SHINE

Avoiding
WEEKEND
WARRIOR
INJURIES

Maintaining
A PLANT
BASED DIET



SISTERS DELIVER
'TWIN COUSINS'
ON SAME DAY WITH SAME DOCTOR

Methodist
RICHARDSON MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | SPRING 2022



20

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SHINE

SHINE (Vol. 12, Issue 1) is published quarterly as a community service for the friends and patrons of METHODIST RICHARDSON MEDICAL CENTER, 2831 E. President George Bush Highway, Richardson, TX 75082, telephone 214-947-4600, MethodistHealthSystem.org. To unsubscribe, please email pr@mhd.com.

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A math teacher and Air Force vet from Cedar Hill **finds the right formula for pancreatic cancer.**

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Pandemic anxiety has more of us reaching for sleeping aids, **but is it safe to take them every night?**

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HALT THE SALT FOR A HUGE IMPACT

Low-sodium diets could prevent many heart attacks and strokes

OUR BODIES NEED salt to function, but get too much, and your health can suffer dramatically.

"Excessive salt intake increases blood pressure," says **Nasser Khan, MD, FACC, FSCAI**, cardiologist on the medical staff and medical director of the Structural Heart Program at Methodist Dallas Medical Center. "Hypertension, in turn, increases the risk of heart disease and stroke."

By some estimates, hundreds of thousands of heart attacks and strokes could be prevented every year if more Americans adopted a low-sodium diet.

While it's no secret that too much salt can be deadly, you may be surprised to know how little we actually need — a quarter of a teaspoon a day — and how cutting back even a little is hugely beneficial.

"It's a balancing act," Dr. Khan says. "We need sodium for our bodies, but moderation is the key."

SALT LURKS EVERYWHERE

More than 100 million Americans — that's half of all adults in the U.S. — suffer from high blood pressure, and our salty diets are a big reason why.

Sodium has many hiding places. But by and large, the culprit is not the table salt you sprinkle on your home cooking. Rather, it's those indulgent meals from restaurants and packaged meats, cheese, and snacks that add up to 70% of the salt in the average American diet, according to the American Heart Association.

"Avoid processed food," Dr. Khan recommends, "and pay attention to the amount of sodium listed on the label if you have to buy any canned or processed food."

TRY SALT SUBSTITUTES

Low-sodium salts replace a mineral most of us get in excess with one we are typically deficient in: potassium. That's because the human body has evolved to conserve sodium and shed potassium, leading to a potentially unhealthy imbalance of both substances.

The American Heart Association recommends **limiting salt** to 2,300 milligrams, which is closer to **one teaspoon a day.**

A 2021 study in the *New England Journal of Medicine* found that salt substitutes significantly lowered blood pressure among 20,000 patients. They also lowered stroke and heart attack risks by 13% combined.

While Dr. Khan says stocking your pantry with alternative salts could help, he also offered a word of warning for some patients.

"Several studies have shown the benefits of low-sodium salts compared to regular salt," he says. "However, certain groups like kidney patients need to be careful when taking alternative salts. Replacing sodium with potassium does not necessarily solve all the problems."

HOW MUCH IS TOO MUCH?

The average American consumes more than 3,400 milligrams (about a teaspoon and a half) of salt per day. That's about seven times what your body needs to help your nerves and muscles function and to keep fluids balanced.

Keep in mind that salt is an acquired taste: Give a baby salt, and she will reject it, but by the time many of us are toddlers and have been regularly exposed to salty, processed food, we begin to crave it.

"If parents use less salt, kids will grow up with the habit of eating less salt and still find the food palatable," Dr. Khan says.

After all, less can be more when it comes to sodium. Just like sugar, your taste buds will become more sensitive to salt if you use less of it over time.

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

WITH COVID-19 TESTING,

DOES THE NOSE STILL KNOW?

The ultra-infectious Omicron variant exposes the limitations of at-home testing



RAPID COVID-19 TESTS remain hard to find at the corner convenience store, even as case counts fall and the government sought to ease demand by offering four free tests to every U.S. household.

But for those lucky enough to find a testing kit when they need one, the results may not be as reliable as you'd like. In fact, the FDA went so far as warning late last year that while many at-home tests can detect Omicron, they "may have reduced sensitivity."

Blame it on the fact that the latest dominant variant is so much more contagious than previous strains, and it often shows up in our throats and saliva days before it reaches our noses.

"It takes less virus to infect someone with Omicron than it did with other variants," says **Karen Roush, MD**, vice-chair of pathology for Methodist Health System. "Also, it's unclear whether Omicron is best detected in nasal swabs, throat swabs, or saliva collections."

That means a rapid test may fail to detect Omicron because our testing routines continue to change to keep pace with a rapidly evolving virus.

WHERE TO SWAB

Since early in the pandemic, COVID-19 testing was defined by a nasal swab stuck up the nose, sometimes uncomfortably deep into the sinus cavity.

Now when you visit the doctor, you may be more likely to be asked for a saliva sample or get a gag-inducing swab to the back of your throat, more like a rapid strep test.

Just don't try this at home, Dr. Roush warns, no matter what folks on social media may advise.

"The instructions that come with an at-home testing kit should be followed exactly," she says. "Deviating from the method instructions could invalidate test results and may even lead to unintentional injury."

FALSE NEGATIVES RISING

What hasn't changed with Omicron is that infected patients are far more likely to test positive if they have already exhibited symptoms. If they aren't feeling sick, false negatives remain a real possibility.

"There is a greater likelihood for a false negative very early on or late in the infection," Dr. Roush says. "Most people do not know what phase of an infection they are in, and as such, trying to predict the most reliable place to test is near impossible."

All of this uncertainty may lead you to believe that there's no longer any use to COVID-19 testing, especially at home. But that's not the case at all.

Testing remains one of the best tools at our disposal to stop the spread, and at-home tests are the most convenient and quick option for many of us.

Just know the limitations of testing, and don't throw caution to the wind when you test negative after a close encounter with someone who's sick. After all, considering how infectious Omicron has proved to be, it may be a false negative.

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

SISTERS DELIVER ‘TWIN’ COUSINS IN SAME HOSPITAL ON SAME DAY



Yesenia and Jocelyn Marin never planned to get pregnant at the same time, but the sisters from Garland not only went through pregnancy together — they gave birth the same day in the same hospital

For much of their lives, sisters Yesenia and Jocelyn Marin have been mistaken for each other’s twin. Now their newborns — delivered hours apart at the same hospital by the same doctor — seem certain to share their fate.

“Everybody asks, ‘Are you guys twins? Did you plan this?’” says Yesenia, the older of the two, laughing. “Trust me, we didn’t.”

Although the timing was a coincidence, both women were patients of **Carol Norton, MD**, OB-GYN on the medical staff at

Methodist Richardson Medical Center. Dr. Norton remembers the sisters coming to her office for their first appointments within the same week. Their due dates were only two days apart.

"It just sort of became a running joke almost with every visit," Dr. Norton says. "'Wouldn't this be funny if you two delivered together?'"

ONE SURPRISE BECOMES TWO

The sisters, who are four years apart in age, say they've always been close but never planned to go through pregnancy together.

"I found out I was pregnant first," Jocelyn says.

A few days later, she came across an emailed receipt for a pregnancy test, revealing her sister was also expecting. Yesenia, 28, didn't want to steal her little sister's thunder, so she waited a couple of weeks before sharing her news with the rest of the family. It turned into a unique bonding experience.

"I would be like, 'Look, my bump is growing,' and she'd be like, 'My bump is growing too!'" Yesenia says.

Although the women had different due dates, it seemed like the baby cousins had their own ideas and couldn't wait to meet each other. The sisters checked into Methodist Richardson on Oct. 15, staying in rooms right next to each other.

"It was close to 8 p.m. when Jocelyn got to the hospital," Yesenia recalls. "She's like, 'I'm here.' An hour later, I said, 'Sister, I'm right behind you.'"

A 'REMARKABLE' EVENT

Dr. Norton just happened to be out of town that night, but **Elayna Brooks, MD**, another OB-GYN on the medical staff at Methodist Richardson, was on call and ready to help.

"Two sisters actually delivering on the same day — I don't think I've ever had that happen before," Dr. Brooks says. "That was very remarkable."

Yesenia welcomed her son, Sebastian, first. He was born a little after 4 a.m., weighing 8 pounds exactly. Not three hours passed before Yesenia heard Dr. Brooks and the nurses helping Jocelyn. She was FaceTiming with their mother and gave her a real-time account of what was happening in the hospital. Jocelyn's daughter, Antonella, was born at 6:58 a.m., weighing 6 pounds, 3 ounces.

"I remember the time because I looked up at the clock and I heard Antonella cry. I said, 'Mom, the baby is born! And I hear her crying already!'" Yesenia says. "I started calling them twin cousins just because they were born on the same day, just three hours apart."

NO STRANGERS TO HOSPITAL

Although the shared experience was new, neither sister is a stranger to Methodist Richardson. Both have delivered their other children at the hospital.

> "TWO SISTERS ACTUALLY DELIVERING ON THE SAME DAY — I DON'T THINK I'VE EVER HAD THAT HAPPEN BEFORE. **THAT WAS VERY REMARKABLE.**"
>
> — DR. BROOKS

"I knew that I wanted to have Antonella in the same hospital," Jocelyn says. "The nurses were so sweet. They were so supportive."

Hearing their encouraging words during labor was a huge comfort, Yesenia adds.

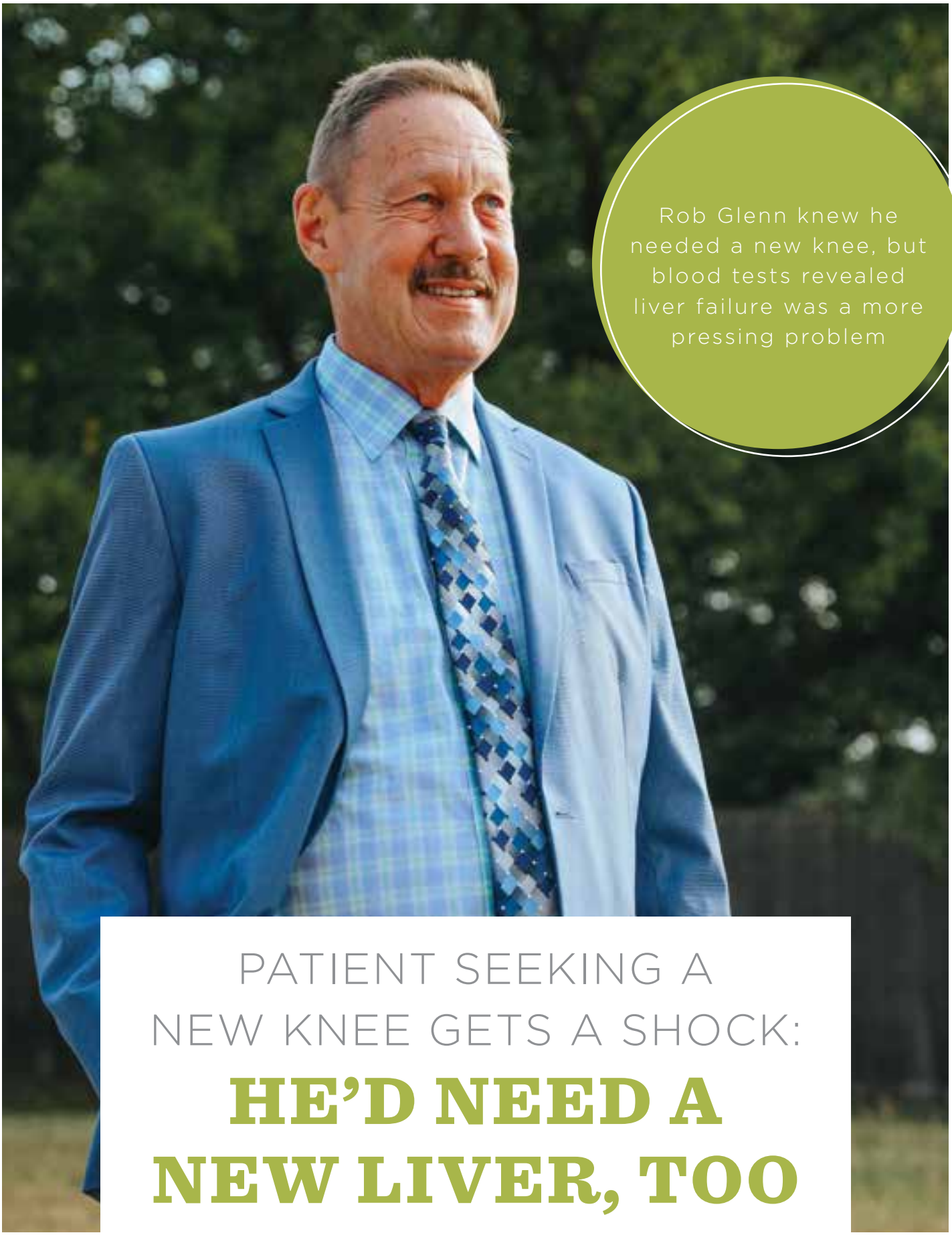
"The staff is just amazing at Methodist Richardson," she says. "I cannot stop saying how amazing they are."

Now the two women are back home, enjoying time with the babies, and looking forward to a lifetime of double birthday celebrations.

"I hope they see each other not only as cousins but best friends," Yesenia says.

Scan this QR code to watch the sisters tell their story.





Rob Glenn knew he needed a new knee, but blood tests revealed liver failure was a more pressing problem

PATIENT SEEKING A NEW KNEE GETS A SHOCK:

HE'D NEED A NEW LIVER, TOO

When Rob Glenn visited an orthopedic surgeon two years ago, he figured he'd need a new knee. So he was stunned to learn that his liver was failing, too.

For years, the 65-year-old insurance agent from Lake Dallas suffered from knee pain caused by osteoarthritis, the wearing away of cartilage in a joint.

"It runs in my family," Rob explains. "I decided I could no longer live with the pain, and so it was time to finally get knee replacement surgery."

Believing he was otherwise healthy, he visited a specialist and started the process of getting cleared for surgery. His blood work would put that plan on hold when the tests revealed liver enzymes that were abnormally high.

"I remember the call," Rob says. "The orthopedic surgeon tells me, 'Your knee is going to have to wait. You have a much bigger, more urgent problem.'"

A gastroenterologist performed further tests and ultimately connected Rob with **Jeffrey Weinstein, MD**, medical director of liver transplantation and hepatobiliary services at Methodist Dallas Medical Center.

SHOCKING DIAGNOSIS

Two weeks later, Rob met with Dr. Weinstein and underwent more testing. When the diagnosis was revealed, Rob was stunned.

"We discovered he had been living with undiagnosed hepatitis C for years," Dr. Weinstein says. "This caused cirrhosis, which led to liver cancer and ascites. All of these factors together brought him to his current state of a failing liver."

Dr. Weinstein explained to Rob that his liver disease was so advanced that the only treatment option was a liver transplant — but the path to a transplant would not be easy.

In late 2019, Rob began the evaluation process necessary to be listed for a liver transplant. Dr. Weinstein knew that the cancerous tumors on his liver would make it much harder to get Rob on the waiting list. So he came up with a plan.

"His liver was on the verge of failing, so surgically cutting out the cancerous areas of the liver was not an option," Dr. Weinstein says. "The best option was a microwave ablation procedure that would hopefully remove the largest of the existing tumors and slow down the others to buy Rob time to get listed for a liver."

ON THE LIST FOR A LIVER

After his second ablation procedure in March 2020, Rob was starting to think he might never qualify to get listed for a liver transplant.

"I knew without a doubt that the transplant team was doing everything medically possible," he says, "but I began to wonder if my liver disease was too advanced and complicated to get on the transplant list."

But a month later, Rob learned he had been approved for the organ transplant waiting list. Even then, he expected his wait for a liver could be long — so he was thrilled when he received a call just six days later from his transplant coordinator.



"A liver became available in Oklahoma and they were flying it to Dallas," Rob says. "I had two hours to get to the hospital for the final stage of transplant testing and approval."

SURGERY AND RECOVERY

Shortly after that, Rob's surgery was performed by **Vichin Puri, MD, FACS**, surgical director of the oncology service line at Methodist Dallas. With no complications, Rob was discharged from Methodist Dallas just four days later, feeling better than he had in months.

After a quick recovery, Rob was so pleased with his surgical experience that he asked Dr. Puri to redo a previous hernia repair that was unsuccessful. Last fall, Dr. Puri repaired the hernia using laparoscopic technology, finally giving Rob relief from his chronic discomfort.

By November 2020, Rob was ready to revisit the surgery he had hoped to have initially, his knee replacement.

"It's incredible to think that my knee pain led to a lifesaving liver transplant," he says.

With a new knee and a new liver, Rob says he feels like "a whole new person."

"I attribute much of that to the transplant team at Methodist Dallas," he says.

Learn more about The Transplant Institute at Methodist Dallas by visiting MethodistHealthSystem.org/Transplant.

LOSING 150 POUNDS AFTER CLOSE CALL WITH COVID-19

Weight gains are a harsh reality of the pandemic, but a life-threatening bout with COVID-19 pushed this woman well past the "COVID 15"



While living with family members in Louisiana, Valarie Rodgers' weight hit 340 pounds following two scary stays in a hospital and a heavy regimen of steroids, given to help her body overcome COVID-19 and a sepsis infection.

"I'm alive," she says. "So that's the good thing about it."

The bad thing: The steroids shifted her appetite into overdrive, and the subsequent weight gain eventually led her to seek out weight-loss surgery with **Manuel E. Castro-Arreola, MD**, bariatric surgeon on the medical staff at Methodist Charlton Medical Center.

"Steroids tend to cause weight gain for a number of reasons," Dr. Castro says. "In the blink of an eye, patients lose control. Surgery resets that weight control mechanism."

DIET MERRY-GO-ROUND

After returning home to Dallas, Valarie first turned to dieting and had some success before her initial consultation with Dr. Castro. While glad to be alive after a scary bout with COVID-19, she was unhappy to be so heavy.

"I was just sad and depressed, but I knew I could not go in to see him at 340 pounds," she says. "So I lost maybe 20 pounds."

Making that commitment to overcome her weight gain was important to Valarie, and it was a critical step for her doctor to see, too. Beginning with the first consultation, Dr. Castro tells his patients that surgery is only one part of the process. "For the surgery to work, they must commit to changing their lifestyle in three areas: diet, exercise, and modifying eating behaviors like stress eating," he says. "The patients who do well, like Valarie, stick to the plan to a T."

Valarie went to Methodist Charlton for gastric sleeve surgery on May 17. Also known as a vertical sleeve gastrectomy (VSG), this minimally invasive procedure involves removing about 85% of the stomach, leaving behind a narrow tube, or sleeve. "My mom said he may have taken too much," Valarie says of her weight loss in the months since. "Because she's like, 'Where's the rest of my daughter?'"

Most patients go home a day after surgery, and after that will proceed from a strictly liquid diet to pureéd meals and softer foods — and finally solid food.





Since her surgery, Valarie has watched the weight melt away — 150 pounds and counting.

Even after their diet returns to normal, however, patients need to keep portion sizes small because the stomach is so much smaller.

MOTIVATED BY GRANDKIDS

In the months since her surgery, Valarie has watched the weight melt away. To date, she has lost about 150 pounds.

"I couldn't believe it," she says. "When I see myself in pictures, it's like I'm a whole new person."

Even more important than her own self-image is how much more active she is today than she was before she lost the weight — and that begins with keeping up with her grandchildren.

"I have to have the energy to keep up with them because they are a handful," she says.

Other motivating factors for Dr. Castro's patients are the many diseases associated with obesity that weight-loss surgery can alleviate.

"From diabetes and high blood pressure to sleep apnea and high cholesterol — even colon cancer and heart disease," he says. "There's a number of studies showing that patients with congestive heart failure lose weight and their hearts actually get stronger after weight-loss surgery."

ENERGY TO SPARE

Now back in Baton Rouge with her family, Valarie feels stronger every day, and that's important with three grandchildren and a fourth on the way.

"I have so much more energy now," she says, "I don't even want to sit down. That's fantastic."

Valarie credits much of her success to Dr. Castro and his team, who treated her with kindness and empathy every step of the way. Having that encouragement, as well as a family full of cheerleaders, was huge, she says.

"If you have that support and people around you that care and love you," she says, "that's a game-changer."

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

Bariatric care that changes lives

The weight-loss surgery team at Methodist Charlton recently earned high marks as a Comprehensive Center for Bariatric Surgery.

It's an accreditation Dr. Castro is proud of, but what's most gratifying for him and his team is changing the lives of patients like Valarie.

"It's been quite rewarding," he says. "I've seen a bariatric surgery patient with Type 1 diabetes qualify for both a kidney and pancreas transplant. And after that, she became a mom."

Outcomes like that inspired the American College of Surgeons to recognize the team for its commitment to quality improvement and safety for metabolic and bariatric surgery patients.

To achieve these high standards, Methodist Charlton had to demonstrate it meets the needs of patients by providing multidisciplinary, high quality, patient-centered care.



Valarie's new lifestyle allows her to experience the simple joys of life, like keeping up with her grandchildren.

GIVING UP MEAT 'COLD TOFURKEY' IS EASIER THAN YOU THINK

As with any dietary change, going vegan relies on meal planning and having a few go-to favorite recipes to succeed

Giving up meat for a plant-based diet can be painless, whether you're going vegan to save the animals or you're all about clean living.

In fact, many plant-based meals are just as tasty and relatively foolproof when compared with cooking meat, says **Abby Read, MS, RDN, LD**, registered and licensed dietitian and program coordinator at Methodist Dallas and Methodist Richardson Medical Centers.

"It's nearly impossible to spoil veggies or tofu when you cook them," Read says, "compared to the harm caused by undercooking a turkey or chicken."

Veganism — or vegetarianism if you'd rather keep dairy and eggs in your diet — doesn't have to be overly expensive or boring. As long as you expand beyond salads, raw veggies, and fruits, and steer clear of pricey, prepackaged meals stamped "vegan" at the grocery store, you're on the right path.

When making any dietary change, meal planning is key, and having a few go-to recipes certainly helps. As always, consult your doctor first, and then seek out plant-based alternatives to your favorite meat dishes.

Here are five foods that will have you looking forward to your next vegan meal:



FRIED MUSHROOMS

Mushrooms are a great substitute for meat. Low in calories and carbohydrates, mushrooms are also rich in nutrients, vitamins, and antioxidants.

"Mushrooms are great foods to include in your diet to help lose weight, reduce cholesterol, and manage hypertension and other metabolic disorders," Read says. "They're also rich in zinc, potassium, and vitamin D, which is a very difficult nutrient to get enough of into our diets."

Oyster mushrooms have an especially tender, meaty texture, and they can serve as a perfect substitute for fried chicken. But to keep it vegan, you will have to create a plant-based batter to coat the mushrooms before frying them in a healthy option such as avocado oil. Spelt flour is a healthier alternative compared to traditional all-purpose flour because it contains more fiber.

TOMATO SOUP

Simulating stew and chili can be done with a vegan diet, but sometimes a simple tomato soup is all you need to warm up on a chilly night.

If you want to make a fresh and satisfying tomato basil soup, start with fresh whole-food ingredients. And while it's easier to make this dish in an instant pot, you can also cook it on a stovetop.

Tomato basil soup is filled with antioxidants and promotes healthy skin and vision. Eat this creamy dish topped with a dollop of herb and cashew cream, or pair it with your favorite sandwich or salad.



BARBECUE JACKFRUIT

Jackfruit can look a bit off-putting at first, but underneath that spikey exterior is a fruit that's waiting to be transformed into a fabulous meat replacement.

Whether you buy it raw or canned, you'll need a food processor to shred it into a pulled pork-like consistency. Be careful not to overdo the blending because you don't want to liquefy your jackfruit.

Next, throw it in a slow cooker with all your seasonings and barbecue sauce. Once it's done cooking, you can pour the mixture onto buns or wrap it in a soft taco.

As with most fruits, the calories in jackfruit are mostly carbohydrates, Read notes.

"They don't contain that much protein, so it would be good to pair your jackfruit entrée with a protein-filled side dish," she says.





RED PEPPER HUMMUS

Chickpeas, a legume also known as garbanzo beans, can create a variety of plant-based meals that are high in protein, up to 15 grams per serving.

Impress your dinner guests with some homemade chickpea hummus that's packed with all the nutritious fats your body needs.

"The healthy fats in hummus are polyunsaturated and monounsaturated fats," Read says. "Eating these kinds of fat can help improve blood cholesterol levels, decrease the risk of heart disease, and help control blood sugar."

Making your own hummus gives you the ability to flavor it more to your liking when compared to the often-bland, store-bought variety. Pair it with carrots, celery, Brussels sprouts, pita chips, or whole-grain crackers. Or add it to a salad, sandwich, or pasta sauce.

First, you'll need a blender or food processor to break down the beans into a smooth and creamy texture. Add a couple of roasted red bell peppers, a good source of vitamin C and iron. Sprinkle with some paprika to amp up the smoky flavor.

TOFU SPAGHETTI

Tofu, also known as bean curd, gets a bad rap because it's flavorless and made from condensed soy milk, coagulated and pressed into solid white blocks. But it's also packed with protein and makes a solid meat substitute.

"The nutrition in tofu is equivalent to chicken, pork, or beef," Read says. "It's very versatile in cooking and you can easily hide it in any dish just to increase its nutritional profile."

Tofu, spaghetti, and marinara make a quick and easy dinner. Just prepare your tofu as you would meat in a typical pasta dish. Start by frying chopped onions and minced garlic in olive oil, then add your silken tofu with any seasonings you like and stir as you cook.

Once you mix in some sauce, your tofu will start to resemble feta cheese. To boost your meal's appearance, garnish with vegan Parmesan cheese and top with parsley. If you're sensitive to gluten, try using a chickpea-based pasta for even more protein.



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

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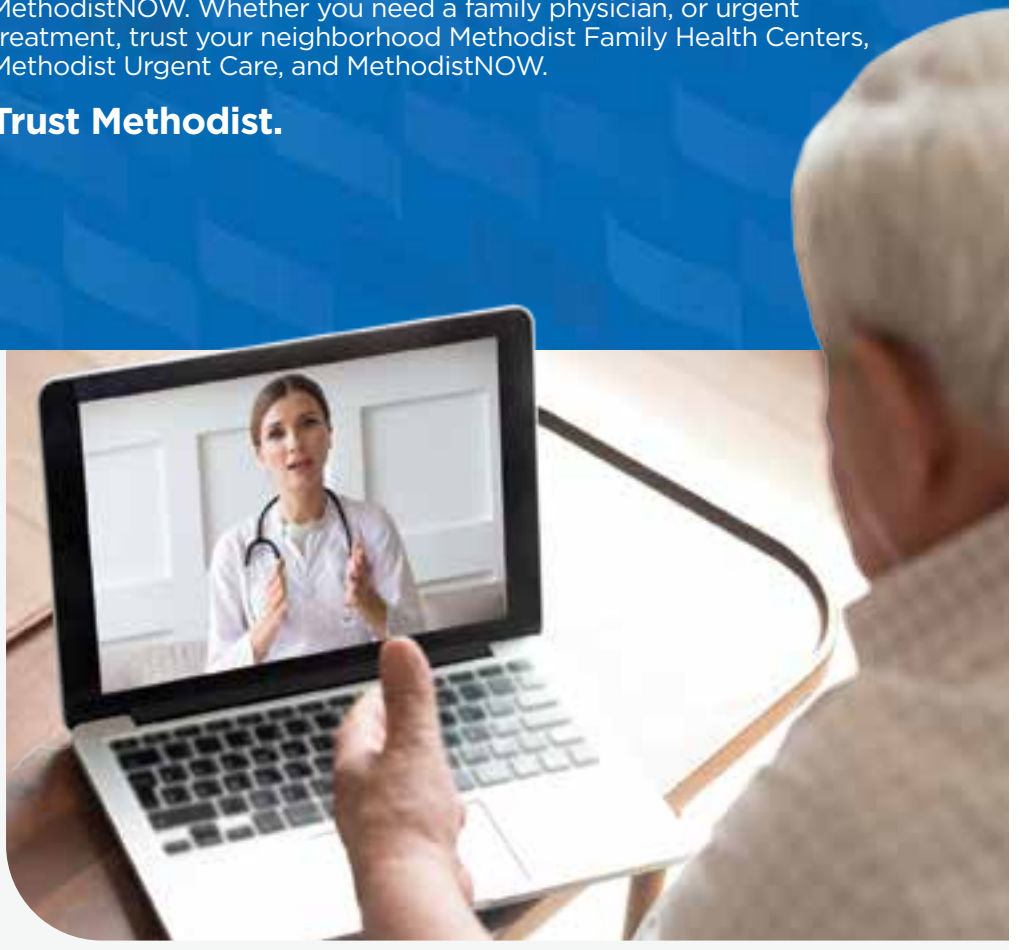

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200 Independence Ave., SW
Room 509F, HHH Building
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Español (Spanish)
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繁體中文 (Chinese)
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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم:

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

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານຊົ່ວໍ້ພາສາ ລາວ, ການບໍ່ວ່ີການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

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

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

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

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

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COUPLE TACKLES WEIGHT LOSS **TOGETHER 'FOR OUR CHILDREN'**

Teamwork has been the key for Kelli and Jason Taylor, who took on bariatric surgery at the same time



Kelli and Jason agree that having a partner through the process has been a major source of support.

For Kelli and Jason Taylor, the decision to go through bariatric surgery together was less about improving their own quality of life and more about something even nearer and dearer to the Arlington couple.

"This was about having a better life for our children," Kelli says of their three sons, Connor, Caden, and Cillian, born in 2014, 2016, and 2017 respectively.

Now, more than two years after their gastric bypass procedures at Methodist Mansfield Medical Center, the Taylors feel triumphant — having lost almost 250 pounds combined and no longer struggling with the other health issues that obesity had caused.

Both Jason and Kelli credit their success to teamwork, setting goals, and celebrating each other's milestones.

"For married couples, I highly recommend doing it together," Jason says.

The couple's doctor, **Andrew Standerwick, MD**, bariatric surgeon on the medical staff at Methodist Mansfield, also vouches for the benefits of couples taking on weight-loss surgery together.

"It promotes success because they're keeping each other accountable," he says. "They become coaches as well as partners for each other."

ON A DANGEROUS PATH

At age 35, Jason was pushing 400 pounds and stuck on a diet-and-exercise weight-loss yo-yo. He couldn't get out of bed without his feet and ankles hurting and needed arthritis medication for the pain.

The last straw came when he worried he wouldn't be able to run with Connor when the boy took off his bicycle's training wheels.

Jason knew he was heading down a dangerous path with a family history of diabetes and high blood pressure, so he was referred to Dr. Standerwick.

Kelli had been on a similar trajectory, despite some success cutting pounds. Her weight hit 284 pounds between pregnancies as she coped with polycystic ovary syndrome, a hormonal disorder that raised her risk of diabetes and heart disease.

TEAMWORK MADE THE DREAM WORK

A month after Jason's consultation, Kelli had one too, and Dr. Standerwick saw both of them as strong candidates for gastric bypass.

The procedure, the second-most common type of bariatric surgery, involves creating a pouch about the size of an egg at the top of the stomach and connecting it to the small intestine. Food goes into the pouch, then into the small intestine, and the larger part of the stomach is bypassed and no longer stores or digests food.

After deciding surgery was their best option, the couple chose to have their procedures relatively close together so they could encourage each other. Jason had his surgery in October 2019, and Kelli had hers that December.

"Doing it together, we knew we would both have to adopt the dietary habits together, and that would force us to stay on track as a team," says Jason, who works in information technology.

Kelli agrees that having a partner to "go through the milestones with" has been a major source of support.

"You have to completely change your life," says Kelli, who worked as a certified nursing assistant and later as a medical assistant before becoming a stay-at-home mother. "It gives you a completely new way of thinking about food, how you eat, how you drink. If you don't go into it looking at it differently, you are going to fail."

HELPING THEIR SONS, TOO

Jason, who calls himself a "stress eater," says working remotely during the pandemic hasn't been ideal, but he's doing his best to stick to their diet.

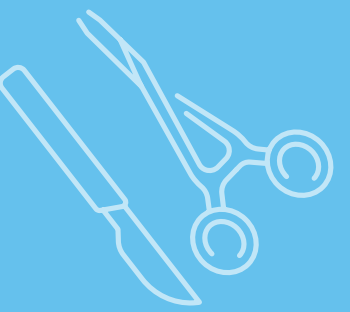
Despite the challenges, the couple is helping their sons build healthy eating habits. Cillian, their youngest, has a congenital heart defect and doctors told his parents from the start to watch his diet. He's had two open-heart surgeries — the first when he was 13 days old, the second in August 2021.

Dr. Standerwick finds the Taylors the perfect example of a weight-loss surgery victory.

"You can't give credit to just the surgery for the success Jason and Kelli had," he says. "In fact, the majority of the credit goes to the hard work they've been putting in with each other to lose the weight."

Take our free weight health risk assessment so you can prevent future complications: MethodistHealthSystem.org/WeightHRA.





Recognizing Methodist Mansfield's Capabilities

Methodist Mansfield was certified in August 2020 as a Comprehensive Bariatric Surgery Center by the American College of Surgeons Metabolic Bariatric Surgery Accreditation and Quality Improvement Program.

Dr. Standerwick says the national accreditation is the culmination of years of work by the hospital's staff.

"Methodist Mansfield has been working hard for the last six or seven years on building up a bariatric program," Dr. Standerwick says. "With all our hard work, we can take care of just about any bariatric surgery patient at our facility."

In addition to bariatric surgeries and post-op care, the hospital has two dietitians who provide counseling to weight-loss surgery patients, as well as a support group for patients who need it.



BABY GIRL IS THE **100TH NEWBORN** DELIVERED AT HOSPITAL

Daniel and Alyssa McCoy welcomed their first child last fall, a milestone birth for Methodist Midlothian Medical Center

Daniel and Alyssa McCoy seem to have a knack for timing things perfectly — getting married, settling into their dream home, and starting their family — just like clockwork.

Now the couple's first child has inherited her parents' gift of timing. Born Nov. 1, 2021, Heidi was the 100th baby to be delivered at Methodist Midlothian Medical Center. Alyssa believes it's a sign of good things to come.

"I have moments when I look back and think, 'You know what? All of this actually fell right into place,'" Alyssa says. "This is going to be something that we'll be able to share forever."

JUST MINUTES AWAY

The couple relocated from Euless to Midlothian just as the city welcomed its first hospital in November 2020.

"It is about five minutes from our house," Alyssa says. "We saw that the hospital was getting ready to open, and I liked the idea of being close by."

That foresight proved useful when the couple learned they were expecting their first child. To help them navigate their journey to parenthood, the McCoys sought help from **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian.

The couple did their research and found praise for the hospital and its medical team online, helping to reaffirm their decision to trust Methodist, Alyssa says, especially since they were first-time parents.

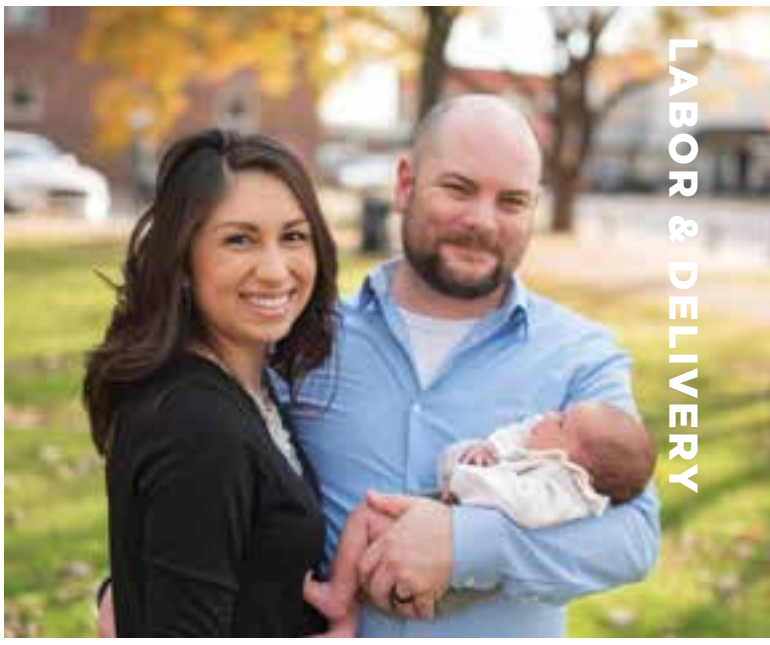
"That made me feel great, knowing that this is the hospital that I'm choosing," she says.

WHAT TO EXPECT

Forty weeks into her pregnancy, Alyssa and Daniel opted for induced labor and checked into Methodist Midlothian on Oct. 30. The couple stayed in a private room, which provided spacious and comfortable accommodations for them both.

"We constantly had nurses coming in and out, just checking on us and monitoring the baby, too," Alyssa recalls.

> THIS IS QUITE AN EXCITING MILESTONE FOR THE STAFF WHO SERVE OUR PATIENTS AND FOR THE HOSPITAL AS A WHOLE. **I AM THRILLED TO BE A PART OF SUCH A WONDERFUL TEAM.**
>
> — DR. BROWN



"Everyone was so helpful, asking if we needed anything or letting us know where we were in the labor process and what to expect next."

Having that high quality of care was invaluable, especially when it came to the actual birth, Alyssa says. She remembers a worrying moment when the baby's progress stalled during delivery. Dr. Brown provided constant updates while also ensuring both mother and daughter remained safe and healthy.

"He was able to explain what was happening, what the risks were, and what our options were," Alyssa says. "Then, after three or four pushes, she was here!"

EXCITING MILESTONE

When Heidi was born, the staff took extra joy in welcoming her as the 100th baby delivered at Methodist Midlothian — just days before the hospital's one-year anniversary.

"This is quite an exciting milestone for the staff who serve our patients and for the hospital as a whole," Dr. Brown says. "I am thrilled to be a part of such a wonderful team."

Nowadays, Alyssa and Daniel enjoy bonding with Heidi to the fullest extent.

"She's starting to really learn faces and voices," Alyssa shares, "and she's actually picked up smiling, too."

Alyssa says the family will always remember the care they received at Methodist and everyone who's helped them.

"I hope to run into some of the nurses someday since Midlothian is kind of a small town," she says. "They made a huge impact on us, and we're just happy to have that great experience."

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

THE PERFECT BEDTIME

AND OTHER HEART-HEALTHY SLEEP TIPS

It's no secret that getting enough sleep is essential to our health, but did you know that a restless night may be a symptom of an ailing heart?



Having a hard time breathing when lying down could be a sign of heart failure, says cardiologist **Anas Alomar, MD, FACC, FSCAI, ABVM**, medical director of cardiology at Methodist Southlake Medical Center. That's because the excess fluid that settles in the legs and feet while a patient is upright moves to their chest when they lie down.

"Sleep and heart health are really a two-way street," Dr. Alomar says. "Sleeping poorly can be a tell-tale sign of heart trouble, while not getting enough sleep over time can lead to serious health problems."

Congestive heart failure is just one of the potential ailments — including weight gain, diabetes, stroke, and depression — that go hand in hand with getting too little sleep. And far too many of us are at risk because we get 1 ½ to 2 hours less sleep per night than Americans did half a century ago, Dr. Alomar says.

"Insufficient sleep has been identified as a public health epidemic per the Centers for Disease Control and Prevention," Dr. Alomar says. "More than 1 in 3 American adults say they don't get the recommended amount of sleep."

If you're among the millions of people who don't get enough shut-eye, here's some advice from Dr. Alomar and other health experts:

IS THERE AN IDEAL BEDTIME?

A new study made headlines in late 2021 saying the "perfect" bedtime for cardiovascular health falls between 10 and 11 p.m.

Among the U.K. study's 88,000 participants, there was a 25% higher risk of heart problems among those who fell asleep after midnight and a 12% percent higher risk among those who went to bed between 11 p.m. and midnight. On the earlier side of that "golden hour," the risk was 24% higher among participants who went to sleep before 10 p.m.

But let's keep it simple: The ideal time to go to sleep is when you're tired. We all have different schedules, and disrupting them just to adhere to an ideal bedtime may make matters worse.

"As creatures of habit, people have a hard time adjusting to changes in sleep patterns," Dr. Alomar says.

A bedtime routine is critical to ensuring the rest you get at night is worthwhile. And when you go to sleep before you're tired, you may be setting yourself up for a restless night by reinforcing the idea that a bed is for waking hours.

TWO ALARMS ARE BETTER THAN ONE

Forcing yourself to go to sleep when you're not tired may be counterproductive, but it's possible to retrain your brain with a few helpful cues.

"Try setting an alarm for bedtime," Dr. Alomar suggests. "Often, we set alarms for when it's time to wake up but fail to do so for when it's time to go to sleep."

Many people swear by a morning routine to set themselves up for a successful day, but there's value in a bedtime ritual, too.

Take a warm shower, practice mindfulness or meditation, or try some yoga or stretches each night to help you wind down from the anxiety of the day. All of the above can serve as nightly cues to put your mind in a restful state.





DON'T TRY TO PLAY CATCH-UP

Many people who rack up a sleep deficit during the workweek try to make up for it on the weekend, either by sleeping in or napping. But it's not an even trade.

"Sleeping later on weekends won't fully make up for a lack of sleep during the week and will make it harder to wake up early on Monday morning," Dr. Alomar says.

After all, you wouldn't try to make up for a week's worth of indulging fast food cravings by eating nothing but fruits and vegetables on the weekend. The same holds true for sleeping.

Instead, practice good sleep habits during the week and carry them through to the weekend. This weekend, try setting an alarm for the same time you wake up Monday through Friday.

DIET AND EXERCISE ARE KEY

Sleep aids like melatonin and certain antihistamines (those over-the-counter remedies with "PM" in the name) have become an all-too-common fix during the pandemic. But supplements and sedatives are a temporary solution, at best, and making some dietary changes may be more effective.

"Lifestyle factors such as diet and exercise may reduce the risk of heart disease, both directly and indirectly, by fostering better sleep," Dr. Alomar says.

Skip spicy foods, for example, or the accompanying heartburn may keep you awake. Similarly, foods that are high in fat or protein are harder to digest and can disrupt your circadian rhythm. Also, drinking alcohol before bed may help you fall asleep more quickly, but when it wears off, your quality of sleep will suffer. What's more, it may also aggravate sleep apnea for chronic snorers.

Finally, adding an exercise routine a few hours before bedtime can help burn off extra energy before bedtime rolls around.

"This, in turn, may lead to a better outlook and more energy, an excellent type of feedback circuit," Dr. Alomar says.



From an expanded ER to new cardiology services, Methodist Southlake is growing. Learn more at MethodistHealthSystem.org/Southlake.



CRASH SURVIVOR WON'T TAKE HER HANDS FOR GRANTED AGAIN

A traumatic accident gave this Dallas activist newfound appreciation for her health and her neighborhood hospital

Dallas activist Leslie Armijo Cannon is used to juggling a full-time job, her charity and volunteer work, community outreach projects, and raising her children. But last June, a car accident destroyed her right wrist and sent everything toppling.

It was with the help of the orthopedic team at Methodist Dallas Medical Center and several months of physical therapy that the 38-year-old mother of two was able to overcome the trauma and regain a semblance of normalcy.

"Looking back, I wouldn't want to go anywhere else," Leslie says of her care at Methodist Dallas.

A LIFE-CHANGING ACCIDENT

Leslie remembers driving to pick up her kids from school when another car was trying to make a turn in the middle lane. The impact triggered the airbag, which shattered the bones of Leslie's wrist as it rested against the wheel.

"I had no feeling in my fingertips, and I couldn't move my fingers," Leslie recalls.



To repair the damage, Dr. Basu made an incision along Leslie's forearm to fix the fractures and reconstruct the bones and joints with the help of metal plates and screws.

After the crash, the ambulance took Leslie to the emergency department at Methodist Dallas. Once she was there, **Niladri Basu, MD**, orthopedic trauma surgeon on the hospital's medical staff, examined her injuries.

"She had a pretty severe injury overall in her wrist," Dr. Basu says. "There were more than three fractures in the wrist that involved the joint itself. Overall, these tend to be very painful."

He says fractures like hers are typically seen in motor vehicle accidents or when seniors fall and try to brace themselves with their arms.

Leslie had to have surgery in order for Dr. Basu to repair the damage. He made an incision along Leslie's forearm to fix the fractures and reconstruct the bones and joints with the help of metal plates and screws. He says an older injury in the same arm made the case more complicated, but the surgery is a common procedure at Methodist Dallas, a Level I trauma center.

"We're very used to these complex distal radius fractures and other complex injuries," Dr. Basu explains.

OVERCOMING OBSTACLES

Shortly after that initial surgery, Leslie had another procedure to remove the hardware from her wrist. She participated in months of rehabilitation between and after her operations.

"The occupational therapy department at Methodist Dallas was really supportive. They were great," Leslie says. "I feel like I did make quite a bit of progress, but I know there's still a lot more ahead of me."

One of the biggest hurdles was adjusting to life without the use of her dominant hand. Even the most basic tasks, like tying her shoes, braiding her daughter's hair, and washing the dishes, became Herculean.

"You're so used to having two hands. You just take it for granted," Leslie says.

But Leslie was motivated to adapt and recover. Her work in the community drove her, and she continued collecting necessities for people in need, educating others about COVID-19, and delivering food and water during last year's brutal winter storm.

That determination, Dr. Basu adds, is a big reason why Leslie is healing as well as she is. Leslie practices simple hand and wrist exercises constantly throughout her day to regain her range of motion.

"I always make it very clear to my patients that they are the best therapists in all of the city or country or world because they're with themselves 24 hours a day," Dr. Basu says.

Leslie will need a third surgery to remove a part of the ulnar bone in her forearm. She says this part of her journey is far from over, but she has confidence in the medical team at Methodist Dallas to help her through it.

"Looking back on it, I can't imagine being at another facility," Leslie says. "I feel like I know Methodist Dallas. It's a real staple in between West Dallas and Oak Cliff."

Watch Leslie recount her crash and what came next by scanning the QR code.



Leslie with her son, Jude, and daughter, Lola

> LOOKING BACK ON IT, **I CAN'T IMAGINE BEING AT ANOTHER FACILITY.**
>
> — LESLIE ARMIJO CANNON

IS YOUR ARTHRITIS **'WEAR AND TEAR'** OR A **FAULTY IMMUNE SYSTEM?**

Most people understand that arthritis causes pain and inflammation in and around the joints, but they may not realize these symptoms can be caused by two distinct diseases



Rheumatoid arthritis and osteoarthritis may share some symptoms, but they have entirely different causes, says **Anmol Dhillon, MD**, rheumatologist on the medical staff at Methodist Dallas Medical Center. One is caused by "wear and tear" of the joints and their lining, while the other is an autoimmune issue, the result of an immune system gone haywire.

Knowing which disease is causing your symptoms is key.

"When we have an explanation for what's causing your joint pain, we can come up with a treatment plan," Dr. Dhillon says.

HOW DISEASES DIFFER

Osteoarthritis is the most common form of arthritis and tends to begin with an isolated joint. It occurs when repetitive motion wears down cartilage, the connective tissue that pads the ends of our bones.

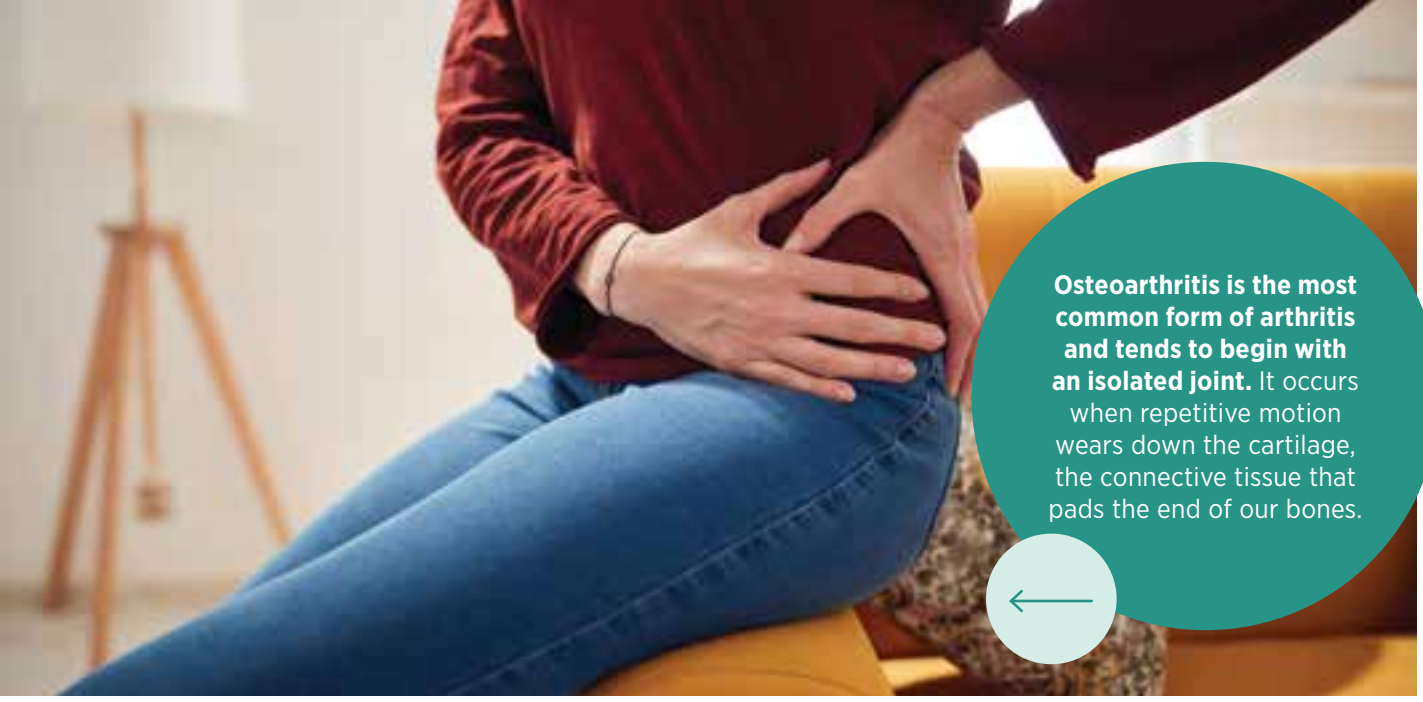
"Osteoarthritis is characterized by the breakdown of cartilage and changes of the joints," Dr. Dhillon explains. "There is a deterioration of the tendons and ligaments, and in some patients, there is some inflammation of the joint's lining."

It's an affliction that most commonly affects middle-aged adults and seniors.

Rheumatoid arthritis, on the other hand, is much less common and can be found in any age group. It's an autoimmune disease in which the immune system mistakes the body's cells for foreign pathogens, leading it to attack healthy tissues and joints.

Surprisingly, these complications can include dry eyes and mouth, increased inflammation and scarring in the lungs, and nodules throughout the body.

"Rheumatoid arthritis is not only a disease of the joints," Dr. Dhillon says. "It can involve other parts of the body, like the eyes, skin, and lungs. It's a systemic disease."



Osteoarthritis is the most common form of arthritis and tends to begin with an isolated joint. It occurs when repetitive motion wears down the cartilage, the connective tissue that pads the end of our bones.

KNOW THE SYMPTOMS

With rheumatoid arthritis, joint stiffness and swelling tend to be more dramatic and obvious, Dr. Dhillon says. Patients may notice the change over weeks or months, along with other symptoms such as fatigue, general malaise, and loss of appetite.

"Their joints may feel stiff in the morning, and it usually lasts about an hour or so," she explains.

Rheumatoid arthritis most commonly targets the joints in the hands, wrists, and feet, although it can also affect the knees and vertebrae in the neck.

By comparison, Dr. Dhillon says, osteoarthritis patients will see their joint aches worsen over a period of years, and much of the aching will be in the weight-bearing joints found in the hips, knees, and spine, as well as the hands and feet.

"They will also mention that they feel stiff or more achy in the morning, but usually, the stiffness lasts only a few minutes — definitely less than an hour," she says.

LIFESTYLE VS. GENETICS

There is a genetic component when considering risk factors, Dr. Dhillon says. Women are more likely to develop both types of arthritis, and family history could also play a role.

Those who suffer chronic inflammation have a higher risk of rheumatoid arthritis, while people with joint deformities may be more at risk of osteoarthritis.

But there are also certain habits and behaviors that can hurt us.

"We have found that people who smoke, and especially those who already have a genetic predisposition toward arthritis, are more likely to develop rheumatoid arthritis," Dr. Dhillon explains. "As for osteoarthritis, older age, obesity, and repeated stress or injuries are major risk factors."

Because extra weight can place added strain on the bones and joints, she recommends patients adopt a routine of low-impact exercises.

"I would say that for every 10 pounds of weight a patient loses, they can reduce their chance of developing knee osteoarthritis by up to 50%," Dr. Dhillon says.

WHEN TO SEEK HELP

There is no cure for either type of arthritis, but there are ways to manage symptoms and send the diseases into remission. It could take a combination of exercise, medications, and physical or occupational therapy.

If a joint becomes particularly damaged or deformed, surgery may also be an option, Dr. Dhillon says. But surgery by itself is not helpful for treating rheumatoid arthritis because the disease is an autoimmune disorder.

The best thing patients can do, she says, is to seek medical advice as soon as they notice something is wrong.

"As arthritis gets worse, people slowly stop participating in activities that used to be enjoyable because of the pain," Dr. Dhillon says. "They start avoiding those activities, which can lead to feelings of depression and isolation."

But it doesn't have to be that way, she says. You can still have a good quality of life with the right treatment plan, courtesy of your physician.

"If your body is saying, 'I need help,' listen to it and get medical attention," Dr. Dhillon says.

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

4 THINGS YOU MIGHT NOT KNOW ABOUT OVARIAN CANCER



Understanding the risk factors for this uncommon diagnosis could save your life

Ovarian cancer has been called "the silent killer" because it's virtually impossible to detect in its early stages. Every woman should know whether she has a family history of this deadliest of all gynecologic cancers

"I would encourage people to have these conversations about their family's medical history," says **Brandon Roane, MD**, gynecologic oncologist on the medical staff at Methodist Charlton Medical Center. "If you do find a history of gynecologic cancers, it can prompt you to be more proactive when talking to your doctor."

Dr. Roane clues us in on a handful of risk factors for women who may want to consider genetic testing.

CLUE NO. 1: YOUR FAMILY

Ovarian cancer has such a high mortality rate because it's often detected too late. Part of the problem is how vague the symptoms can be, Dr. Roane explains. They often mimic more run-of-the-mill abdominal pain and bloating.

What's more helpful than tracking the symptoms is broaching the subject with your family.

"Family history is one of the biggest indicators," Dr. Roane explains. "We've found that up to about 50% of diagnoses are due to some trackable genetic mutation that could be passed down from generation to generation."

CLUE NO. 2: YOUR GENES

If a talk with your family is out of the question, women can seek answers with genetic testing. It can help determine whether you have any genetic mutations that place you at a higher risk.
Some of the most common cancer-causing mutations involve the BRCA1 and BRCA2 genes, which are also linked to breast cancer. One study of 491 stage I and II breast cancer patients found that carriers of these genes had a 6.8% to 12.7% risk of ovarian cancer.

CLUE NO. 3: YOUR REPRODUCTIVE CYCLE

Experts have found that ovarian cancer is more likely to affect women who are older, suffer from endometriosis, start menstruating earlier, or experience menopause later in life.

"We know that women who undergo a higher number of ovulatory cycles and never get pregnant have a higher risk of ovarian cancer," Dr. Roane says.

CLUE NO. 4: YOUR AGE

Although women can develop ovarian cancer at any age, it's primarily older women who are affected. Data collected by the National Institutes of Health indicate people 55 and older make up 71% of new cases, and the median age of diagnosis is 63.

While young women may not be concerned now, Dr. Roane says, it might be a good idea to do a little digging.

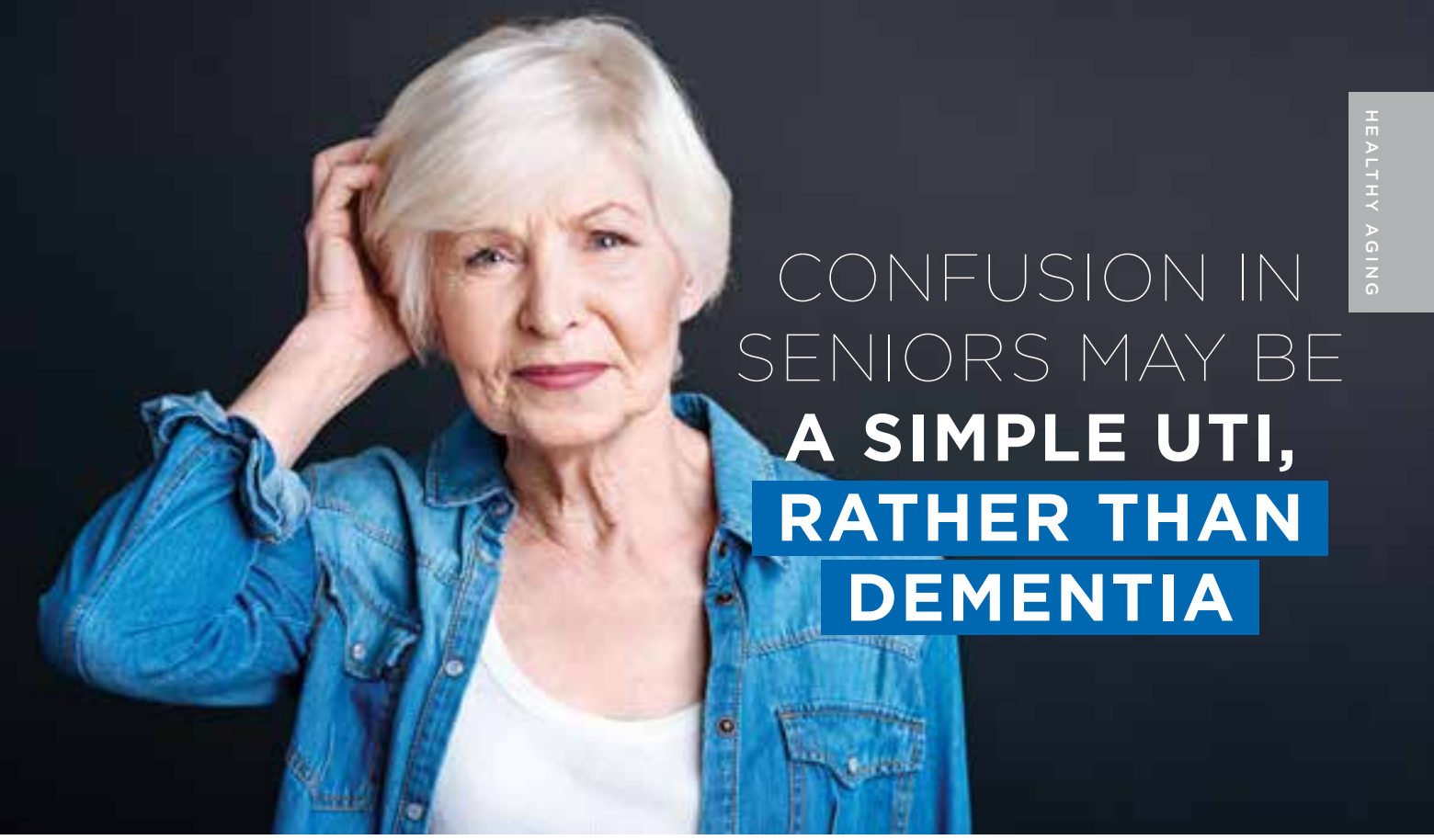
"I would encourage people to inquire about family history," he says. "If you find you're at risk early on, it can prompt you to find strategies to help minimize that risk going forward. Once you have a better understanding of your risk, then we can discuss preventive measures.".

CONSIDER GENETIC TESTING

Ovarian cancer affects thousands of women each year, but some may not realize it until it's too late. After all, there are no reliable diagnostic tests to screen for ovarian cancer. Sonograms and blood tests only provide a snapshot in time and are incapable of providing a conclusive diagnosis.

Genetic testing is worth considering for any woman concerned about ovarian cancer or whose family has a history of the disease.

Learn about our newest cancer center — the Dr. Stephen and Marilyn Mansfield Oncology Unit at Methodist Charlton — by scanning this QR code.



CONFUSION IN SENIORS MAY BE A SIMPLE UTI, RATHER THAN DEMENTIA

When older adults exhibit signs of acute confusion, they may be surprised to learn the culprit could be a urinary tract infection

Dementia is often the biggest fear when an elderly loved one suddenly becomes disoriented or can't remember names, even their own. But the actual diagnosis may be less scary and far more treatable: a urinary tract infection.

Data from multiple studies suggest a link between UTIs in seniors and delirium, says **KC Bens, MD**, urologist on the medical staff at Methodist Dallas Medical Center.

"Any infection in seniors can cause delirium," Dr. Bens says. "An infection is an automatic risk factor for delirium. Their immune system doesn't respond the same way a young person's robust immune system would."

WHAT IS DELIRIUM?

Delirium refers to a sudden, intense state of confusion in patients, Dr. Bens explains. They might not know where they are or who they are. Some even experience hallucinations.

"Many things can cause delirium, including chronic illnesses, medications, electrolyte abnormalities, and infection," Dr. Bens says. "Anytime someone experiences neurological symptoms, it's best to go to the emergency department for an evaluation."

Most UTIs are caused by bacteria that can infect any part of the urinary system, including the kidneys, bladder, and urethra. Traditional symptoms include painful and frequent urination, blood in the urine, discomfort in the pelvic area or in the back near the kidneys, and foul-smelling urine, Dr. Bens says.

But for seniors specifically, there is also a concern of a neurological impact.

"Delirium is not commonly seen in younger individuals with a UTI — not unless they have an extremely severe infection," she adds.

UTIs are increasingly common: **research shows that 40%–60% of women will get a UTI at least once during their lives.**

TREATMENT WITH ANTIBIOTICS

UTIs are very treatable, but they can also get worse the longer they go undetected. In the most extreme cases, they can cause urosepsis.

"Urosepsis is the most severe form of a urinary infection," Dr. Bens explains. "That's where the infection has spread into the bloodstream, leading to sepsis, which is a life-threatening condition."

The good news is that once the infection is caught, physicians can prescribe antibiotics, and patients can expect a full recovery — from both the infection and their confusion.

"Their delirium should resolve after treatment," Dr. Bens says.

Learn more about the nationally recognized urologic care at MethodistHealthSystem/Medical-Services/Urology.



The Mansfield ISD performance hall **bears the name of the retired administrator.**

FOR THIS RETIRED EDUCATOR, A GALLSTONE NEARLY TURNED DEADLY

When severe pain in his back and stomach led him to the ER at Methodist Mansfield Medical Center in the middle of the night, this Mansfield man learned how swift and reliable help is a must

Claude Cunningham was feeling fine only a few hours prior to his hospital visit.

"I went to the hospital that I knew something about, that I knew by reputation," Claude says. "At that point, I was really hurting."

The retired associate superintendent of Mansfield ISD was shocked to learn that his pain was being caused by gallstones and a severe infection of his gallbladder.

In fact, it had festered so much that gangrene had set in. The surgeon found tissue that had died from a lack of blood flow. If untreated, internal gangrene can be deadly.

"When we got in there, it turned out his gallbladder wasn't just infected, it had spots of gangrene where the gallbladder wall was dying," says **Ivan Cruz, Jr., MD**, general surgeon on the medical staff at Methodist Mansfield.

Claude, 76, says he feels lucky the infection had not spread and credits Dr. Cruz and the rest of his team for saving him from a worse outcome.

DON'T WAIT TO SEEK HELP

Hours before his impromptu trip to the emergency room, Claude remembers feeling twinges of pain in his gut and struggling to get comfortable.

Gallstones often cause discomfort in the upper abdomen, and the pain can even extend to the chest and back, experts say.

Claude almost brushed it off, except it persisted and worsened into the night. Finally, his wife, Liz, persuaded him to go to the hospital. They got in the car and drove less than two miles to Methodist Mansfield.

In the ER, medical scans quickly determined the source of the problem: an infection caused by gallstones. Gallstones are a very common diagnosis, and they can cause an infection if they clog the narrow ducts that carry bile to the intestines, Dr. Cruz says.

"About 10%-15% of the U.S. population gets gallstones," he explains, "which can end up blocking the cystic duct or the exit of the gallbladder, and all the bile stored there builds up and causes an infection."

What is less common is the severity of Claude's case — although that's changed recently, partly because of the COVID-19 pandemic, Dr. Cruz notes.

"Claude did the right thing coming in when he did," he says. "But a lot of people, especially at the beginning of the pandemic, were very afraid to come in, so they would hold off and wait for three or four days. By then, healthy tissue would already be dying."

HIGH TECH, HIGH PRECISION

Once Claude was prepped for surgery, Dr. Cruz was able to remove his diseased gallbladder using Methodist Mansfield's da Vinci Robotic Surgical System.

The enhanced 3D imaging and micro-precision instruments only require a few small incisions and allow for better visualization and greater range of motion, Dr. Cruz explains.

"It makes emergency gallbladder surgery quicker, compared with traditional laparoscopic methods, and it gives us a higher chance of staying minimally invasive," he says. This translates to potentially less pain and scarring, a lower risk of blood loss, and fewer complications for patients.

After the gallbladder is removed, a patient's body will adjust to life without the organ. Claude spent less than three days in the hospital under the watchful eyes of post-op nurses and **David Colan, MD**, internal medicine specialist on the medical staff at Methodist Mansfield.

"I never felt like I had to summon them; they were just there," Claude says. "If anything had gone south, I feel confident someone would have been by my side within minutes."

Now fully recovered, Claude is pleased to report his health scare turned out to be a one-time thing.

"I've had no issues whatsoever," he says. "Looking back at the condition I was in … the only thing I can attribute that to is the high level of care I got."

Learn more about state-of-the-art surgical options by searching "robotics" at MethodistHealthSystem.org.



"I HAD NO IDEA OF WHAT GOOD HOSPITAL CARE LOOKED LIKE, **BUT I HAVE A REALLY GOOD PICTURE NOW.**"

— CLAUDE CUNNINGHAM

VIETNAM VETERAN **WEATHERS SNOWSTORM — AND A BROKEN HIP**

When this 71-year-old Marine fell during the 2021 ice storm, he sought help at the new ER in Midlothian

Last winter's storm brought record low temperatures and dangerous conditions to North Texas — something Steve Moon remembers all too well.

During the storm, the Marine Corps Vietnam veteran fractured his hip when he slipped and fell on a patch of ice in his garage.

"My hip hurt really bad," Steve says. He initially blamed the lingering pain on his sciatica, but when it hadn't lessened by the next day, Steve went to the emergency department at Methodist Midlothian Medical Center for help. It was there he learned that his injury went beyond nerve pain. The fall had fractured the bone, and it was bad enough that doctors recommended a total hip replacement.

SURGERY WITHIN 48 HOURS

In Steve's case, a total hip replacement stood out as his best option, and he underwent surgery within 48 hours of his arrival at the hospital.

A broken hip is among a handful of fractures where surgery is less risky than waiting for the bone to heal. That puts the patient at risk of complications like blood clots, pneumonia, bedsores, urinary tract infections, and muscle atrophy, all of which contribute to an increased mortality rate.

In contrast, a total hip replacement lends stability and allows patients to get up and moving as soon as possible.

Overall, this approach suited Steve, a strong believer in physical fitness instilled by his active years in the Marines. He's also a baseball umpire who estimates he's officiated thousands of games over the last 20 years.



> **MY EXPERIENCE WITH METHODIST WAS AMAZING. EVERYONE TOOK GREAT CARE OF ME.** I WAS IMPRESSED.
>
> — STEVE MOON



BACK TO WORK IN SIX WEEKS



Just days after his surgery, Steve was back on his feet with the assistance of a walker. Not long afterward, he was well enough to leave the hospital and report to his first rehab appointment at another Methodist facility.

"I worked my rear off in rehab," Steve says. "I did everything they told me to do and didn't complain. I even offered to do more, but they didn't want to overwork me."

Steve's drive and dedication played a big role in his healing. Soon, he was moving around without any help — a major feat for anyone who has undergone hip surgery.

"At my six-week checkup, the doctor said I was six weeks ahead of schedule, so he released me to go back to work," says Steve, an electronics technician. "Some people are still using a walker three months after surgery."

He says he's thankful to the team of experts at Methodist Midlothian for helping him along his recovery, from the doctors and nurses to the rehabilitation specialists.

"My experience with Methodist was amazing," Steve says. "Everyone took great care of me. I was impressed."

Take our free joint health risk assessment and learn how to prevent future problems at MethodistHealthSystem.org/JointHealth.

EMERGENCIES CAN'T WAIT

"A hip fracture is a significant injury," says **Andrew Bui, DO**, emergency medicine physician on the medical staff at Methodist Midlothian. "The bone can be unstable afterward, and by walking around on it, you risk further injury."

Dr. Bui cautions people with a painful injury like Steve's not to wait to be evaluated, especially if they have:

- An obvious deformity
- A cool sensation, numbness, or tingling around the injury
- Excessive swelling
- Pain beyond what would be expected from a sprain or bruise

If your primary care physician isn't readily available, he adds, the emergency department offers a speedier option to stabilize the injury and provide immediate relief.

"We're here 24/7, rain or shine, to evaluate your injury," Dr. Bui says.

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

WHERE GIVING BIRTH NATURALLY *Is Second Nature*

For Amber Boswell, having her babies holistically was a must, and that's why she has delivered all four at Methodist Mansfield Medical Center

Amber Boswell holds her Navajo heritage dear, so when it came time to deliver her children, she wanted a hospital and healthcare team that would respect her holistic approach.

Four babies later — including little Jaden, born in August — she's confident that she found the right partner in Methodist Mansfield.

"There's a cultural significance there for me," says Amber, an enrolled member of the Southern Ute Indian Tribe. "The Methodist Mansfield team respected my wishes, and there was never any pushback. In those precious moments, one of the most important things is to be heard and respected."

SETTING EXPECTATIONS

Jaden was delivered by **Heather Havener, MD**, OB-GYN on the medical staff at Methodist Mansfield. She has open and honest conversations with each patient, right from the start.

"The key is that the patient understands ahead of time that different things can unexpectedly come up during delivery," Dr. Havener says.

For Amber, things went just as she had planned.

"Everybody was always so open to whatever I needed," she says, praising the nurses who took care of her "like they were my mom."

STICKING TO THE PLAN

Starting with her first baby in 2014, Amber laid out a birth plan in detail with each of her OB-GYNs. Among other things, the plan emphasized two requests that, years later, have become routine: immediate skin-to-skin contact and delayed clamping of the umbilical cord.

"I really wanted to do this on my own and for the birth to be our shared experience, without relying much on outside help," she says.

Amber read everything on natural childbirth that she could get her hands on, while also taking advantage of the childbirth classes offered by the hospital and taking a tour, all of which must be done virtually now during the pandemic.

"We got to see the labor and delivery rooms and check out what all the resources looked like, from birthing bars to baby monitors," she says. "So we knew what to expect."

NEW YEAR'S BABY

Just before midnight on Dec. 31, 2014, Amber went into labor and was rushed to Methodist Mansfield to find a staff excited to meet the soon-to-be 2015 New Year's baby.

That first natural birth, with Joshua, went just as Amber had hoped, and she has since replicated it three more times with Lilla Raye, Jakobi, and Jaden. Each time, she got just what she needed: her newborn in her arms and under her watchful eye.

"I'm one of those moms who doesn't want my baby to be out of sight, at least not at first," she says. "I need to know where they are at all times."

THE RIGHT RESOURCES

Amber says she also knew where to find backup resources and help at all times, including registered nurses and lactation aides who are critical for experienced and new mothers alike.

"It didn't matter that this was my fourth baby," says Amber, who singled out one lactation consultant for special praise. "She just said, 'I know you know how this goes, but how can I help?'"

Expecting a cursory explanation of feeding schedules, Amber got so much more, even learning a new approach in the process.





"She literally showed me how to breastfeed," she says. "It was like a hands-on demonstration."

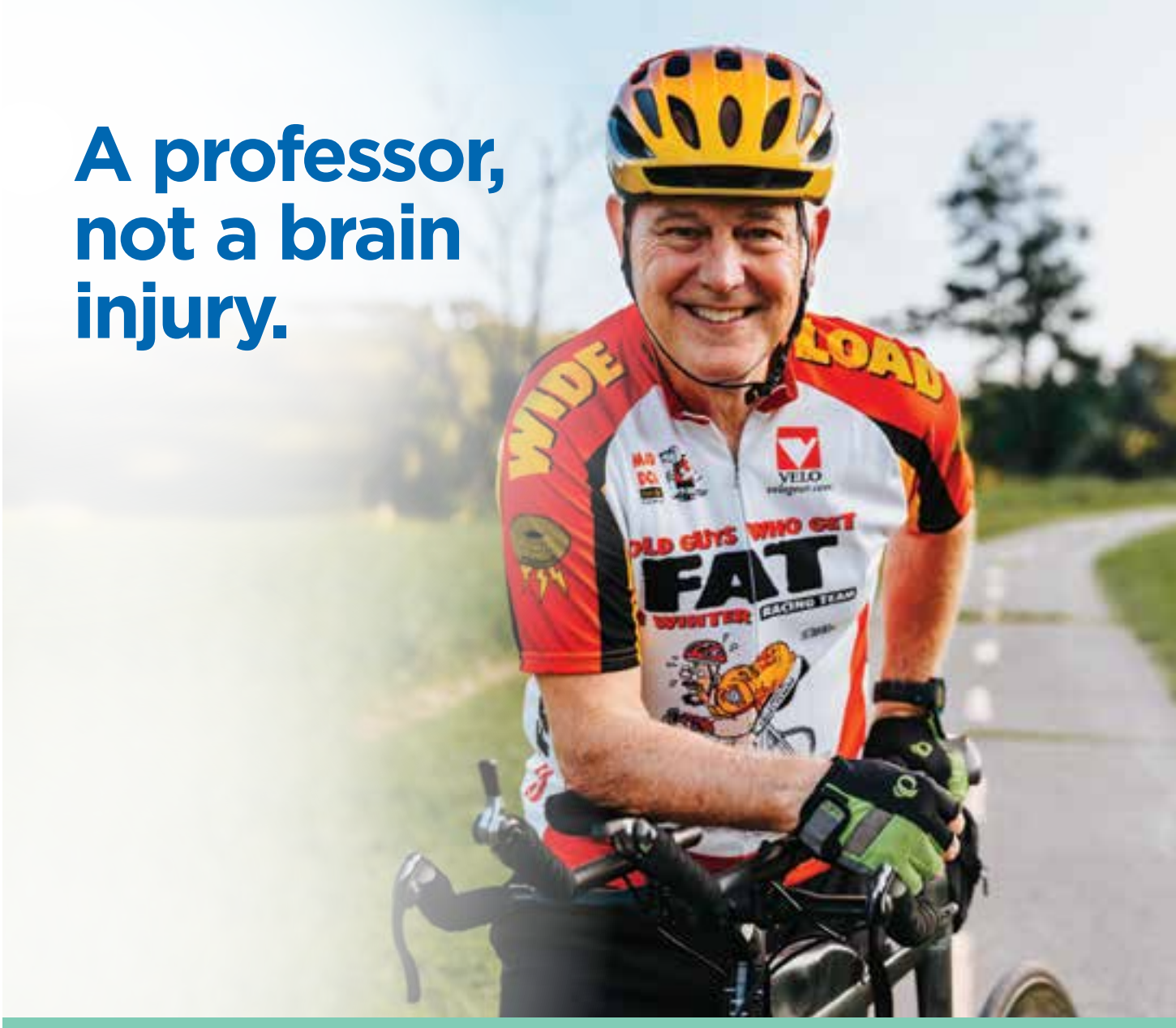
Now a mom four times over, Amber still raves about each and every team that helped bring her children into the world, just the way she wanted.

"Each time, it was like it was my first baby," she says of the level of care she received at Methodist Mansfield. "I really felt like I was being taken care of and that I was being listened to."

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

> THE METHODIST MANSFIELD TEAM **RESPECTED MY WISHES, AND THERE WAS NEVER ANY PUSHBACK.** IN THOSE PRECIOUS MOMENTS, ONE OF **THE MOST IMPORTANT THINGS IS TO BE HEARD AND RESPECTED.**
>
> — AMBER BOSWELL

A professor, not a brain injury.



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

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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.

LIFE-CHANGING SURGERY THAT'S EASIER TO SWALLOW

Meals were misery for this young mother, until a minimally invasive 'miracle'

Eating was once a chore for Christina Fauber, but her health problems didn't reach a breaking point until the simple act of swallowing became an ordeal.

"At that point, I was choking on water," Christina says. "It was getting hard when we were at the dinner table and my 2-year-old would look up at me and say, 'Mommy, are you OK?'"

With small children and a busy career, the 34-year-old physical therapist endured the discomfort, but her symptoms went from bad to worse. After the birth of her third son, she was ready to seek medical help. A swallow study revealed achalasia was the cause of her problem.

"Everything was just kind of passing really slowly," Christina says. "Something just wasn't right."

WHAT IS ACHALASIA?

Achalasia occurs when nerve damage makes it hard for the esophagus to push food and even water down to the stomach. Because of that lack of movement, food can become trapped in the esophagus and be regurgitated, which explains why Christina would sometimes wake up in the middle of the night to vomit.

Fortunately, when Christina's gastroenterologist in Rockwall heard the diagnosis, she immediately knew where to send her: Methodist Dallas Medical Center.

Treatment for achalasia once involved invasive esophagus surgery, but then a surgeon in Japan developed the minimally invasive treatment peroral endoscopic myotomy, or POEM.

The first POEM in Dallas was performed by a team led by **Prashant Kedia, MD**, medical director of interventional endoscopy at Methodist Dallas.

"We've been building the program and getting referrals from all around Texas, Oklahoma, and surrounding states ever since," Dr. Kedia says.

Christina would become the hospital's 100th POEM patient.



NO KNIVES NECESSARY

Due to COVID-19 restrictions, Christina did not meet Dr. Kedia until the morning of her procedure. But they did speak several times over the phone.

"He took the time to walk me through the answers to all of my questions," she says. "He put my mind at ease."

During a POEM procedure, Dr. Kedia passes an endoscope down the throat to cut the muscle fibers of the lower esophageal sphincter, a rubber-band-like structure where the esophagus meets the stomach.

"In patients with achalasia, that muscle stays very tight and retains food, liquid, and even saliva," Dr. Kedia explains. "If you can release that pressure, all the food and liquid in the esophagus can slide into the stomach."

'IT'S BEEN LIFECHANGING'

The day after the procedure, Christina went in for a follow-up exam and got the "all clear" to drink whatever she wanted. Her big treat? Some water and apple juice, which meant the world to her.

"It all went down so smoothly. I just cried happy tears. It was a miracle. That's how it felt," she says. "It's been lifechanging."

These days, the Fauber family is back at the dinner table, Mom included.

"I can enjoy sitting down at a table with my family and having dinner," Christina says. "We're back to normal. That's a big deal for us."

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



During a **POEM procedure**, a surgeon moves an endoscope down the throat to cut a rubber-band-like structure where the esophagus meets the stomach.

EATING HEALTHY DOESN'T MEAN GIVING UP COMFORT FOOD

A few substitutions can make comfort food healthier without losing the flavor you love



Comfort food cravings don't stop just because the weather is warming up! And there's no need to sacrifice those health and fitness goals when you want to indulge.

Meals like meatloaf and chicken pot pie nourish our bodies and souls, but hearty doesn't have to mean heavy if you're counting calories.

"Making the simplest changes while cooking will make significant differences in the calorie and carb content in your meals, without affecting the flavor," says **Abby Read, MS, RDN, LD**, registered and licensed dietitian and program coordinator at Methodist Dallas and Methodist Charlton Medical Centers.

Here are a few changes you can make to some of your favorite comfort foods to keep your health goals on track.



CHILI

A hot cup of chili is always hearty and satisfying. Whether the protein is ground beef, chicken, or kidney beans will determine how calorie-dense the bowl will be.

Reduce the fat in beef chili by using lean ground beef. Shoot for 93% lean meat, which still contains enough fat to be flavorful.

But fat isn't the only ingredient to watch out for: Chili is often high in salt, so consider alternatives to spice things up.

"Use a low-sodium broth and tomato sauce to steer clear of excess salt in your meal," Read says. "Don't shy away from adding extra paprika, cumin, and red chili flakes to spice up your chili."

Any native Texan can tell you beans aren't usually part of chili con carne, but Read says they are a good way to add fiber and pack in the protein without too many calories.

"Loading your chili with vegetables and low-sodium beans for extra fiber is a way to add beneficial nutrients to this dish," she suggests.

Read also recommends adding sweet potatoes to the mix for extra texture and flavor.

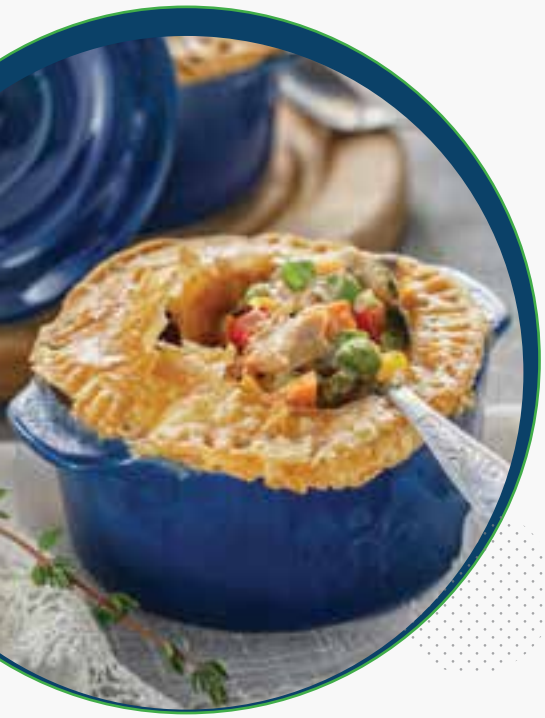
MEATLOAF

Nothing says comfort like a tender meatloaf to end the day. Because ground beef is usually the main ingredient, this favorite often contains unhealthy amounts of fat and calories.

To dodge the saturated fat — which can raise the risk of heart disease and stroke — Read suggests replacing the beef with leaner meat.

"Ground turkey has less saturated fats than ground beef, which is helpful to maintain your heart's health," she says. "It's also a good source of selenium, an essential element for thyroid health."





CHICKEN POT PIE

Creamy chicken pot pie is a classic comfort food that's packed with flavor. Adding spinach to the traditional ingredients can boost its health benefits. Another way to make this dish more nutritious is to avoid using store-bought crusts.

"Try making your own crust instead," Read says. "This way, you'd have more control over how much fat goes into the pie. For example, you can opt out of using butter or shortening in your crust batter and use olive oil instead. Olive oil is a monosaturated fat and can help lower your risk of heart disease."

Consider substituting a pre-made phyllo crust for a traditional pie crust. Its layered and flaky dough contains fewer calories and carbohydrates. To retain the flavor without the fat, coat the dough with a butter-flavored cooking spray right before you add the filling.



LASAGNA

Layers of pasta noodles topped with oozing cheese and meat may be delicious, but it's not exactly healthy. To make skinny lasagna, swap some of the main ingredients for more wholesome alternatives.

Consider whole wheat pasta instead of white pasta. Traditional flat and white lasagna noodles contain 1 gram of fiber and very little iron. Compare that to whole wheat noodles that typically have at least 6 grams of fiber and around 10% of the daily amount of iron needed for your diet.

Also, try switching out the full-fat beef in your sauce for lean ground beef, turkey, or turkey sausage.

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



MY LIFE IS FOREVER CHANGED. I'LL CONTINUE WORKING EVERY DAY TO HONOR THIS SECOND CHANCE.

— ROGER HOLCOMB

EVERY SECOND COUNTS WHEN A 'WIDOW MAKER' STRIKES

Roger Holcomb was clinically dead for 20 minutes last summer after suffering a massive heart attack

Technically known as an ST-segment elevation myocardial infarction (STEMI), the widow maker is the deadliest type of heart attack because it involves the complete blockage of the primary coronary artery.

But Roger Holcomb survived it, thanks to the quick thinking of his wife, who wasn't ready to be a widow, and the medical team at Methodist Richardson Medical Center.

Roger counts himself as one of the lucky ones.

"I was a heavy smoker," the 51-year-old Wylie resident says. "I had high blood pressure and high triglyceride levels. But I thought that because I wasn't overweight, I was fine."

All that changed after one nearly fatal night, Roger says.

10% SURVIVAL RATE

Just after midnight on July 5, 2021, Roger's teenage son, Morgan, was playing video games in his room when he heard a loud crash.

"I got up to see what the sound was and found my dad lying across an ottoman completely unresponsive," Morgan recounts. Panicked, he fetched his sleeping mother, Shelly, who has a background in emergency services.

She immediately recognized Roger was in cardiac arrest and began administering CPR while Morgan dialed 911. First responders tried restoring Roger's heart rhythm using a defibrillator before racing him to Methodist Richardson.

By the time they arrived at the emergency department, Roger was experiencing ventricular fibrillation, the most serious type of cardiac rhythm disturbance that results in a rapid, inadequate heartbeat.

But emergencies like this are exactly what Methodist Richardson's team of heart specialists is prepared for.

Mohamad Kabach, MD, interventional cardiologist on the hospital's medical staff, and the rest of his team were alerted before Roger even arrived at the hospital, allowing them the precious time they needed to prepare.

Testing revealed that the arteries in Roger's heart were 80% to 100% blocked, Dr. Kabach says.

"Basically, he was having the mother of all widow maker heart attacks," Dr. Kabach says, "which carry a survival rate of less than 10%."

BEATING THE ODDS

Roger was taken to a surgical suite where Dr. Kabach performed a balloon angioplasty. It's a minimally invasive procedure that requires the use of a catheter and a tiny, inflatable balloon to clear the blockage.

"I was able to restore blood flow to his left main artery first and then worked my way through the other blockages, all while managing the multi-organ failure he was experiencing due to lack of blood flow," Dr. Kabach says.

He placed five stents, specially designed tubes used to prevent new blockages from forming. But Roger wasn't out of the woods yet. He had to stay in a medically induced coma to allow his brain and other organs to recover.

Six days passed before doctors slowly brought him back to consciousness. Now the question was whether he had suffered any lasting neurological damage.

"I don't remember much of what happened to me," Roger says of this time. "I'm told that when I woke up, I didn't recognize my wife or son, and that was very scary for all of us."

But in time, Roger's memories came back, and 10 days later, he was discharged to a rehabilitation facility and ready to get his life back.

According to Dr. Kabach, Roger's second chance at a healthy life after this incident is the type of miracle you hear about but so rarely see in his line of work.

Roger says it's all thanks to the efforts of his family, Dr. Kabach, and the rest of the team at Methodist Richardson.

"So many things went right that night for me to be alive," Roger says. "My life is forever changed. I gave up smoking, follow a heart-healthy diet, and take care of my body," he says. "I'll continue working every day to honor this second chance."

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

Weekend warriors spend their Saturdays and Sundays catching up on the workouts and household chores they neglected during the workweek, but this may cause issues down the line

WORDS OF WISDOM FOR THE WEEKEND WARRIOR

Punctuating a sedentary workweek with bursts of weekend activity may be more than your body can handle, says **Adam Hines, MD**, orthopedic surgeon on the medical staff at Methodist Richardson Medical Center.

"Weekend warriors may be less physically fit than they realize," Dr. Hines explains. "So when they try to exert themselves on the weekends with sports or other activities, they end up putting themselves more at risk for injury."

Don't try to cram a full week of work — and workouts — into one or two days. Instead, Dr. Hines recommends exercising for shorter periods throughout the week and tackling home improvement projects as they arise.

"When you regularly participate in activities, your body recognizes and understands what is being asked of it," he says. "Your body's constantly in this cycle of being broken down and rebuilt, so you're used to it and recover more quickly. But if your body's not used to that, you become more prone to injuries."

Dr. Hines offers some tips on how to treat and avoid some of the most common injuries suffered by weekend warriors.

SHOULDER BURSITIS

Bursitis involves the chronic inflammation of the bursae, fluid-filled sacs that provide cushioning and reduce friction around the joints. This painful condition can affect the hips, elbows, knees, and even the base of the big toe, but one of the areas most affected is the shoulder.

"Shoulder bursitis tends to develop in people who increase their overhead activity more quickly than they should," he explains. "They have pain in the front or the outside of their shoulder that worsens with overhead lifting or just raising their arms overhead."

HOW TO AVOID IT:

- Recognize your limitations.
- Learn and adopt the proper posture or technique for your activity.
- Ease into new exercises or activities.
- Make time for physical fitness throughout the week.





REPETITIVE STRESS

Any overuse and overextension of the muscles and joints can cause repetitive stress disorders, such as tendinitis.

Tennis elbow occurs when stress overloads the tendons in your elbow joint — and it isn't limited to tennis players, Dr. Hines adds.

"Any increased activity with the wrist and hand, if it's constant and repetitive, can cause tennis elbow, even if it's light activity," Dr. Hines says.

Similarly, repetitive stress can also hurt knees, causing a condition called iliotibial (IT) band syndrome.

"That's where you get pain on the outside of the knee when you are trying to increase your activity more rapidly than your body will allow," Dr. Hines says. It's commonly seen in novice runners who attempt marathons without proper training.

Runners are also prone to shin splints, bone-deep inflammation that results from overworked muscles and tendons in your legs.

"The muscles are constantly pulling on the bone, which causes inflammation of the periosteum, a type of connective tissue found on the bone," Dr. Hines says.

Shin splints are often the result of repeatedly pounding the pavement, failing to stretch ahead of time, and wearing the wrong shoes.

HOW TO AVOID IT:

- Stretch your muscles before exercise.
- Try adding variety to your workout routine.
- If high-intensity exercise such as running causes pain, scale back the duration and intensity of your workout.
- Wear the right footwear for your activity.
- Exercise on a more forgiving surface, such as an unpaved trail or an indoor track.

SPRAINS & FRACTURES

For the most part, these types of injuries are hard to ignore, inducing swelling and intense pain. But some people do live with incomplete fractures or stress injuries.

Accidents happen, even among seasoned athletes and professional handymen. So don't tough it out when you overdo it. For injuries like sprains and fractures, it's important to see a doctor immediately, Dr. Hines says.

"If you are unable to put weight on your ankle, you really should see your physician so that you can get X-rays and have an evaluation," he says.

A good indication that you need medical help is if the pain worsens or holds you back in your daily activities.

"If you're getting worse, you need to come in and see somebody," he says.



HOW TO AVOID THEM:

- Make sure old injuries are healed before exerting yourself again.
- Safeguard ankle ligaments by stretching, warming up, and wearing shoes that match the activity.
- Use ladders on a firm, level surface. Keep at least two hands and one foot — or vice versa — on the ladder at all times. Finally, move the ladder as needed instead of reaching.

CONSISTENCY IS KEY

Finally, don't be discouraged by Dr. Hines' words of warning. He emphasized that being active is a good thing, as long as you don't overdo it.

"It's important to develop a routine or rhythm," he says. "Find something you love doing, and keep with it."

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

COMMUNITY HIGHLIGHTS

GROWTH

METHODIST RICHARDSON GETS GREEN LIGHT FOR ED EXPANSION

The end of 2021 brought with it the approval of a $45 million expansion project at Methodist Richardson. The investment will add two new floors totaling about 80,000 square feet and remodel another 25,000 square feet of space to allow for 18 new beds in the emergency department. This will be the third major expansion of the hospital since it opened in 2014.



IN THE COMMUNITY

HELPING THE COMMUNITY BECOME HEART SAFE

Methodist Richardson is proud to have helped the city of Richardson earn its designation as a Heart Safe Community, a nationwide effort designed to reduce the devastating effects of heart disease and improve outcomes of sudden cardiac arrest emergencies.

Thanks to our collaborative efforts, working with local entities like the city's fire and police departments, the North Central Texas Trauma Regional Advisory Council officially presented this award at a recent City Council meeting. The Heart Safe program recognizes communities that have demonstrated excellence in several areas, including access to emergency care, medical dispatch, AED access, advanced life support, and awareness and educational campaigns.





HELPING PROTECT OUR CHILDREN AND FELLOW FRONTLINE WORKERS

As vaccines for COVID-19 rolled out, Methodist Richardson partnered with Richardson ISD to offer immunizations to teachers and other staff members. By turning the auditorium inside the district's administration building into a vaccine clinic, Methodist Richardson nurses were able to administer vaccine shots to more than 1,200 district employees.

10,755
The number of people Methodist Health System **employed throughout the Metroplex** in 2021.

The number of people employed in 2021 by **Methodist Richardson Medical Center**:
1,739

$134 MILLION
How much Methodist Health System provided in **unreimbursed charity care** in fiscal year 2021.

$1.7 BILLION
Methodist Health System's 2021 economic impact, including from **income and benefits provided for employees.**

429
The number of physicians on the medical staff at Methodist Richardson

METHODIST RICHARDSON HOSTS A SUCCESSFUL VIRTUAL YELLOW AND BLACK TIE GALA

The Methodist Richardson Foundation hosted its 2021 Yellow and Black Tie Tele-Gala last fall, and the event put the fun in fundraising! The virtual gala was broadcast to more than 400 attendees from the Four Day Weekend Comedy Theater in North Dallas.

The comedy troupe performed, and an online auction was held to raise money for a new clinic at the 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 Richardson is **proud to support the Richardson, Wylie, Sachse, Murphy, and Garland Chambers of Commerce.**

MRMC ADVISORY BOARD

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

David Bonnett
Gerald Bright, MD
Levi Davis
Tim Griffy
Jenevieve Hughes, MD
President Ken Hutchenrider Jr, FACHE
Dan Johnson
Bill Keffler
Judy Martin
Nhan Nguyen, MD
Carol Norton, MD
Clayton Oliphint, DMin
Michael Spence
Joe Snayd
Ramsey Stone, MD



ACCOMPLISHMENTS

THREE CHEERS FOR LEVEL III

Methodist Richardson has earned a Level III Maternal designation from the Texas Department of Health Services. This recognition acknowledges the hospital's quality comprehensive care for both mothers and babies.

Methodist Richardson also successfully renewed its status as a Level III Neonatal Intensive Care Unit, certifying that we are able to provide comprehensive care for seriously ill newborns. Parents can rest assured that their little ones are getting top-notch care.



SURGICAL TEAM ACHIEVES MAJOR MILESTONE

Methodist Richardson reached a major milestone in its robotic surgery program last year. The operating and surgical team has now performed more than 3,500 minimally invasive procedures using the da Vinci surgical robots.

The three robotic systems, including models S, Xi, and X, have helped patients during gallbladder, gastrointestinal, general, gynecologic, pancreatic, thoracic, and urological procedures.



SERVICE AND SUPPORT

We were proud to offer or sponsor these and other community events and organizations in 2021:

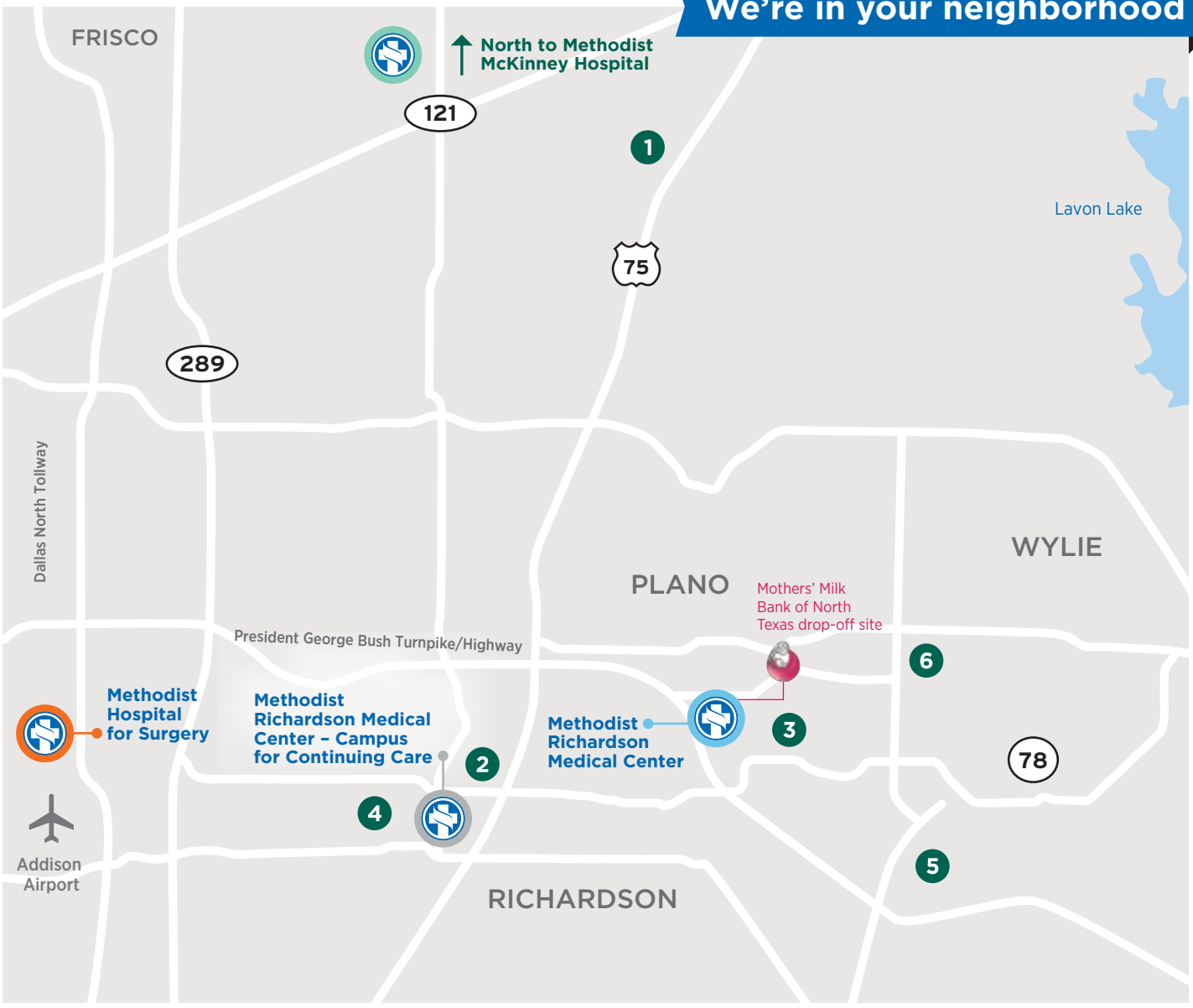
- Altrusa of Richardson
- Bluegrass on Ballard
- Corporate Challenge
- DFW Hope Mommies
- Eisemann Center Presents
- Feeding Children Everywhere
- Garland, Richardson, Plano, and Wylie ISD Education Foundations
- Gobble Hobble, benefiting Boys and Girls Club of Greater Dallas
- Leadership Richardson and Wylie
- The Mad Hatter Tea Party
- Murphy Maize Days
- NAMI Walks
- Network of Community Ministries
- Richardson Adult Literacy
- Richardson Symphony Orchestra
- Richardson Reads
- Sachse Fall Fest
- Santa's Village
- The Warren Center

METHODIST HEALTH SYSTEM AND METHODIST RICHARDSON ARE IMPROVING COMMUNITY HEALTH WITH THESE INITIATIVES:

- **Faith Community Nursing.** Through local churches, Methodist Health System provides education and health outreach, including flu shots and biometric screenings.
- **Methodist Generations.** This program offers a variety of wellness activities, social events, and educational outreach for people ages 55 and up.
- **Asian Breast Health Outreach Project.** This program provides mammogram screenings, diagnostic exams, and biopsies. ABHOP also offered breast health education to uninsured and underinsured Asian-American women.
- **Mobile mammography.** Methodist's mobile mammography unit brought breast cancer screenings to numerous women this year, many of them in the Methodist Richardson service area.
- **Stronger After Stroke.** This support group offers a road map to recovery for stroke patients and caregivers.
- **Methodist Alliance for Patients and Physicians (MAP2).** This accountable care organization improves and saves lives through coordinated care for thousands of people. These patients have seen overall improvement in health measures, as well as lowered overall cost of care. For these efforts, MAP2 has achieved national recognition for the quality of care given to patients

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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Methodist
HEALTH SYSTEM

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2831 E. President George Bush Highway
Richardson, TX 75082

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DURING A STROKE, SECONDS COUNT.

And so does knowing who you can count on.



Methodist Richardson Medical Center is proud to be recognized as an Advanced Primary Stroke Center by The Joint Commission and American Heart Association. Because when it comes to strokes, seconds count and so does quality care. Know the signs and act **FAST**. A quick call to 911 and the right care can make all the difference.

Face drooping **A**rm weakness
Speech difficulty **T**ime to call 911

Methodist
RICHARDSON MEDICAL CENTER

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 Richardson Medical Center, Methodist Health System or any of its affiliated hospitals. Methodist Health System complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

2831 E. PRESIDENT GEORGE BUSH HIGHWAY RICHARDSON, TX 75082 **METHODISTHEALTHSYSTEM.ORG/RICHARDSON**