SPINE



FACING A DIAGNOSIS **WITH FAITH**

ESSENTIAL FACTS **ABOUT COLORECTAL CANCER**

Protect Yourself FROM CERVICAL CANCER

Methodist CHARLTON MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | **FALL 2022**

SHINE

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Methodist HEALTH SYSTEM
Where life shines bright. SM

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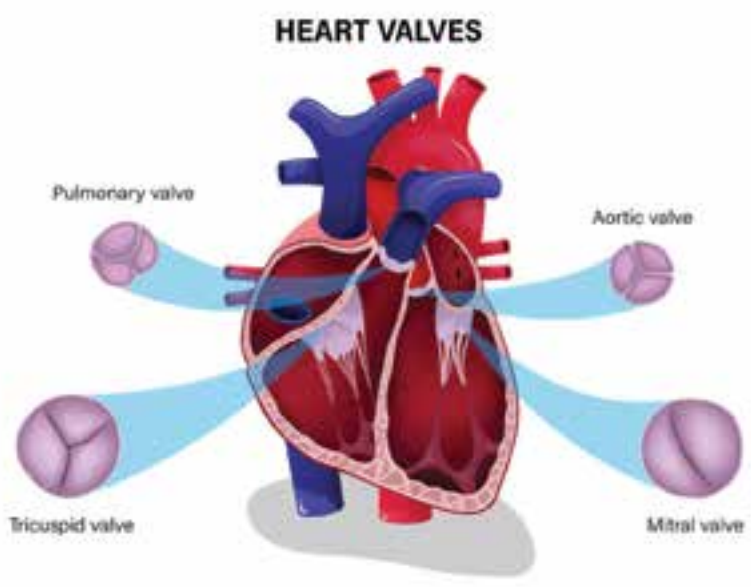
Find more stories at
ShineOnlineHealth.com



DOCTOR-TURNED-PATIENT

WON'T IGNORE WARNING SIGNS AGAIN

Even doctors need doctors from time to time, as this physically fit physician learned when a torn heart valve threatened her life



In February, Jo Bishop, DO, was hard at work as a traveling physician when she was forced into a rare role as a patient.

Jo was busy doing paperwork at her Euless home when she felt a sharp pain in her chest that radiated to her back. At first, she shrugged it off as anxiety because she has no medical history of heart trouble. An avid hiker, she had walked four miles a day earlier that day.

"Being a doctor, I ignored it," the 60-year-old says, the irony of her predicament evident.

But the pain soon grew excruciating. Jo began to have trouble breathing and coughed up blood. After days without progress at another local hospital, she would eventually get the help she needed at Methodist Dallas Medical Center.

"I was never really a patient myself," says Jo, who has worked for decades as a traveling doctor filling in wherever and whenever she's needed. "Now, I fully understand what my patients have been telling me for the last 30 years."

TORN HEART VALVE

When Jo arrived at Methodist Dallas, she was examined by **Manavjot S. Sidhu, MD**, medical director of cardiology at Methodist Dallas.

Dr. Sidhu heard a gushing sound in Jo's chest and suspected that a valve in her heart had spontaneously ruptured. The rupture was caused by acute mitral regurgitation, an extremely rare condition for otherwise healthy patients like Jo. That faulty valve prevented her heart from pumping enough blood to vital organs.

Within minutes, staff from different units at Methodist Dallas jumped into action. It's a team-driven approach that Dr. Sidhu credits for saving lives every day.

OPEN-HEART SURGERY

First, the staff rushed in to intubate Jo and put her on a ventilator so Dr. Sidhu could confirm his initial diagnosis with a transesophageal echocardiogram. He guided a slim ultrasound tube down Jo's throat to verify that a flap in one of her four heart valves was torn.

"Her blood was regurgitating backward into her lungs," Dr. Sidhu says. "She was in heart failure."

Jo would need open-heart surgery to repair her torn heart valve. Her doctor for that emergency procedure would be **John Jay, MD**, cardiothoracic surgeon on the medical staff at Methodist Dallas.

At first, Dr. Jay believed he would need to replace the valve, one of four flaps known as mitral leaflets. These leaflets open with each heartbeat to let blood into the heart, then seal tightly to prevent it from flowing backward. Instead, he was able to repair the 5-millimeter tear.

'ENJOY EVERY DAY'

A day after her surgery, Jo looked — and felt — much better. Her quick recovery was a testament to her fitness level and to the ICU team, whose kindness and professionalism she applauded.

Several weeks later, Jo was returning to the hiking trails, walking more and more each day. She even went on a relaxing trip to the beaches of Galveston with her partner.

Jo says the entire experience has given her a profound new perspective on the relationship between patient and healthcare provider. She even created an emotional connection with a staff member whose advice plays on repeat in her mind:

"Don't take anything for granted," she recalls the life lesson. "Enjoy every day. Enjoy life."

Heart disease comes in many forms. Know whether you're at risk by taking our heart health risk assessment.





PHARMACIST BATTLES CANCER WITH THE RIGHT PRESCRIPTION

Diagnosed with a rare and aggressive cancer, this grandmother beat the odds after a complex procedure at Methodist Richardson Medical Center

Janet Beard was looking forward to spending Thanksgiving with her family when a cancer diagnosis canceled her plans.

The retired pharmacist from Wichita Falls says she first became worried when her son noticed something was wrong. He could see it in her eyes: an unnatural yellow tint.

Over the next few days, the jaundice got worse and spread throughout her body. Janet's symptoms brought her to Methodist Richardson Medical Center.

"The workup revealed that Janet had a mass in the head of her pancreas," says **Rohan Jeyarajah, MD, FACS**, the hospital's medical director of gastro-intestinal surgical services. "90% of the time that turns out to be cancer."



NO 'BETTER PLACE'

In Janet's case, it was a rare type of bile duct carcinoma known as distal cholangiocarcinoma.

"It explained why Janet came in with such profound jaundice because it was obstructing her bile duct," Dr. Jeyarajah explains.

Janet and her husband, Rick, were told she needed emergency surgery. The couple was shocked, but Janet says it turned out to be a blessing.

"We could have been at home, eating turkey and doing the traditional thing, and had that terrible disease in me and not know it," she says.

Janet was immediately scheduled for surgery the very next day.

"We couldn't have been in a better place, as far as the hospital goes," Rick adds. "Everybody there has been just super."

COMPLEX SURGERY

Janet underwent a Whipple procedure, an especially complicated surgery also known as a pancreaticoduodenectomy. Parts of Janet's pancreas and small intestine were removed, along with her bile duct and gallbladder.

That procedure represented the culmination of a medical team working quickly and in concert.

"There's a lot of behind-the-scenes work done by other staff members — cardiologists, nurses, and more — to try to get our patients ready for surgery," Dr. Jeyarajah explains. "Because our hospital system is so great, it can be done within 24 hours."

Janet spent two weeks recovering at Methodist Richardson. She says it was impressive how the hospital's staff took care of her.

"For the first three or four days, there was not one person who left our room without asking if they could pray for us," she says, "whether it was the physician or the janitorial staff."



Janet and her husband, Rick, with their children and grandchildren.

'WE'RE PRETTY STOKED'

By the time Christmas arrived, Janet was feeling much better. But her fight against cancer wasn't done. Janet still faced six months of chemotherapy, followed by two months of radiation treatment.

"Janet is such a positive patient and that makes a world of difference," Dr. Jeyarajah says of her recuperation. "She did everything that we asked of her and more."

Two years after her initial diagnosis, the doctor told Janet and her family that she's in remission but will be monitored closely.

"We're pretty stoked about that," Janet says. "This team has just been amazing, and we can't thank them enough."

Find more uplifting stories from patients whose cancer care worked wonders on Shine Online.



HOW LOSING EVEN A LITTLE WEIGHT CAN RELIEVE JOINT PAIN

Being overweight contributes to arthritis by adding pressure on the joints and causing widespread inflammation

NEW PROGRAM PROMOTES COLLABORATIVE WEIGHT LOSS

Shedding pounds through diet and exercise is priority number one at Methodist Mansfield's new weight-loss and wellness center, which opened May 4.

The program, led by **Nancy Georgekutty, MD**, family and obesity medicine specialist on the medical staff, offers patients a nonsurgical option to manage their weight.

"Our goal is to provide innovative and compassionate adult weight management and bariatric care," Dr. Georgekutty says. "Through collaboration, education, and medical therapies, we partner with patients to develop a plan that empowers them to take ownership of their wellness journey."

Achy joints add up as we age, along with the pounds we accumulate over time. It turns out those extra pounds and joint pain conditions like arthritis may be connected.

"From a physics perspective, weight and joints are related," says **Edward Mairura, MD, FAAOS**, orthopedic surgeon on the medical staff at Methodist Mansfield Medical Center. "More weight across a joint causes more wear and tear over time."

Osteoarthritis occurs when repetitive motion damages tendons, ligaments, and the cartilage that connects and pads the ends of our bones. When there's extra weight on those joints, that damage is compounded.

Joints in the lower body carry the biggest burden — the hips, knees, and ankles, in particular. The strain isn't equal to your body weight, but actually gets multiplied by gravity.

For example, an extra pound adds four pounds of pressure when you're climbing a hill or stairs or kneeling to tie your shoes. On the flip side, that means losing 10 pounds has a compound effect on your aching joints, lightening the load by 40 pounds.

"Studies show that weight loss leads to improvements in back, hip, and knee pain," Dr. Mairura says. "Losing a pound can lead to as much as a fourfold reduction in the load across the knee."

TWO CAUSES

Being overweight or obese contributes to arthritis in two ways. Dr. Mairura says.

First, weight gain puts more stress on the joints in our lower extremities.

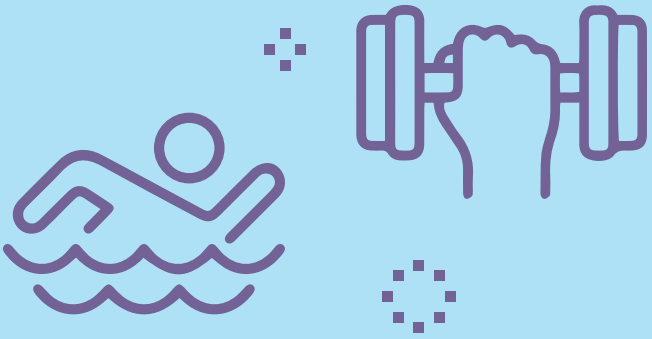
Second, gaining weight can cause inflammation that spreads to other parts of the body, including the hands.

Weight gain causes inflammation throughout the body because fat is chemically active, constantly releasing proteins that inflame other tissue. In fact, studies show osteoarthritis is twice as common among obese patients.

So if you're overweight, it's a double whammy. The extra pounds put extra pressure on knees and hip joints, while the fat causes a chemical reaction that inflames those joints and others. This inflammation causes arthritis to accelerate.

Injuries and other factors are also part of the equation, but weight is a risk factor we can control, Dr. Mairura says.

"There are genetic associations and traumatic events that damage cartilage, and sometimes it's a combination of both," he says. "Weight serves as one of the modifiable risk factors."



YOUNG PATIENTS

Another myth about arthritis is that older adults are the only people who need to worry about it.

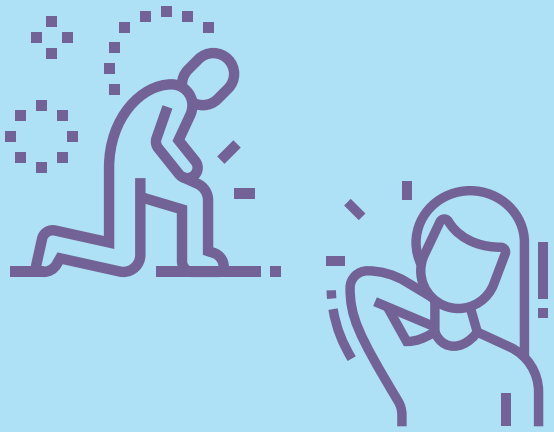
But if you're overweight in your 20s or 30s, you may be carrying those extra pounds for decades to come. This causes more wear and tear on your joints and raises the risk of arthritis later in life.

Nearly a quarter of overweight adults report doctor-diagnosed arthritis, according to the Centers for Disease Control and Prevention, and that number rises to almost a third in obese patients. It seems clear that America's obesity epidemic is having an impact on arthritis rates.

Because arthritis is a degenerative disease, the cartilage you wear out in your youth is unlikely to grow back. That's why the sooner you lose that weight and relieve the added strain on your joints, the better.

"Losing even a small amount of weight can have a big effect on joint pain," Dr. Mairura says.

Take our free joint health risk assessment to learn more about your risk, and to take action to prevent future complications.



STAY ACTIVE

In addition to eating healthy, exercise is the best bet for losing extra weight. Research by the Arthritis Foundation suggests that losing 10% of your body weight can cut arthritis pain in half.

"I have several patients who have delayed surgery as a result of weight loss because their joints hurt less," Dr. Mairura says.

Many overweight patients with painful joints avoid activity at all costs because exercise just adds to their misery. But resting that aching joint isn't the answer. Rather, physical activity may be the best arthritis pain reliever that doesn't come in a bottle.

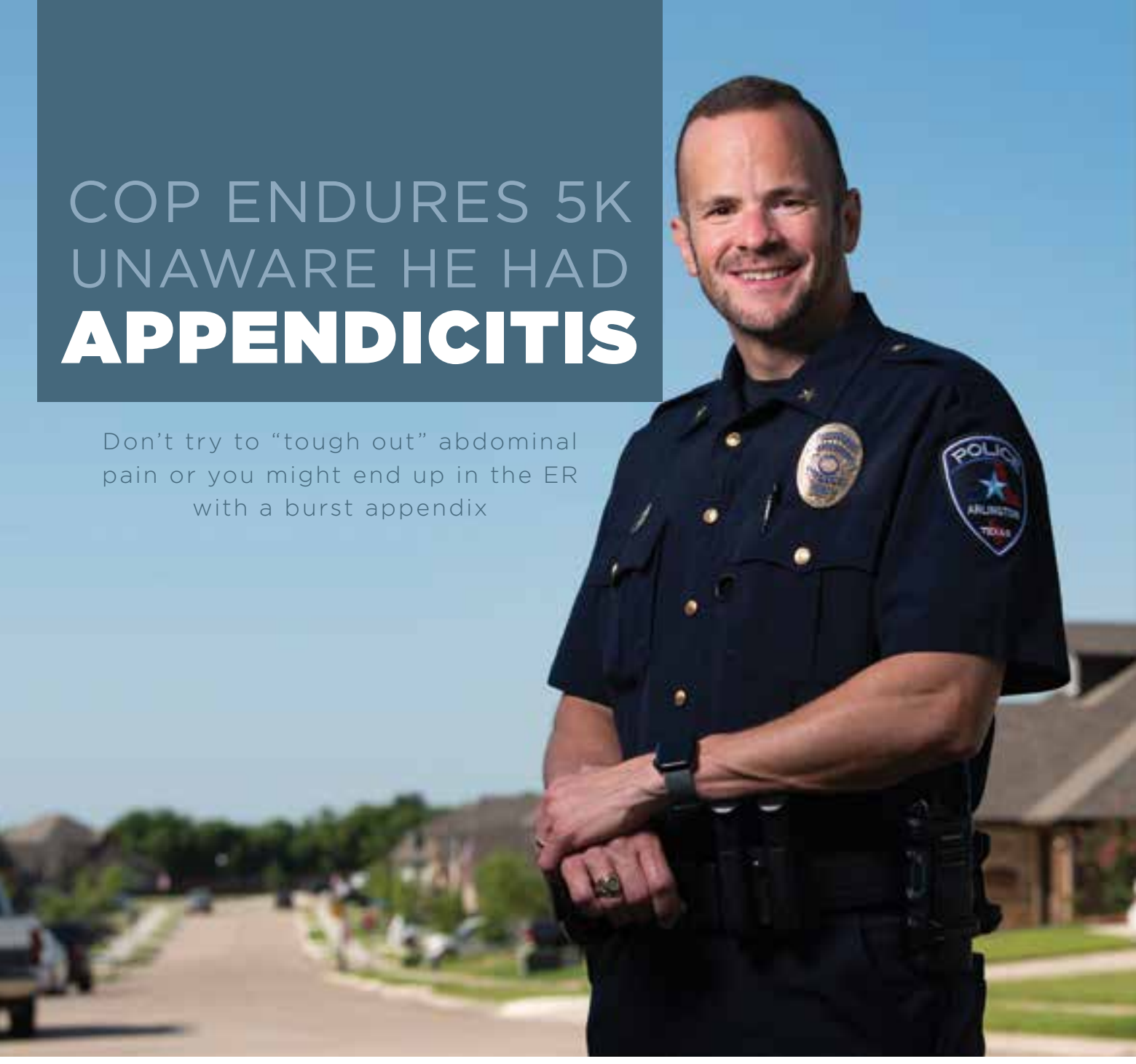
Dr. Mairura suggests starting slow and opting for low-impact exercises, such as swimming and biking. Try to mix cardio (anything that gets the heart pumping) and resistance training to build up the muscles around the joints.

Be sure to consult a doctor before starting a new fitness routine. Ask them to bust the myth that exercise will aggravate your arthritis pain. The truth is, exercise will actually help relieve arthritic pain, and the weight loss that follows will make for longer-lasting relief.



COP ENDURES 5K UNAWARE HE HAD **APPENDICITIS**

Don't try to "tough out" abdominal pain or you might end up in the ER with a burst appendix



Deputy Chief Brook Rollins, an avid runner and health enthusiast, rarely gets sick. He had never had surgery before a bout of appendicitis led him to Methodist Midlothian Medical Center last spring.

A weekend before his emergency, the Arlington deputy police chief participated in the Heroes of Midlothian 5K benefit run. He shrugged off the discomfort caused by his acute appendicitis as indigestion.

Glancing at the nearby hospital, Brook stood at the finish line that Saturday and reflected on his good fortune, wondering what it would be like to be a patient there.

The following night, he found out — but the Midlothian resident still feels fortunate.

"I hope if I ever go to the hospital again, I go there," he says.

NOT JUST INDIGESTION

The abdominal pain had started a few days earlier, and Brook popped antacids and gas relievers. His discomfort only got worse after the 5K and moved to his lower right side.

Brook, 43, called a surgeon friend the night he went to the hospital and described his symptoms. He didn't have a fever, nausea, or diarrhea — other possible warning signs of appendicitis — so he thought it was just gas.

"I knew what was happening," says Brook, a 20-year veteran of the Arlington Police Department and father of three. "I just didn't want to allow myself to think that's what was happening."

His friend knew what was happening, too, saying it sounded like an appendicitis attack and urging Brook to go to the emergency room right away.



His wife drove him three minutes to Methodist Midlothian's ER, where a CT scan proved his friend right.

MINIMALLY INVASIVE

Brook had his appendix removed the next day in a laparoscopic procedure performed by **Gary Alexander, MD**, general surgeon on the medical staff at Methodist Midlothian.

Dr. Alexander made three tiny abdominal incisions: one for a small camera and two for his surgical instruments to remove the organ. It's a routine surgery he performs several times a week.

The appendix is a finger-shaped tube that hangs from the colon on the right side of the abdomen. It can become inflamed and infected through a blockage, causing pain. Left untreated, appendicitis can lead to a potentially life-threatening rupture of the appendix.

Brook had an extremely inflamed appendix, but there was no sign of perforation or severe sepsis. So he received IV fluids and antibiotics overnight in preparation for his appendectomy the next day.

"Think of an infection like a war, and antibiotics are the reinforcements," Dr. Alexander says. "They give the body's immune system a chance to catch up and get ready for surgery."

BACK TO THE TRACK

Dr. Alexander says it's important to be vigilant about seeking medical advice for severe abdominal pain and not try to tough it out.

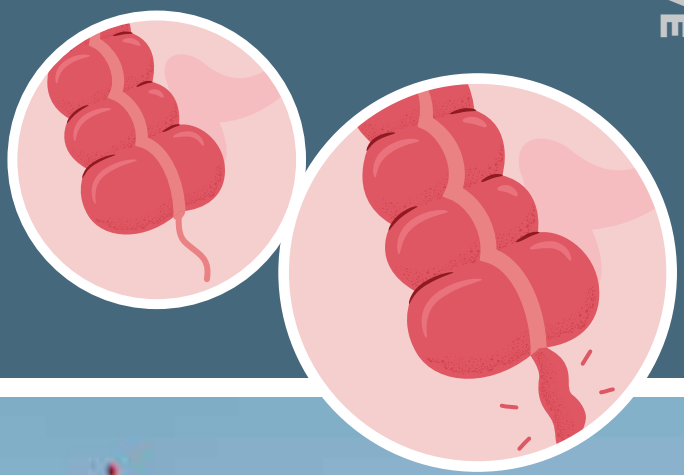
"The people who get into trouble with appendicitis are the ones who say, 'It's just indigestion, I'll just take some medication, I'll stay home and wait,'" he says. "By the time you're really sick and you come in, you have a ruptured appendix and maybe have an abscess."

Fortunately, Brook dodged that outcome and was able to resume running within two weeks. He even accompanied his wife on a 20th anniversary trip to Italy and Greece three weeks after his surgery, as planned.

Brook still raves about his care at Methodist Midlothian, from the ER nurse who brought him a full-size bed, to the pre-op nurse who encouraged Brook to give pain medication a try despite his aversion to such drugs.

"I'm no hero, I'm just stubborn," he says. "The care was quick, it was attentive, it was immediately responsive to what I had going on."

The appendix on the left is healthy, while the one on the right is ready to burst.





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



ARTIST FACES BREAST CANCER **WITH FAITH, NOT FEAR**

This artist and ordained minister leaned on her faith and trust in her medical team

Diagnosed with breast cancer at age 68, Jeannie Heilman says she never doubted she would be cancer-free after her lumpectomy last winter.

"I was never scared at all," the Dallas resident says. "My focus was to get the surgery fast, and get on with my life."

Optimism is important for cancer patients, says **Bindupriya Chandrasekaran, MD**, breast surgical oncologist on the medical staff at the Cancer Center at Methodist Charlton Medical Center.

"It helps people to not get too depressed and to motivate them," Dr. Chandrasekaran says. "If they are not positive, they may not follow through with treatment, and then there is a higher risk of the cancer coming back."

Jeannie — a poet and artist, as well as an ordained minister — credits two things for her positive outlook: "Most definitely my faith," she says, "and my trust in Dr. C."



FIRST SYMPTOMS

Jeannie's first visible symptom was a faded red circle about the size of a silver dollar on her left breast. Last year, she felt a lump, which she ignored for about six months.

"If I hugged someone, it hurt," Jeannie says.

Through imaging and a biopsy, Jeannie was diagnosed with invasive ductal carcinoma, the most common type of breast cancer.

She was surprised to learn that one in eight women will develop breast cancer at some point in their lives.

Because Jeannie's tumor was less than 5 centimeters long, Dr. Chandrasekaran was able to offer her the option of removing only the cancer, known as a lumpectomy, instead of the entire breast.

Another possibility was to have a mastectomy and leave the left side of her chest flat, or she could have both breasts rebuilt to match.

SURGERY, THEN CHEMO

When Dr. Chandrasekaran extracted the 3.5-centimeter tumor, she discovered that cancerous cells had invaded most of the lymph nodes on the left side of Jeannie's chest, so she removed them as well.

The next steps were six chemotherapy sessions over six months to prevent the cancer from recurring.

Jeannie drove herself to the treatments at Methodist Charlton, where she entertained her fellow patients and built a connection with the staff that "touches my heart."

"The chemo unit is phenomenal," she says. "The nurses are firm yet caring. I was the comedian in there, and I connected with all these beautiful women."

'GIVE IT TO GOD'

Jeannie drank ginger ale and ate oatmeal and yogurt to minimize nausea and constipation after a chemo session. She learned that brushing her teeth with olive oil also helped settle her stomach.

Throughout her treatment, Jeannie continued to teach Sunday school and do the household grocery shopping, cooking, and dishes.

"I don't sit around and talk about medical problems because it gets you nowhere," she says. "Just give it to God and believe that the doctors are educated and know what they are doing."

Jeannie has remained upbeat as she begins radiation treatments.

"I have a positive outlook because I know the Word of God," she says. "I knew I would get it taken care of, and it would be OK."

One in eight women will get breast cancer in their lifetimes. Learn whether you're at risk.

> I DON'T SIT AROUND AND TALK ABOUT MEDICAL PROBLEMS BECAUSE IT GETS YOU NOWHERE. **JUST GIVE IT TO GOD AND BELIEVE THAT THE DOCTORS ARE EDUCATED AND KNOW WHAT THEY ARE DOING."**
>
> — JEANNIE HEILMAN

BOWL OVER YOUR FAMILY with souped up comfort food



A meal that comes from a can may be easy, just not on your waistline

SOUP CAN BE the most satisfying of comfort foods, especially on a chilly day, but sometimes too much fat and calories spoil the stew.

"You also have to watch for the sodium content," says **Julie Langeberg, MS, RDN, LD**, registered and licensed dietitian at Methodist Southlake Medical Center. "If you're not careful, you can easily overindulge."

To help keep your health goals on track, here are some tips to soup up your fall favorites:

CHICKEN NOODLE

Whether it's homemade or condensed in a can, this soup hits the spot, especially if you're fighting a cold (or COVID-19) virus. Better to whip up a pot at home and skip the store-bought variety because it packs a lot of salt.

"Use a low-sodium chicken broth, and add fresh kale and herbs to give it a pop of flavor," Langeberg suggests. "If you want to go even healthier, switch out the traditional pasta and choose a veggie noodle instead."

You can also ditch the chicken entirely and indulge in a chickpea noodle soup.

POTATO SOUP

An easy way to make this soup healthier is by substituting coconut milk for the traditional creamy base.

"Keep in mind that just one cup of heavy cream has over 800 calories," Langeberg says. "So replacing it with a less fatty cream like coconut milk will maintain the flavor of the dish while providing less calories."

Consider using nutrient-rich sweet potatoes rather than white potatoes or find a recipe that contains kale to really boost the health benefits.

"Kale contains vitamin K to help our body make various proteins that help reduce blood clotting and strengthen our bones," Langeberg says.

TOMATO SOUP

It's the perfect way to end an autumn night, but tomato basil soup can also pack almost 400 calories per serving. That's a lot, especially for a meal that doesn't contain much protein.

So try ditching the heavy cream base and replace it with white beans instead.

"I encourage my patients to include beans into their soup as much as they can because they bring a significant amount of fiber and protein," Langeberg says. "These nutrients will make you feel full quicker and make your digestive process easier."

You may not even know the difference when you puree the beans and tomatoes together, which serves up a similar velvety texture that you get from the traditional tomato basil soup.

SEAFOOD GUMBO

No list of soups is complete without gumbo, but mixing the roux comes first. Traditionally a mixture of flour and fat — opt for vegetable or avocado oil over butter and bacon drippings — a good Louisiana roux serves as the base for the sausage, shrimp, crabmeat, okra, tomatoes, fresh peppers, and spices that makes gumbo "lagniappe!"

Whipping up that roux can be quite a process, but once it's done, think twice before serving it over a bed of white rice, Langeberg says.

"If you're not careful with your portions, it can come with a lot of carbohydrates," she says. "Swap out the rice for cauliflower rice instead. You can barely taste the difference, plus you'll add in more fiber to your dish."

Find recipes and other nutrition tips at ShineOnlineHealth.com.





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200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
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For one Cedar Hill woman, a COVID-19 diagnosis led to treatment of a serious health issue that might otherwise have gone undetected

COVID-19 HOSPITALIZATION REVEALED *colorectal cancer*



The COVID-19 pandemic has taken innumerable lives, but Tonya Dawson believes it saved hers — thanks to a timely colorectal cancer diagnosis.

Tonya's COVID-19 infection was discovered in December 2020 when she passed out climbing the stairs on her first day of work at a new job.

"Not the first impression I was hoping for," Tonya jokes. "I went home and a few days later, my husband, Craig, and I both tested positive for COVID-19."

The couple quarantined at their Cedar Hill home, celebrating a virtual Christmas holiday with their children and grandchildren and preparing to "get back to work and life soon." But life had other plans.

The day after Christmas, Tonya told her husband she couldn't breathe, so they headed to Methodist Mansfield Medical Center.

"I remember sticking my head out the window just so that I could breathe easier," Tonya says. "I figured I would be given a breathing treatment and then sent home."

DANGEROUSLY ILL

The emergency department at Methodist Mansfield quickly admitted Tonya after tests revealed that her blood oxygen level was dangerously low.

"I was very near the threshold of having to be put on a ventilator," she says. "They kept an oxygen mask on me 24/7."

Tonya also had anemia and needed a transfusion because she didn't have enough red blood cells to carry that oxygen through her body.

Eight days later, Tonya recovered enough to be released from the hospital with supplemental oxygen, but the cause of her lingering anemia remained unsolved.

MYSTERY ANEMIA

In the weeks that followed, Tonya was dedicated to regaining her lung capacity and energy level. Though she did everything she could, she still struggled with shortness of breath and fatigue.

Blood work revealed that Tonya was once again anemic. But why?

"When there isn't an immediately obvious cause for anemia, a colonoscopy is almost always the next step in the diagnostic process," says **Christopher Dwyer, MD**, colorectal surgeon on the medical staff at Methodist Mansfield.

On March 31, 2021, Tonya underwent a colonoscopy that revealed a mass that appeared to be cancerous. Pathology reports would later confirm that suspicion.

"I was shocked and devastated," Tonya says. "I kept wondering how I could possibly have colon cancer without having experienced any noticeable symptoms."

CREATING A PLAN

Dr. Dwyer met with Tonya and Craig to discuss her diagnosis and the surgery she would need to remove the mass.

"I explained to Tonya that her anemia was due to the fact that the mass in her colon was constantly bleeding," Dr. Dwyer says. "She hadn't noticed any blood in her stools because the mass was located at the beginning of her colon, and the blood was being absorbed before it made it into her stools."



> I WAS LUCKY. NOW, **I WANT TO PAY IT FORWARD.”**
>
> — TONYA DAWSON

On April 20, 2021, Dr. Dwyer used the da Vinci surgical system to perform a robotic-assisted surgery to remove nine inches of Tonya’s colon where a baseball-sized mass had grown.

Because her cancer had advanced to Stage IIIB, he also removed 27 lymph nodes in the same area.

TEAM OF DOCTORS

A month later, Dr. Dwyer expanded Tonya’s team of doctors when he referred her to **Sarju Waghela, DO**, hematologist/oncologist on the medical staff at Methodist Mansfield, to strategize the next phase of her treatment plan: chemotherapy.

“Due to the stage of Tonya’s colon cancer she needed chemotherapy,” Dr. Waghela says. “I created a six-month chemo regimen with one week on, one week off for her. Tonya was the ideal cancer patient — positive, determined, and kind-hearted — and that mentality really aided her through her treatment.”

On April 1, 2022, five months after her last chemo treatment, Tonya was officially declared cancer-free.

“I teased Dr. Waghela that this better not be an April Fool’s joke,” Tonya says. “She laughed and assured me it was not.”

Tonya is now in the surveillance phase, where her doctors will run scans and tests every few months until she reaches the fifth year of remission. Tonya is putting that time to good use, spreading awareness about colon cancer.

“I am a passionate advocate of colonoscopies these days,” Tonya says. “I look for opportunities to share my story and encourage people to get a colonoscopy.”

To this day, Tonya is convinced that had she not caught COVID-19 when she did, her cancer would have gone undetected until it was too late.

“Getting COVID-19 was the only reason my cancer was caught,” she says. “I was lucky. Now, I want to pay it forward.”

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



Get under your skin to figure out what the pain means

IS IT SPRAINED, BROKEN, **OR** DISLOCATED**?**

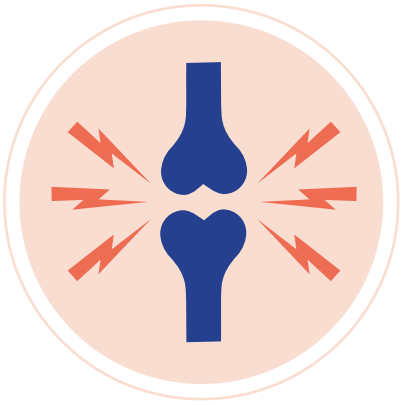
You're going about your daily routine when an injury suddenly stops you in your tracks. All you feel is pain.

You apply some ice and elevate the injured limb. But now you're left wondering if it's a sprain, broken bone, or dislocation.

If it's a fracture or dislocation, emergency care is often necessary, says **Justin W. Fairless, DO, FACEP, FAEMS**, emergency medicine physician on the medical staff at Methodist Southlake Medical Center.

"The emergency department is open 24/7, 365 days a year to care for these types of injuries," Dr. Fairless says. "It is important to prevent further injury to the bone or joint until you can seek medical care."

But how do you know whether it's a break, a dislocation, or something less severe? Here's an inside look at how to identify each and when to seek medical attention.



BENT AND BROKEN

Your bones can take quite a bit of strain. But sometimes, they are pushed too far and they break.

Fractures can happen to any bone in your body and are caused by overuse, osteoporosis, and traumatic injury.

"Signs of a broken bone or dislocation include severe bruising, swelling and pain as well as the inability to use or bear weight on the affected area," Dr. Fairless says.

At the hospital, a physician will evaluate your injury to determine whether X-rays are needed. You will typically receive a temporary splint and be referred to an orthopedic specialist to further examine your injury after the swelling has gone down in a few days.

Although most fractures can be treated conservatively with a cast, more severe injuries — a shattered bone or compound fracture, for example — may require surgery. The timing of this surgery depends on how severe the injury is.

WHEN BONES DISLOCATE

The body has specific locations for every bone and joint. When you fall or someone tackles you on the football field, your bones may get pushed out of place. This is a dislocation.

From ankles and elbows to knees, shoulders, and hips, dislocation can happen in lots of places. You can even dislocate fingers and toes.

"While in the emergency department, we can help to diagnose and stabilize the problem with X-rays and splinting," Dr. Fairless says.

Wherever it happens, dislocation typically causes the same symptoms. You may have a hard time moving the affected joint. You'll notice pain and swelling, and the affected joint will look like it's not where it belongs.

Your best bet for a dislocated bone is to splint the joint and seek medical attention immediately. Don't try to force an elbow or shoulder back into place or you could do more damage to the joint or blood vessels around it.

POP, TWIST, SPRAIN

Your bones don't just stay in place; they're held together by ligaments. This fibrous connective tissue attaches your bones to one another and helps them stay where they belong.

When these ligaments get stretched or torn, it's a sprain. This most often affects the wrist, ankle, or knee, and is caused by trauma, twisting, or falling.

With a sprain, you may hear a loud popping or tearing sound. As soon as you do, expect symptoms. These include:

- Pain
- Swelling
- Loss of joint function
- Muscle spasms

Recovery from a sprain often requires resting, applying ice, and compressing the injury. Over-the-counter medications can help manage pain. With severe sprains, physical therapy may be necessary.

"If the injury requires physical therapy," Dr. Fairless says, "we can refer you to the appropriate specialist."

Learn more about Methodist Southlake's new-and-improved emergency department.

New Emergency Room, Same Quality Care

The staff at Methodist Southlake is making good use of a newly expanded emergency room, a 4,000-square-foot project that will quadruple the ER's size.

"This is just one of several key investments that Methodist Health System is making in Southlake this year, as we work to be families' trusted choice for health and wellness," Chief Executive Officer **James C. Scoggin, Jr.**, says.

The much-anticipated expansion — which adds capacity, provides a larger patient waiting area, and enhances the hospital's diagnostic capabilities — began opening in phases in September, advancing Methodist Southlake's journey to becoming a full-service, acute-care hospital.

"When Methodist Southlake first joined the Methodist family in 2016 as a joint venture, it was known as a fantastic surgical hospital," says President and Chief Operating Officer **Pam Stoyanoff, MBA, CPA, FACHE**. "Now, we have taken steps to make this a true full-service hospital."



NEW LIVER GIVES COUPLE'S 60-YEAR MARRIAGE *new life*

The gift of a transplant in 2009 has allowed Pearl and Vernon Smith to celebrate their 60th wedding anniversary and the birth of their second grandchild



Pearl and Vernon Smith celebrated their 60th wedding anniversary this summer surrounded by their children and grandchildren. It all began in 1961 when the couple met as teenagers.

"We both worked at a bank in Dallas. I went over and asked for a date," Vernon recounts. "And we've been dating ever since!"

But this story was almost cut short in 2008 when Vernon was diagnosed with a rare but devastating liver disease that would require a lifesaving transplant at Methodist Dallas Medical Center.

Pearl says that it's only through the gift of a new liver and help from the medical staff that the McKinney couple are able to cherish so many important milestones today, including Vernon's 80th birthday and the birth of their second grandchild.

"The doctors were just so amazing. He had so many different specialists by his side," Pearl recalls. "If we ever felt alone or scared, they were there for us."

> "THERE'S NOTHING MORE GRATIFYING THAN SEEING YOUR PATIENT, WHO WAS SO ILL, GET TO GO HOME. EVEN THOUGH WE TREAT OUR PATIENTS AS INDIVIDUALS, **WE'RE ALSO SUPPORTING ENTIRE FAMILIES DURING THIS PROCESS."**
>
> — DR. PARVEZ MANTRY

RARE CONDITION

It was May 2008 when Vernon first fell ill. Thinking it was a virus or run-of-the-mill infection, he saw a doctor who ran tests and X-rays. The results were worse than they anticipated: Vernon's liver was failing.

"We were just shocked. Vernon was the healthiest 67-year-old. He worked out and never had any problems come up during physicals," Pearl says.

Vernon also hardly drank alcohol, which made his cirrhosis even more baffling. It wasn't until a doctor referred him to **Parvez Mantry, MD, AGAF, FAASLD**, executive medical director of the Methodist Health System Clinical Research Institute, that they learned the cause.



"Vernon's liver failure was caused by a hereditary condition called alpha-1 antitrypsin deficiency," Dr. Mantry explains. "It can cause lung disease, liver damage, or both. It's not easy to diagnose and can sometimes be mistaken for something else."

LIVER FAILURE

Normally, our livers produce alpha-1 antitrypsin, a protein that helps protect our lungs, but some people inherit genetic mutations that deform this protein, which causes it to build up in the liver and damage healthy tissue. A diagnosis requires laboratory and genetic testing, and physicians have to know which enzymes to check, Dr. Mantry says. Most people don't realize they have this disease or show symptoms until it escalates to liver failure.

"What was different in Vernon's case is that he became very ill, very quickly," Dr. Mantry adds.

Vernon was hospitalized in September. He became jaundiced, and his body swelled with fluid even as his weight fell from 185 to 105 pounds. He also had to go through dialysis, and doctors treated him for multiple complications, including blood clots and fluid in his lungs. He was placed on a ventilator at one point because it was difficult for him to breathe on his own. He was ultimately placed on the transplant list.

"There is no cure for alpha-1 antitrypsin deficiency, but it is a growing area of research," Dr. Mantry says. In fact, Methodist Health System is set to begin a clinical trial to help patients like Vernon manage their illness with the use of medication. "There is a great need for it."



'THE HAPPIEST DAY'

It was Jan. 6, 2009, when the Smiths received the call they had been waiting for: A liver was available for Vernon.

"It was just the happiest day of our lives to think that he was going to be able to live," Pearl remembers. "And afterward, when they told us everything was working, it was the best feeling in the world."

Vernon still had a long road ahead of him. He gradually got better each day, and the first time he was able to walk after his transplant, doctors and nurses lined the hallway to cheer him on. By the end of February, he was well enough to go to an inpatient rehab facility to continue his recovery. At the end of March, he received the all-clear to go home.

"There's nothing more gratifying than seeing your patient, who was so ill, get to go home," Dr. Mantry says. "And even though we treat our patients as individuals, we're also supporting entire families during this process."

And without his family, Vernon adds, things might have turned out differently.

"I couldn't have made it through without Pearl," he says. "She was by my side every day."

Although 13 years have passed since then, neither of them takes Vernon's second chance for granted.

"It just goes to show that there can be light at the end of the tunnel as there was for Vernon," Pearl says.

The transplant has allowed the Smiths to celebrate many more birthdays and anniversaries and spend precious time with their family.

"Our family will always be grateful for the gift of life from Vernon's liver donor and our medical team who made it possible."

Learn more about the Transplant Institute at Methodist Dallas and its over 40 years of experience performing lifesaving organ transplants.



MINIMALLY INVASIVE **'GAME-CHANGER'** RELIEVES CARPAL TUNNEL PAIN

A new procedure offers carpal tunnel syndrome patients lasting relief without long recovery times

Try to name an extremity more important to quality of life than a healthy pair of hands. Odds are you're using them right now to hold this magazine and not thinking twice about it — unless you are among the 12 million Americans with carpal tunnel syndrome.

An innovative procedure that pairs a minimally invasive nonsurgical technique with ultrasound technology offers these patients relief without the painful scars, lingering palm pain, and long recovery times that often accompany open wrist surgery.

"This is a complete game-changer for so many people who put off traditional carpal tunnel surgery," says **Shaun Garff, DO**, sports medicine specialist on the medical staff at Methodist Mansfield Medical Center. "Patients go home almost immediately with little more than a bandage on their wrist."

What's more, ultrasound-guided carpal tunnel release requires only local anesthetic, not general anesthesia like more traditional surgery.

"We are able to keep the patient awake and just numb the wrist," Dr. Garff says.

LIVING WITH PAIN

Dr. Garff is the first physician in Tarrant County to perform the ultrasound-guided release procedure. He's one of only six doctors in Texas offering this laparoscopic alternative.

Up to 6% of adults in the U.S. suffer from carpal tunnel syndrome, the most common form of entrapment neuropathy, and many won't seek treatment until the damage is already done.

In years past, patients with carpal tunnel syndrome — which is caused by a pinched nerve in the wrist — might have worn splints every night to relieve their pain. Others may have resorted to the only sure-fire treatment at the time: surgery to open the wrist and sever the ligament encroaching on the carpal tunnel — a pathway at the base of the wrist through which most of the nerves of the hand must pass.

'MAJOR ADVANCE'

Thomas Gray, 73, who spent a career typing, was the first patient to undergo the procedure at Methodist Mansfield. Dr. Garff utilized ultrasound imaging, the same technology used to view babies in the womb, to see inside the patient's wrist.

"We're able to see blood vessels and nerves and tendons and tissue," Dr. Garff says, "and that's able to guide us."

Using a single incision, measuring only a few millimeters, the doctor inserts a "micro knife" outfitted with a tiny balloon that moves other tissue aside. The knife is used to cut the carpal ligament that's trapping the nerve and relieve pressure inside the wrist.

When the ligament grows back together, it leaves a larger carpal tunnel and more breathing room for the nerve within.

Just six days after undergoing the release procedure, Gray was able to easily twist open a bottle. He's now excited to have his other wrist done in a few weeks.

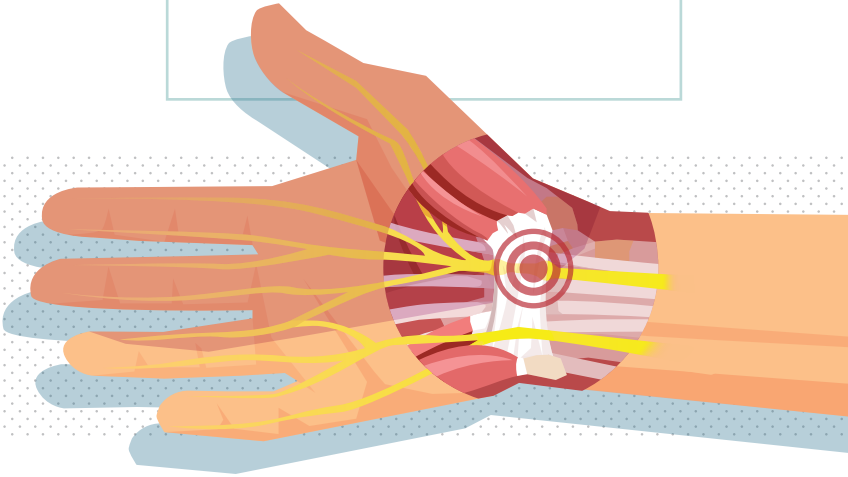
Aside from the nearly immediate results, the biggest advantage for Gray was the quick recovery time and short downtime after surgery. It's why Dr. Garff says the procedure is so appealing to patients who have been living in misery for years.

"It's really a major advance," Dr. Garff says, "knowing we can bypass weeks, if not months, of therapy and rehab."

Watch Dr. Garff explain the procedure and, afterward, Thomas Gray show the results.

> I PUT UP WITH THE PAIN SO LONG BECAUSE TRADITIONAL CARPAL TUNNEL SURGERY SOUNDED PAINFUL AND THE RECOVERY TIME WAS JUST TOO MUCH. WHEN I HEARD ABOUT THIS OPTION, **I JUMPED AT THE CHANCE TO TRY IT."**
>
> — THOMAS GRAY, A 73-YEAR-OLD CEDAR HILL MAN WHO SPENT HIS CAREER TYPING ON A KEYBOARD

Carpal tunnel syndrome impacts an estimated **3%–6% of the population** and is currently the most **commonly diagnosed** entrapment neuropathy.



HEART PATIENT'S 'MIRACLE' RECOVERY

ANSWERS MINISTER WIFE'S PRAYERS

A patient survived a heart attack and 50 minutes of CPR to make a full recovery



Nearly an hour of CPR and a well-trained healthcare team brought Arthur Wells back to life, but it's what his doctor found next that was heart-stopping.

"I was shocked to find blockages on both sides of his heart," says **Asad Mohmand, MD**, interventional cardiologist on the medical staff at Methodist Richardson Medical Center. "It is incredibly rare to have a sudden blockage of all three arteries."

Arthur's heart stopped shortly after he reached the hospital, and the staff immediately began CPR. He was rushed to the cardiac catheterization lab, where Dr. Mohmand and the cardiac care team got to work.

"I had no idea what was happening with Arthur while we waited," says Sonya, his wife of 35 years. "But as a minister, my faith is absolute, and I knew in that moment praying for God to work a miracle was all we could do."

That's just what they would need because the situation was grave, and the prognosis for a full recovery was poor.

"In my entire career, I've never seen a recovery like Arthur's," Dr. Mohmand says. "It truly is a miracle."

DEADLIEST HEART ATTACK

Arthur's story begins two years ago when he suffered a heart attack and collapsed during the early hours of his workday at Boeing.

"The last thing I remember about that day is walking toward a door and collapsing," Arthur says. "Sonya told me that after she got the call, she and my youngest daughter left home to pick me up thinking my diabetes was acting up and I had simply passed out."

Once at Methodist Richardson, the emergency room staff immediately ran an echocardiogram.

"The EKG revealed he was having the most deadly type of heart attack, called a STEMI," or ST-elevated myocardial infarction, Dr. Mohmand says. "This means there is a total blockage of one of the heart's main supply arteries."

The cath lab staff knew the clock was ticking. To prevent permanent damage to the heart, they had to restore blood flow as quickly as possible.

'SOMETHING WASN'T RIGHT'

As soon as Arthur's heart regained some rhythm from the CPR, Dr. Mohmand went to work opening the blocked artery. But Arthur's heart kept stopping, and a nurse had to continuously perform CPR to keep him alive while Dr. Mohmand used balloons and stents to open the blockage.

"Once blood flow was restored, his heart should have started to show improved function, but it didn't," Dr. Mohmand says.

By this time, CPR had been performed for nearly 50 minutes, and the likelihood of survival was rapidly declining. But Dr. Mohmand wasn't ready to give up.

"Something wasn't right," he says. "I knew I had to keep looking so I checked the coronary arteries on the left side of his heart. They were both completely blocked."

By now, Arthur's heart was very weak. Dr. Mohmand placed the world's smallest heart pump so that the traumatized organ could recover with less stress. This bought the team enough time to open the left side arteries and get his heart stabilized with the help of a temporary pacemaker.

FINDING STRENGTH IN FAITH

After the procedure, Dr. Mohmand and his team delivered sobering news to Arthur's family in the waiting room.

"They told us that his chances of survival were low, and that if he did live, it was very likely that his brain would be greatly damaged due to the length of time his heart wasn't pumping blood adequately," Sonya says.

Sonya and her daughters broke down in tears but drew strength from their faith and one another.

"The hospital chaplain, my church family, my pastor, my family, and friends all gathered around," Sonya says.



Arthur with his wife, Sonya, daughters (from left) Whitney, Ebony, and Allegra and granddaughter (center) Paris

'I CHOSE TO FIGHT'

Eleven days later, Arthur opened his eyes and was able to sit up in his bed. His entire medical team was shocked that Arthur didn't show any signs of brain damage.

"A week after he woke up, he was discharged to a rehab facility to regain his mobility and is now back to work full-time at Boeing," Dr. Mohmand says. "We did everything medically possible for him."

Faith took it from there, says Sonya, who credits her husband's tireless healthcare team but also knows her sleepless nights praying by his side played a role.

"I chose to fight spiritually for my husband's life," she says.

In the days that followed, Sonya took it upon herself to ensure that Arthur was prayed over as much as possible.

"I was never once discouraged," she says, "and I told everyone I spoke to that my husband was not going to die."

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



FOR SOME NEW MOMS, PREECLAMPSIA RISKS

DON'T END WITH DELIVERY

With high blood pressure during pregnancy, danger may linger even after a mother safely delivers her baby

Pregnancy is a special time that nonetheless comes with its share of anxieties. For about 1 in 25 mothers, those worries include preeclampsia, which is also called high blood pressure during pregnancy.

Although giving birth usually resolves the condition, especially for women who never dealt with high blood pressure before, the dangers of preeclampsia (pronounced pree-uh-klamp-see-uh) can linger even after a mother safely delivers her baby.

"Preeclampsia can cause kidney damage, temporary liver damage, and even cardiovascular problems," says **Theresa Patton, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. "Left untreated, it can cause life-threatening complications."

The same is true for postpartum preeclampsia, which could lead to cardiovascular disease, stroke, brain damage, or death. That's why it's so important for a new mother to follow up with her doctor in the days and weeks after giving birth.

"Some women experience postpartum preeclampsia at the time of delivery and then get better, and when they go home, their symptoms get worse again," Dr. Patton says.

Here's more advice from Dr. Patton about managing high blood pressure during and after pregnancy.

COMMON SYMPTOMS

Preeclampsia is defined as high blood pressure after 20 weeks of pregnancy in someone who did not have high blood pressure before.

The symptoms are the same regardless of whether they occur before birth or get worse afterward (postpartum preeclampsia):

- Hypertension — a blood pressure reading of 140/90 or greater
- Severe headaches
- Acute swelling in the face and hands
- Nausea and vomiting
- Vision changes, such as seeing spots, blurred vision, and sensitivity to light
- Pain in the upper abdomen, typically under the ribs on the right side
- Shortness of breath
- Decreased urination and excess protein in the urine

Superimposed preeclampsia is a dangerous condition in which patients with chronic high blood pressure before pregnancy suffer from preeclampsia. It requires careful monitoring and proper care from a healthcare provider to prevent complications.

WHO'S AT RISK

First-time moms may be most at risk for preeclampsia, but if you suffered from hypertension during a previous pregnancy, you are seven times more likely to see it return with the next baby, according to the National Institutes of Health. What's more, age, ethnicity, family history, and underlying health problems also play a role.

Some studies suggest Black women have a higher risk for preeclampsia. Dr. Patton says there isn't enough scientific evidence to declare all Black women are at higher risk. But there's no doubt that Black mothers are at higher risk overall and after pregnancy, too.

"Texas has a high mortality rate for Black mothers," Dr. Patton says. "Most postpartum illnesses and maternal deaths occur six months to a year after delivery, and they come from cardiovascular disease."

She also notes that Black women have historically had less access to healthcare than women of other races. That makes her extra attentive when she takes care of her Black patients.

"I am hypervigilant with my Black patients because I know about the bias toward them in medicine, so I make sure to not miss any early signs," Dr. Patton says.

HOW IT'S TREATED

Dr. Patton determines how to treat preeclampsia based on how far along the pregnancy is.

Around 24 weeks, Dr. Patton would generally administer steroid injections to help the baby's lungs mature to prepare for an early delivery.

Early in the third trimester, the treatment depends on how bad the preeclampsia is. If the patient has mild hypertension, Dr. Patton says she will see them twice a week, with frequent sonograms to monitor the baby and bloodwork to ensure the mother's organs have not been affected.

After 37 weeks of pregnancy, the recommendation is to deliver.

"At this point, the chances of making it to 37 weeks is very small," Dr. Patton says. "So, we'd do all the same things such as require twice-a-week visits, check their blood, and potentially refer the patient to see a high-risk doctor to do a specialized fetal test to make sure the baby is tolerating their environment well enough."

Dr. Patton says at any point, if the mother's bloodwork results are abnormal or if her blood pressure is dangerously high, she'll move the patient to a severe category and deliver the baby.

AFTER DELIVERY

For many years, medical providers believed the only cure for preeclampsia was to give birth. But for some women, the condition might just get worse, recent studies suggest.



NO DIETARY FIX

You might think eating healthier or cutting down on salt would help curb high blood pressure in pregnancy. But preeclampsia is different from run-of-the-mill hypertension, and there's no surefire way to avoid getting it before or after a pregnancy.

"The way we'd avoid high blood pressure does not apply to preeclampsia," says **Theresa Patton, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. "So, your diet doesn't impact it."

Instead, she advises her patients to get early and regular prenatal care.

"It's during those visits that we pick up early signs of any complications," Dr. Patton says.

But understanding your risk factors is the first step to watching out for preeclampsia.



"There are rare occasions when the symptoms occur within a few days after delivery or even several weeks after," Dr. Patton says. Even women who had uneventful pregnancies and healthy deliveries have reported spikes in blood pressure after their babies are born.

It's the patients who had preeclampsia before birth whose risk for postpartum cardiovascular problems was highest, according to a 2019 study. Additionally, they were four times more likely to suffer from chronic high blood pressure and twice as likely to die from cardiovascular disease, compared with the other moms.

It goes to show that new moms who kept a close eye on their blood pressure during their pregnancy should not let their guards down after their babies are born.

"It's a mother's instinct to put baby first as soon as she gives birth," Dr. Patton says. "But don't stop listening to your own body and consult a doctor if anything doesn't feel right."

Find more tips about staying healthy during pregnancy by searching "women's health" at ShineOnlineHealth.com.



DETECT COLON CANCER EARLY WITH THESE 3 SIMPLE STEPS

A doctor at Methodist Charlton Medical Center shares essential information and some facts about colon cancer

Colorectal cancer is the fourth most common cancer in the United States, and it's estimated that over 150,000 new cases will be diagnosed in 2022, according to the Centers for Disease Control and Prevention.

"Every American is at average or higher risk for colorectal cancer," says **Paul Hackett, MD**, colorectal surgeon on the medical staff at Methodist Charlton Medical Center. "There are no low-risk people for colorectal cancer in the U.S. based on the prevalence of this disease."

But the news isn't all doom and gloom, he adds. There are steps we can take to protect our health and understand our risk factors.

"Colon cancer is preventable," Dr. Hackett says. "It is one of those things that can show up in 100 different ways in 100 different people. No concern is too small to ask your doctor about."

Here are three things everyone should know about colon cancer:

1. MONITOR BATHROOM HABITS

Our bodies have a way of sounding the alarm when something is wrong, and any deviation from your normal pattern should at least raise a red flag.

"Getting screened at the recommended age, 45, is one way to stay proactive," Dr. Hackett says. "The other is simply turning around and looking in the toilet after every bowel movement. You'll find what's normal and be the first to detect anything unusual."

One of the biggest indicators is bleeding, he explains. It's also important to note persistent changes in bathroom patterns and stool shape.

"If a person who is regular all of a sudden notices they're not having bowel movements as frequently as they used to or if their stools become narrow all of the time, it could be the result of a mass in the rectum or lower colon."

Of course, some symptoms of colorectal cancer can overlap with those of other conditions like irritable bowel syndrome or ulcerative colitis. Telling your doctor about previous medical conditions and your list of medications — some of which may have gastrointestinal side effects — is invaluable when it comes to finding answers.

"About 80% of diagnoses are going to be determined by health history," Dr. Hackett says. "So we'll ask about bleeding, if you're experiencing pain, and the history of your bowel function."

2. KNOW YOUR FAMILY HISTORY

While researchers cannot pinpoint a cause for colorectal cancer, certain hereditary conditions and lifestyle choices are associated with higher risk, including a family history of polyps, high alcohol consumption, smoking, and a diet high in red meat and low in fiber.

While the recommended age to begin regular screenings is 45, people who are considered high risk should get evaluated years earlier — particularly those with a family history of the disease, Dr. Hackett says.

"For example, if your mother was diagnosed with colon cancer when she was 40," he explains, "then you should get a colonoscopy ten years before her age of diagnosis — in this case, 30."

3. SCREENING SAVES LIVES

Being proactive about your health is key to effective treatment — as proved by one of Dr. Hackett's patients who felt completely healthy despite her early-stage cancer. She credits her sister's cancer diagnosis with saving her own life.

Family links are a common theme that emerges in cancer research, Dr. Hackett adds.

"The first thing I want to know about is family history, focusing on immediate relatives — mother, father, children, and siblings," he says of the initial process. "I'm looking for a history of colon cancer or colon polyps."

After doctors assess your risk, there are several screening options you may consider. Certain tests require stool samples to look for hidden bleeding — a possible symptom of colon cancer — or abnormal DNA markers that will identify precancerous polyps or colorectal cancer, Dr. Hackett explains.

Doctors can also perform radiographic scans to examine the colon. They require some prep work but can be done without anesthesia, Dr. Hackett explains.

Doctors are seeing more colorectal cancer in patients in their 30s and 40s, **and they are more likely to be diagnosed with late-stage disease.**

The average person should have them done every five years.

But the gold standard of colorectal cancer screening is a colonoscopy. Not only does it allow physicians to identify potential tumors, but it allows them to remove the tissue for further analysis.

"If your colonoscopy is negative for abnormal results, it should be done every ten years," Dr. Hackett says. "If something does come up — depending on the size and type of polyp they find — you should have them done at shorter intervals."

Because of the high rate of disease, having an open and honest dialogue with your doctor can be lifesaving, Dr. Hackett says.

"You have to take screenings seriously and communicate with your primary care physician if something needs to be investigated further," he says.

Take our colon cancer health risk assessment to learn more about your risk.

COLON CANCER VS OTHER CONDITIONS

SYMPTOMS	COLON CANCER	IBS	HEMORRHOIDS	ULCERATIVE COLITIS
Abdominal pain or discomfort	✓	✓		✓
Blood in stools	✓		✓	✓
Diarrhea	✓	✓		✓
Unexplained weight loss	✓			✓
Fatigue	✓			✓
Constipation or feeling that the bowel doesn't empty	✓		✓	
Bloating		✓	✓	
Mucus in stools		✓		
Excessive gas	✓	✓		
Itching or swelling around anus			✓	
Rectal pain			✓	✓
Urgency to defecate				✓
Fever				✓

HOCKEY PLAYERS SAVE FELLOW FIRST RESPONDER

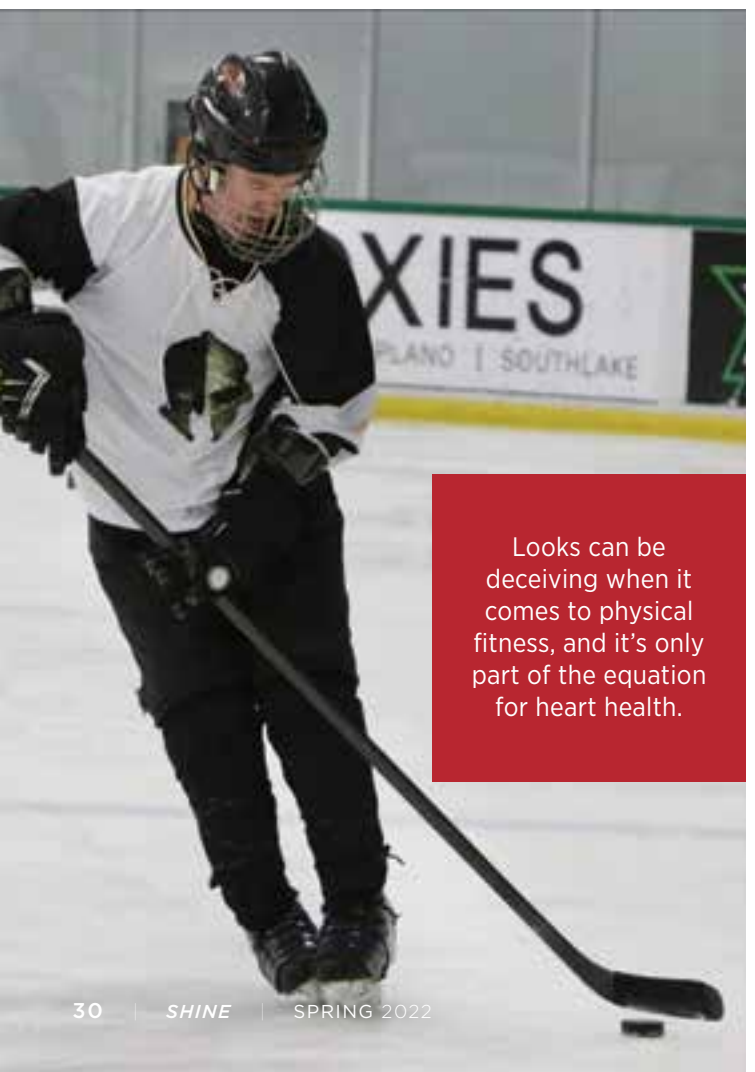
This Arlington firefighter thought he was healthy, but being fit enough to play hockey was hiding his ailing heart

Firefighter Eric Mask knows how fortunate he is to survive a heart attack while playing hockey at the StarCenter in Mansfield last winter.

"I couldn't be luckier," the 51-year-old Mansfield resident says. "I've run this call countless times and the outcome has never been as good as my outcome.

"My friends like to joke that hockey nearly killed me," Eric says, "but hockey saved my life."

That's because the players who saved Eric had immediate access to an automated external defibrillator next to the ice rink, and his friend Michael Gonzalez, a Dallas firefighter on the opposing team, began administering CPR seconds after Eric collapsed on the ice.



Looks can be deceiving when it comes to physical fitness, and it's only part of the equation for heart health.

"He didn't have a pulse," Gonzalez says in a video produced by the Dallas Stars. "And then we saw him take his last breath."

A LIFESAVING SHOCK

Within moments, another player used the AED to shock Eric's heart back to life. He was rushed to the cardiac catheterization lab at Methodist Mansfield Medical Center, where a team placed a stent in his blocked artery.

"Eric was definitely in the right place at the right time," says **Levi Rice, DO**, interventional cardiologist on the medical staff at Methodist Mansfield. "Having an AED close was most important, and so was having others around him who recognized his symptoms and quickly began performing CPR."

Dr. Rice told Eric that his artery was 98% blocked, and he was fortunate to have been surrounded by first responders when he had a heart attack.

"I could have easily just died in my sleep," he says. "It was that bad."

FITNESS HIDES PROBLEMS

For years, Eric prided himself on his physical fitness, a pre-requisite for his work as an engineer for the Arlington Fire Department.

Driving a fire engine to fire grounds day and night is a high-pressure adrenalin rush that's not for the faint of heart. Hockey, too, has given Eric an edge fitness-wise ever since he first laced up his skates at age 18.

Now in his 50s, he was certain the exhaustion he felt after games and practices was just age catching up with him. But his fatigue was actually due to an ailing heart.

"The doctor said that because I play so much hockey, and there's so much cardio, that my heart's really efficient," Eric says. "But that's also what really hurt me and never gave me any kind of warning."

Dr. Rice agreed that physically fit patients may not recognize the red flags that are far more obvious for less active people.

"Eric was definitely in great shape and would be one of the last people suspected to have heart disease," Dr. Rice says. "Being conditioned is good generally but sometimes may mask symptoms."

Looks can be deceiving when it comes to physical fitness, and it's only part of the equation for heart health.



GENETICS AND DIET

Family history is the No. 1 influence for heart health, Dr. Rice says, and genetics are among the risk factors we can't control.

Although Eric isn't aware of any history of heart disease in his family, a single genetic variation can cause the cardiovascular system to misfire.

"After family history," Dr. Rice says, "our diet is No. 2, and its influence can be misleading if we only rely on our outer appearance. In the last 40 years, foods that are prepared quickly to fit our fast-paced lifestyles have come with consequences."

According to the Centers for Disease Control and Prevention, nearly half of Americans have at least one of three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking.

And while genetics play a part in cholesterol levels and hypertension, we can take steps to curb their impact, like eating right, exercising regularly, and getting routine health screenings as we age. Cutting back on alcohol and cutting out tobacco are also important.

'I CAN'T BELIEVE THAT'S ME'

The stent that opened Eric's artery was implanted through his wrist — what's called a radial approach — which shortened his recovery time and got him back on the ice quicker, Dr. Rice says.

"His intervention was thankfully straightforward," he says. "The toughest part was performed by his friends that rushed to help him."

Dr. Rice says it was hard at first to convince Eric just how close he came to dying. But once he watched the video from that day, he understood.

"I've watched that video 30 times at least," he says. "And every time it's just really like, I can't believe that's me."

Now Eric's on a mission to appreciate every moment and urge others to see a doctor for routine health checks to make sure those moments continue.

"I've heard other guys say, 'You never know when you're going to go, and I've lived a good life,'" he says. "But I can promise you that there is nobody that wants to die; you just don't understand all that you will miss."

Watch Eric tells his story, discuss the procedure, and describe his recovery at ShineOnlineHealth.com.



First-time mother RAVES ABOUT 'STRESS-FREE' DELIVERY

Hayley Mattson wasn't sure what to expect from her first delivery at Methodist Mansfield Medical Center, but says she will never have a baby anywhere else

Everything went as planned when first-time mom Hayley Mattson got the natural birth she asked for at Methodist Mansfield Medical Center — right up until she changed her mind and received an epidural.

"My labor was so easy after that," says 26-year-old Hayley, who had originally planned to forgo anesthesia. "I'm a big fan of epidurals now."

The Grand Prairie resident was thrilled that everything else went as expected last fall when she gave birth to Everleigh under the supervision of **Angalene Jackson, DO**, OB-GYN on the medical staff at Methodist Mansfield.



"I'm going to have every baby from here on out at Methodist Mansfield because they are so caring about their patients," the new mother says. "Everybody there listened to me from the moment I walked in. I had exactly the experience I wanted because everyone was on my side."

NATURAL DELIVERY

Hayley didn't know quite what to expect during her first labor last fall, but she knew what she wanted: a natural birth, delayed clamping of her baby's umbilical cord, and immediate "skin to skin" contact — which has been shown not only to stabilize the infant's heartbeat and breathing but also to release oxytocin in the mother, the so-called "love hormone."

That's the standard of care at Methodist Mansfield, as long as a natural delivery is safe for both mother and baby, Dr. Jackson says.

"We do our best to make sure people are comfortable and happy with their experience — in addition to getting high-quality care," she says. "It's one of the biggest moments of their lives, and listening is important so they feel not only safe but also content."

Methodist Mansfield is a Level III neonatal intensive care provider, the highest state certification, so the hospital is well prepared to care for critically ill and premature newborns, as well as healthy babies like Everleigh.

Dr. Jackson had her own son at Methodist Mansfield about two years ago.

"We are so fortunate that our nurses are all excellent and very experienced," she says. "The staff has been here for so long that it says a lot about the supportive place I experienced as a patient."

INCREDIBLE NURSES

Hayley's labor began when she awoke at midnight on her due date. Once at Methodist Mansfield, she slept on and off while her husband, Trey, relaxed on a comfortable pull-out couch.

"The nurses were incredible," Hayley says. "They were so accommodating."

They offered Hayley options for ambulatory labor and different types of pain relief, guided her into position to ease her delivery, and brought her aids, like an extra pillow.



I'M GOING TO HAVE EVERY BABY FROM HERE ON OUT AT METHODIST MANSFIELD BECAUSE THEY ARE SO CARING ABOUT THEIR PATIENTS. EVERYBODY THERE LISTENED TO ME FROM THE MOMENT I WALKED IN. **I HAD EXACTLY THE EXPERIENCE I WANTED BECAUSE EVERYONE** WAS ON MY SIDE.

— HAYLEY MATTSON

Hayley dilated quickly and chose to have epidural anesthesia, a spinal nerve block that can help cervical dilation proceed by relieving maternal pain and tension.

But the biggest challenge was yet to come. Little Everleigh was positioned with her face up toward Hayley's abdomen, which makes delivery more difficult. Hayley pushed with all of her strength for about 90 minutes to bring Everleigh into the world.

"It was hard, harder than all of the labor combined," she says.

Everleigh arrived on her due date, and the newborn was immediately placed on Hayley's chest.

"It was very personal and quiet," Hayley says. "They kept the lights down low, and it was so stress-free. Even the food was fantastic."

From spacious suites to a newly expanded Level III NICU, Methodist Mansfield has every resource a growing family needs. Learn more here.



UTERINE FIBROID PATIENT SAYS **SHE'S 'A WALKING MIRACLE'**

A minimally invasive but life-altering procedure offers the right solution to a patient who needed to avoid surgery

Every month brought misery for Renee Cooper, whose extreme menstrual symptoms were caused by six uterine fibroids that ranged in size from a plum to an orange.

"I would go through eight pads on a typical day," Renee says, describing intense periods of fatigue, cramping, and bleeding that sometimes kept her home. "I was constantly worried: Am I going to have an accident?"

Surgery was too risky because of an earlier lifesaving procedure to repair her aorta, but Renee found the minimally invasive solution she needed at Methodist Dallas Medical Center, the same hospital that performed the surgery in 2008.

"These doctors have saved me more than once," she says. "I owe them so much."

FIBROID EMBOLIZATION

Renee's procedure — called uterine fibroid embolization — was performed by **Islam Shahin, MD**, an interventional radiologist on the staff at Methodist Dallas.

"Our staff has tremendous experience dealing with embolization," Dr. Shahin says, referring to a procedure that uses tiny particles to stop bleeding or block the blood supply to a tumor.

Uterine fibroids are common noncancerous tumors that grow in the uterus wall, mostly affecting women of childbearing age. Removal is recommended if the fibroids cause pain, excessive menstrual bleeding, or other severe symptoms.

Renee knew her symptoms weren't normal, and they had gotten worse over a year — but it wasn't until pain stopped her in her tracks one day at work that she vowed something had to change.

She reached out to her primary care provider, who recommended a CT scan. This diagnostic imaging showed that Renee had six uterine fibroids that were causing the intense pain and bleeding during her menstrual cycle.

Each monthly cycle held her captive at her DeSoto home for the first two days to avoid the embarrassment of bleeding through her period protection. Then, she'd wear long shirts and stay close to home, so if an accident happened, she could tend to it more easily.

"It definitely affected how I felt about life," she says.

AVOIDING SURGERY

The next step for Renee was treatment, but her previous surgery posed some extra challenges for her medical team.

The typical treatment for uterine fibroids is surgery — either a hysterectomy to remove the uterus or a myomectomy to remove the fibroids, but Renee was advised to avoid surgeries after her aortic dissection in 2008. An aortic dissection is a tear in the large artery called the aorta that feeds the abdominal organs, intestines, and extremities.

Renee's medical history and aortic dissection prompted her doctors to suggest a minimally invasive alternative, uterine fibroid embolization. During this procedure, a radiologist like Dr. Shahin injects tiny particles into the vessels that supply the fibroids, shrinking them by choking off their blood supply.

But to access these specific blood vessels, Dr. Shahin had to feed a catheter through Renee's aorta, which was "challenging because of her specific anatomy and history of dissection," he says.

> "THESE DOCTORS HAVE SAVED ME MORE THAN ONCE. **I OWE THEM SO MUCH."**
>
> — RENEE COOPER

"Renee's case needed a lot of attention to detail," he says. "The equipment we have here at Methodist Dallas helped me treat her. We have the appropriate technology to address complicated anatomy and complicated patients."

After her aorta surgery in 2008, Renee had the utmost faith in the medical team at Methodist Dallas.

"I knew I was in good hands," she says.

'BACK TO NORMAL'

After the minimally invasive procedure, Renee spent a few days recovering at Methodist Dallas before being discharged. Once she was back on her feet, she felt the positive effects of her procedure almost immediately.

"All of my cycles since the procedure have been light, and my energy is back to normal," she says.

Dr. Shahin credits the entire staff with Renee's successful outcome, saying it "takes a village," from the scheduler to the doctors and nurses in patient recovery, to ensure a positive result.

Renee started walking again at the park with her sister, her favorite way to exercise and keep her blood pressure in check.

"I'm a walking miracle," she says.

Visit ShineOnlineHealth.com to find more uplifting stories about patients from across Methodist Health System.

HOW A PAP TEST CAN SAVE YOU FROM **CERVICAL CANCER**

This routine exam can help catch one of the most difficult cancers to treat



TWO YEARS INTO the pandemic, some of us are still playing catch-up and making up for missed health screenings. And if you're a woman who has put off her Pap test, getting to the doctor's office should be at the top of your list.

Getting a Pap test done every three to five years could spare you from cervical cancer, explains **Brandon Roane, MD**, gynecological oncologist on the medical staff at Methodist Charlton Medical Center.

"It's a preventive test," he says. "The idea is to look for abnormal cells that indicate pre-cancer, to detect changes that signify the potential for cancer years before it becomes an issue."

He makes the case for why a Pap test should be one of your regular health screenings.

"Cervical cancer is one of the hardest diseases to treat and one of the hardest ones to get through," he cautions.

CERVICAL CANCER IS PREVENTABLE

A Pap test is performed by swabbing the cervix, the lower region of the uterus, for cell samples.

Because more than 90% of cervical cancer cases are caused by the human papillomavirus (HPV) — the most common sexually transmitted infection in the U.S. — people who have multiple sexual partners and did not receive the HPV vaccine as a child are particularly at risk.

Even if you are not sexually active, it's still recommended you get a Pap test, Dr. Roane adds. Other risk factors for cervical cancer include a weakened immune system, long-term use of oral contraceptives, and getting pregnant at an earlier age.

"Smoking is another big factor to consider," he says. "Smoking has just as much of an impact on cervical cancer risk as it does on lung cancer risk."

EARLY DETECTION MATTERS

Cervical cancer is unique in that it is typically inoperable.

"Surgery is often part of the standard treatment when we're looking at ovarian cancer or uterine cancer, but for cervical cancer — unless it's detected early enough — it's never part of the treatment plan," Dr. Roane says.

Instead, treatment primarily consists of radiation along with some chemotherapy.

GET THE HPV VACCINE

Pap tests are a valuable tool, but an even more effective step toward prevention is to take the HPV vaccine.

"The vaccine is nearly 100% effective at preventing HPV-related cancers and has no documented side effects beyond allergic reactions to the ingredients for very few patients," Dr. Roane says.

It's most effective when taken as a child, but if you do become infected with HPV as a teenager or adult, the vaccine can still lend some protection because there are multiple strains of the virus.

Parents can protect their children from a potentially life-threatening disease with the vaccine, Dr. Roane says.

"The people who treat HPV-related diseases typically are not pediatricians, so whenever I talk to a patient who has been referred to me for cervical abnormalities, pre-cancer, or cancer, I always stress to them the importance of getting their little ones vaccinated," he says. "It'll help prevent them from going through what you're going through."

The Cancer Center at Methodist Charlton has brought cutting-edge cancer care to southern Dallas County. Learn more.



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

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

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Assess your risk for heart disease today
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Mother survives **POSTPARTUM HEMORRHAGE** after routine birth

When this Waxahachie mom lost a third of her blood volume, the labor and delivery staff at Methodist Midlothian was prepared

Alicia Fortner-Estrada thought she knew what to expect during the birth of her second child until a massive postpartum hemorrhage struck hours after the delivery — and the staff at Methodist Midlothian Medical Center was there "within a snap of the fingers."

Alicia and her husband, Joshua, were marveling at their newborn son, Truitt, when Alicia suffered massive bleeding that resulted in her losing about 1.6 liters of blood — a third of her body's total volume.

"It happened so suddenly," the 31-year-old Waxahachie mom says.

Alicia's doctor, **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian, rushed to her aid, along with the rapid-response team that was ready for emergencies just like this.

"Within a snap of the fingers, there were probably eight people in my room," Alicia recalls. "People from different floors were there, which I'm so grateful for because everyone came just to help me."

A POSTPARTUM EMERGENCY

Alicia had no warning that any complication would arise. Her pregnancy, as well as the labor and delivery, was "super normal," she says. After Truitt was born, she remembers feeling pressure in her bladder but being unable to urinate, a common experience after childbirth.

It was when Alicia passed a large blood clot and began bleeding that things went downhill fast. Her blood pressure plummeted dangerously, and she felt lightheaded.

"I was getting up for the bathroom," Alicia says. "I stood up and felt so faint and dizzy and nauseous. That feeling just flooded over me."

Thankfully, the staff at Methodist Midlothian is well prepared for this exact situation — a key factor of effective treatment, Dr. Brown says. The team is always assessing the risk of bleeding, and a mobile cart carrying lifesaving drugs and instruments is readily available in the labor and delivery unit.

"Postpartum hemorrhages that require blood transfusions are one of the leading causes of severe maternal complications in the United States," Dr. Brown says.

There are multiple reasons why postpartum hemorrhage occurs, he explains, including lacerations or trauma, retained placental tissue, or pre-existing blood clotting disorders. In Alicia's case — and the most common cause — the uterus did not contract sufficiently after delivery to stop the blood flow.

"The greatest concern is to stop the bleeding before it affects other vital organs such as the heart, kidneys, and brain," Dr. Brown explains.

Alicia received two units of blood, as well as fluids and important medications to help her blood clot. While doctors reassured her husband and Alicia recovered from "the most terrifying moment" of her life, nurses like **Felipe Tovar, RN**, and **Stephanie Bowman, RN**, provided a source of comfort.

"Stephanie worked the overnight shift, and before she left, she made sure to check on me — not just as a nurse but as a person who cared," Alicia recalls. "And Felipe, when I was shaking, he held my hand and hummed with me to help me stop. What a small gesture, but in the moment, it felt so comforting and so personal."

HOME WITH 'THE HAPPIEST CHILD'

Alicia stayed an extra day at the hospital before she was cleared to go home with Truitt. The baby has brought endless joy to his parents and older sister, Linkin.

"He's the happiest child I've ever met," Alicia shares. "He's always smiling, from the time he opens his eyes till the time he goes to bed. He's the cutest little thing, and his sister just absolutely loves him."

She says she's grateful to the medical team at Methodist Midlothian for helping her through the traumatic event of postpartum hemorrhage.

"Everyone came together as a team, which I loved," she adds. "That really made me feel so comfortable, to have so many people from the whole hospital be at my bedside."

Take a virtual tour of the labor and delivery unit at Methodist Midlothian.



PREVENTING FALLS
IS CRITICAL TO STAYING ACTIVE AS A SENIOR

Accidental falls are a fact of life, no matter your age or fitness level. As we grow older, the stakes grow higher when we take a tumble

According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury-related deaths for adults age 65 and older.

Even recovering from a fall could jeopardize an active lifestyle of morning walks, leisurely strolls with the grandkids, and pickleball championships.

Seniors are especially susceptible to falls and worse outcomes because of issues with mobility, vision, and deteriorating bone density, says **J. Trever Rester, MD**, internal medicine physician on the medical staff at Methodist Richardson Medical Center.

"Accidents happen all the time, but there are changes you can make in your life to protect yourself — or a loved one," Dr. Rester says.

Here are several easy ways to help you prevent nasty slips, according to Dr. Rester and other experts:

EXERCISE THOSE MUSCLES

One of the biggest underlying causes of falls is not getting enough physical activity.

"A sedentary lifestyle leads to poor balance and weak core muscles — that is the abdomen, thighs, and hips — so you have a hard time getting up and correcting yourself if you do fall," Dr. Rester explains.

Taking daily walks will not only help strengthen your muscles, but also improve what is known as proprioception: the body's ability to perceive and orient itself in space and motion. It's why we automatically know how long a stride to take or how to maintain our balance.

If walking is too difficult, Dr. Rester recommends starting with simple exercises that anyone can do at home.

"Try standing up from a sitting position without using your arms to push yourself up — or use your arms as little as possible," Dr. Rester says. "Stand for a few seconds. Sit back down and repeat the process five or ten times to build those core muscles."

USE A CANE

Canes and walkers are excellent tools to lend extra support, but some people may feel too self-conscious to use them.

Dr. Rester urges his patients to set aside their vanity for the sake of their safety.

"Don't be vain, use the cane," he says. "Pride comes before the fall."

DECLUTTER

Decluttering and organizing your home will help avoid trips and stumbles that can turn ugly fast. Walk through your home and keep your eyes on the ground. What can you clear or move to keep pathways as open as possible?

"I recommend getting rid of all the area rugs," Dr. Rester says. "They are a huge contributing factor for falls in the home and not worth the risk."

INSTALL LIGHTS

You're more likely to fall if you can't see where you are going, so consider installing extra lights throughout the house.

"Many seniors need to get up in the middle of the night to use the bathroom and such, so making sure that their path is well-lit is important," Dr. Rester says.

BATHROOM UPGRADES

Your bathroom decor should be functional first. Add a few upgrades, like safety bars near the bathtub, shower, and toilet. Throw a mat inside the shower to provide extra traction.

Make sure the bottom of the bath mat has a nonslip surface and is properly secured to prevent falls, Dr. Rester says. And keep frequently used items like shampoo, conditioner, and soap in an easy-to-reach place.

"A towel rack is not a suitable safety rail," Dr. Rester says. "It will not hold your weight."

PRACTICE LADDER SAFETY

If you ever feel uneasy on your feet, it's a good idea to seek out someone who's steadier for any job requiring a ladder.

Ask a friend, family member, or neighbor to steady the ladder and help as you ascend and descend.

Serious falls could mean a trip to the emergency room.



CALLING FOR HELP

It's a good idea to remind older loved ones to keep a phone close by or in their pocket at all times in case of a fall. This will help them reach emergency services if the need arises. Medical alert devices and a wearable call button are also great options.

"Medical alert devices are especially important if you live alone," Dr. Rester adds. "If you fall and have no way of getting help, you could be on the floor for days."

Some insurance companies cover the costs or offer them at a discount. Ask your provider or physician about your options.

TALK TO YOUR DOCTOR

A yearly checkup can help keep you healthy and allow your doctor to evaluate your medications.

Talking to your doctor during that checkup is vital to reducing your risk of falling and can help you understand what risk factors you may have for falling. Ask your doctor what you can do to mitigate those factors.

"Some medications have certain side effects, including drowsiness and dizziness, which can lead to falls," Dr. Rester says. "When you see your doctor, review your list of medications together — even the ones that are over the counter."

Learn more about emergency care at Methodist Richardson and visit CDC.gov/falls for more resources on preventing falls.

> WHETHER IT'S A QUICK SLIP OR A MORE DRAMATIC FALL, IT IS ALWAYS BEST TO CHECK IN WITH YOUR PHYSICIAN OR SEEK MEDICAL ATTENTION. **METHODIST HEALTH SYSTEM HAS IMPLEMENTED A PROGRAM TO KEEP OLDER TRAUMA PATIENTS STEADY ON THEIR FEET."**
>
> — **J. DARRYL AMOS, MD, DABS, FACS, CPE**, EXECUTIVE DIRECTOR OF TRAUMA SERVICES AT METHODIST HEALTH SYSTEM



4 PRENATAL TESTS THAT WOMEN OVER 35 SHOULD CONSIDER

Many women in their 30s may be in the prime of life, but in the world of obstetrics, 35 is already "advanced" maternal age

Expecting mothers who are 35 or older face a greater risk of complications than younger women, making prenatal care a must, says **Margaret Warren, DO**, maternal-fetal medicine physician on the medical staff at Methodist Dallas Medical Center.

Not only are women in this age group more likely to develop complications such as preeclampsia or diabetes, but their babies also have a higher risk of genetic abnormalities.

"That risk increases once you reach 35," Dr. Warren explains. "We see a rise in cases of missing or extra chromosomes at that age."

It's why expecting mothers over the age of 35 often require closer monitoring. To stay on top of your baby's health, Dr. Warren recommends talking to your doctor about some additional prenatal testing before or during your pregnancy. **Here are some options to consider:**

1. GENETIC SCREENING

One thing anyone can do, no matter where they are in their journey to parenthood, is to consider genetic screening.

"A genetic counselor can map out the family tree on both sides of the family and see if there's anything specific to test for," Dr. Warren says. "You may find out you're a carrier of a certain genetic condition, even though you don't have it yourself, and want to assess your baby's risk.

2. NONINVASIVE SCREENING

Once you're pregnant, there are noninvasive options to assess your baby's health. Doctors can perform ultrasounds and blood draws as early as ten weeks to complete a panel of health screenings.

"There's generally no risk to the pregnancy, but these tests are not perfect," Dr. Warren says. "The best screening test with the highest sensitivity and specificity is the cell-free DNA test."

This method requires a blood draw and examines the DNA fragments of the baby floating in the mother's bloodstream, Dr. Warren explains. It looks for clues of potential issues with the baby's 23 pairs of chromosomes. If one set has an extra chromosome — meaning three, instead of two — it is called a trisomy, which can cause a range of birth abnormalities and disabilities.

Cell-free DNA tests look for trisomy 21 (Down syndrome), trisomy 13 (Patau syndrome), and trisomy 18 (Edwards syndrome).

"Trisomy 13 and 18 are considered lethal anomalies and often have multiple structural abnormalities associated with them, such as cleft lip, clenched hands, rocker bottom feet, brain and heart abnormalities, and other abnormalities," Dr. Warren says.

While prenatal screenings cannot provide guarantees, they can suggest whether more definitive testing is needed.

3. PLACENTAL CELL SAMPLING

If your screening results place you in a high-risk group, your doctor might recommend a diagnostic test.

"We can do what's called a chorionic villus sampling, which is done at 10 to 14 weeks," Dr. Warren explains. "It involves collecting a sample of cells from the placenta — the chorionic villi."

Doctors use ultrasound imaging to guide a needle through the abdomen or cervix to retrieve the cells. It only takes a few minutes to perform. However, unlike screenings, this method does carry some risk — about 1 in 300–400 odds — of complications, such as bleeding, infection, miscarrying, or water breaking, Dr. Warren says. The payoff is a more spot-on diagnosis.

"Screenings help us determine the risk your baby has of having certain conditions," Dr. Warren says.

4. AMNIOCENTESIS

Amniocentesis is similar to chorionic villus sampling in that it is performed much the same way, takes about the same amount of time, and carries similar risks. But instead of relying on placental cells, this method requires a sample of the amniotic fluid, which contains cells that come from the fetus.

"You're testing the baby directly, instead of the placenta," Dr. Warren says.

It is uncommon for a patient to need both chorionic villus sampling and an amniocentesis, but that decision depends on what doctors find. Amniocentesis can be performed starting at 15 to 16 weeks, and it may make a difference in rare cases in which genetic material from the placenta differs from that of the baby.

"Diagnostic tests give us as close to 100% accurate test results as we can get," Dr. Warren says. "They actually show us a picture of the baby's chromosomes, so we can see if there are extra or missing pieces of genetic material."

TAKE CHARGE

Just because a woman is older than 35 doesn't mean she can't have a healthy baby. And there are plenty of steps you can take to help your pregnancy proceed more smoothly.





"Starting folic acid prior to pregnancy and taking a prenatal vitamin can reduce your risk of open neural tube defects," Dr. Warren says. "If you have any comorbidities — like hypertension, diabetes, thyroid disorders, or any other health conditions — you should work with your doctor to achieve adequate control prior to getting pregnant. That will help minimize associated risks and make sure medications won't interfere with your pregnancy."

But if you feel overwhelmed about having a baby later in life, these additional prenatal tests can be beneficial, says Dr. Warren, who routinely counsels concerned parents. Such tests can potentially help you prepare for medical care that your baby could need after delivery. You may even consider joining online communities for support and advice.

"It's important to have these conversations," Dr. Warren says. "The more information we have about potential health risks, the more we know about what to expect at the birth and have a plan in place."

When you're expecting, Methodist Dallas knows what to expect. Take a virtual tour of the labor and delivery unit.

COMMUNITY

METHODIST DALLAS MEDICAL CENTER



TRAUMA TEAM TEACHES BIKE SAFETY IN BISHOP ARTS

Injury prevention experts from Methodist Dallas' trauma program put their knowledge into action during Rosemont Elementary School's annual iBike Rosemont event in May.

Nearly 100 children and parents biked from their school to the Bishop Arts District to kick off the start of summer, and the trauma team was there to give important safety information to families.

On top of providing hands-on helmet adjustments for young riders, staff also passed out Methodist Dallas-branded first-aid kits.



EXPERTS RESPOND TO GROWING HUMAN TRAFFICKING CONCERN

Methodist Dallas employees attended a human trafficking symposium in June hosted by the Dallas Police Department, all in hopes of reaching patients at risk of trafficking.

Panelists at the event included city and community leaders who educated the audience about identifying victims and finding available support services. According to 2020 data from the National Human Trafficking Hotline, Texas ranks second in the nation for reported cases of human trafficking.

Injury prevention and outreach coordinator **Sarah Bradley, MPH, BSN, RN, CEN (far right)**, and Sexual Assault Nurse Examiner program coordinator **Janaki Subramanian, RN, CA-SANE**, represented Methodist Dallas at the symposium.

"ER nurses have a unique opportunity to provide a space of trust, compassion, and safety for victims of human trafficking," Subramanian said.





METHODIST RICHARDSON MEDICAL CENTER

EMERGENCY TEAM TRAINS WITH AIR AMBULANCE SERVICE

Methodist Richardson emergency department staff underwent safety and education training with CareFlite.

The training included classroom instruction, as well as an up-close look at the medical services performed inside a medical helicopter. Staff learned how best to care for incoming air ambulance patients and those who may need transport.

It was all about safety, making precious minutes count, and being prepared for the next emergency.

HEALTHCARE HEROES HELPING THE HUNGRY

Some people struggle to put food on the table, so to help these families make ends meet, Methodist Richardson sponsored a food drive this summer.

Staff collected canned goods, kid-friendly meals, snacks, breakfast supplies, and hygiene items. Employees collected hundreds of pounds of food, which will benefit the Network of Community Ministries.

HIGHLIGHTS

METHODIST CHARLTON MEDICAL CENTER

CEREAL DRIVE COLLECTS RECORD 44,000 SERVINGS

Methodist Charlton collected more than 44,000 servings of cereal — double last year's total — during this year's food drive benefiting the Cedar Hill Shares food pantry.

The engineering department provided a fourth of the haul, with 11,217 servings. This annual event — organized by Magnet Program Director **Anne-Gret Friedrich-Cuntz, EdD, MSN, RN, CMSRN (second from left)** — directly helps the food pantry and the people it serves. Cereal is among the most frequently requested items because of its long shelf life and the nutrients it contains.

"When our communities need help, Methodist Charlton always steps up to the plate," Friedrich-Cuntz says. "I am so proud to be a part of this initiative. No one should go without food, and this drive will meet so many needs."



CLOTHING DRIVE HELPS THOSE IN NEED

Staff from Methodist Charlton's Delivery System Reform Incentive Payment (DSRIP) program started a clothing drive to help patients in need.

Thanks to everyone who donated clothes, it was a resounding success! Business attire and children's clothes were donated to the Genesis Women's Shelter Benefit Thrift Store in Dallas.



"We have been overwhelmed by the amount of donations received," says **Natasha Royal, LMSW (on left in right photo)**, ER patient navigator. "Our patients now have access to a ton of clothes and shoes. The Methodist Charlton family has truly showed up and showed out, and our team thanks you."





METHODIST MANSFIELD MEDICAL CENTER

FOSTERING A LIFELONG LOVE OF READING

Members of the Mansfield Women's Club donated $5,000 to purchase new books for Methodist Mansfield's Read to Me program, which seeks to promote a lifelong love of reading and helps nurture early literacy skills. The program provides a new book to every child born at the hospital.

KIDS LEARN HEALTHCARE BASICS AT ANNUAL BASH

The team at Methodist Mansfield had a blast at Mansfield ISD's Back-to-School Bash in August at the Dr. Jim Vaszauskas Center for the Performing Arts.

A record turnout of 5,000 people attended the district's first in-person bash since the pandemic began two years ago. Children received school supplies and got to try their hand at a life-size version of the classic board game Operation.

Students also enjoyed playing with pet therapy dogs and learned essential skills, such as wound care and proper handwashing.

METHODIST MIDLOTHIAN MEDICAL CENTER





EXPANDING CARDIAC CARE TO ELLIS COUNTY RESIDENTS

Methodist Midlothian recently completed a $5 million expansion project to add a cardiac catheterization lab. Community leaders and hospital staff celebrated the new facility with an open house and dedication ceremony.

The project features state-of-the-art equipment, hybrid interventional lab resources, and the most advanced technology for diagnosis and treatment of heart disease.

"The cath lab will greatly enhance our ability to diagnose and treat a wide range of cardiac conditions," Methodist Midlothian President **Jary Ganske** says. "The expansion will help meet the ever-growing need for care in Ellis County and provide additional resources for our hospital team and cardiologists on the medical staff."

HELPING YOUNG ATHLETES STAY IN TOP PHYSICAL SHAPE

In preparation for the new school year, Methodist Midlothian offered sports physicals and heart screenings to young athletes from Midlothian ISD. Working with the district, the hospital completed more than 300 sports physicals and nearly 100 echocardiograms.

"Methodist Health System has been partnering with Midlothian ISD to provide athletic physicals and free echocardiogram screenings over the last decade," says **Jeff McDaniel, MD**, family medicine physician on the medical staff at Methodist Midlothian. "This event has provided a chance for quality access to healthcare for many of our young student athletes and also serves as a great service to our community."





METHODIST SOUTHLAKE MEDICAL CENTER

SCHOOL SUPPLIES DRIVE GIVES BACK TO FAMILIES IN NEED

This summer, Methodist Southlake hosted its first back-to-school supplies drive to support GRACE, a Grapevine nonprofit that provides food, clothing, and financial assistance to families in need.

"This was a great opportunity to give back to our community," says Methodist Southlake President **Benson Chacko, FACHE**. "For some, this time of year is a challenge, and we are excited to partner with GRACE to provide these kids with a wonderful start to the academic year." Methodist Southlake reached its goal to collect 50 backpacks filled with school supplies.

STAFF PROMOTES SAFETY AT INDEPENDENCE DAY EVENT

Methodist Southlake celebrated the Fourth of July at the second annual Keller Lights event.

The Independence Day celebration featured live music, food trucks, a hot dog-eating contest, and a fireworks show. Staff braved the heat to volunteer in the medical tent, where they distributed cooling towels, water, and glow sticks.

Methodist
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Dallas, TX 75237
972-708-8600

Methodist Midlothian Medical Center
1201 E. U.S. Highway 287
Midlothian, TX 76065
469-846-2000

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

1 Central Grand Prairie
820 S. Carrier Parkway
Grand Prairie, TX 75051
972-262-1425

2 South Grand Prairie
4560 Lake Ridge Parkway
Suite 200
Grand Prairie, TX 75052
972-263-5272

3 Charlton
7979 West Virginia Drive
Dallas, TX 75237
972-780-8400

4 Methodist Premier Wellness – Charlton Concierge Medicine
3430 W. Wheatland Road
Suite 118
Dallas, TX 75237
972-298-2099

5 Cedar Hill
950 E. Belt Line Road
Suite 150
Cedar Hill, TX 75104
972-291-7863

6 Midlothian
979 Don Floyd Drive
Suite 124
Midlothian, TX 76065
972-775-4132

7 Waxahachie
1700 N. Highway 77
Suite 210
Waxahachie, TX 75165
972-937-1210

8 Methodist Charlton Internal Medicine Associates
7999 West Virginia Drive
Suite A
Dallas, TX 75237
972-296-6696

OTHER FACILITIES

9 Methodist Charlton Family Medicine Center
3500 W. Wheatland Road
Dallas, TX 75237
214-947-5400

10 Methodist Transitional Care Center
109 Methodist Way
DeSoto, TX 75115
469-643-5300

2 Methodist Convenient Care Campus
4560 Lake Ridge Parkway
Grand Prairie, TX 75052
972-522-7778

2 Methodist Urgent Care – Grand Prairie
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