard, MD**, cardiologist on the medical staff at Methodist Mansfield, involved threading diagnostic instruments through a major artery in Todd's groin to his heart to evaluate how well his heart was working. The procedure revealed that one of Todd's coronary arteries was totally blocked, and three others were clogged at levels of 50%, 85%, and 95%.

"Dr. Havard said, 'There is no way we can do stents — you have extensive blockage, and you'll have to have heart surgery,'" Todd recalls. "By that time, I was a complete wreck."

STRESS TEST TO SURGERY

Todd was recovering from the catheterization when he got a visit from **Darien Bradford, MD**, cardiothoracic surgeon on the medical staff at Methodist Mansfield.

"They admitted me that night," Todd says. "He said, 'We'll be fixing your heart Monday morning.' It was less than a week from stress test to heart surgery."

There was no history of heart disease in his family, and the only surgeries he had experienced were a tonsillectomy and a knee repair. He was scared, but he felt at peace after praying online with a class he teaches at church.

"Looking back," he says, "I was in a lot worse shape than I realized."

Todd says he's grateful for the care he received in the cardiac intensive care unit at Methodist Mansfield.

"I couldn't have been in a better place," he says. "The nursing care was 5-star, A-plus, 100%. They were fantastic, every single one of them."

HEART BYPASS 'OFF PUMP'

Todd would need multiple bypasses. During a bypass procedure, the surgeon uses vein segments from a patient's legs or chest to graft a blood "detour" around arterial blockages.

Surgeons often use a heart-lung bypass machine to circulate blood and oxygen, but Dr. Bradford prefers to perform operations "off pump," so the patient's heart beats on its own.

"We are restoring blood flow to that part of the heart immediately as opposed to the delay in restoring blood flow experienced by a patient on a bypass machine," Dr. Bradford says.

It's technically more challenging to operate without using a bypass machine, Dr. Bradford says, but it's better for most patients, including some sicker people who might not be able to tolerate the bypass machine.

CHANGING HIS LIFESTYLE

Any bypass, whether off-pump or not, takes a toll on the body because the surgical team must crack the sternum open to reach the heart. After surgery, patients need rehabilitation therapy to regain the stamina needed for everyday tasks.



But Todd began walking the hall with a nurse on the second day after surgery, his heart rate constantly monitored via sensors connected wirelessly to the nurses' station. He went home and continued to build his strength through walking and physical therapy.

Before surgery, Todd's most strenuous activities were mowing the lawn, playing a little golf, and strolling around the neighborhood with his wife.

He's now running on a treadmill and lifting weights in a gym three days a week, and walking other days, because regular exercise is key to preventing and managing heart disease.

But Todd's biggest lifestyle change was his diet, which now centers on fruit, vegetables, fish, and skinless chicken breast. He minimizes salt, fat, and red meat.

"If you are eating bad stuff, it can kill you," he says. "Now I feel better than I have in a long, long time."

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



An Oak Cliff resident struggled with her weight for a long time before deciding on bariatric surgery

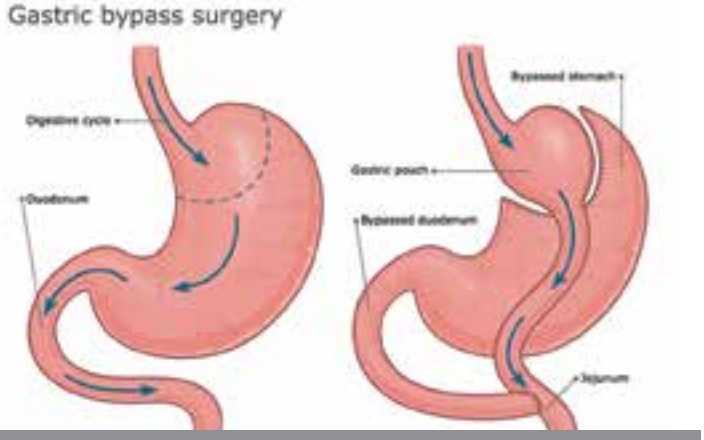
WEIGHT LOSS SURGERY FIXES MORE THAN OBESITY FOR CANCER SURVIVOR

When COVID-19 hit the U.S., Debbie Snipes was one of the millions of Americans who found their fast-paced lifestyles put on pause. Knowing she faced an impending layoff, Debbie decided to take a break from her demanding finance job to take charge of her weight and health issues with bariatric surgery.

"I've always struggled with my weight," says the Oak Cliff resident, who, at 5-foot-4, had reached 237 pounds. "I also had type 2 diabetes and high cholesterol."

She sought help at Methodist Dallas Medical Center, the same hospital that took care of her when she was diagnosed with breast cancer five years ago. Now cancer-free, she met **Sachin Kukreja, MD**, bariatric surgeon on the hospital's medical staff, after a recommendation from her oncologist. She wanted to ask him about weight loss surgery.

Initially, she planned to consult three specialists to get their opinions about her possible candidacy for bariatric surgery. But, Debbie says, "after I met Dr. Kukreja, I canceled those other appointments."



Debbie opted for a gastric bypass, a procedure that reduces the size of the stomach and shortens the digestive tract.

"Your stomach is then in the same size range as an egg or a deck of cards," Dr. Kukreja says. "The food will bypass the majority of the stomach and a section of the small intestines."

CHOOSING GASTRIC BYPASS

Aside from improving her weight, Debbie had another motivation in mind when she consulted Dr. Kukreja.

"There's a lot of good data out there that show bariatric surgery reduces the possibility of breast cancer recurring," Dr. Kukreja says.

Breast cancer is generally a disease that's fed by imbalanced female hormones, which can be worse in overweight people, he explains. Bariatric surgery can normalize those hormone levels and decrease the possibility of recurrence.

It would also help Debbie with her gastroparesis, a disorder that prevents the stomach from emptying properly during digestion and causes vomiting.

"You have to think of the stomach as a muscle," Dr. Kukreja says. "If the muscle doesn't work, typically because of high blood sugars, then food just festers in the stomach and causes you to throw up."

GIVING METABOLISM A BOOST

Debbie met with a dietitian for months and went through essential evaluations prior to surgery to position herself for a successful outcome. On July 27, 2020, she checked into Methodist Dallas.

Dr. Kukreja used Methodist's robotic da Vinci Surgical System to incise a small portion of Debbie's stomach, reducing its size before re-attaching it to her small intestine. He also removed her gallbladder out of concern that she could develop gallstones.

Debbie left the hospital the next day and says she started seeing results almost immediately.

"It felt like I was losing a pound a day," Debbie says. "When you're seeing that kind of result, you stop dreading getting on the scale."

Debbie says Dr. Kukreja dispelled many of the misconceptions surrounding health and nutrition that she had been taught.

"People have this perception that to get in good shape, they need to eat less and exercise more," Dr. Kukreja says. "But really, you should eat more of the right foods and exercise more."

This strategy boosts metabolism and builds muscle mass, which helps to passively burn calories throughout the day, he explains.



"Obesity is a metabolic disease in most cases," he says. "Starvation only slows your metabolism down and doesn't necessarily result in effective weight loss."

Within medical circles, bariatric surgery has been renamed metabolic surgery because of its effectiveness in correcting these issues.

'I REGRET NOT CONSIDERING SURGERY SOONER'

Since her surgery, Debbie has shed 90 pounds, built up stamina and muscle tone, and even gotten rid of her diabetes. She has also found camaraderie and support in an online group of other bariatric patients.

Debbie says the experience opened her eyes to diet culture, stigmas, and nutrition myths, and she encourages other people struggling with weight to consider bariatric surgery as an option.

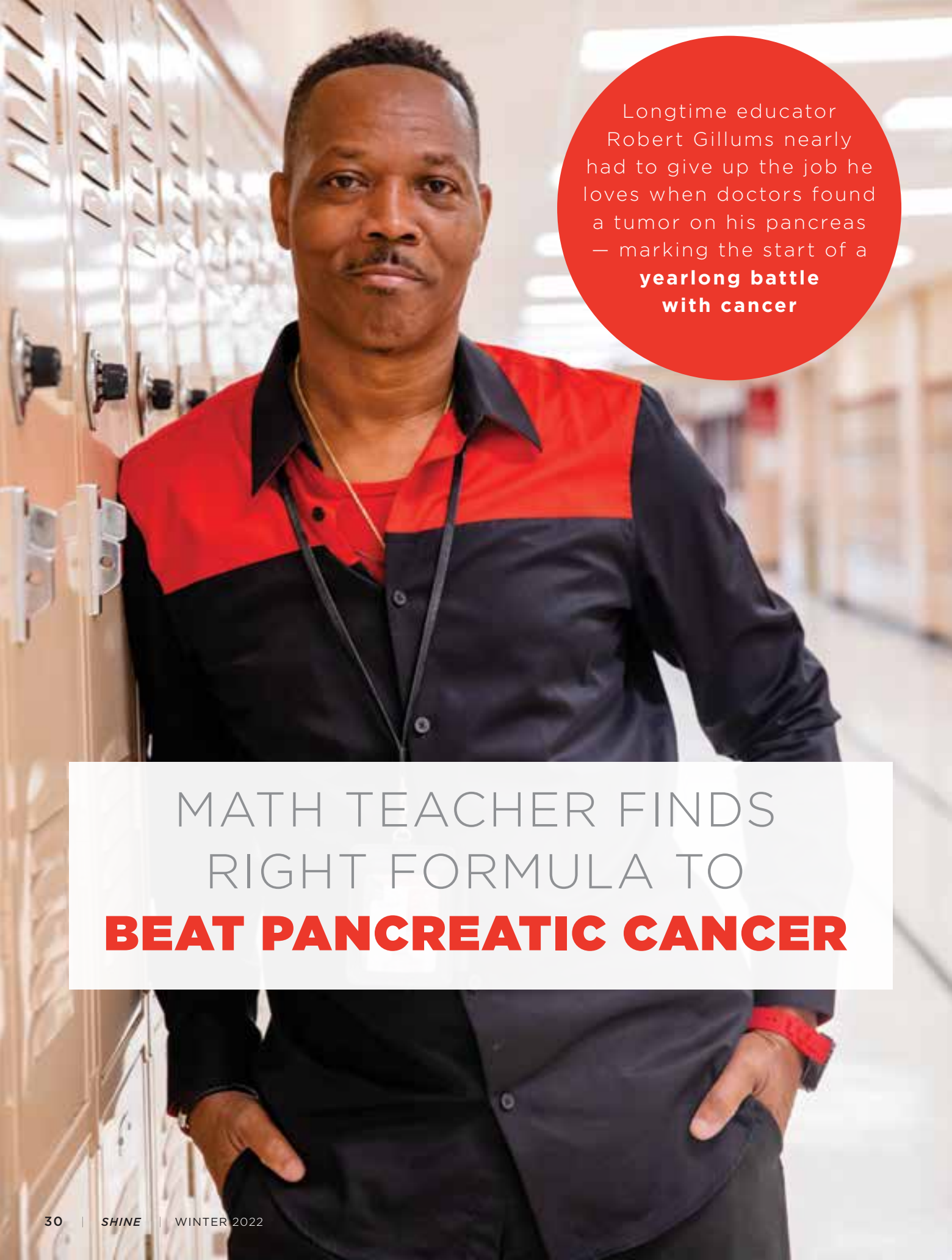
"Everybody is different," she says. And every *body* is different.

"There's this idea that it's cheating, and that's completely false," she says. "It's a tool, just like exercise and diet are tools."

Learn whether weight loss surgery is right for you by calling 214-947-0004 or emailing weightloss@mhd.com.



Debbie has put her diabetes behind her and shed 90 pounds: "I regret not considering surgery sooner."



Longtime educator Robert Gillums nearly had to give up the job he loves when doctors found a tumor on his pancreas — marking the start of a **yearlong battle with cancer**

MATH TEACHER FINDS RIGHT FORMULA TO **BEAT PANCREATIC CANCER**

Cedar Hill teacher Robert Gillums is cancer free and back in the classroom where he belongs, thanks to the support of his family and the teams at Methodist Charlton and Methodist Dallas Medical Centers.

"They have a phenomenal, phenomenal staff," Robert says. "I realized that going through this process, it's very difficult to go alone, and to me, having a great support system was the key to my recovery."

FIRST WARNING SIGNS

At the start of the school year in 2019, the 60-year-old U.S. Air Force veteran decided he needed to take a break. He felt overwhelmed with stress and anxiety, but it wasn't just his mental health that was suffering.

"I started losing weight, having a loss of appetite," Robert recalls.

It was Robert's wife, Jacqueline, a nurse at Methodist Charlton, who urged him to go to the hospital to get checked out.

"They ended up doing a CAT scan, and the doctor came in and informed me that there was a mass on my pancreas," Robert says.

Although the news was devastating, Robert also felt relieved to have a diagnosis instead of a mystery illness. It gave him a goal for the hard work ahead: beating cancer.

FIGHTING CANCER HEAD ON

Pancreatic cancer is an aggressive disease with an 11% five-year survival rate, but Robert wasn't facing it alone. He had his wife and daughter by his side, as well as **Darshan Gandhi, MD**, oncologist on the medical staff at Methodist Charlton, and **Alejandro Mejia, MD, FACS**, executive program director of organ transplantation at Methodist Dallas.

Together, they came up with a three-pronged approach. The first step was for Robert to undergo six months of chemotherapy.

"The cancer was more advanced than we wanted for surgery, so we sent him to chemotherapy to try to shrink the size of the tumor," Dr. Mejia says.

Once Robert completed chemotherapy, it was time for the second step of his treatment: removing the pancreatic cancer.

"The surgery was a bit challenging because the tumor was around some of Robert's blood vessels," says Dr. Mejia, who performed a subtotal pancreatectomy and splenectomy to take out Robert's spleen and a section of his pancreas, along with his gallbladder. "We wanted to make sure we removed all of the cancer."

Finally, Robert had to endure three months of follow-up radiation and additional chemotherapy. It all led to a momentous appointment with Dr. Gandhi in November 2020.

"I could see the tears of joy and accomplishment roll down the faces of the Gillums family," Dr. Gandhi says.

Robert says he and his family were "completely elated" to learn he had won his battle with the disease.

"It was an awesome feeling to hear the news that I was cancer free," Robert says. "It was just jubilation."

BACK IN THE CLASSROOM

Once Robert made a full recovery, there was nothing stopping him from returning to his one true calling.

"To get back into the classroom with my scholars, and to be able to continue to help them was very, very important to me," he says. "I cannot imagine doing anything else at this point because this is really my passion."

Recently, he began teaching seventh-grade math at W.S. Permenter Middle School in Cedar Hill, where he made an immediate impact on his students.

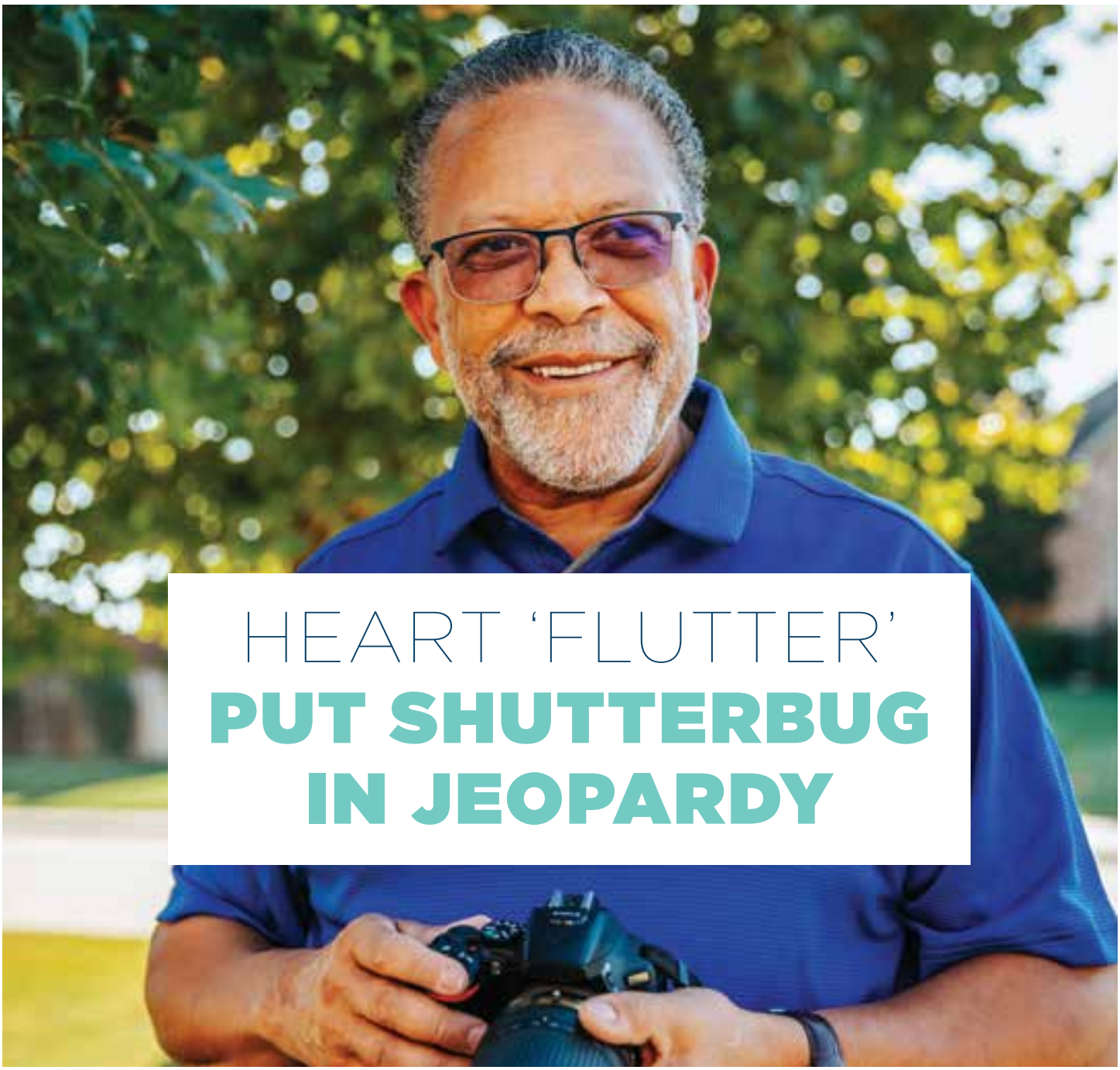
"He engages with them to where they want to learn, so they develop a love for learning," school principal John Ensley says.

Robert credits the love of his wife and daughter, along with the quality care he received at Methodist, for getting him back to health.

"I couldn't have asked for better care anywhere else that I've gone," he says. "They still continue to be an integral part of that recovery process, so I thank them very much from the bottom of my heart."



Learn more about Methodist Charlton's new cancer unit at ShineOnlineHealth.com.



HEART 'FLUTTER' PUT SHUTTERBUG IN JEOPARDY

Chronic arrhythmia, also known as A-fib, raised this Midlothian resident's risk of blood clots and heart failure

For years, Leonard Jones experienced heart palpitations. He didn't worry about his occasional bouts of arrhythmia because they lasted only 15 to 30 minutes, and he never mentioned them to his primary care physician.

In June, when Leonard woke at 4 a.m. to a "fluttering" episode, lasting four hours this time, he took it seriously.

After a scary night, he ended up at Methodist Midlothian Medical Center's emergency department. Tests confirmed he was suffering from atrial fibrillation — also known as A-fib — a common rapid rhythm that can cause blood clots in the heart and increase the chances of stroke and heart failure.

"It's just like any type of engine — if you rev it too high and let it rev continually at that much higher rate, it's going to burn out after a while," Leonard says. "I was thinking, 'This heart is 65 years old, and it's going to burn out if I don't do something.'"

HIGH RISK OF STROKE

Healthy hearts should beat 60 to 80 times a minute, says **Levi Rice, DO**, an interventional cardiologist on the medical staff at Methodist Midlothian and Methodist Mansfield Medical Centers. When Leonard arrived at the hospital, his rate was in the 150s, and he was at risk of a stroke, Dr. Rice says.

The Navy veteran and amateur photographer spent almost 30 hours at Methodist Midlothian, most of it in the intensive care unit, where he received an IV drip to stabilize his heart rate and blood pressure.

A 2019 report from the American Heart Association cited A-fib as the primary diagnosis in over 450,000 hospitalizations a year in the United States alone. Data from the Centers for Disease Control and Prevention show the condition being a factor in about 158,000 deaths annually.

"Twenty years ago, when family members were having strokes, we just didn't know enough about it and weren't catching it," Dr. Rice says. "We now know a lot of those were from A-fib."

Because many A-fib patients have no symptoms, Dr. Rice urges his patients to be alert to palpitations, shortness of breath, light-headedness, and chest pain — and to go to the doctor or ER if they feel something's not right. Leonard never felt pain from his episodes, even the one that sent him to the hospital.

Dr. Rice also highlights risk factors for A-fib, including age (65 and up), hypertension, diabetes, heart blockages, stroke history, sleep apnea, alcohol use, and lung disorders such as chronic obstructive pulmonary disease (COPD). He says regular doctor visits, self-monitoring of vitals, and even an FDA-approved feature on smartwatches that run an EKG can be lifesavers.

A 2019 report from the American Heart Association cited A-fib as the primary diagnosis in over **450,000 hospitalizations a year** in the United States alone.

CATH LAB COMING SOON

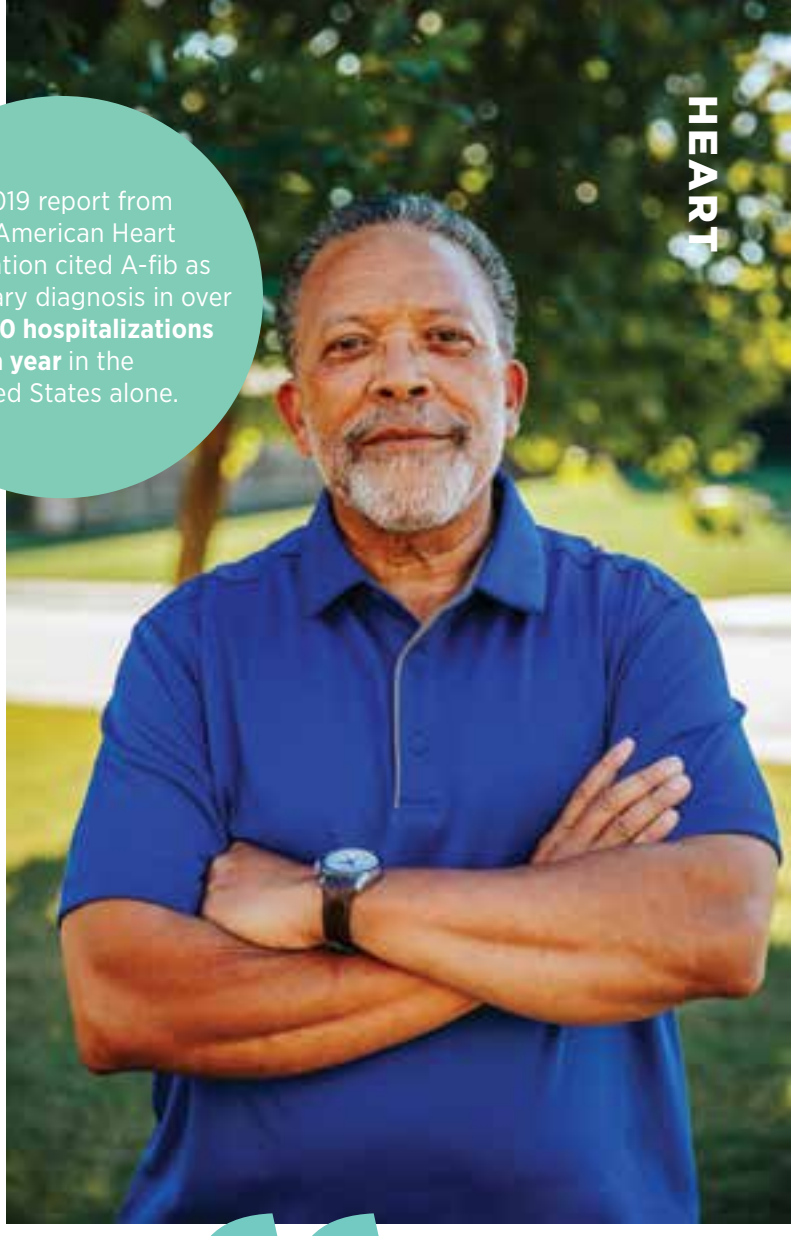
Dr. Rice is also enthusiastic about the new cardiac catheterization lab expected to open in 2022 at Methodist Midlothian. He says it will offer heart stent procedures using the radial approach (through an artery in the wrist), treatment of heart/leg blockages and heart failure, and other services.

"We are excited about offering advanced cardiac procedures to the community of Midlothian," Dr. Rice says.

The day after Leonard left the hospital, he returned to his remote work as a mortgage underwriter and says he hasn't had problems since. Now at age 66, he's taking a blood thinner and medication to regulate his heart, adopting a weight-loss program, and is getting more exercise.

"I'm just thankful that the hospital was very close," Leonard says. "I was able to get in immediately. I couldn't have asked for a better situation."

Find more advice to keep your heart healthy at ShineOnlineHealth.com



> "I'M JUST THANKFUL THAT THE HOSPITAL WAS VERY CLOSE. I WAS ABLE TO GET IN IMMEDIATELY. **I COULDN'T HAVE ASKED FOR A BETTER SITUATION.**"
>
> — LEONARD JONES

PRODUCE BETTER PRODUCE

Squeezing the most shelf life out of your fruits and veggies often involves where and how you store them

EATING HEALTHY REQUIRES a few must-have ingredients, and fresh produce tops that list. But all too often, fruits and vegetables spoil before they ever make it to the table.

"When it comes to sustaining the lifespan of your fruits and veggies, you have to know which produce belongs in the fridge, outside of the fridge, or in the freezer," says **Abby Read, MS, RDN, LD**, a wellness coach and program coordinator at Methodist Dallas and Methodist Charlton Medical Centers.

Here are a few helpful tips to make your produce last longer.

KEEP THEM COOL

The refrigerator can extend shelf life, though not nearly as long as freezing does. Most ripened produce will last a week in the refrigerator.

Just be careful about where in the fridge you put your produce. The more visible it is, the more likely you are to use it before it goes bad.

Store your fruits and veggies in the crisper drawer, which is designed to keep them fresh by regulating the humidity inside.

Because berries and leafy greens tend to spoil quickly, freezing is a good way to keep them fresh longer. Broccoli, cauliflower, and carrots also withstand freezing well, as do winter greens like spinach and collards. Don't freeze veggies high in moisture content, such as cucumbers, cabbage, and lettuce, because they will get mushy once thawed.

To revive wilted veggies or greens, dunk them in an ice bath to "shock" them back into shape.



LET YOUR PRODUCE BREATHE

Temperature is only one factor to consider. Some produce needs to breathe, while other fruits and vegetables will last longer when stored in a plastic bag in your crisper drawer.

Celery can last for weeks if you wrap the stalk in foil and place it in the crisper. Asparagus will last longer in the fridge if you clip its ends, place it upright in a glass of water, and cover it with a plastic bag.

Keep shelf-stable produce, such as potatoes, squash, and onions, in a cool, dark place with airflow to maximize longevity.

Watch out for any produce that naturally releases ethylene gas, a plant hormone that speeds up the ripening process. Separate leafy greens and other produce sensitive to ethylene gas — broccoli, carrots, brussels sprouts — from those that produce it, such as apples, bananas, and melon.

WASHING CAN WAIT

Washing your fruits and veggies is a must to get rid of pesticides, dirt, and germs that cling to produce. But often it's best to wait until it's time to eat.

"You don't want to wash your berries immediately," Read says. "Instead, dry the berries and place them inside of the crisper drawer until you are ready to eat them. When berries are moist, they tend to grow mold and deteriorate quickly."

If you do rinse your produce right away, make sure to pat it dry before you place it in the fridge, or wrap it in a paper towel to soak up the moisture.

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



We don't just see a heart attack. We see a choir member.

When Olive Conday-Brown needed Methodist Health System, we didn't see a heart attack. We saw a choir member, a sister, and a friend. After starting a new exercise program, Olive brushed off warning signs of a heart attack. When a coronary blockage caused her to lose consciousness, luckily she was rushed to a Methodist Health System hospital. There, an on-call cardiac team sped to unblock and stent her artery with an incision just millimeters wide. Keeping our neighbors, like Olive, hitting the high notes with innovative care. That's community. And why so many people trust Methodist.

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Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist 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.



‘WE WON’T GO ANYWHERE ELSE’

Methodist Mansfield delivers four babies over 14 years for Air Force family

It was a Memorial Day to remember for one reservist and his wife, who were expecting their fourth child

Memorial Day holds special meaning for all military families, but for Tech Sgt. Hassan Bozorgnia and his wife, Jennifer, May 31, 2021, was even more significant because they celebrated with their newest addition.

Ariyan Azad Bozorgnia was born at Methodist Mansfield Medical Center the Wednesday before Memorial Day, weighing 7 pounds, 4 ounces. The son of an Air Force reservist, little Ariyan was delivered by a fellow veteran.

Heather Havener, MD, OB-GYN on the medical staff at Methodist Mansfield, happened to be the physician on call when Jennifer went into labor a couple of days before she was scheduled to be induced.

“Mom and baby did great. And as a military veteran myself, I always love caring for other veteran families, so it was truly an honor to deliver their new baby,” says Dr. Havener, who served in the U.S. Navy. “They were such a nice family!”

FOUR BABIES AT THE SAME HOSPITAL

Although Ariyan was born ahead of schedule, Jennifer and Hassan have long since found their stride when it comes to



newborns — and they know their way around Methodist Mansfield.

"Our first child was born here 14 years ago," Jennifer says.

The Midlothian family's first child, Hassan, was born in June 2007, shortly after the hospital opened. In fact, Jennifer was among the first patients admitted to its labor and delivery unit.

Because Hassan was the couple's firstborn, they weren't sure what to expect. However, they were so impressed with the level of care at Methodist Mansfield that they returned for the birth of their second child, Mali, and their third, Lilli.

"Not only did the team at Methodist Mansfield take great care of me during the delivery, but my husband felt extremely comfortable and taken care of, as well," Jennifer says of their decision to trust Methodist Mansfield again and again. "It wasn't just a mom thing. It was a family thing. And for us, that was very meaningful."

THERE FROM THE START

Jennifer says the hospital surpassed all of her expectations from the beginning — from the personable staff to the cafeteria's food — and the quality has remained consistent over the years.

"Even going from a brand new hospital to now, 14 years later, I think everything is still just as great," she says.

Jennifer and her husband have come to know others on the team, including Methodist Mansfield OB-GYNs **Paul Daum, MD**, and **Robert Krombach, MD**, as well as their dedicated team of nurses.

Jennifer says the staff was communicative and attentive to her needs, making sure to fulfill all of her requests without overwhelming her.

"We've been so happy with everyone there, from the doctors and nurses to the chaplains and lactation specialists," she says.

OLDER SIBLINGS PITCH IN

After a smooth delivery, Jennifer is back home with baby Ariyan, who's getting to know his older siblings.

"They're all doing great," Jennifer shares. "My two older ones, Hassan and Mali, have been a huge help in taking care of Ariyan, and my 6-year-old, Lilli, has jumped in as often as she could."

Jennifer says it has been a huge blessing to have another baby in the family, and she credits Methodist Mansfield with helping them get a great start.

"We won't go anywhere else," she says.

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



WHY WINTER WREAKS HAVOC *on psoriasis sufferers*

Colder weather is coming — do you know how to care for your psoriasis?

MANY PEOPLE WHO have this inflammatory skin condition suffer most when the weather turns cold and the air inside gets dry. But psoriasis is more than just dry skin. The condition involves a disruption in the immune system.

"Most people don't realize that psoriasis is one of the most common autoimmune disorders," says **Angie Koriakos, DO**, dermatologist on the medical staff at Methodist Richardson Medical Center.

Psoriasis patients have hyperactive immune systems that mistake skin cells for foreign invaders and attack them, Dr. Koriakos says.

"The attack causes your skin cells to multiply too rapidly," Dr. Koriakos says. "This leads to the telltale red, itchy patches of skin that are covered with silvery, white scales."

While psoriasis has no cure, patients can take steps to manage the condition.

RECOGNIZING THE TRIGGERS

For most patients, psoriasis emerges in cycles, flaring up for weeks or months at a time and then going into remission.

Understanding what environmental factors may be causing the worst flare-ups is critical to living with this chronic disorder. These include:

- **Dry air:** Dr. Koriakos advises her patients to combat the dry conditions that winter brings by developing and committing to a moisturizing routine.

  "Warm, not hot, showers using a gentle, hydrating soap will help," Dr. Koriakos says. "Gently pat your skin dry and apply a thick moisturizing cream within three minutes."

- **Stress:** This is a well-documented trigger for autoimmune disorders.

  Dr. Koriakos believes stress from the holiday season contributes to winter flare-ups. Remembering this connection could be key to lessening symptom severity this winter.

- **Infections and injury:** Injuries to the skin, such as bug bites and severe sunburns, can cause flare-ups. So, too, can infections like strep throat.

- **Clothing:** When selecting cold weather clothing, Dr. Koriakos advises her patients to opt for layering loose-fitting items made from natural fibers, such as cotton and bamboo.

  "Materials like wool can irritate the skin," she says. "Synthetic fabrics often are not breathable, trapping moisture and causing irritation."

- **Alcohol and smoking:** Drinking excessively can lead to skin inflammation, and so can smoking. Exposure to second-hand smoke or a campfire can also cause inflammation. According to researchers at the University of California San Francisco, wildfires can be linked to spikes in skin disease cases, such as psoriasis and eczema.

CONSULT A DOCTOR

The best thing someone with psoriasis can do is find a qualified dermatologist to help navigate the condition.

"Psoriasis may be common, but it's not simple," Dr. Koriakos says. "It can appear in any location on the body, and everyone experiences their own unique expression of the disease."

That's why Dr. Koriakos says it's so important to work with a specialist to tailor a treatment that works for you.

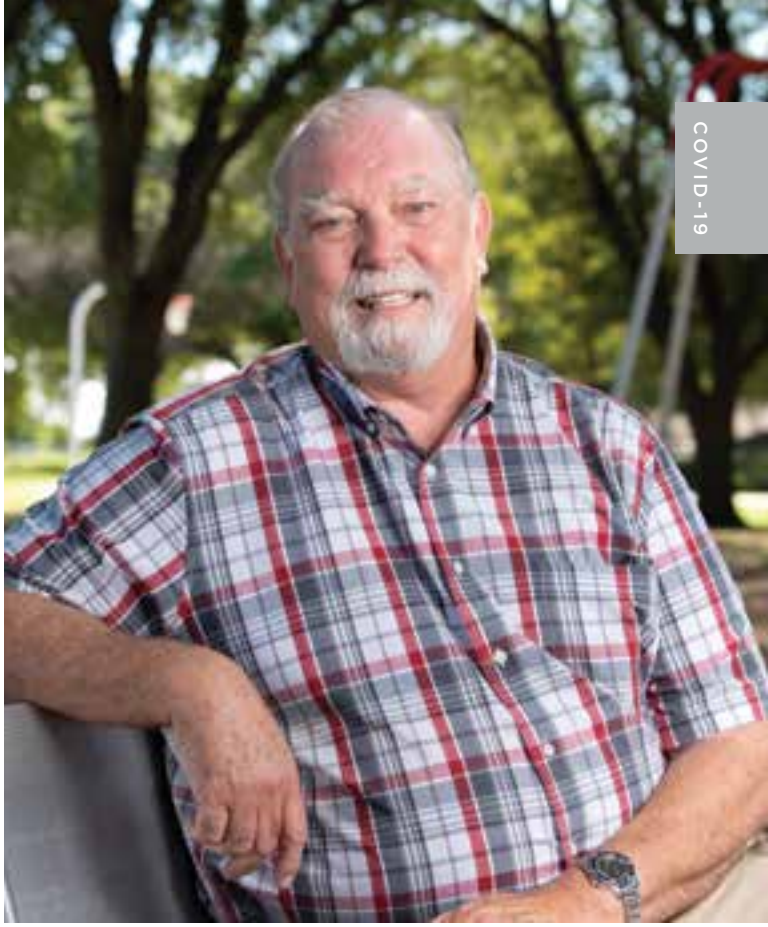
"A tailored management plan is key to managing psoriasis symptoms throughout the year," she says.

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



TAKE-HOME OXYGEN RELIEVES STRESS ON HOSPITALS AND COVID-19 PATIENTS

Inspired by case surges that fill hospital beds and put pressure on the nursing and medical staff, Methodist Health System has developed an innovative at-home treatment method using portable oxygen



Reggie Saulters credits his portable oxygen tank and top-notch virtual care for his speedy recovery from COVID-19.

THANKS TO NEW virtual care options, patients who are accepted for the portable oxygen program can complete their recoveries away from the hospital with help from a mobile oxygen kit.

For Reginald "Reggie" Saulters, it was a welcome relief to be discharged from Methodist Richardson Medical Center after four days of fighting COVID-19.

As a mortuary driver, Reggie is all too familiar with the pandemic's toll, having made many visits to nursing homes in the past year. So while he was grateful for the care he received, he was happy to leave the hospital.

"Everybody on the floor had COVID-19, and I was glad to go home," Reggie says.

Reggie was sent home with an oxygen kit that he could sling over his shoulder, plus a portable oxygen machine that plugged into his bedroom outlet.

"Sometimes, at 2 a.m., I couldn't breathe," Reggie says. "I would turn the oxygen on for an hour, and I would be OK."

Thanks to virtual care, help was always just a phone call away whenever Reggie needed it.

VIRTUAL VISITS

In addition to the take-home oxygen, Reggie was linked with **Kai-Soon "David" Yang, MD**, family practice physician on the medical staff at Methodist Richardson. Dr. Yang followed up with virtual visits, ensured that Reggie continued to test negative for COVID-19, and referred him to a pulmonologist.

"Often, we will see patients for two to three days in a row right after discharge to make sure they are safe and stable at home," Dr. Yang says. "Then the schedule gets relaxed to two to three times per week, depending on how the patient is doing and weaning off of oxygen."

Dr. Yang and his colleagues researched and set up the home oxygen program, part of a systemwide effort to respond to the challenges of each spike in COVID-19 cases.

"Much of this came from the fact that our leadership identified a need," Dr. Yang says. "We did our best to step up, help, and ultimately take care of our patients and community."

Treating patients at home with take-home oxygen is good for everyone because it opens a bed for sicker patients, says **Ashley Pirisino, MD**, family medicine physician on the medical staff at Methodist Charlton and Methodist Mansfield Medical Centers.

"It allows the patient to get out of the hospital a little bit sooner and get back to healing in a home environment," Dr. Pirisino says. "More importantly, it frees up beds in the hospital for more acutely ill patients."

EASY TO ADAPT

Steven Reeves, another one of Dr. Pirisino's patients, was discharged from Methodist Charlton after 12 days, including three spent in intensive care.

Steven said it was easy to adapt to virtual meetings with Dr. Pirisino, noting that he had a pulse oximeter, blood pressure monitor, and thermometer to provide vital statistics.

"Dr. Pirisino and her staff helped me transition after I left the hospital," Steven says. "They went above and beyond."

Telemedicine is helping Methodist Health System combat COVID-19. Learn how at MethodistNOW.org.



BURST APPENDIX

NEARLY COST PARAMEDIC HIS LIFE

This EMS consultant was 'close to death' by the time he stopped toughing out his misery and sought help

As paramedic and one-time operations manager for American Medical Response Arlington, Michael Marsh knows an emergency when he sees one — at least until acute appendicitis became his own healthcare crisis.

Before the pandemic, Michael might not have delayed going to Methodist Mansfield Medical Center when he found himself delirious with pain, feverish, and unable to keep food down.

"There were times when I was 10 out of 10 on a pain scale, bent over in a fetal position," he says.

As ill as he was, Michael didn't want to take a hospital bed from a COVID-19 patient in need or risk catching the virus himself. So he waited, never suspecting his appendix had burst.

"I didn't realize how close to death I really was," he says. "It was a pretty big wake-up call."

DON'T 'TOUGH IT OUT'

Shrugging off the warning signs is not uncommon among men who suffer from appendicitis, says **Andrew Standerwick, MD**, general and bariatric surgeon on the medical staff at Methodist Mansfield.

"Ladies and kids tend to come in as soon as the appendix starts hurting. But a lot of guys try to tough it out and it gets worse. When they come in, they're really sick."

Michael, 46, first felt ill on a flight back from Cancun with his wife. An adventurous eater, he chalked it up to a meal in Mexico, and a doctor he saw remotely prescribed an antibiotic for salmonella.

In the coming days, his health deteriorated from feeling rundown to suffering diarrhea, vomiting, and stomach pain. Nothing changed until more than a week after his return from abroad when, suddenly, he felt "amazing."

It turns out he felt better only because his infected appendix had broken open, thus relieving the pressure. But his health was about to get much worse.

CHOOSING A HOSPITAL

Even after the pain returned, Michael still refused to go to the hospital despite having a 102-degree fever and immobilized by misery.

"I felt like someone was stabbing me with a hot poker," he says.

His boss suggested he needed fluids and had a paramedic bring an IV to him over the weekend.

"My wife said, 'You're sick, go lay down, and tomorrow we're going to take you to the doctor,'" Michael recalls. "The next thing I know I'm looking up at a bright light and one of my own paramedics who works for me."

Michael had come to after passing out and was lucid enough to ask the paramedic to take him to Methodist Mansfield.

"I knew EMS coordinator Karen Yates and the staff, and I felt very safe to go there," he says. "If someone is going to look out for me, this is going to be the place."

CURING INFECTION FIRST

A CT scan of Michael's abdomen and pelvis revealed the perforated appendix and two abscesses, one of them bigger than a racquetball.

Severe sepsis elevated the risk of removing the appendix, so Dr. Standerwick opted to wait until the abscesses were drained and Marsh was treated with an extensive course of intravenous antibiotics.

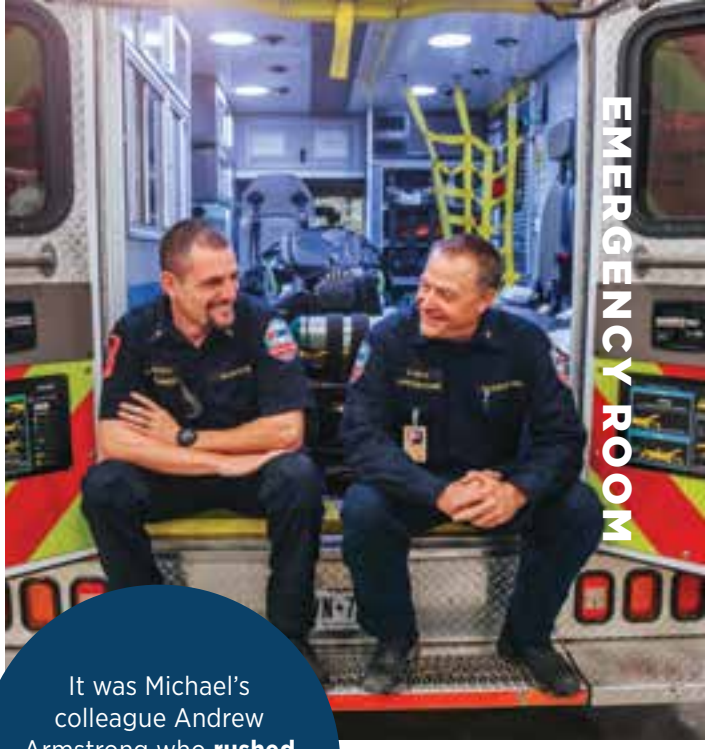
Had Marsh delayed treatment much longer, the sepsis could have entered his bloodstream and killed him, says **Shantala Samart, MD**, infectious disease specialist on the medical staff at Methodist Mansfield.

"When you have something unusual, some symptoms that last for more than a day or two, then it is time to call a doctor," she says.

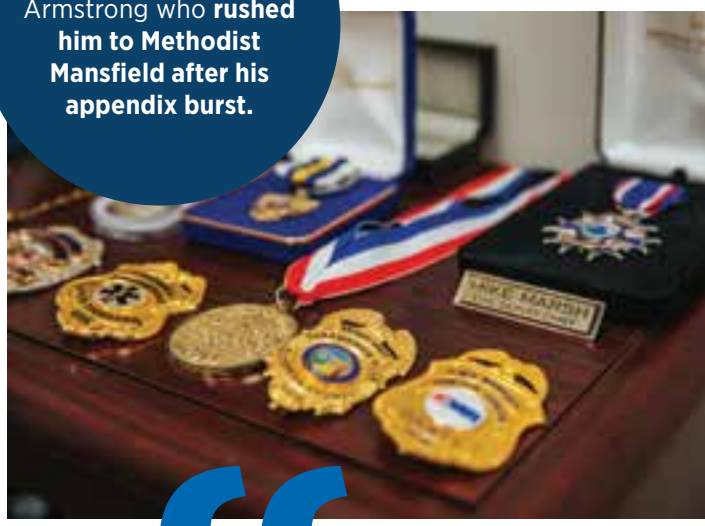
After an interventional radiologist placed tubes to drain the abscesses, Michael spent a week at Methodist Mansfield before being sent home to heal with IV antibiotics. When the infections subsided, the surgical team removed the appendix using minimally invasive laparoscopic surgery.

"The room and the staff were awesome," Michael says. "I had the most amazing customer service I've ever had in my entire life."

Learn more about emergency services at Methodist Mansfield by visiting MethodistHealthSystem.org/MansfieldER.



It was Michael's colleague Andrew Armstrong who **rushed him to Methodist Mansfield after his appendix burst.**



> WHEN YOU HAVE SOMETHING UNUSUAL, SOME SYMPTOMS THAT LAST FOR MORE THAN A DAY OR TWO, **THEN IT IS TIME TO CALL A DOCTOR.**
>
> — DR. SAMART

CAN HEART DISEASE BE REVERSED?



A cardiologist discusses methods of preventing and even reversing coronary artery disease

Heart disease is the leading cause of death for both men and women in the U.S. With millions of Americans impacted, it raises the question: Is there a way to reverse heart disease before the damage is permanent?

The simple answer is yes, to a certain extent, says **Curtiss Moore, MD**, cardiologist on the medical staff at Methodist Mansfield Medical Center.

Coronary artery disease, the most common type of heart disease, develops from a buildup of plaque in blood vessels. This accumulation of cholesterol and fatty deposits is responsible for blocking blood flow, which can lead to heart attacks and strokes.

"You can shrink that collection of plaque with a healthy diet and lifestyle changes," Dr. Moore says.



DIET AND EXERCISE

While some risk factors, such as our genetics and age, are beyond our control, we can take steps to protect ourselves from heart disease. Diet plays a big role.

"The Mediterranean diet is very effective in reducing the risk of heart disease," Dr. Moore says. "It's rich in olive oil, fruits, nuts, and vegetables and low in processed meats."

Dr. Moore recommends avoiding food with too much sugar or trans fat, which raises "bad" cholesterol, or low-density lipoprotein (LDL).

"Bad cholesterol adds to plaque deposits in your arteries," he says.

High-density lipoprotein (HDL), on the other hand, is considered "good" cholesterol because it clears away LDL to be broken down in the liver.

"HDL helps shrink plaque in the arteries and prevent heart attacks, and you can raise HDL levels through exercise," Dr. Moore says.

The American Heart Association (AHA) recommends about 150 minutes of moderate-intensity aerobic exercise each week, or 30 minutes a day, five times a week.

"Even if you don't lose a pound, that 150 minutes per week will be really good for keeping your heart healthy and protecting you against coronary artery disease in the future," Dr. Moore says.

MANAGE YOUR CHOLESTEROL

Keeping your cholesterol levels in check goes a long way toward preventing long-term damage. Don't underestimate the power of eating healthy, exercising regularly, and quitting smoking.

Dr. Moore says someone who is at risk for high cholesterol may also benefit from cholesterol-lowering prescriptions such as statins or PCSK9 inhibitors.

"These can be used to reduce the buildup of plaque," Dr. Moore says.



ASSESS YOUR RISK

Dr. Moore recommends consulting your doctor if you're worried about heart disease developing or getting worse. Generally, men over 50 and women over 60 are more at risk.

"Men develop heart disease a little bit earlier than women," Dr. Moore explains. "But ultimately more women tend to develop heart disease than men."

Aside from age, traditional risk factors of coronary artery disease include:

- Diabetes
- Family history
- High blood pressure
- High LDL levels and low HDL levels
- Obesity
- Tobacco use

Early detection is key to reversing plaque buildup and stopping the disease from getting worse. Doctors can order stress tests to assess heart function or scans to check for calcium, which can be a marker of plaque formation.

"With these tests, we can develop a treatment plan," Dr. Moore says. "This plan could include an exercise regimen, an eating plan, and things of that nature."

In more extreme cases, when blood vessels become more than 70% blocked, doctors will have to surgically intervene to restore blood flow.

But making simple lifestyle changes can help prevent such cases from escalating.

"Try to decrease the amount of fat in your diet and find time to exercise," Dr. Moore says. "I know it's hard, but that's the most important thing you can do for yourself."

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

IN THE COMMUNITY

METHODIST DALLAS MEDICAL CENTER

LOCAL CHURCHES OFFER BLESSINGS FOR PATIENTS AND STAFF

An August 26 prayer service honored COVID-19 patients and the healthcare heroes who work so hard to heal them. Faith leaders from Kessler Park and Wheatland United Methodist Churches, Cliff Temple Baptist Church, Christ Episcopal, Open Table Oak Cliff, and St. Jude Oak Cliff took turns leading the service, where many residents held up inspirational signs for Methodist Dallas patients and staff.



NEW MURAL OFFERS HOPE TO TRANSPLANT PATIENTS

A new mural at Methodist Dallas reminds patients, staff, and their families about the importance of staying strong in the face of adversity. The administration team decided to beautify a blank wall visible from the transplant unit to send a message of hope. Artist Chris Gonzalez created the mural over three days in July as a sign of encouragement for everyone to see.







METHODIST RICHARDSON MEDICAL CENTER

FOOD, FUN, AND FELLOWSHIP

An online charcuterie class honoring breast cancer fighters and survivors provided an appetizing alternative to Methodist Richardson's annual Mad Hatter Tea Party. Ingredients were sent to participants' homes for the September 23 class, and a professional caterer showed how to make a charcuterie board via Zoom. Not to be too cheesy, but a gouda time was had by all.

METHODIST RICHARDSON CELEBRATES A SUCCESSFUL YELLOW AND BLACK TIE GALA

The 2021 Yellow and Black Tie Gala was an evening of entertainment and giving back. The virtual event, held November 13, raised money for a new clinic at Network of Community Ministries, which will serve those in need, as well as Richardson ISD teachers and staff. "This clinic has been a longtime goal to provide healthcare needs in our community," says Methodist Richardson President **Ken Hutchenrider Jr., FACHE**. The gala also honored longtime board member and Foundation supporter Tim Griffy and his wife, Missy, with the Legacy Award.

METHODIST CHARLTON MEDICAL CENTER

STAFF SEIZES MAGNET® MOMENT FOR NURSING EXCELLENCE

Methodist Charlton achieved a major milestone in 2021 when the American Nurses Credentialing Center awarded the hospital with its Magnet® recognition for nursing excellence. "It's a culmination of four years of hard work," says **Teresa Land, MBA, BSN, RN**, VP and chief nursing officer of Methodist Charlton. To earn Magnet status, hospital leaders invested in improvement projects and went through a rigorous assessment process to demonstrate high performance in multiple categories.



20,000 SERVINGS OF CEREAL DONATED TO FOOD PANTRY

Methodist Charlton donated more than 20,000 servings of cereal to Cedar Hill Shares, a local food pantry. The food drive was the brainchild of the hospital's nursing shared governance councils. To encourage everyone to get involved, staff held a friendly competition to see which unit could collect the most food. The F4 East med-surg team won!







METHODIST MANSFIELD MEDICAL CENTER

DONATED PIANO A GRAND ADDITION TO HOSPITAL LOBBY

A donated grand piano now graces the waiting area at Methodist Mansfield, bringing beautiful harmonies to family members awaiting loved ones at the hospital. The piano belonged to the late Carol Esstman, a former Advisory Board member and founding member of the hospital's Auxiliary. Carol's daughter, Angela Johnson, donated the player piano, which can play automatically when a pianist is not at the keys.

MOUSER DONATES HOMEMADE PIES TO THANK STAFF

Mouser Electronics donated nearly 1,000 homemade pies to Methodist Mansfield as a morale booster for the hospital staff. The homemade pies, presented by Kelly DeGarmo and other representatives of Mouser, were delivered by President **Juan Fresquez** and hospital administrators to show employees how much they are appreciated amid the challenges of the pandemic.

METHODIST MIDLOTHIAN MEDICAL CENTER

HONORING BREAST CANCER FIGHTERS AND SURVIVORS

Midlothian High School students organized the annual "Pink Out" game in support of Breast Cancer Awareness Month in October. The school dance team sold pink T-shirts to raise funds for the hospital's radiology unit and to encourage women to get mammograms. Hundreds of fans wore their shirts to the stadium for the district's annual football game to show support for those affected by breast cancer.



METHODIST MIDLOTHIAN HONORED WITH CHAMBER'S AWARD OF EXCELLENCE

Methodist Midlothian was recognized by the Midlothian Chamber of Commerce with one of its top awards. The annual award pays tribute to a company that demonstrates excellence in business practices, exemplary leadership, and strong community service. "The chamber award is truly a testament of the hospital's commitment to the community and recognizes the hard work of many healthcare professionals in the region," said **Jary Ganske**, president of Methodist Midlothian.



A high-tech solution for CARPAL TUNNEL SYNDROME

There are many options to relieve pain and numbness caused by carpal tunnel syndrome, from splinting to advanced surgery



CHRONIC TINGLING IN your hands may be a signal you need to talk with a medical professional. A doctor can tell you whether the tingling is carpal tunnel syndrome (CTS).

"Look for numbness, especially at night," says **Shaun Garff, DO**, sports medicine specialist on the medical staff at Methodist Mansfield Medical Center. "People wake up, and their hands are always asleep. That's a red flag."

CTS is the most common form of entrapment neuropathy — a nerve disorder that causes pain and loss of function — that affects the carpal tunnel, a canal of bones and ligaments in the wrist. Up to 6% of adults in the U.S. suffer from CTS, and many won't seek treatment until the damage is already done.

There's rarely anything wrong with the nerve itself when you have CTS, but rather the tunnel has narrowed so much from injury or genetics that the nerve becomes pinched.

"The sooner you see a doctor the better," Dr. Garff says. "We don't want that nerve damage to progress to severe disease."

If left untreated, CTS can cause irreversible nerve damage.

WHAT ARE THE SYMPTOMS?

CTS progresses gradually, starting with numbness and tingling, often in the thumb and index finger of the dominant hand. Patients may feel the need to "shake out" their hands at night. In advanced cases, CTS sufferers may find it difficult to perform routine tasks like grasping small objects, and muscles at the base of the thumb may waste away.

"Once that nerve gets so pinched that it starts to affect the muscle, that can be difficult to recover from," Dr. Garff says.

If CTS has been diagnosed, physicians like Dr. Garff will typically exhaust conservative treatments before considering surgery, including frequent breaks during the day and wearing a brace on your wrist at night. In mild cases, symptoms can resolve after a few weeks of nightly splinting.

Over-the-counter medicines and prescription corticosteroids can also help with the pain, though these tend to be short-term solutions. Some experts recommend yoga to reduce pain and improve grip strength.

SURGICAL SOLUTIONS

Surgery may be necessary when other carpal tunnel treatments fail. Carpal tunnel release has become one of the most common procedures in the U.S. However, Dr. Garff prefers a minimally invasive endoscopic procedure that only takes a few days to heal.

"People are literally having it done Thursday or Friday, take the weekend off, and then they're back to work Monday," Dr. Garff says.

Guided by ultrasound technology, Dr. Garff uses an incisionless technique, rather than opening the palm, so only local anesthetic is needed. The ligament is severed using a thread inserted through a needle. Afterward, the two needle holes are covered with a small bandage that can be removed after 24 hours.

Dr. Garff still advises patients to try alternatives before resorting to surgery. But CTS patients can rest assured that relief is available.

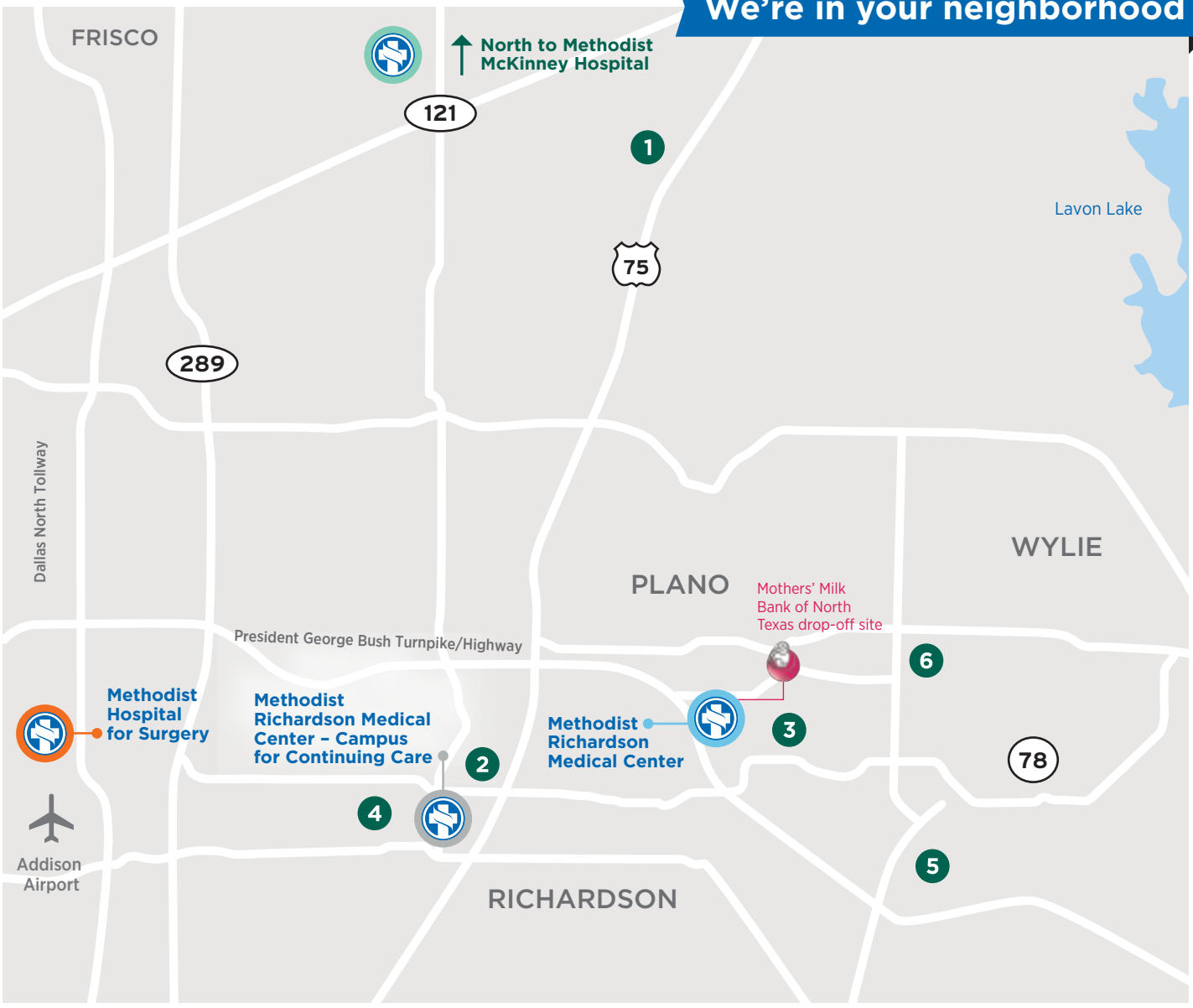
Learn more about orthopedics care by visiting MethodistHealthSystem.org/Ortho.

CARPAL TUNNEL SYNDROME: WHO'S AT RISK?

- Women experiencing hormonal changes from pregnancy and menopause
- Diabetics and patients with other metabolic disorders
- Laborers who engage in repetitive motions like hammering or use vibrating power tools
- People with obesity or with sedentary lifestyles

Methodist
RICHARDSON MEDICAL CENTER

We're in your neighborhood



MEDICAL CENTERS

Methodist Richardson Medical Center
2831 E. President George Bush Highway (at Renner Road)
Richardson, TX 75082
469-204-1000
Mothers' Milk Bank of North Texas drop-off site

Methodist McKinney Hospital
8000 W. Eldorado Parkway
McKinney, TX 75070
972-569-2700

Methodist Richardson Campus for Continuing Care
401 W. Campbell Road
Richardson, TX 75080
469-204-1000

Methodist Hospital for Surgery
17101 Dallas Parkway
Addison, TX 75001
469-248-3900

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

2 Richardson Family Medical Group
399 W. Campbell Road, Suite 101
Richardson, TX 75080
972-238-1848

3 Richardson Medical Group
2821 E. President George Bush Highway, Suite 103
Richardson, TX 75082
972-792-7300

4 Richardson Health Center
820 W. Arapaho Road, Suite 200
Richardson, TX 75080
972-498-4500

5 Firewheel
4430 Lavon Drive, Suite 350
Garland, TX 75040
972-530-8590

6 Murphy
170 E. FM 544, Suite 112
Murphy, TX 75094
469-626-3215

OTHER FACILITIES

1 Methodist Allen Surgery Center
1125 Raintree Circle, Suite 200
Allen, TX 75013
972-569-4500

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