SHINE



NICU TEAM FIXES BABY'S RARE CONDITION

HOW LUNG CANCER SCREENINGS can save your life

5 TIPS TO boost your metabolism

Methodist DALLAS MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | SUMMER 2022



32

These five tips — from stretching to diet changes — can help you boost your metabolism.

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SUMMER 2022

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SHINE

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

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

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

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

Lexy Young
Director of Community and Public Relations, Methodist Dallas Medical Center

Ryan Owens
Director of Public Relations, Methodist Health System

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

Renee Yan
Communications Coordinator, Methodist Health System

Arnila Nolok
Public Relations Coordinator and Videographer, Methodist Health System

Sheryle Nsangolo
Public Relations Specialist, Methodist Health System

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NEW KNEES GET ACTIVE GRANDMOTHER **BACK ON HER FEET**

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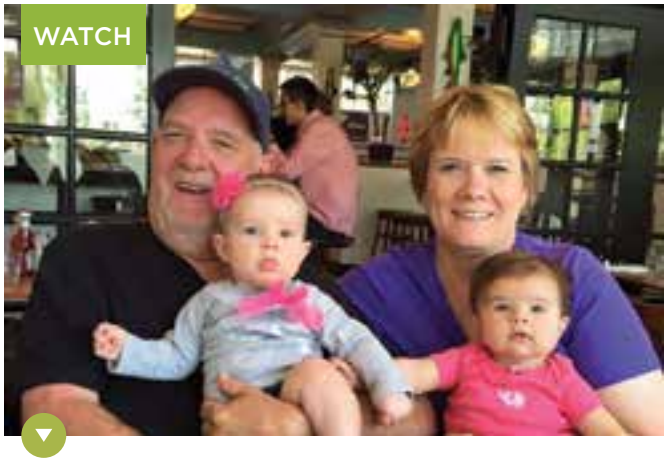

Severe arthritis affected both of Susan Selleck's knees, **and a double knee replacement got her back on her feet.**

IS THERE A **'PERFECT' BEDTIME FOR YOUR HEALTH?**

READ



"Sleep and heart health are really a two-way street," our expert says, but **your quality and quantity of sleep are both critical.**

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CYCLIST SURVIVES HEART ATTACK DURING 47-MILE BIKE RIDE



Heart attacks don't spare the physically fit, and this avid cyclist knows he's lucky to be alive after his "widow maker"

In the past 13 years, retired educator David Grebel has logged enough miles on his bicycle to circle the globe: 38,000 and counting. But it took only 47 miles and a heart attack to turn his world upside down.

Preparing for a cross-country ride this summer, the 66-year-old Arlington resident was riding through rural southern Dallas County when he started feeling pressure in his chest. By the time he was back at his car, the pain had moved to his neck, and he called 911.

Paramedics rushed him to Methodist Charlton Medical Center, where a state-of-the-art cardiac catheterization lab was waiting for him.

"Before this, I hadn't been to a Methodist hospital," David says. "But I'm intimately familiar with them now and alive because of it."

FIRST AMBULANCE RIDE

David has been cycling since high school and never had a history of heart problems, although there were red flags in the family, punctuated by his mother's bypass surgery 30 years ago.

"I figured I dodged it. I kept saying I got my dad's genes instead," he says. "I like to sometimes be willfully blind to things."



So it was an eye-opening experience when his first ambulance ride delivered him to Methodist Charlton and a cardiac team led by **William Posligua, MD**, cardiologist on the hospital's medical staff.

Today, David swears by the care he received from them, but that Saturday he had a few other choice words.

"At one point it hurt so bad," David says, "I said, 'Do y'all mind if I swear?' And then I just cut loose."

'BEEHIVE OF ACTIVITY'

But David's condition was no laughing matter, Dr. Posligua says: His left anterior descending (LAD) artery was completely blocked, triggering a heart attack known as a "widow maker." So the entire team was laser-focused on saving David's life.

"It was a beehive of activity in there," David says. "Everybody has a role; everybody knows what they're doing."

Dr. Posligua used a catheter inserted through David's wrist — a less invasive method that hastens a patient's recovery — to insert two stents and clear the potentially deadly blockage.

"He was in acute heart failure as a consequence of the heart attack," the doctor says. "He was far sicker than he looked."

In fact, it's otherwise healthy patients like David who worry cardiologists because they often fail to recognize the warning signs until it's too late.

"They never think that something like this is going to hit them because their fitness level somewhat preconditions them to tolerate this better," Dr. Posligua says. "But 50% of these guys die. David was going to be that statistic."

Grateful to be alive, David was released after a couple of days in the ICU — under the care of "three remarkable nurses" — and ready to tackle his recovery head-on.



CONSISTENCY OF CARE

When it came time to pick a place to rehabilitate, David and his wife, Katherine, chose Methodist Charlton, even though it was a long drive from their home in Arlington.

"I wanted that consistency of care," David says. "I have a high level of confidence in the support that my family and I receive there."

While David admits he might not have been all that familiar with Methodist Health System before his heart attack, he has since built a relationship with the team at Methodist Charlton, and he won't let that go.

"My recovery's too important to give up these people and this institution," he says. "This hospital has done so much for me."

VIDEO: Watch David tell his story at ShineOnlineHealth.com.

Play it safe this summer

OR THE DOG DAYS MIGHT BITE

Summer is a great time for swimming, grilling, and fireworks, but if we're not careful, we might find ourselves in the emergency room

Backyard barbecues, lazy days by the lake, family reunions, Fourth of July celebrations. The last thing anyone wants is a hospital visit derailing those plans.

The number of emergency room visits typically jumps in the summer, says **Joseph Amos, MD**, executive medical director of trauma services at Methodist Health System, who sees all kinds of injuries caused by fireworks, boating accidents, ATV crashes, and other outings gone wrong.

"Summer is a great time to spend with family and friends," Dr. Amos says, "but we should all keep safety in mind, whatever we do."

On top of general tips — like wearing sunblock, staying hydrated, and drinking responsibly — Dr. Amos offers his recommendations for some of the most popular activities.



GRILLING

Summer and grilling go together hand in hand, but a barbecue can turn dangerous if you're not paying attention.

"Burns are obviously a big concern, especially on the fingers, palms, and face," Dr. Amos says. "Those need to be evaluated because the true extent of the damage isn't always known immediately."

When it's time to fire up a charcoal grill, you should add lighter fluid slowly and lean away from the grill to prevent flash burns. Consider wearing gloves and be mindful when handling hot surfaces and equipment. Keep an eye on little ones who get too close to the grill.

Backyard cooks should also wear close-toed shoes in case food or utensils fall from the grill and to avoid burning the soles of their feet on hot pavements.

"If you do get burned, cool towels can provide some fast relief while you make your way to the emergency room," Dr. Amos says.

FIREWORKS



Fireworks may be a blast, but they should always be handled with care — and within the bounds of the law and burn bans.

"We treat burns, lost fingers, and combustion injuries," Dr. Amos says. "For children and teenagers, fireworks should always be used under adult supervision. They should never be left unattended with fireworks."

But even adults must be cautious when dealing with such combustible materials. You should keep your distance once the fuse is lit to protect yourself from burns and ruptured eardrums. Choose something with a longer fuse and never hold lit fireworks in your hands.

"Many cities have firework bans, so be aware of those," Dr. Amos adds. "And don't light them in grassy or wooded areas because they can cause fires."



ON THE WATER

There's nothing that beats the Texas heat like a day in the water. To keep the day carefree and relaxing, Dr. Amos reminds people to drink plenty of water, wear a life vest, be mindful of children, and keep a good distance from boat propellers.

"In general, be aware of your surroundings," he advises. "Consider things like whether there's a lifeguard on duty and how shallow or deep the water is."

He also warns against overindulging in alcohol, a leading cause of boating accidents.

"If you're going on a boat, fishing, or swimming, you should have at least one other person with you," he says. "And avoid these activities in the dark."

MOTORCYCLES AND ATVS



All-terrain vehicles and motorcycles can be fun, but like everything else on this list, they require a level of caution.

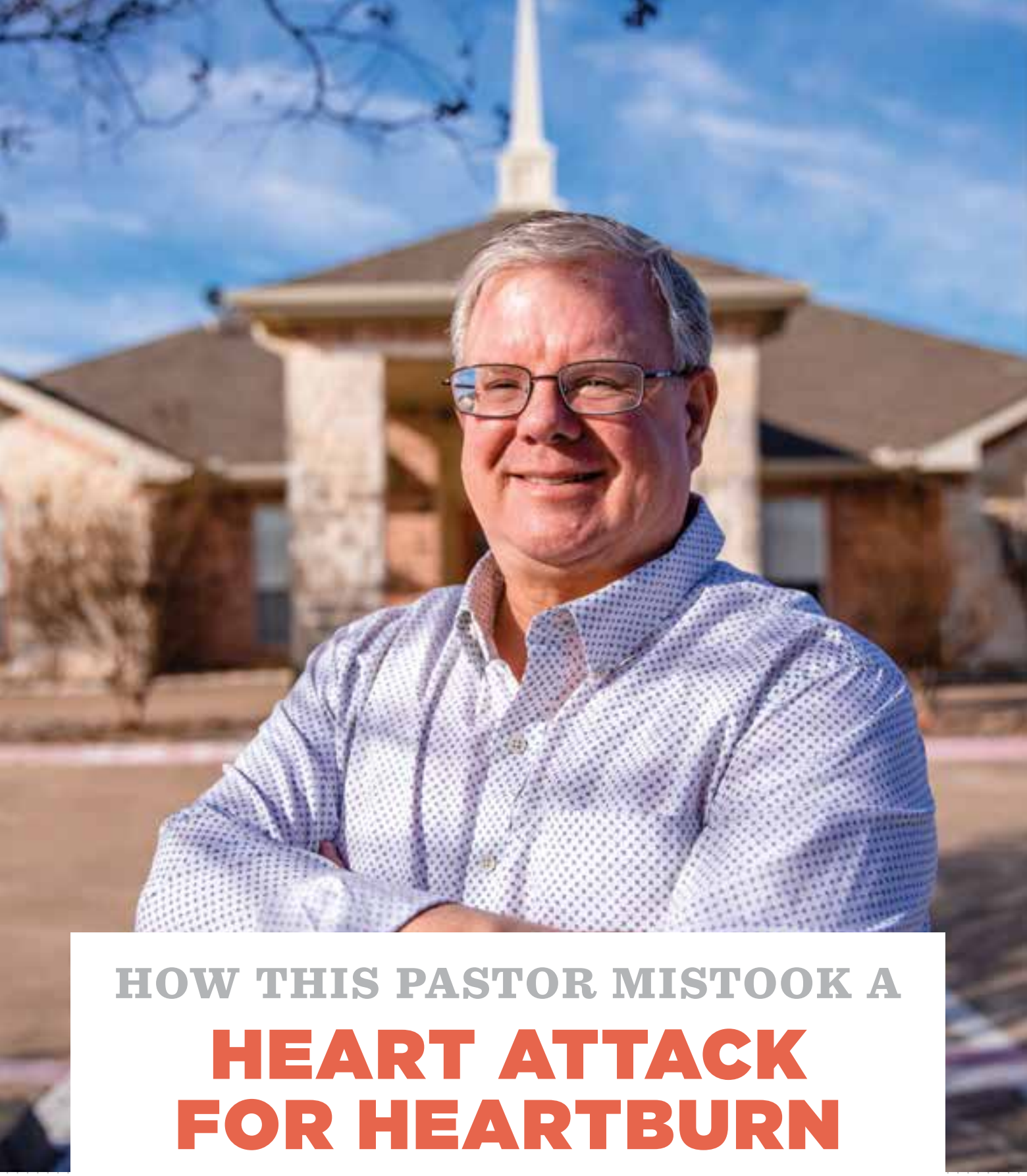
"In the summer when the heat is bearing down on us, we see a lot of motorcycle accidents involving people who decide to forgo their helmets," Dr. Amos explains. "That is extremely dangerous."

Crashes involving ATVs and other recreational vehicles are also of concern. Many lack the safeguards of a car, such as seatbelts and airbags, and they flip more easily. Crash survivors with no obvious injuries may still need medical help, Dr. Amos insists.

"Especially if there's any disorientation or loss of consciousness — however short a time — that can indicate issues with the brain," he explains. "Injuries to the head and neck should be evaluated immediately because they may not be obvious right away."

To stay as safe as possible, it's always recommended to wear helmets, follow a safe speed limit, be conscientious of other motorists, and wear reflective and protective clothing.

Do you really need 10,000 steps a day? Find the answer and more fitness tips at ShineOnlineHealth.com.



HOW THIS PASTOR MISTOOK A

HEART ATTACK FOR HEARTBURN

As a chaplain who served 37 years in the U.S. Air Force, Mark McDaniel understands better than most people that you never know "when it's time to go"

When the 56-year-old veteran suffered a major heart attack in early May 2021 — mere months after his retirement from the Air Force Reserve — Mark McDaniel was prepared for the worst.

"I did think that was going to be it," Mark says.

Despite his fears, Mark made a decision that potentially saved his life. He dialed 911 and told the paramedics who came to his rescue that he wanted to go to Methodist Mansfield Medical Center, where a friend had received outstanding treatment.

"I'll be forever grateful for the medical staff there," Mark says.

OUT OF THE BLUE

At the time of his heart attack, Mark was doing light physical work at the New Hope Community Church in Venus, where he'd been leading the congregation since December 2020.

Although he suffered a sensation similar to indigestion, a lesser-known heart attack symptom, in the weeks earlier, Mark had no idea something was wrong with his health.

"I didn't connect the dots," he says.

Mark didn't have the typical symptoms like chest pain or a tingling sensation in his arm. Instead, he remembers feeling very hot and sweating heavily — which was unusual for him.

He tried lying down in the church's sanctuary but couldn't get comfortable. It was then that he video-called his wife, Brandi, who persuaded him to call for help.

'GOT THE JOB DONE'

At his request, first responders rushed him to Methodist Mansfield, where **Babatunde Komolafe, MD**, interventional cardiologist on the hospital's medical staff, quickly got to work. Dr. Komolafe found that Mark's right coronary artery was completely blocked, cutting off the circulation of oxygen to his heart. Making matters worse was a smaller blockage on the left side.

Wasting no time, Dr. Komolafe inserted two stents, or small mesh tubes, to remove the first blockage and restore





the heart's normal blood flow. Six weeks later, Mark was well enough for a second procedure, during which Dr. Komolafe inserted another stent on the left side of his heart.

"They were wonderful people, so attentive," Mark says of Dr. Komolafe and the staff at Methodist Mansfield. "They were very professional and got the job done."

A NEW OUTLOOK

Before his heart attack, Mark admits that exercise was never a priority and he enjoyed foods loaded with sodium and saturated fats. He figures his heart attack was the result of decades of stress, a family history of heart issues, and "40 years of bad eating."

But after his life-threatening experience, Mark says he has a whole new lease on life. By tracking his weight, diet, and other health data, the father of two lost 30 pounds in the months after his wake-up call.

He offers several valuable lessons from his experience: Listen to your body, reduce your sodium intake, and stay connected with your physicians — something Dr. Komolafe echoes.

"Most of the risk factors for heart disease you have direct control over," says Dr. Komolafe, who recommends exercising regularly and abstaining from smoking. He encourages patients to consult their physicians on their biggest health indicators, including blood pressure, cholesterol, and blood sugar.

After all, as the saying goes, "An ounce of prevention is worth a pound of cure."

Do you know if you're at risk for a heart attack? Take our heart health risk assessment.

LUNG CANCER SCREENING IS SIMPLE — AND COULD BE A LIFESAVER

The disease claims more American lives each year than colon, breast, and prostate cancers combined

More than 200,000 cases of lung cancer are reported each year, so annual screenings are a must for patients who are most at risk.

Diagnosing the disease at the earliest stage possible is critical to effective treatment, says **David Mason, MD**, thoracic surgeon on the medical staff at Methodist Dallas Medical Center.

"One of the reasons lung cancer is so deadly is because it's often found in an advanced stage," Dr. Mason says. "The lungs have no pain receptors, so something can sit there silently for quite some time. In most cases, you only notice symptoms when it has spread."

The good news is there are proven tools to catch any potentially cancerous masses — starting with a simple, noninvasive CT scan — and treatments are plentiful and constantly advancing.

"For people treating lung cancer, like myself, there's never been more optimism than there is right now," Dr. Mason says. "The last decade has really been a revolutionary period for advancements in lung cancer treatment."

Dr. Mason answered some of the most frequently asked questions about risk factors and screening guidelines.

WHO SHOULD GET SCREENED?

Of course, we can't talk about lung cancer without mentioning its link to tobacco use. Tobacco products contain a staggering list of chemical compounds — many of which are known carcinogens, including lead, formaldehyde, and arsenic, an ingredient famously used as rat poison in the 20th century.

So it's no wonder that smoking, which accounts for 80% to 90% of lung cancer cases in the U.S., remains the top risk factor today, according to the Centers for Disease Control and Prevention (CDC).

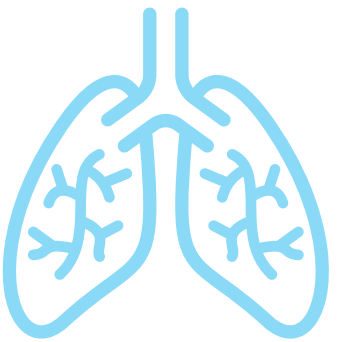
"That's why we recommend screening for people who are 50 to 80 years old, currently smoking or have quit in the last 15 years, and have a smoking history that spans, on average, one pack a day for 20 years," Dr. Mason says.

This is because the risk is largely based on cumulative years of smoking, according to the *Journal of the American Medical Association*. For these high-risk individuals, getting screened can be potentially lifesaving.

But because of the stigma associated with smoking, it can make it hard for physicians to catch lung cancer early.

"So often, lung cancer gets stigmatized as a self-inflicted malignancy. That can prevent people from getting the care they need," Dr. Mason says. "That's a big problem."





WHAT ABOUT NON-SMOKERS?

Tobacco use undoubtedly puts you in greater danger, but it would be wrong to assume lung cancer is only a smoker's disease. In the U.S., 10% to 20% of lung cancers are found in people who rarely or never smoked, according to the CDC.

Studies show other environmental factors, such as exposure to certain chemicals like radon and asbestos, and family history can cause lung cancer, among other diseases.

Researchers also dispute the misconception that lung cancer is a disease of older adults. In a study of 173,856 patients, 5,657 of them were 20 to 46 years old.

But non-smokers and young people make up a small group of patients, Dr. Mason says, so the pros and cons of screening should be weighed on a case-by-case basis.

Because there is a concern of overdiagnosis and repeated exposure to X-ray radiation — even in such small amounts — the screening process for lung cancer primarily aims to help people who face the greatest risk of disease.



HOW IS LUNG CANCER TREATED?

Nowadays, depending on the stage and type of cancer, patients can benefit from multiple treatment options that range from traditional to innovative.

"Surgery, radiation, and chemotherapy still play a big role," Dr. Mason says. "We also have new targeted therapies and immunotherapy that attack specific cancer cells."

And many of the medications can be taken by mouth at home, as opposed to the clinical infusions that require more planning and commitment. This makes it easier on patients, especially as many of the medications have milder side effects, Dr. Mason adds.

"And many of these therapies will probably be applicable to people who have even earlier stage cancers," he says. "There's still a lot to learn, but the good news is we have real and effective treatments for everybody now."

> FOR PEOPLE TREATING LUNG CANCER, LIKE MYSELF, **THERE'S NEVER BEEN MORE OPTIMISM THAN THERE IS RIGHT NOW.**
>
> — DR. MASON

WHAT DOES A LUNG CANCER SCREENING INVOLVE?

If you're the type of person who gets squeamish about doctor visits, you can rest assured that the screening process is as simple as it gets.

"We use a low-dose CT scan," Dr. Mason says. "You lie down, and the X-ray takes only a few minutes to complete."

This noninvasive procedure uses a very low dosage of radiation to produce scans of the lungs.

"It's the most established method of screening for lung cancer," Dr. Mason explains.

The idea of receiving a lung cancer screening can seem overwhelming and stressful, but hospitals like Methodist Dallas have patient navigators like **Joli Uetrecht, MSN, RN**, who help guide people through screening, diagnosis, treatment, and follow-ups.



Protect yourself by getting screened for lung cancer. Learn more by visiting MethodistHealthSystem.org.

LABOR AND DELIVERY NURSE

SURVIVES CLOSE CALL AS A PATIENT



This Corsicana mother suffered hemorrhage after IVF birth

Eighteen hours of labor was just the start of a scary delivery for first-time mother Jaycee Petty, a registered nurse whose experience in the labor and delivery unit made her feel even more fortunate she survived.

"Everybody thinks having a baby is just all grand, happy times," Jaycee says. "People don't realize how quickly it can turn into such a life-threatening event."

But she lived to talk about her close call, thanks to her colleagues at Methodist Midlothian Medical Center, and she has a healthy baby girl to show for it.

"Chloe arrived and all was good," Jaycee says. "From there, everything went downhill."

INDUCED LABOR

After years struggling with infertility, Jaycee and her husband, Shane, were thrilled when she reached her third trimester last September.

Jaycee was home alone one night in week 38 when she noticed her blood pressure spiking, so she called **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian.

Dr. Brown asked Jaycee to come into the office, where he ran blood work and decided she needed to be induced the next morning.

After about 18 hours of labor, Chloe May was finally born shortly after 2 a.m. on Sept. 23.

All appeared to be good, Jaycee says, but her doctor was prepared for complications.

"I anticipated that there might be an issue with her bleeding because of the duration of her labor," Dr. Brown says. "I asked the team to begin the protocol for postpartum hemorrhage, and they quickly moved into action."

While the nursing team cycled through medications, Jaycee put her labor-and-delivery know-how to good use, keeping herself calm. Then her condition took a turn for the worse.

"It was really scary being on the patient side," Jaycee says.

EXTREME MEASURES

Jaycee's heart rate continued to rise, even as her blood pressure dropped, and her doctor knew he needed to stop the bleeding immediately.

"I ordered two units of blood and also called for a Bakri balloon," Dr. Brown says, describing the device that's used to stanch the bleeding by applying pressure to the uterine wall.

Jaycee's husband, a firefighter paramedic, understood the severity of the situation as he held their newborn daughter. Shane was by her side all night as she fought to stay conscious, and so was her doctor.

"Typically, after a delivery a doctor is out of the room within 30 minutes," Jaycee says, but not in her case. The doctor was "laid back and calm" throughout, reassuring them that all would be OK.

OUT OF THE WOODS

Soon after the balloon was inserted, the bleeding slowed, but by then Jaycee had lost nearly two liters of blood. Her vitals improved after she received a transfusion.

"They removed the Bakri balloon the next day," Jaycee says, "and everything was good from there."

She remains grateful to her doctor and all of her colleagues who cared for her and her newborn. Dr. Brown is thankful for that team, too.

"The experienced nurses, prompt availability of necessary medication and devices, and the anticipation of the event all played a major role in saving Jaycee's life," he says.

Take a virtual tour of the labor and delivery unit at Methodist's newest hospital.







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

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200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

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

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

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



WHEN A GLUTEN-FREE DIET MIGHT BE RIGHT FOR YOU

Going "gluten free" seems like a healthy idea, if you buy into all the labels on supermarket shelves and believe the many celebrities who don't eat wheat

MAYBE YOU KNOW someone who swore off gluten — the protein found in grains like wheat, barley, and rye — because a gluten-free diet improved their mood, reduced bloating and inflammation, and relieved joint pain.

But who really benefits from a gluten-free diet? And should serial dieters give this health fad a try? Maybe not, if their digestive system can tolerate gluten and they simply want to trim their waistlines.

"A gluten-free diet is not a 'lose weight quick' trend for the average person," says **Joseph Claiborne, MD**, internal medicine physician on the medical staff at Methodist Dallas Medical Center. "It's an essential solution for those who suffer from celiac disease and gluten sensitivities."

Researchers say about 1% of the U.S. population suffers from celiac disease, an immune disorder that damages the small intestine, and about 6% may have non-celiac gluten sensitivity. But it's estimated that more than 20% of Americans have attempted to follow a gluten-free diet.

So why the huge discrepancy? Could others who can tolerate gluten benefit from doing without? Dr. Claiborne says getting a blood test is the first step.

"If you suspect you might have a gluten intolerance, the best solution is getting tested," he says.

The most effective way to determine whether you have celiac disease is to visit a gastroenterologist. Most primary care clinics are equipped to draw blood for testing, too.

"If certain antibodies in your blood are elevated, then a biopsy of the intestinal tract could confirm you have celiac disease," Dr. Claiborne says. "There's also a genetic test that provides the most accurate results in determining if a patient has celiac disease."

But if you plan to get tested, don't cut gluten from your diet beforehand or you're likely to receive a false negative result.

And if you do test negative, there are other options to help you figure out if you have a gluten sensitivity. For example, the Gluten Free Society provides an online assessment that you can take from home.

Overall, if cutting gluten from your diet makes you feel better, and improves your health, then keep it up. It means you've found a solution that works for you. From there, ask a doctor for help, Dr. Claiborne suggests.

"Once that gluten-free trial is over, check in with your primary care physician to help you navigate through the next steps," he says.

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

TRANSPLANT REPLACES 21-POUND LIVER, **9 TIMES ITS NORMAL SIZE**

Tumors trigger a life-threatening bleeding disorder while also causing a vital organ to grow out of control



Beatriz Toledo was looking to embark on a new chapter of her life when a sudden diagnosis derailed her plans.

The 39-year-old Tarrant County resident had just begun fertility treatments when doctors discovered multiple tumors in her liver.

Although the tumors were benign, they grew and multiplied so rapidly that her liver weighed about 21 pounds — nine times the average weight of a healthy liver — before doctors performed a transplant.

Beatriz says she was blindsided when she first learned of the tumors.

"This was shocking news," Beatriz recounts. "I was not feeling sick, so it was difficult to believe."

But the danger was real. Beatriz had to seek help at Methodist Dallas Medical Center because the tumors led to a rare but life-threatening bleeding disorder.

At one point, Beatriz remembers needing transfusions every day to replenish her blood and platelets.

These transfusions offered Beatriz a temporary lifeline, but true salvation came through the gift of a new liver and the compassionate care of the medical staff at Methodist Dallas.

"They were not just people taking care of my health," Beatriz says. "They were kind of like my angels. I will remember them for the rest of my life."

Beatriz considers nurses like **Stephanie Chavez, BSN, RN**, evidence of divine intervention.

A UNIQUE CASE

Beatriz says her troubles began when doctors found cysts in one of her ovaries. When they performed surgery to remove them, they found her blood wasn't clotting properly.

"I had pretty bad bleeding, and they didn't know what the problem was," Beatriz says.

Beatriz was referred to **Jeffrey Weinstein, MD**, medical director of the liver transplant program at Methodist Dallas. He ran tests that ultimately revealed her liver contained multiple hemangiomas, benign tumors of the blood vessels.

"Hemangiomas are actually the most common type of benign liver tumors, but what is uncommon is how many she had, how big they were, and the bleeding that they were causing her to have," Dr. Weinstein explains.

In fact, there are only a few isolated cases like hers, most of them in infants. Known as the Kasabach-Merritt Syndrome, the condition is characterized by low platelet counts and uncontrollable bleeding.

"In cases like hers, it's not even recognized until you undergo a procedure that leads to uncontrolled bleeding," Dr. Weinstein says.

A TURN FOR THE WORSE

At the time of her diagnosis, Beatriz was still well enough to continue her daily life with few symptoms. There was little to do except monitor her health closely.

But in July 2021, her health took a nosedive. Her blood platelets were lower than ever, and Beatriz began struggling to eat, walk, work, and complete everyday tasks.

As she lost weight and energy, the tumors grew bigger, destroying blood clotting factors and causing liver failure. Within a month, Beatriz found herself in the intensive care unit at Methodist Dallas, awaiting a new liver under the care of Dr. Weinstein and **Alejandro Mejia, MD, FACS**, executive program director of organ transplantation at the hospital.

"These tumors were basically growing to the point that her lungs barely had any room to expand," Dr. Mejia says. "She was losing weight and muscle mass, and her liver was failing."

A SECOND CHANCE

In the middle of one evening in late August, Beatriz was notified that a donor was found.

"I was just so excited when they told me," she says.

The new liver came at just the right time, says Dr. Mejia, who performed the transplant. The operation was made more difficult because of the size of the diseased liver and the delicate network of blood vessels surrounding it.

"Her liver was so large we had to be very careful not to damage any of her other organs or cause major bleeding," he says.





> "I'M THANKFUL TO GOD FOR MAKING THE IMPOSSIBLE POSSIBLE. **I'M ALSO SO GRATEFUL TO MY FAMILY AND FRIENDS BECAUSE THEY WERE HERE FOR ME DURING THIS REALLY DIFFICULT TIME.**"
>
> — BEATRIZ TOLEDO

Despite the challenges, the transplant was a complete success.

"Everybody was really at her bedside, dedicated to trying to get her through a very difficult time medically and even emotionally," Dr. Weinstein says.

The doctors say it's been rewarding to see Beatriz bounce back. It didn't take long for her to notice an improvement after the surgery.

"I could feel the difference," she says. "It was exciting not to have more blood transfusions. My eyes and skin are not yellow anymore. It's been good to see my body going back to what it was."

Beatriz says her faith and support from loved ones lent her strength throughout her journey.

"I'm thankful to God for making the impossible possible," she says. "I'm also so grateful to my family and friends because they were here for me during this really difficult time."

Learn more about The Transplant Institute at Methodist Dallas and its more than 40 years of organ transplant experience.



COUPLE FELL FOR EACH OTHER AND PAID THE PRICE, TWICE

Hardy and Linda Thomas are back on their feet after breaking bones tackling the same household chore

Some couples say they experience sympathy pains when one person gets hurt and the other feels phantom aches. But Hardy and Linda Thomas took it to a new level after each was injured while tackling the same household chore weeks apart.

Last December, Hardy was putting up Christmas lights when the 74-year-old retired attorney slipped off the ladder and broke his right leg.

"He was thinking about suing himself," quips Linda, who rushed her husband to Methodist Mansfield Medical Center.

Brigham Au, MD, medical director of orthopedic trauma at Methodist Mansfield, met the couple and started Hardy on the road to recovery.

Sixteen days later, he unexpectedly saw them again, but this time Linda was his patient. She had fallen and fractured her ankle trying to take down those same Christmas lights.

"They say lightning never strikes twice in the same place, so I was very surprised when this happened," Dr. Au says.

The Thomases took it all in stride.

"We got the family discount," jokes Linda, now able to see the humor. "It's taken us a little while to get our legs back, but all in all, we are doing really well."

GETTING HELP FAST

The couple didn't intend to put their health in danger. They had hired professionals to decorate their home for the holidays.

But when a strand of lights slipped loose over their front archway, Hardy went to rehang it by himself. He lost his balance on the stepladder and crashed to the concrete below.

"I didn't feel like I could get up," Hardy says. "I was pretty sure I had broken it."

Neighbors helped him into Linda's car, and she drove him to Methodist Mansfield. Scans of the leg showed Hardy had fractured both the tibia and fibula, and his shinbone was jutting up into the cartilage of his knee — an injury known as a tibial plateau fracture.

"Time matters for these injuries," Dr. Au says. "Methodist Mansfield has made a concerted effort to provide all of the resources necessary to take care of these patients in a timely manner."

Swelling made it difficult to close Hardy's wound, so the first step was to stabilize the leg, which involved attaching a metal framework around the fracture to straighten his leg.

Two weeks later, Dr. Au performed a second surgery, using minimally invasive techniques to remove the metal scaffolding and reconnect the bones with steel plates and screws. He also gave Hardy a hinged brace to help him regain range of motion in his knee while his leg bones healed.

BACK IN THE EMERGENCY ROOM

In early January, while Hardy recovered from his second surgery, Linda decided to take the Christmas decorations down herself.

"I can take the lights down," she recalls thinking. "There's nothing to that."

But just like her husband, the 77-year-old took a nasty tumble and broke her ankle. She couldn't even get up it hurt so bad.

"I crawled back up to the front porch and got Hardy's attention," she says. "He could barely move, bless his heart. In the emergency room, they didn't know who to treat first."

Doctors placed a boot on Linda's broken ankle as they waited for the swelling to abate. Two weeks later, Dr. Au placed plates and screws in the joint to help her fracture heal faster.

Linda and Hardy praised the care they received at Methodist Mansfield. They credit the staff for helping them find ways to manage everyday tasks while their legs healed. Both have made great progress in physical therapy, which is critical to a full recovery.

"About 50% of the outcome is based on what the patient does during rehab," Dr. Au points out. "You have to have the right mindset and decide to work on it daily to get the results you want."

And the Thomases have certainly seen good results.

"We both got our boots off in March. We are a together team," Linda says.

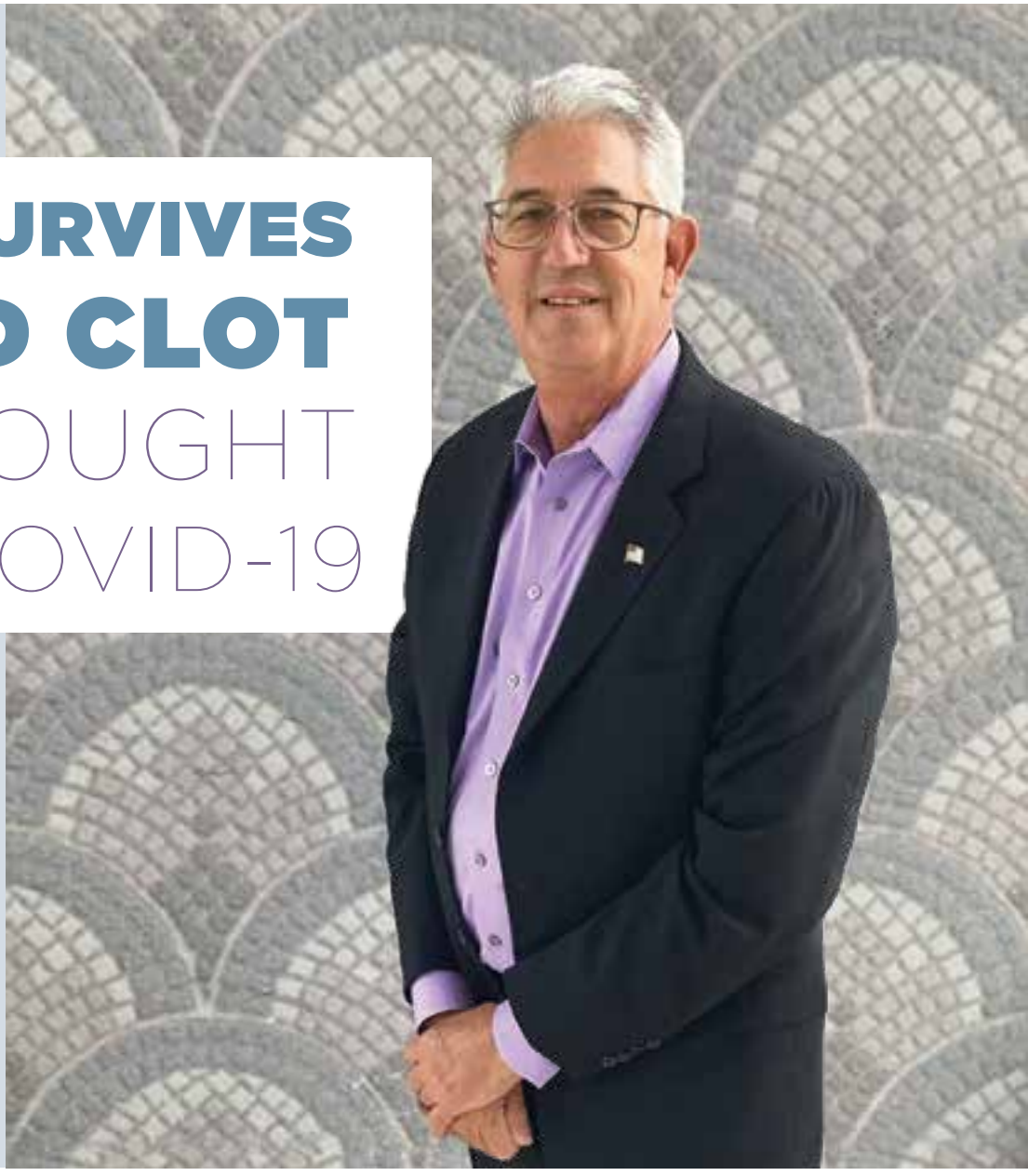
Because seniors are more likely to suffer serious injuries from falls, Dr. Au was firm in his recommendation for follow-up care.

"Throw the ladder away, and don't even think about doing your own Christmas lights," he told them.

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



PILOT SURVIVES BLOOD CLOT HE THOUGHT WAS COVID-19



When this test pilot couldn't catch his breath, he figured COVID-19 was to blame, but it ended up being a blood clot that had traveled to his lungs

As a flight test engineer and Air Force veteran, Jay Welch has made a living flying high, so it was a surprise when he was airborne again for his lowest low: a pulmonary embolism.

"I've been flying all of my life," says the 64-year-old from Keller, "and I never thought this could happen to me."

Sitting still for extended periods — a necessity when Jay's office is a cockpit — can raise the risk of deep vein thrombosis (DVT), when a blood clot forms deep inside the body, often in the legs. The changing air pressure in an aircraft's cabin can also lower the level of oxygen in the blood, causing clots to form.

While the cause of Jay's blood clot remains unclear, it was crystal clear to the quick-thinking staff at Methodist Southlake Medical Center that he needed lifesaving help.



"Jay's condition needed immediate attention," says Director of Nursing **Ginger Thomas, MSN, RN, CEN**, who oversaw much of Jay's experience in the emergency room. "I quickly realized we would need to get him to Dallas."

After some quick tests, Jay was back in the clouds, in a helicopter headed to Methodist Southlake's sister hospital.

CLOT TOOK HIS BREATH AWAY

When Jay suddenly had trouble catching his breath in November, he believed it was a symptom of COVID-19.

"As hard as I was breathing, it didn't feel like I was getting any air," he says.

Jay asked his wife, Cheryl, to take him to the emergency room at Methodist Southlake.

Once there, Jay underwent an MRI and EKG. His blood oxygen level was measured at 60%, even while using an oxygen mask. A healthy oxygen saturation is between 95% and 100%.

While Methodist Southlake is a state-of-the-art hospital with a growing ER and a brand-new cardiac catheterization lab, Jay's condition required specialized care — and fast.

"The one thing I noticed when they were wheeling me to the helicopter was the hallway of nurses and doctors giving me that look of concern," Jay says. "It was in that moment I realized how serious this was, and I said a prayer to Jesus for a full recovery."



CLOT-BUSTING TECHNOLOGY

It was clear to Ginger and the rest of the staff that a ground ambulance couldn't get Jay to Dallas quickly enough. Instead, they would seek a higher power: Careflite.

With help from Southlake police and fire departments, and the teams at Southlake and Dallas, Jay was flown by helicopter to Methodist Dallas Medical Center.

Upon arrival in Dallas, Jay was treated with a quick and minimally invasive procedure called EKOS, which uses advanced imaging and technology to deliver very low doses of a drug directly into the clot. This rapidly dissolves the clot while significantly reducing the risk of bleeding.

"This is one of the many lifesaving procedures that interventional radiologists perform — all through a skin nick no bigger than an IV, which allows for a very quick recovery," says **Brian Giles, MD**, interventional radiologist on the medical staff at Methodist Dallas. "These procedures can be performed very quickly, which is a must in cases like Jay's where every minute is critical."

Jay went home two days later and underwent additional testing to ensure his pulmonary embolism wasn't a symptom of anything more serious. In March, he received a clean bill of health.

"I'm really thankful for that crew — the nurses, flight staff, and the doctors that were ready for me in Dallas," Jay says. "I'm back to 100% today."

To find a physician, visit MethodistHealthSystem.org/FindADoctor



‘SMILING IN THE NICU’ AFTER TEAM CURES RARE CONDITION

When a life-threatening abnormality forced an early delivery, the labor and delivery team was ready

Tamara Rangel was 24 weeks pregnant with her third child, Natalia, when an ultrasound uncovered a terrifying discovery during a routine checkup.

Scans revealed Tamara’s unborn daughter had a life-threatening condition called gastroschisis.

The 31-year-old expectant mother was shocked to learn that Natalia’s intestines had slipped through a hole in her belly and clustered outside of her body in the womb. Fewer than 2,000 babies in the U.S. are born each year with gastroschisis, though several studies suggest it’s becoming more common, according to the Centers for Disease Control and Prevention.

“Nobody can do anything about gastroschisis until the baby is born, so it’s a big waiting game,” Tamara says.

But the Mesquite mom wasn’t going to sit idly by, and neither was her healthcare team, led by **Sadia Khandaker, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. Though the condition is rare, Dr. Khandaker and her team were well-prepared to deal with it. And they had a key ally on their side.

“Having a patient like Tamara helps so much,” Dr. Khandaker says. “She was calm and kept trust in me, the surgeons, and the whole team.”

Tamara says the team at Methodist Dallas was "on top of everything" and helped ease her mind before her daughter's birth.

TEAM READY AND WAITING

That team also included **Ralph Steiger, MD**, maternal-fetal medicine physician on the medical staff at Methodist Dallas. It was Dr. Steiger who sounded the alarm when an ultrasound indicated that Natalia's bowels were dilated and possibly obstructed.

By then, Tamara had been referred to the hospital's level III neonatal intensive care unit (NICU), which offers comprehensive care to critically ill newborns, no matter how small. Everyone in the NICU was alerted and prepared for Natalia's arrival, so they swung into action when this new development prompted an emergency cesarean delivery.

On Sept. 29 — more than a month ahead of her due date — Natalia was born weighing 5 pounds, 7 ounces.

Doctors quickly wrapped her extruded bowels to protect them and rushed her to an operating room. A surgical team gently folded Natalia's intestines into her abdomen before stitching the hole closed.

"It was amazing," Tamara says. "They were on top of everything, from step A to step Z."

Like all newborns with gastroschisis, Natalia was fed intravenously while she recovered. Food by mouth was introduced very slowly and carefully. Tamara and her husband visited their preemie every day and listened intently as nurses like **Marnie Kraiger, RN**, a 16-year veteran of the unit, explained how to care for Natalia.

"The level of concern that Tamara showed as a parent and her ability to understand the complexities of what was happening with her baby were astounding," Dr. Khandaker says. "We were able to take care of everything very swiftly."

A HAPPY HOMECOMING

By Oct. 21, Natalia was on her way home — an astonishing achievement, says **Vivek Anand, MD**, NICU medical director at Methodist Dallas.

"To have a gastroschisis baby extubated on the third day of life, feeding within six days, and going home within three weeks is quite rare," Dr. Anand says. "From the prenatal diagnosis to her time in the NICU, all aspects of care were available, coordinated, and synchronized for this baby's speedy recovery."

Happy and healthy, Natalia left the NICU and went home, ready to begin her life in the loving arms of her family.

Tamara believes the family's daily visits to the NICU also helped Natalia to heal.

"I feel our being there helped her fight even harder," she says. "She was smiling in the NICU."

A few months later, Natalia continues to thrive at home.

"She's been cleared by the surgeon, who said she no longer needs follow-up appointments, which is amazing," Tamara says. "She's a happy and healthy kid."

Get a close-up look at Methodist Dallas' labor and delivery unit with our virtual tour.





‘EARLY AGE’ COLON CANCER
A GROWING THREAT

It wasn’t that long ago that colon cancer was a worry reserved for middle age, and a colonoscopy served as a sort of rite of passage

Now, patients in their 30s and 40s with colorectal cancer are increasingly common, says **Muhammad Memon, MD**, gastroenterologist on the medical staff at Methodist Midlothian Medical Center, and there is a host of options for screening tests.

“A colonoscopy is still the gold standard,” he says. “But at-home tests have helped us increase access, and that’s important because younger people are getting colon cancer.”

It’s a trend that worries GI specialists like Dr. Memon. While colorectal cancer rates are way down for seniors — especially after baby boomers began to reject smoking and embrace screening — the rates for adults younger than 50 have more than doubled since the 1990s.

“We call it ‘early age’ colon cancer,” Dr. Memon says, “We don’t know why it’s happening, but there’s a lot of research right now into different lifestyle factors.”

Dr. Memon shares what we do know about colorectal cancer and the screening options available, from a virtual colonoscopy to a tiny camera you could simply swallow in the not-too-distant future.



WARNING SIGNS

When it’s identified early on, colon cancer is one of the most preventable forms of cancer. Unfortunately, it’s also one of the most insidious.

“That’s what makes screening so critical,” Dr. Memon says.

While there are warning signs, very few appear early on. By the time these tell-tale symptoms appear, the disease may have progressed to a less-treatable stage:

- Change in bowel habits, including constipation, diarrhea, or a feeling that the bowel doesn’t empty completely
- Bloody stools, whether bright red, black, or tarry, and stools that are narrower than usual
- Abdominal discomfort, including gas pains, bloating, and cramps
- Unexplained weight loss and a constant feeling of fatigue



What's more, patients who develop colorectal cancer before age 55 are 58% more likely to be diagnosed with late-stage disease, when it becomes far less treatable, according to the American Cancer Association.

That suggests a failure in screening routines, which ultimately led experts to lower the initial screening age to 45 (from 50) for people at average risk.

SCREENING OPTIONS

Despite efforts to raise awareness, including initiatives like Colorectal Cancer Awareness Month in March, screening rates are far below those for other cancers.

"We are way behind in screening for colon cancer," Dr. Memon says. "Where 90% of patients who need breast cancer or prostate cancer screening are getting it, only 55% to 65% of people eligible for a colorectal cancer exam have been screened."

Part of that stems from widespread reluctance to undergo a colonoscopy, one of the more invasive screening procedures. It's the preferred method because it's the only exam that allows a GI doctor to detect, remove, and biopsy the polyps that can become cancerous.

But a colonoscopy is just one of many choices — from virtual colonoscopies in which a CT scan creates a 3D image of the abdomen to stool-based at-home tests — although these options typically require more frequent screenings.

"Tests like Cologuard® and the fecal immunochemical test, or FIT, have really helped us out," Dr. Memon says. But unlike a colonoscopy, which can be a once-a-decade exam, the at-home testing options must be performed once every one to three years.

There have also been recent advances in capsule endoscopy, where a patient swallows a vitamin-sized pill containing a camera on each end. The cameras capture hundreds of images of the small and large intestine as they tumble through the digestive tract, transmitting the photos to a belt the patient wears.

"That's another option that's on the horizon," Dr. Memon says.

RISK FACTORS

Like other forms of cancer, obesity and smoking raise the risk of colorectal cancer, as does heavy drinking and diets high in red meat or fat.

The risk also increases for patients with a handful of underlying conditions:

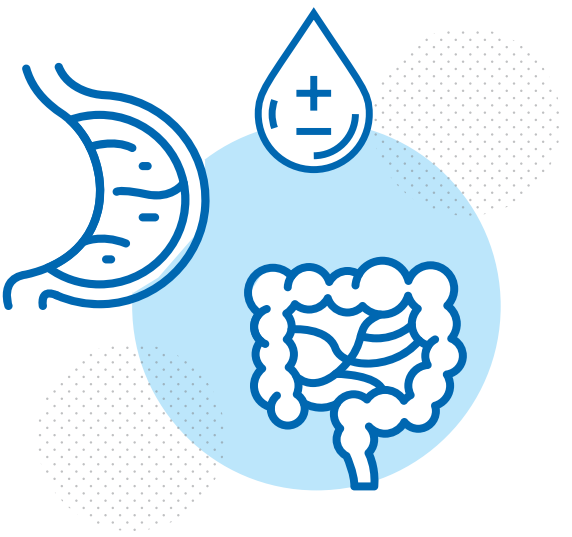
- Type 2 diabetes
- Chronic inflammatory bowel diseases like ulcerative colitis or Crohn's disease
- Inherited diseases like familial adenomatous polyposis or Lynch syndrome

"There are some genetic tests available that can diagnose Lynch syndrome," Dr. Memon says, "but it's a relatively uncommon condition."

Family history and rare syndromes only go so far in explaining the uptick in younger patients, and researchers theorize some as-of-yet unexplained lifestyle risk is the real culprit.

Dr. Memon tells the story of a man in his early 40s seeking help after he experienced rectal bleeding and his bowel habits changed for the worse. He was diagnosed with cancer, with no family history of the disease or obvious risk factors.

"These are the people who surprise doctors," he says. "And we're being surprised more and more often."



Take our free colon health risk assessment and take action to protect yourself.



PANDEMIC WORSENS RISE IN **CHILDHOOD DIABETES**

Even before COVID-19, children's Type 2 diabetes rates were on the rise, but now they are soaring

Children may be less vulnerable to COVID-19, but this pandemic has taken a different toll on them, from school shutdowns and disrupted routines to stress-related illnesses and even Type 2 diabetes.

As COVID-19 spread, the rates of Type 2 diabetes soared among children, two studies found. Hospitalization rates doubled at one children's hospital surveyed by researchers.

"The increase we are seeing across the nation is very concerning," says **Kyle Oholendt, MD**, pediatrician and internal medicine physician on the medical staff at Methodist Dallas Medical Center.

Many pediatricians like Dr. Oholendt attribute the increasing rate of pediatric diabetes to pandemic-related stress and disruptions, along with an overabundance of high-calorie food and drink consumption — and the simple fact that kids aren't getting enough exercise.

"I'm definitely not surprised to see more obesity and Type 2 diabetes," he says.

HOW DIABETES IS DIAGNOSED

If left untreated, Type 2 diabetes can damage the eyes, kidneys, nerves, and heart. It often has no symptoms, at least not until that damage is done.

"The only way to know is to bring your child in for a blood test during wellness visits, especially if they are overweight or obese, or if there is a family history of diabetes," Dr. Oholendt says.

He recommends screening children with weight problems every year by puberty or age 10, whichever comes first.

"This blood testing is important because it also is recommended to screen for fatty liver disease, another complication of being overweight," he says.

RISK FACTORS ON THE RISE

Decades ago, only adults developed Type 2 diabetes, a disease that causes blood glucose levels to rise too high because of the way the body handles insulin. It's different from Type 1, where the pancreas doesn't produce enough insulin.



Even before COVID-19 hit, rates of Type 2 diabetes were rising in young people. The pandemic increased many risk factors for diabetes and obesity, including less access to exercise and healthy foods, far more screen time, and poor sleep habits.

"We're dealing with unprecedented levels of stress, home and school disruptions, in addition to the problems we already had been dealing with as a society," Dr. Oholendt says.

Like so many health problems, certain populations have suffered more than others. People of color and those from low-income households, for example, tend to have with less access to healthcare and nutritious foods. The consequences of COVID-19 hit these families hardest.



HOW TO PROTECT KIDS

Besides taking the most essential step — screening children at high risk for diabetes — Dr. Oholendt advises parents to be more deliberate about eating healthy and getting enough exercise.

"Families more than ever need to be talking about these problems," he says.

Encourage children to exercise, limit screen time, and serve more fruits and vegetables. Resist the urge to make them clean their plates. The key is to prevent Type 2 diabetes in the first place.

"Diabetes cannot be cured," Dr. Oholendt warns. "It can be managed with medication, and some people change their habits enough to be off medication and have diet-controlled diabetes."

But once your child has Type 2 diabetes, they (and you) must learn to live with it.

Are you at risk for diabetes? Take our DiabetesAware risk assessment.

FOR THIS STROKE SURVIVOR,

THINKING 'FAST' WAS A GODSEND

As Susan Rogers went to investigate sirens outside her Arlington home one night in January, she suffered a major stroke — and the next 911 call was for her own emergency

"Instantly I could tell something was very wrong," Susan says. "My face felt strange, my speech was slurred, and I couldn't move the right side of my body."

The 69-year-old knew right away what was happening because her husband has heart disease and she had done her homework. She was well aware they needed to act FAST, referring to the acronym used to help recognize the signs of a stroke.

"I told my husband, Jerry, to call 911 because I was certain it was a stroke," she says.

Susan was immediately taken to Methodist Mansfield Medical Center, an Advanced Primary Stroke Center.

EVERY MINUTE COUNTS

Ketan Trivedi, MD, emergency medicine physician on the medical staff at Methodist Mansfield, was working in the ER when the call came that a suspected stroke patient was en route.

By immediately activating the "code stroke alert," Dr. Trivedi summoned his team so they would be ready to diagnose the problem and treat Susan the minute she arrived.

"Because every minute counts in treating a stroke," Dr. Trivedi says, "patients like Susan are triaged differently and take priority over other non-urgent cases."

Within 25 minutes of arriving, Susan was assessed by the stroke team, had lab work done, and underwent a CT scan to rule out any brain bleeding.

CLOT BUSTER DRUG

Dr. Trivedi then consulted with the on-call neurologist, **Shaharm Khalid, MD**, a board-certified specialist on the medical staff at Methodist Mansfield.

"Our stroke evaluation protocols confirmed that an artery to Susan's brain had become blocked, and she was having what we call a moderately severe ischemic stroke," Dr. Khalid says.

In a flash, the team administered a clot-dissolving medication — known as a tissue plasminogen activator (tPA) — to clear the blockage. Dr. Khalid describes the IV-administered drug as the gold standard in treating such strokes.

Over the next 24 hours, Susan recovered in the hospital's intensive care unit, where the team closely monitored her for any additional strokes.

Recognize the signs of a stroke?

BE FAST

Balance: Sudden loss of balance?

Eyes: Loss of vision or blurred vision in one or both eyes?

Face: Face numb or looks uneven?

Arms: Arms or legs weak or numb?

Speech: Speech slurred? Difficulty speaking? Confused?

Time: Call 911 or contact the nursing staff immediately. Time lost is brain function lost.





'I EDUCATED MYSELF'

Susan continued her recovery for the following six days before being transferred from Methodist Mansfield to a nearby in-patient rehabilitation facility. Two weeks later, she was back home and getting stronger by the day.

Now almost fully recovered, she has put the ordeal behind her and feels fortunate to be a stroke survivor. She's grateful to her healthcare team, to her husband, and even to her own awareness for being able to recognize her symptoms.

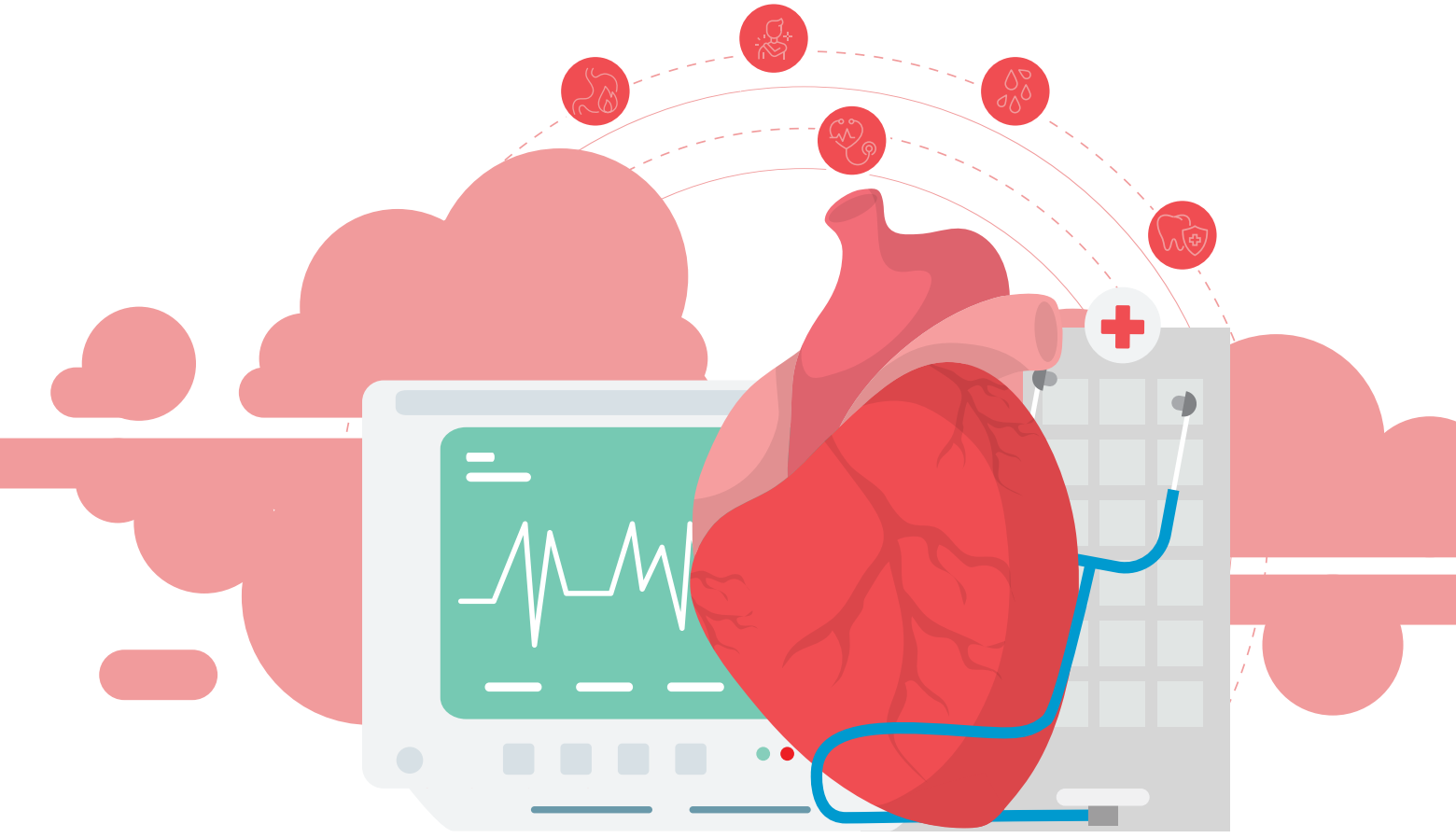
"I educated myself about stroke symptoms and knew that's what was happening to me," Susan says.

Drs. Trivedi and Khalid agree that Susan's awareness and her husband Jerry's quick 911 call were critical, as was the decision to quickly get her to Methodist Mansfield, where all the elements were in place to provide advanced stroke care.

"There is no doubt in my mind that God was watching over me that day," Susan says.

> THERE IS NO DOUBT IN MY MIND THAT **GOD WAS WATCHING OVER ME THAT DAY.**
>
> — SUSAN ROGERS

The key to preventing a stroke is managing your risk factors. Take our stroke health risk assessment.



SURPRISING HEART ATTACK SIGNS, FROM A TOOTHACHE TO SHOULDER PAIN

Other victims may feel nothing at all until the damage is done

Chest pain and shortness of breath may be the most common warning signs of a heart attack, but the symptoms can also mimic heartburn — or even a toothache.

"Chest pain is something we all know about," says **Nhan Nguyen, MD**, interventional cardiologist on the medical staff at Methodist Richardson Medical Center. "But some people, especially women, experience atypical symptoms."

Pain caused by heart attacks actually runs on a spectrum, Dr. Nguyen explains, because the nerves that serve the heart are not nearly as sensitive as those in your fingers, for example. What's more, it's possible to have a heart attack without being aware of it at all, Dr. Nguyen adds.

"It's an issue of your body's ability to perceive pain," he says. "For example, diabetic patients' nerve fibers are sometimes destroyed by disease, so they may not experience that sensation."

Dr. Nguyen discussed some of the lesser-known symptoms that could signal an ailing heart.



TOOTHACHE OR JAW PAIN

Some people report a toothache or jaw pain before their heart attack, Dr. Nguyen says. It's not uncommon for heart issues to manifest as pain elsewhere in the body.

"I attribute this to the nerve endings that supply the heart," Dr. Nguyen says. "They're not well defined like the ones on your fingertips. It's very nebulous."

Because the same bundle of nerves that runs through the heart also runs through other areas of your body, it can be easy to mistake the source of your discomfort, he says.

Acute conditions aside, general oral hygiene and preventing a toothache may be more important than you think, Dr. Nguyen explains. Bacterial infections of the gum or teeth can spread to the heart through the bloodstream and, when left alone, damage the valves.

"If we find the infection, we can treat it, and it usually goes away," Dr. Nguyen says. "But in the worst-case scenario, it could require surgery."



INDIGESTION OR HEARTBURN

If you ask heart attack survivors, many of them will tell you they dismissed their initial symptom as something far less serious: indigestion.

"This is actually the most common thing I see," Dr. Nguyen says. "People think it's just heartburn and nothing else."

Heartburn is caused by indigestion of food. As stomach acid bubbles up into the esophagus, it can cause a burning pain in the chest, easily confused with heart attacks.

"I recommend checking in with your primary care physician because they can perform stress tests and detect any cardiac issues," Dr. Nguyen says.

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



SHOULDER PAIN

In much the same way that pain can radiate and manifest in the jaw, the first sign of heart attack may also show up in your shoulders.

"Self-assessments are difficult, but if you suspect it's a heart attack, definitely seek help," Dr. Nguyen says.



PROFUSE SWEATING

Sweating during exercise or in the scorching Texas heat is normal, but breaking out in a cold sweat when you're resting or feeling cool may be a sign of heart failure.

Although experts don't fully understand the mechanism behind this phenomenon, one study suggests it's triggered by the sympathetic nervous system, which ramps up during heart attacks.



CONSULT A DOCTOR

According to the Centers for Disease Control and Prevention, about 805,000 Americans experience heart attacks each year, and about 20% of the time, it's "silent" or without symptoms.

Talking to your doctor about your risk is the first step in prevention, Dr. Nguyen says. People who smoke, are older, have high blood pressure or cholesterol, live with diabetes, or have a family history of heart problems are more likely to suffer heart attacks.

"Having that conversation with your doctor is so important," Dr. Nguyen says. "And if it does happen to them, we want to make sure they have the best care possible."





5 WAYS TO REV UP YOUR METABOLISM

Cutting calories may be your first impulse when your clothes feel tighter and the number on the scale climbs higher, but don't overlook your body's metabolism — its natural ability to convert food into energy

Fatty foods can affect metabolism, changing the way the body absorbs and processes nutrients, but they're not the sole explanation for why we burn calories more slowly, says **Brian Nguyen, MD**, internal medicine physician on the medical staff at Methodist Dallas Medical Center.

Rather, it could be due to other factors — like changes in body composition, he says. For example, the loss of muscle mass, a common occurrence after 30, can hit the brakes on metabolism.

"If your muscle mass decreases, so does your basal metabolic rate, or BMR," Dr. Nguyen explains. "Your BMR is the number of calories you burn as your body performs basic life-sustaining functions, such as breathing, circulating blood, repairing cells, and sleeping. Therefore, as we get older, some of us gain weight even if we don't change anything about our diet."

The good news is that there are ways to boost your metabolism, he says. Here are five things almost anyone can do:



1. EAT SPICY FOODS.

The fiery kick in certain peppers does more than make you desperate for a cool drink. Chili peppers like jalapeños and cayenne contain a heat-producing chemical called capsaicin that can help elevate your metabolic rate.

"Capsaicin is a thermogenic compound that increases our body's temperature," Dr. Nguyen says. "It raises our oxygen consumption and can help you burn off calories."

Studies show capsaicin also has an appetite-suppressing effect, making it easier to reduce your caloric intake. You can easily sprinkle some red pepper flakes on your food for a flavor kick — and a metabolism boost. Just make sure to keep a glass of ice water close by.



2. STRETCH THOSE MUSCLES.

We all know that stretching before workouts can help reduce the risk of injury, but did you know certain stretches can promote muscle gain? And remember, the greater our muscle mass, the more calories we burn.

"Stretching does more than enhance our flexibility, agility, and focus. It also speeds up our metabolism and boosts energy," Dr. Nguyen says. "If you commit to stretching twice a day, a few minutes at a time, you will start to notice a difference in your body."

3. DRINK GREEN TEA.



The caffeine in green tea can help suppress hunger and improve energy. One study even found that green tea can help diabetic patients with weight loss and blood pressure management.

You can add flavors to make it a soothing and tasty treat — just be careful of adding too much cream or sugar.

4. PICK UP THE PACE.

High-intensity interval training, or HIIT, combines quick strenuous physical activity with less demanding exercises. For example, workouts may involve short periods of sprinting, jogging, and walking.

HIIT workouts help your body reach what's called an "excess post-exercise oxygen consumption state," Dr. Nguyen explains. In this condition, your body will continue to burn calories up to 24 hours after you complete your workout.

But these workouts are not suitable for all fitness levels, so listen to your body and pace yourself, Dr. Nguyen says. Start with smaller steps, such as a 10-minute walk after dinner or a bike ride around the park.

"Always keep in mind that small and manageable physical activities are the best way to sustain your weight loss journey," Dr. Nguyen says.



5. ADD FIBER TO YOUR DIET.

Eating more fruits and veggies will give your body the essential nutrients it needs while also filling you up quicker than empty calories.

"Fruits with low-flesh and high-fiber content, such as oranges, blueberries, and blackberries, can help regulate blood sugar," Dr. Nguyen says.

"Try eating whole fruits rather than juicing them because when they're blended, you lose some of that fiber and mostly retain their sugar."

Dr. Nguyen also recommends packing your plate with dark, leafy greens that are high in iron and magnesium. Vegetables like kale and spinach are known to help support metabolic function.

"Ultimately," Dr. Nguyen says, "if you sense your energy level is flagging or find it difficult to go about your daily activities, it's best to talk to your primary care physician. Discussing your symptoms will help determine if there is a medical issue beyond a slowed metabolism."

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





HOW THE PANDEMIC MADE ALCOHOLIC LIVER DISEASE MORE COMMON

Experts are alarmed by the rise of alcoholic hepatitis — one physician explains the link between the COVID-19 pandemic and this liver disease caused by binge drinking

LIVER DISEASE OFTEN conjures up images of regular heavy drinking over many years, but even a shorter term overindulgence in alcohol can seriously damage the organ, regardless of a patient's age.

Since March 2020, when COVID-19 drove so many people into quarantine, experts have noticed an uptick in cases of alcoholic hepatitis, an inflammation of the liver caused by binge drinking.

This acute liver injury was already on the rise, but physicians have noticed an exponential increase during the pandemic, says **Ashwini Mehta, DO**, transplant hepatologist on the medical staff at Methodist Dallas Medical Center.

"What's also notable is we're seeing a lot of younger patients in their 30s who are coming in with severe alcoholic liver disease," Dr. Mehta says. "It's becoming a bigger problem in the U.S. because a lot of these people are young, and they didn't even know they had any kind of medical problem."

A CONCERNING TREND

While alcoholic hepatitis is most commonly diagnosed in people who are 40 to 50 years old, one liver transplantation study found a jump in alcohol-related liver disease among 18- to 34-year-olds after the pandemic started in spring 2020.

"People may be drinking more since they've been staying at home and dealing with all sorts of stress like figuring out working from home, taking care of family, or losing their jobs," Dr. Mehta says.

According to one report, alcoholic hepatitis typically presents after a patient consumes an average of 80 grams of ethanol (a little less than six standard drinks) each day for more than five years, but excessive drinking can cause liver disease in as little as three months.

Symptoms can mimic those of cirrhosis, Dr. Mehta explains, including jaundice, fatigue, dark urine, pain and fluid retention in the abdomen, poor appetite, nausea, and sometimes fever. These are sure signs that you should head to the emergency room for help.

"We can perform tests to confirm the diagnosis and begin treatment," Dr. Mehta says.

The good news is that alcoholic hepatitis is reversible when caught early.

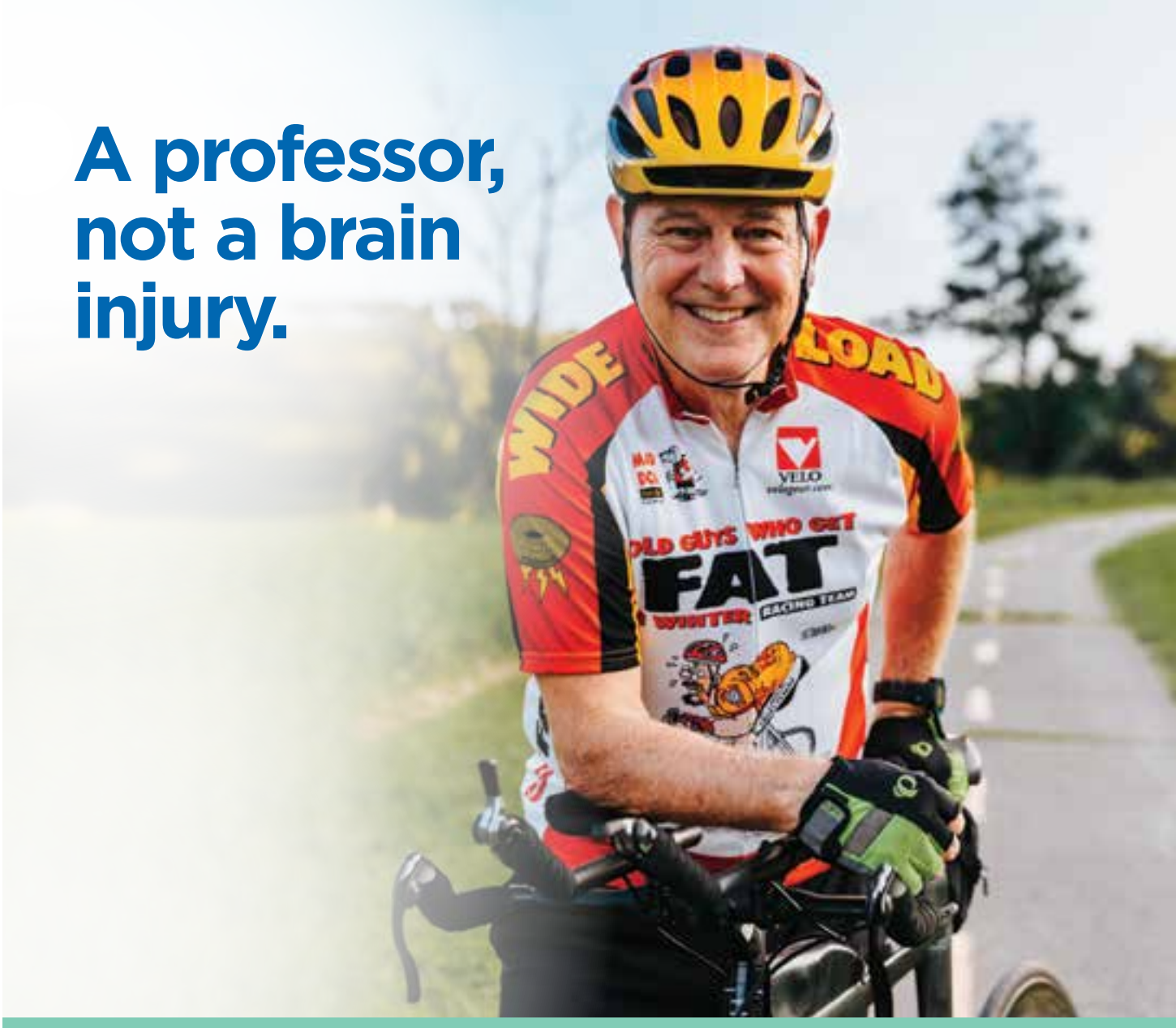
"The biggest factor is nutrition and not drinking anymore," says Dr. Mehta, who explains that malnutrition is a major complication of alcoholic liver disease. "The liver becomes so enlarged and inflamed, people stop eating. We recommend a high protein diet for these patients."

Physicians can also offer medications, such as steroids. In extreme cases, patients must seek out a liver transplant as a last resort.

"At Methodist Dallas, we're one of the few medical centers in the Midwest and southern United States that has a clinical trial for alcoholic hepatitis," says Dr. Mehta, the principal investigator of the trial.

Learn more about the Liver Institute at Methodist Dallas.

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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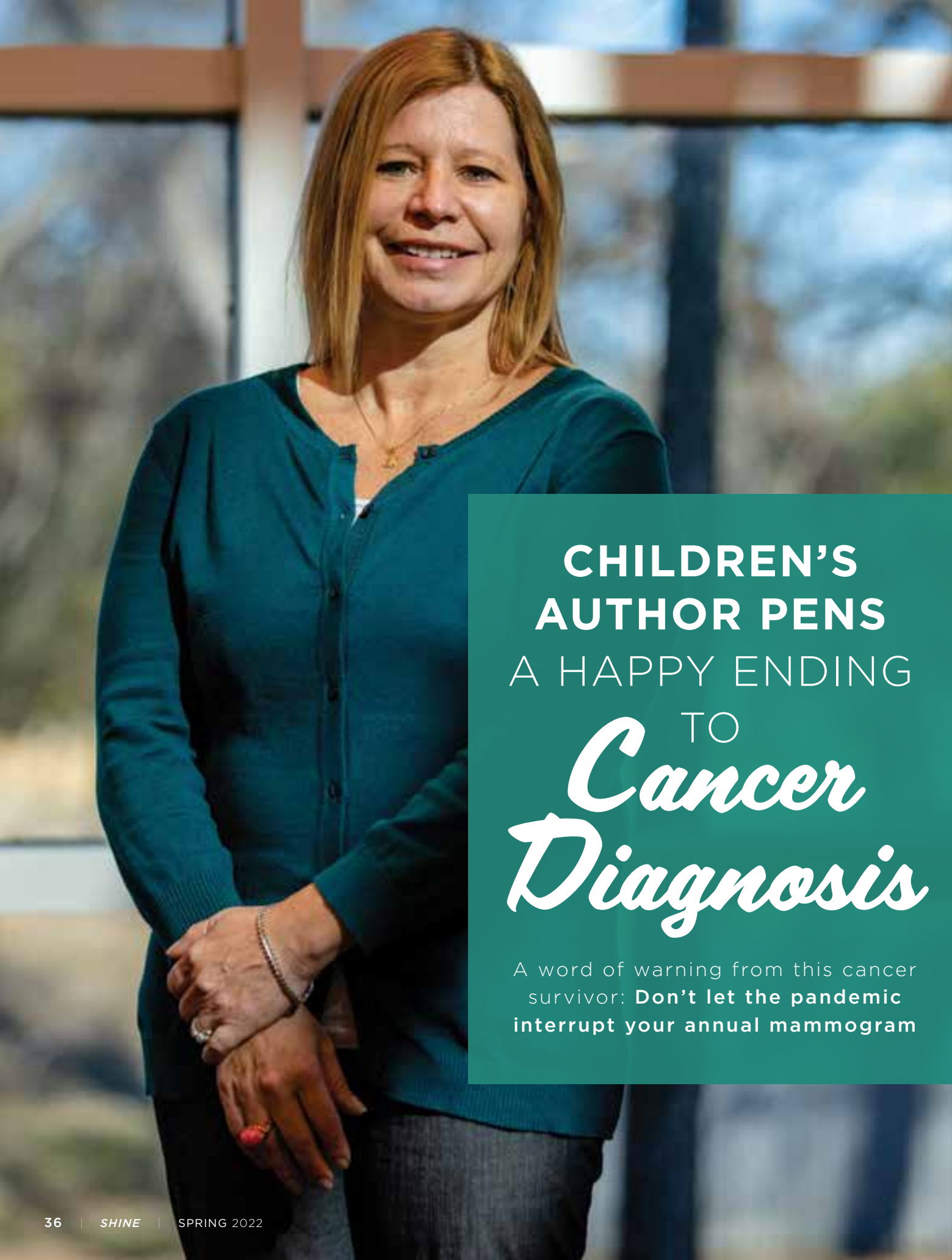

CHILDREN'S AUTHOR PENS A HAPPY ENDING TO *Cancer Diagnosis*

A word of warning from this cancer survivor: **Don't let the pandemic interrupt your annual mammogram**

The COVID-19 pandemic has disrupted countless women's commitment to get an annual mammogram, and Grand Prairie educator Kimberly Soesbee was no exception. Having skipped her screening in 2020, Kim knew she couldn't go another year without the vital exam, especially considering her family history.

That awareness and the care offered by the oncology team at Methodist Dallas Medical Center helped write a happy ending for this children's book author and breast cancer survivor.

"Because of them I am here today," says the 51-year-old mother of three, "still able to spend more time with my family, write more children's books with my son, Cooper, who has autism, and create more memories with loved ones."

If she had waited another year, she's certain her story would be much different.

MOBILE MAMMOGRAPHY UNIT

During last winter's surge in COVID-19 cases, nearly a third of American women age 55 or older missed their mammograms, a significant increase from earlier in the pandemic, according to the Prevent Cancer Foundation. That's created a backlog of patients seeking an exam, and demand sometimes exceeds the capacity to screen them all.

So last spring, Kim was excited to receive an email announcing that Methodist Health System's mobile mammography unit was coming to Grand Prairie ISD. She works for the district as an English language arts facilitator and wanted to take advantage of the opportunity.

"When I called to schedule my appointment, I was disappointed to learn they were completely booked," Kim says. "But the coordinator quickly found another mobile event nearby and offered me an appointment there."

After her screening appointment, Kim got a call she won't ever forget: The results revealed abnormalities that required more detailed imaging.

BIOPSY FINDS CANCER

Kim was scheduled for a diagnostic mammogram with an ultrasound at the Women's Imaging Center at Methodist Dallas. That test prompted a biopsy to determine whether an area of concern was cancer.

The results were devastating: invasive ductal carcinoma in the left breast and lobular carcinoma in the right. She was immediately referred to **Katrina Birdwell, MD**, breast surgeon on the medical staff at Methodist Dallas Medical Center to discuss her treatment options.

Kim says she and her husband felt utterly hopeless before they met with Dr. Birdwell, but their mood changed afterward.

"She sat with us for hours dissecting all the options," Kim says. "That appointment was transformative and renewed our hope that somehow things would work out."

TREATMENT AND SURGERY

Dr. Birdwell would become just one member of a team of specialists devoted to Kim's care.

"Coordinating comprehensive, multidisciplinary treatment strategies is one of the things we do best at Methodist," Dr. Birdwell says. "Kim's treatment is a shining example of this coordination."

In October, Dr. Birdwell performed a double mastectomy while another surgeon simultaneously began reconstructing Kim's breasts using her own tissue rather than implants, an operation that lasted nearly eight hours.

"This DIEP flap approach requires a longer surgery, hospital stay, and recovery, but it has wonderful long-term outcomes," says **Ameen Habash, MD**, section chief of plastic surgery at Methodist Dallas. "Kim is very happy with her results, and I am so pleased that I was able to collaborate with Dr. Birdwell to create this outcome for Kim."

CANCER FREE

Two days after her surgery, Kim was officially declared cancer-free when her lymph node report came back clear.

Now back at work, Kim says her road to recovery was slow and steady with no complications, just the way she prayed it would be. These days she cherishes her family, especially her three children, and feels grateful for every extra moment they have together.

"I felt like my doctors were all on the same team working towards the same goal and treating me as a whole person, not just another breast cancer patient," she says.

One in eight women will get breast cancer. Do you know your risk factors? Learn more.



QUICK RECOVERY PAR FOR THE COURSE WITH **ROBOTIC SURGERY**

This avid golfer returned to the links in a flash after an old hernia made an unwelcome return

Last year, Tom Barrett felt an all-too-familiar burning pain in his lower abdomen, and the tell-tale bump above his thigh only confirmed his fears: his hernia had returned.

"Inguinal hernias occur when abdominal muscles weaken and allow soft tissue, such as the intestine, to break through," says **Ivan Cruz Jr., MD**, general surgeon on the medical staff at Methodist Midlothian Medical Center. This protrusion can be very painful.

This isn't the first time Tom has experienced a hernia. Two decades ago, the U.S. Army Reserve veteran lived with a hernia for years, toughing it out before finally having surgery to repair it. This time, the 76-year-old wasn't waiting.

When Tom saw Dr. Cruz in December, he listened to the surgeon explain how the problem could be corrected through three small incisions in Tom's upper abdomen by using the robotic-assisted da Vinci Surgical System™.

"I had more than a little apprehension about that," the Midlothian resident says of his misgivings about robotic surgery.

But his worries vanished after talking to a pre-op nurse and visiting a friend who had undergone his own procedure with the robotic-assisted surgical system. And by the time Tom returned home after surgery, those fears were a distant memory.

"From the beginning to the end, it was absolutely great," he says.

A HIGH-TECH SOLUTION

The da Vinci robot gave Dr. Cruz several advantages when repairing Tom's hernia. Its enhanced 3D imaging and micro-precision instruments allow for better visualization and a greater range of motion during the operation.

It's also more minimally invasive, which translates to reduced pain and shorter recovery times for the patient, Dr. Cruz adds.

The day of Tom's surgery, Dr. Cruz encountered a surprising discovery. It wasn't that Tom had developed a new hernia. Rather, the mesh covering used to treat his decades-old injury had slipped, once again exposing the opening in his abdominal muscles.

Usually, this would present a major challenge because sections of the mesh material were attached to blood vessels, and the patch would have to be removed without damaging the delicate vascular system.

But the da Vinci Surgical System allowed Dr. Cruz to work with great precision, helping him pull the tissues back into place and cover the hole with a gauze of lightweight synthetic polymer that's made to last.

"I was very thankful I had access to the robot because it was safer for me to get that mesh out, which I had to do to get the new mesh in," Dr. Cruz says.

NEW TO THE HOSPITAL, NOT TO THE TEAM

The da Vinci Surgical System made its debut last fall at Methodist Midlothian, but Dr. Cruz and his team are well-versed in its advantages, having performed many robotic surgeries at Methodist Mansfield.

Tom agrees that the process, including the recovery, couldn't have gone smoother.

Now back home, the self-professed golf lover is spending his days at the Walnut Creek Country Club in Mansfield, hitting the greens with friends and fellow athletes. He credits the care he received at Methodist Midlothian for getting him back on the green.

"Everybody was very professional," he says. "The staff was very concerned with the utmost detail in patient care. Everything was explained to me, and they made themselves available for questions. It's just a great group."

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





A RECOVERY *in full bloom* AFTER STROKE

Months after Cyndia Moore suffered a stroke, the Sachse grandmother is back in the classroom working as a substitute teacher

Cyndia has come a long way since November 2021, when the 70-year-old was rushed to Methodist Richardson Medical Center with a blood clot in her brain that "could have easily been a life-ending condition," says **Bartley Mitchell, MD, PhD, FAANS**, neurosurgeon on the hospital's medical staff.

"I remember going to Methodist Richardson for a follow-up, and I heard Dr. Mitchell say, 'I don't see anything wrong with you,'" Cyndia recalls, "and I told him, 'That's because you guys fixed it!'"

Today, she has returned to the classroom as a substitute teacher, and her daughter, Julie Lawson, insists you would never guess she had suffered a stroke.

"Each day, she just gets progressively better and better," Julie says.

That outcome was hardly assured last fall, when Cyndia's family feared the worst. That's because she had hip surgery a few days earlier and was already in a fragile state.

A MASSIVE STROKE

Cyndia, who has a history of blood clots, had been taken off her normal regimen of blood-thinning medications for her hip replacement — a delicate but necessary balancing act doctors must take to prevent major bleeding during surgery.

She had been home for only two days after surgery when the worst-case scenario unfolded. Cyndia was walking from the bathroom when her arm was seized by a sudden tremor. Thankfully, her family and friends were there keeping an eye on her.

"We were all taking turns checking on her," Julie explains. "Her friend Janna and I were talking in the living room when all of a sudden we heard a grunt from my mom's room."

The pair ran to find Cyndia struggling to steady herself, and it became clear she was suffering a stroke. Her granddaughter Laci dialed 911, and first responders rushed her to Methodist Richardson.

Dr. Mitchell ordered a brain scan, which confirmed there was a clot in Cyndia's middle cerebral artery (MCA). She had the typical symptoms: muscle weakness or paralysis on one side of her body, facial drooping, difficulty speaking, and vision changes.

"The MCA supplies large areas of the brain, and having a stroke in one of these regions can be devastating or even deadly," Dr. Mitchell explains.

EVERY MINUTE MATTERS

The medical team knew they had to remove the blockage immediately. Each minute it remained was a minute Cyndia's brain was starved of oxygen, which can cause severe complications.

To restore blood flow, Dr. Mitchell inserted a series of slender catheters through an artery in Cyndia's leg and delicately threaded the instrument to her brain to retrieve the clot.

"Because of the fast actions of our staff, we were able to get her treated right away, and that probably saved her life," Dr. Mitchell says.

While the surgery went well, Cyndia's family and medical team were wary of lasting side effects. But Cyndia quickly dispelled those worries. She woke up the next day and gradually began to regain her strength.

BACK HOME AND WORKING

Home from the hospital and focusing on rehabilitation, Cyndia has come a long way since that terrifying November day.

"The staff was absolutely phenomenal," says Julie, who, along with her sister Jennifer, has been by her mother's side the entire time. "Honestly, everyone was so great and really trying to do the best that they could for her."

Cyndia says she's already back in the classroom, working as a substitute teacher, a passion she won't take for granted again anytime soon.

"I was able to go back to the classroom," she says, "and that felt really good."

Dr. Mitchell is equally pleased with Cyndia's progress.

"This was a huge team effort, and Ms. Moore is a great example of the kind of work we are doing at Methodist Richardson," he says. "I am so pleased for her and her family."

Learn more about the many neurological services offered at Methodist Richardson.

> **THIS WAS A HUGE TEAM EFFORT,** AND MRS. MOORE IS A GREAT EXAMPLE OF THE KIND OF WORK WE ARE DOING AT METHODIST RICHARDSON. **I AM SO PLEASED FOR HER AND HER FAMILY.**
>
> — DR. MITCHELL



Traveling 82-YEAR-OLD waves goodbye to cancer again

Diagnosed with uterine cancer, Mary Nash turned to the same team who treated her breast cancer a year before

Mary Nash is making a habit of beating the odds after being diagnosed with cancer twice in her 80s.

"In 2020, I was diagnosed and treated for breast cancer at Methodist Charlton Medical Center," she says, "so I knew I was in good hands for another battle with cancer."

Last fall, Mary was diagnosed with uterine cancer after visiting her doctor of more than 50 years: **Frank Dean, MD**, OB-GYN on the medical staff at Methodist Charlton.

"I've relied on Methodist for more than half my life," Mary says, "and twice for cancer."

COMMITMENT TO CANCER CARE

This spring, the Cancer Center at Methodist Charlton Medical Center celebrated its first anniversary serving patients as the only cancer center in southern Dallas County.

The state-of-the-art unit features 12 patient rooms and a team of board-certified cancer specialists and oncology nurses who can serve more than 700 patients each year. With cancer rates alarmingly high in Methodist Charlton's service area, the new unit has been busy.

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

In addition to the cancer center, Methodist Charlton is also expanding its emergency department, a $71 million project that will debut later this year.

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

At 82, Mary doesn't believe her age should slow her down, and letting cancer derail her active lifestyle of travel and golf was never an option.

"I believe it's important to keep alive your sense of wonder and adventure," says Mary, showing the spirit that's made her a survivor twice over. "Every day, I wake up and get ready for life."

Last year, however, Mary's lust for life was put to the test — again.

BIOPSY REVEALS CANCER

Mary paid a visit to her primary care physician, worried her period had returned decades into menopause. That doctor suggested she see her longtime OB-GYN.

Dr. Dean ran blood work and performed a sonogram. The tests indicated an enlarged uterus, so Dr. Dean ordered a biopsy.

The biopsy revealed that Mary had stage 1 endometrial adenocarcinoma, the most common type of uterine cancer. Dr. Dean immediately referred Mary to **Brandon Roane, MD**, gynecologic oncologist on the medical staff at Methodist Charlton.











WHEN AGE IS A CONCERN

Dr. Roane explained to Mary and her family that uterine cancer typically occurs in women over 55 and that the most common symptom is post-menopausal vaginal bleeding.

Uterine cancer is most often treated with a hysterectomy, a surgery to remove the uterus, followed by chemotherapy and radiation if needed. While Mary's age was a concern, her good health and a high-tech tool available at Methodist made surgery a viable option.

"Typically, I would not operate on a woman of Mary's advanced age," Dr. Roane says, "but her excellent overall health and level of independent living were compelling enough to consider robotic-assisted surgery."

HOW THE ROBOT HELPS

Surgeons performing a hysterectomy have a few options: vaginal, abdominal, and robotic. Vaginal hysterectomies involve surgically removing the uterus through the vagina.

When the vaginal approach is not feasible, whether because of the size or shape of the uterus or previous abdominal surgeries, the uterus is removed through an incision in the lower abdomen.

The abdominal method can be performed laparoscopically, using a thin tube with a camera on the end. It can also be performed with robotic assistance, the approach Dr. Roane hoped Mary would consider.

"I've never had a major surgery, so I never expected that my first time would be one that involved a robot," Mary says. "After Dr. Roane thoroughly explained how it worked, I was convinced it was the best option for me."

> **I'VE RELIED ON METHODIST** FOR MORE THAN HALF MY LIFE, AND TWICE FOR CANCER.
>
> — MARY NASH

HOME THE NEXT DAY

The surgical team — led by Dr. Roane, who was assisted by Dr. Dean — performed Mary's robotic-assisted hysterectomy using the da Vinci Surgical System.

"This minimally invasive surgical approach not only provided Mary with a more efficient surgery and easy recovery," Dr. Roane says, "but it also ensures that I can inspect and evaluate the surgery site more completely."

Mary went home the next day and could hardly tell she had just had surgery.

"I am so very grateful for their doctors and advanced tools they make available to patients," Mary says. "I'm alive because of it."

Learn about more high-tech treatments by searching "technology" at ShineOnlineHealth.com.

COMMUNITY HIGHLIGHTS

METHODIST DALLAS MEDICAL CENTER



HELPING FORMER NFL PLAYERS STAY ON TOP OF THEIR GAME

Methodist Dallas staff performed cardiac screening for over 50 retired NFL players, including Dallas Cowboys legend Ed "Too Tall" Jones. "Today, the average NFL player will play for two to three years," says **Shaun Garff, DO**, sports medicine physician on the medical staff at Methodist Dallas. "This is very much an underserved population, from a healthcare standpoint."



METHODIST RALLIES TO SUPPORT UKRAINIAN WAR REFUGEES

This spring, the Laboratory Services team at Methodist Dallas donated more than $500 to support a group of New York City doctors and volunteers who are providing medical aid to Ukrainian refugees in Poland.

"Every little donation counts, and we are committed to helping those in need," says **John Strathearn**, Director of Laboratory Services at Methodist Dallas.





METHODIST RICHARDSON MEDICAL CENTER

TRAINING STUDENT LEADERS TO PREPARE FOR EMERGENCIES

Trauma nurses from Methodist Richardson and other campuses visited Wylie High School in the spring to teach student athletic trainers how to STOP THE BLEED®, a campaign created by the American College of Surgeons. The training includes hands-on practice to demonstrate the best way to prevent a trauma victim from bleeding to death.

WILDFLOWER! ARTS AND MUSIC FESTIVAL RETURNS

After a two-year hiatus, Richardson's favorite celebration, the Wildflower! Arts and Music Festival, triumphantly returned to Galatyn Park in May. The three-day event typically attracts about 70,000 visitors. This year, Methodist Richardson once again sponsored the main stage.

METHODIST MANSFIELD MEDICAL CENTER

OUTREACH EFFORTS HELP KEEP STUDENT ATHLETES SAFE

Methodist Mansfield partnered with Mansfield and Grand Prairie ISDs to offer sports physicals and echocardiograms to the districts' student athletes. With help from dozens of volunteers, they performed more than 200 echocardiograms and over 450 sports physicals to protect young athletes.



RECOGNIZING LOCAL SIXTH GRADER AS A HEALTH HERO

Methodist Mansfield presented the Community Health Hero Award to 11-year-old Orion Jean, a student at Alma Martinez Intermediate School, for his work in improving the lives of others.

Time magazine's Kid of the Year, Orion created a national campaign, "A Race to Kindness," to collect and donate more than 500,000 books and 100,000 meals for children in need



METHODIST MIDLOTHIAN MEDICAL CENTER

LEADERS GET A LESSON IN ROBOTIC SURGERY

Earlier this year, Methodist Midlothian showcased the medical center's new da Vinci Surgical System to Leadership Midlothian. Participants got an up-close look at the city's only hospital and learned about the innovative tools available there.



INSPIRING A NEW GENERATION OF HEALTHCARE WORKERS

Midlothian High School students toured Methodist Midlothian in May and learned about the hospital's advanced medical technology.

"Methodist Midlothian is always excited to play a part in training the next generation of healthcare leaders," says **Jary Ganske**, President of Methodist Midlothian.







METHODIST SOUTHLAKE MEDICAL CENTER

STAFF CHANNELS THEIR INNER ARTISTS

In April, Methodist Southlake employees volunteered at Art in the Square, Southlake's annual weekend-long art festival. Team members got a chance to engage with the community and promote the upcoming expansion of the emergency department.

ORGANIZING A BLOOD DRIVE WITH EXTRA MEANING

Methodist Southlake employees organized a community blood drive earlier this year after supplies were depleted to help staff nurse **Shelby Barbul, BSN, RN**, who had life-threatening complications during baby Caroline's birth.

"I'm here by the grace of God," says Barbul. "Blood donation is more important than I ever comprehended."

METHODIST CHARLTON MEDICAL CENTER

ONCOLOGY UNIT CELEBRATES ONE YEAR, WINS AWARD

The Cancer Center at Methodist Charlton has served more than 800 patients to date, and it is currently ranked in the 82nd percentile for patient experience. The state-of-the-art design of the unit is so impressive that the Associated General Contractors of America recognized it with a Build America Award.

"The care this team provides is phenomenal and makes a difference to our patients," says Oncology Director **Amber Long, MBA, RN, FACHE, OCN, CPHQ**.

BREAST CENTER GETS FUNDING BOOST IN FIGHT AGAINST CANCER

Mammogram Poster Girls Inc. presented a generous $30,000 grant to Methodist Charlton's Women's Imaging Center in April. Founded by Sheri Mathis in 2018, the local nonprofit has helped fund more than 900 mammograms for uninsured or underinsured Methodist patients.







THE BEST DIET TO KEEP YOUR MIND RIGHT

Eating right can reverse diabetes, relieve pain, and improve heart health, but what about keeping our brains healthy as we get older?

THE MIND DIET combines two healthy-eating plans: the plant-based Mediterranean diet and DASH, a "dietary approach to stop hypertension." Together they emphasize foods that have been shown to ward off Alzheimer's disease, dementia, and other forms of cognitive decline.

"Both the DASH diet and the Mediterranean diet are supported by research as positively impacting brain health," says **Julie Langeberg, MS, RDN, LD**, registered and licensed dietitian at Methodist Southlake Medical Center. "Those diets have also been linked to reducing the risks for hypertension, stroke, and heart attacks."

What causes cognitive decline as we age remains unclear, but research suggests underlying conditions like heart disease and high blood pressure raise the risk of developing dementia. In other words, what's good for the heart is also good for the head.

And because our brains use 20% of the calories we consume, eating healthy can give a boost to memory, focus, and mood. In fact, adhering to the MIND or Mediterranean diet could lower the risk of cognitive decline by 30% to 35%, according to a 2017 study published in the *Journal of the American Geriatrics Society*.

To get started with the MIND Diet, here are some foods to prioritize — as well as some to avoid.

GOOD BRAIN FOOD

Leafy vegetables

Eating your vegetables has always been good advice, but green, leafy vegetables — the darker, the better — are especially good for your brain, and this diet orders up at least one serving a day. "These veggies contain nutrients that studies show are helpful towards maintaining memory and learning abilities," Langeberg says.

Berries and nuts

The MIND Diet prescribes at least two servings of berries per week and five servings of nuts. "The high number of flavonoids inside of berries are linked to slowing down the aging process in the brain," says Langeberg, who adds that "almonds boost memory, macadamias help keep our brain function at its best, and pistachios help prevent inflammation."

Olive oil

Another staple of the Mediterranean diet, olive oil also contains brain-boosting omega-3 fatty acids. This diet suggests consuming two tablespoons a day, and research backs up this key ingredient to healthy cooking.

Whole grains

Unlike diets more concerned with weight loss, there's room for three servings of whole grains per day, so you'll get all the fiber and B vitamins your brain needs. "These complex carbohydrates are especially helpful for preserving your memory and reducing inflammation in your brain," Langeberg says.

FOODS TO AVOID

Now for some bad news for dairy and meat lovers: The MIND Diet discourages any food with saturated and trans fats, which have been linked to many diseases, including Alzheimer's.

That means cutting back on cheese to just two ounces per week, and limiting dairy to low- or no-fat varieties. Red meat is also restricted, though not as drastically. Beef, pork, and lamb should be limited to three servings or less per week under the MIND Diet.

Instead of red meat, try poultry like turkey or chicken — though forget about fried chicken — or fish like salmon, which is packed with omega-3 fatty acids, the fat that's good for your brain.

PORTION CONTROL

This diet focuses on moderation. It might be a challenging adjustment at first, but if you put your MIND to it, you can accomplish anything.

"The great thing about the MIND Diet is you aren't focusing on counting calories, and you don't have to follow it to the T to improve your brain's health," Langeberg says.

Let our dietitians help you sort the wheat from the chaff at ShineOnlineHealth.com.



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