SHINE



TEEN SURVIVES CRASH THANKS TO LIFESAVING MACHINE

SOLVING A DETECTIVE'S CASE OF PANCREATIC CANCER

5 WAYS TO PUT A LID ON HIGH BLOOD PRESSURE

Methodist DALLAS MEDICAL CENTER

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SHINE

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

Pamela Stoyanoff, MBA, CPA, FACHE
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Communications Coordinator, Methodist Health System

Arnila Nolok
Public Relations Coordinator and Videographer, Methodist Health System

Sheryle Nsangolo
Public Relations Specialist, Methodist Health System

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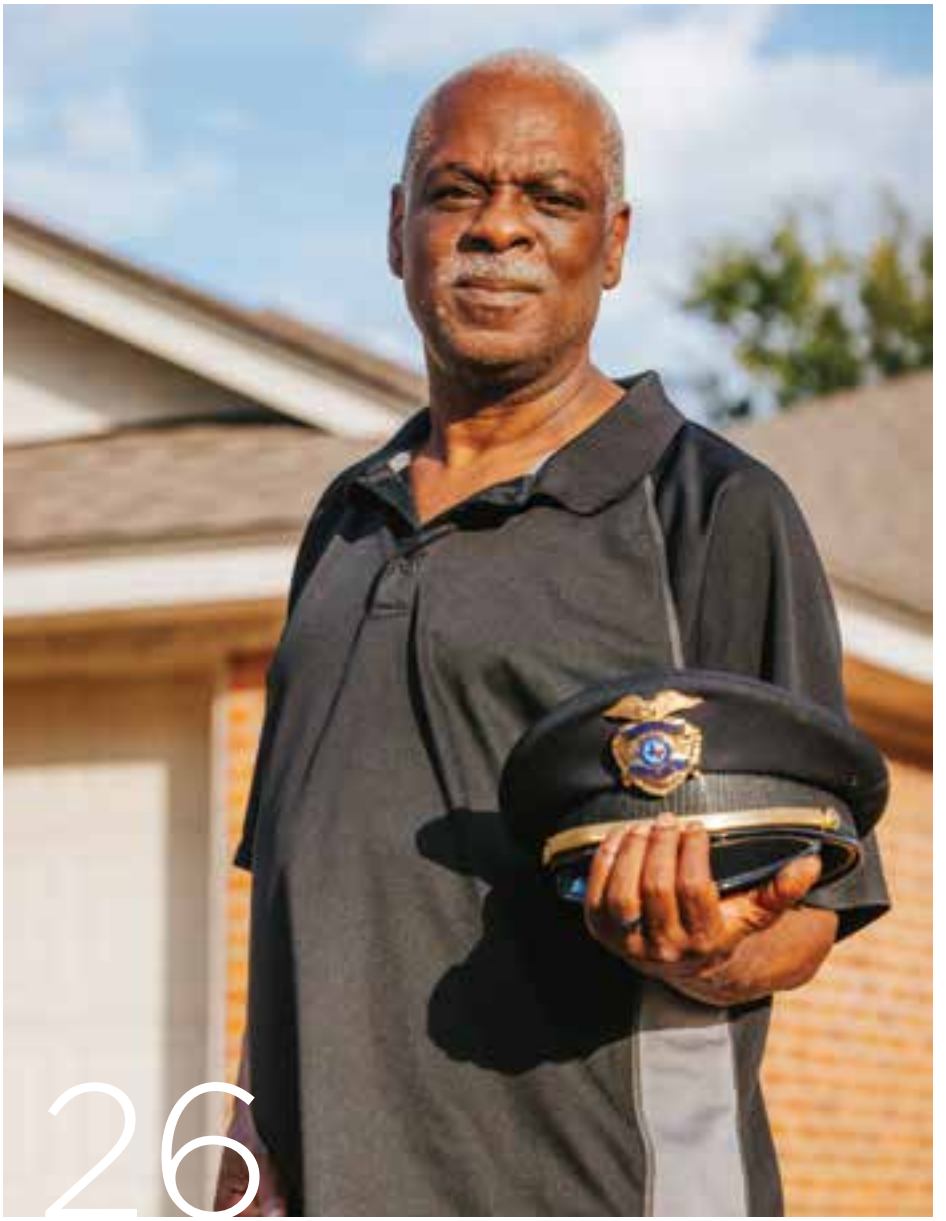

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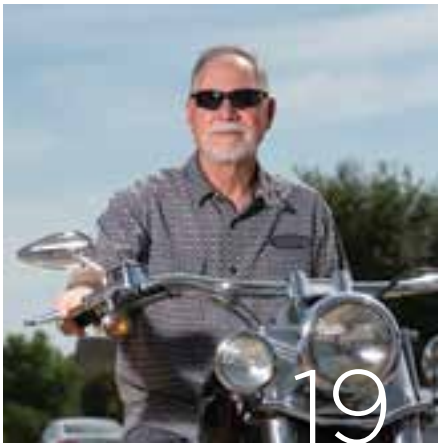

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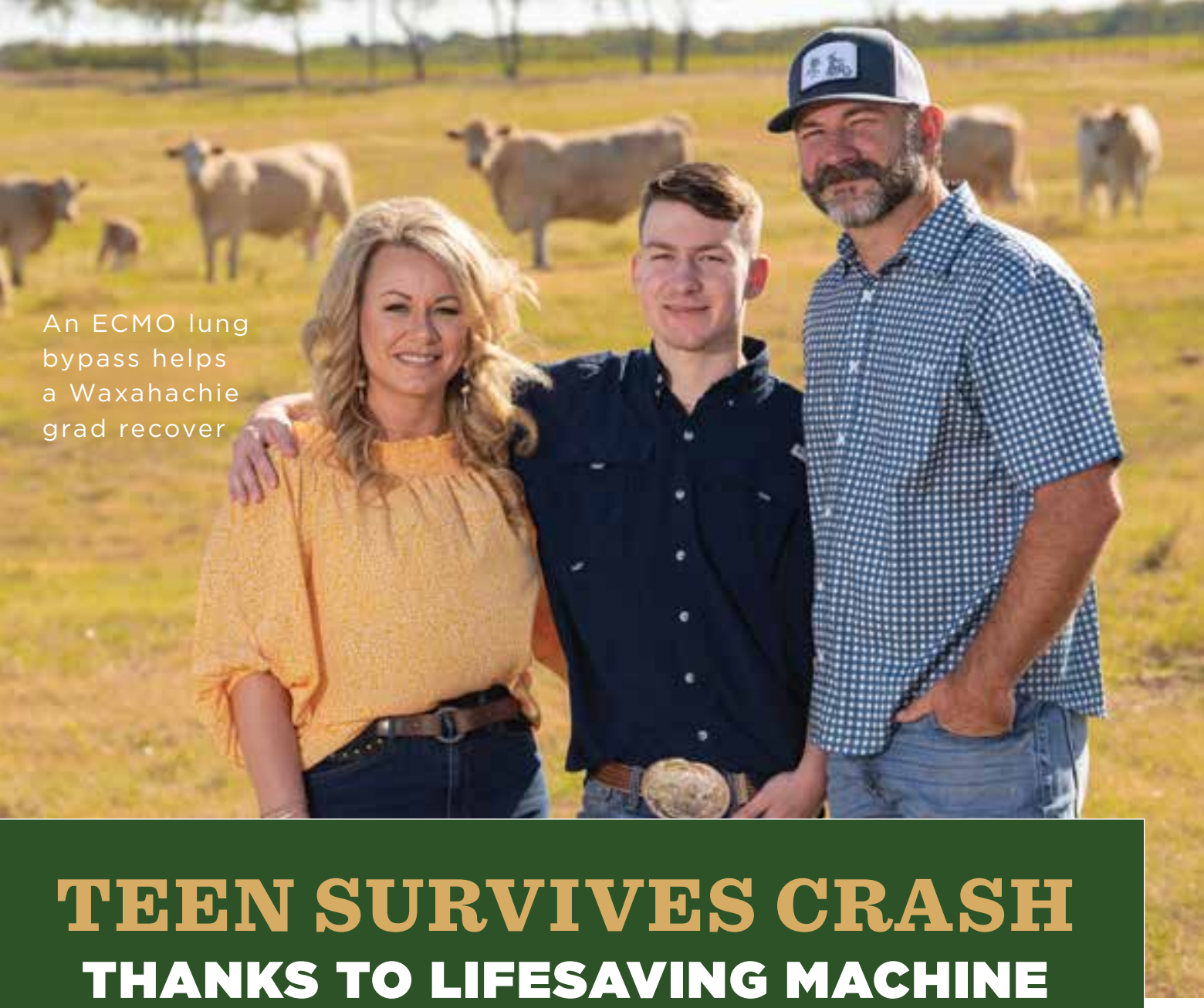


An ECMO lung bypass helps a Waxahachie grad recover

TEEN SURVIVES CRASH
THANKS TO LIFESAVING MACHINE

The family of a Waxahachie teen who survived a fiery crash in rural Ellis County credits his survival to a fateful decision to drive him 40 miles north to Methodist Dallas Medical Center.

"I thank God over and over and over again for bringing us to this hospital," says Garrett Blackmon's mother, Leslie. "Before that night, I had never stepped foot in Methodist."

Paramedics recognized that Garrett needed a Level I Trauma Center, and Methodist Dallas was the closest option.

What they could not know was that his damaged lungs needed special equipment to do the job they could not — and that a month earlier, Methodist Dallas had just received the ECMO machine, short for extracorporeal membrane oxygenation, that would later save his life.

"I don't remember much from that night," Garrett says, "but I'll never forget what everyone did for me. I wouldn't be here if it were not for them."

NIGHT OF THE CRASH

Called to the crash scene the night of May 12, Leslie arrived moments before paramedics got there and found her son lying in the road unconscious. Garrett had been ejected when his pickup flipped over. He was struggling to breathe, with his head resting in a friend's lap.

"It was just a parent's worst nightmare," Leslie says. "I didn't even know what to do, but the paramedics did. That was when I asked, 'Where are you taking him?'"

Their answer: Methodist Dallas, the comprehensive trauma center that was closest to that dark stretch of road a few miles west of Waxahachie. It's one of only 20 Level I Trauma Centers in Texas and seven in Dallas-Fort Worth.

That decision would be lifesaving, but Leslie wasn't so sure at the time. A drive to Dallas seemed like an eternity when every minute was precious.

"I'm sure the look that I gave the paramedic was like 'Why are you taking him there?'" she recalls. "We've lived in Waxahachie for 15 years. Why can't we just take him there?"

When her husband, Brent, joined his family in the Methodist Dallas ICU, it was clear to the retired firefighter that his son was facing long odds. All he could do was put his faith in the nurses and doctors bustling around Garrett.

"At that moment, I was just thinking to myself, 'How am I going to tell Leslie that he's not going to make it?'" Brent recalls. "He's not going to live through this."

TURNING TO ECMO

One of those doctors was **David Mason, MD**, thoracic surgeon on the medical staff at Methodist Dallas. His team placed Garrett on a ventilator to raise his blood-oxygen levels, but his lungs were badly bruised and would need additional help.

"His lungs were not functioning adequately, despite being on a ventilator and 100% oxygen," Dr. Mason says. "ECMO provides time for the body to recover and the lungs to recover."

The surgeon explained what Garrett needed to his anxious parents. ECMO would do what his lungs were unable to do by first scrubbing the carbon dioxide from his blood, passing it through the machine to oxygenate it again, and then returning it to his body.

Two types of patients benefit from this lifesaving treatment: cardiac patients whose hearts are not beating adequately and those in need of respiratory support, like Garrett.

"Of course, I had never heard of ECMO before," Leslie says. "But Dr. Mason said, 'This is our last hope.'"

That was all the Blackmons needed to hear.

A COMMUNITY OF SUPPORT

Garrett was hooked up to the machine for 17 days, all under the watchful eye of the ICU team and a dedicated ECMO support team.

"There are many different people involved in the care of these patients," Dr. Mason says. "It's certainly not a solo act."

Leslie echoed that sentiment, and while there were many ups and downs during those two weeks, she knew Garrett was in good hands through it all.

"I never left the hospital. And you become so attached to these people because they're just angels," she says. "This was the absolute worst experience of my life. But in turn, it was one of the most amazing experiences because of the people that took care of us."

When Garrett's lungs had healed sufficiently, he was removed from ECMO and underwent a tracheostomy on Memorial Day 2022 to make a breathing tube more comfortable.

"We knew that would be his turning point, when he would start waking up," Leslie says.



BACK ON HIS FEET

Garrett did wake up, but there were several more steps to come in his recovery, including an MRI to determine the damage from a skull fracture as well as repairing his broken leg and torn ACL/MCL.

After more than a month in the ICU, Garrett was well enough to be discharged to continue his rehabilitation. On June 15, he left Methodist Dallas through the same emergency room doors that paramedics had rushed him through on May 12.

Two months later, on July 25, he walked out of rehab on his way home to Waxahachie, where he continued physical therapy sessions and celebrated his 19th birthday in September.

"I know how bad off he was, and to see how well he's doing right now, it's nothing short of a miracle," Leslie says. "The staff at Methodist Dallas will always, always, always hold a huge place in my heart."

Watch another teen recount his encounter with a venomous snake that bit him between the eyes.

WHEN YOUR **BACK PAIN** MIGHT BE A **HERNIATED DISK**



Lower back pain catches up with almost everyone, but the causes can range from muscle strains to arthritis to a ruptured disk

The causes of back pain can range from muscle strains to arthritis and herniated disks. And in the case of a slipped disk, the pain might not be in your back at all.

"If you have a herniated disk, or a bulging disk, sometimes the pain does not seem to come from the back," says **Lauren Sand, MD**, neurosurgeon on the medical staff at Methodist Richardson Medical Center. "Instead, people describe it as an electrical or shooting pain down the back of the leg."

A primary care doctor can help distinguish run-of-the-mill back pain from a slipped disk, and Dr. Sand notes a few red flags that indicate you should get help right away.

"Seek urgent medical care if you're having any sudden weakness or urinary or bowel incontinence," she says. "If the pain or numbness alone is affecting your quality of life, this is also a very good reason to seek medical attention."

SHOCK ABSORBERS

There are gel-like cushions between the 24 vertebrae in our cervical, thoracic, and lumbar spine, and any one of these disks can rupture, either with age or because of a traumatic injury, such as a car crash.

The trouble starts when these shock absorbers slip out of their usual confines and push against the bundle of nerves surrounding our spines, causing pain, numbness, or tingling.

"If that happens, it can pinch the nerves that travel to important areas of the body," Dr. Sand says, "and that may be why you start having the symptoms you're having."

SCIATIC NERVE PAIN

If a disk ruptures in your neck, you may feel pain in your arm, chest, or abdomen.

"It's quite common in the neck and lower back," Dr. Sand says, "less so in the middle of the back because you're not moving that as much as your neck and lower back, which are more prone to degenerative changes."

Five of these disks are in the lumbar region, or lower back, which carries the biggest burden when we move around or sit slouched in a desk chair for hours on end.

When a disk ruptures in your lower back, it may push against the sciatic nerve, the longest nerve in your body, which travels through the hip and backside all the way down the leg.

The resulting pain, tingling, or numbness — commonly referred to as sciatica — can be severe and even weaken the affected leg or cause bowel or bladder problems.

"The majority of the time, conservative measures, such as physical therapy and anti-inflammatory medications, will solve the problem," Dr. Sand says. "Occasionally, it doesn't get better, which is often an indication that surgery could be the better option."

DIAGNOSIS & TREATMENT

The first step to relieving chronic back pain is to see a doctor, whether it's a primary care physician or a specialist. They will likely start with an X-ray or a CT scan to ensure there are no fractures or other serious problems.

But these tests usually can't detect a herniated disk or nerve issues. For that, you'll need an MRI.

"CT scans and X-rays are mostly for looking at bone," Dr. Sand says.

"An MRI is a unique tool that can clearly define disk spaces, nerves, the spinal cord, and other surrounding soft tissue."

Once the problem disk is diagnosed, most doctors will opt for conservative measures, like over-the-counter pain relievers, back stretches, and alternating cold packs and hot pads.

If the pain doesn't go away within a few weeks, a doctor may prescribe anti-inflammatory drugs or muscle relaxants and, eventually, turn to physical therapy.

WHEN TO CONSIDER SURGERY

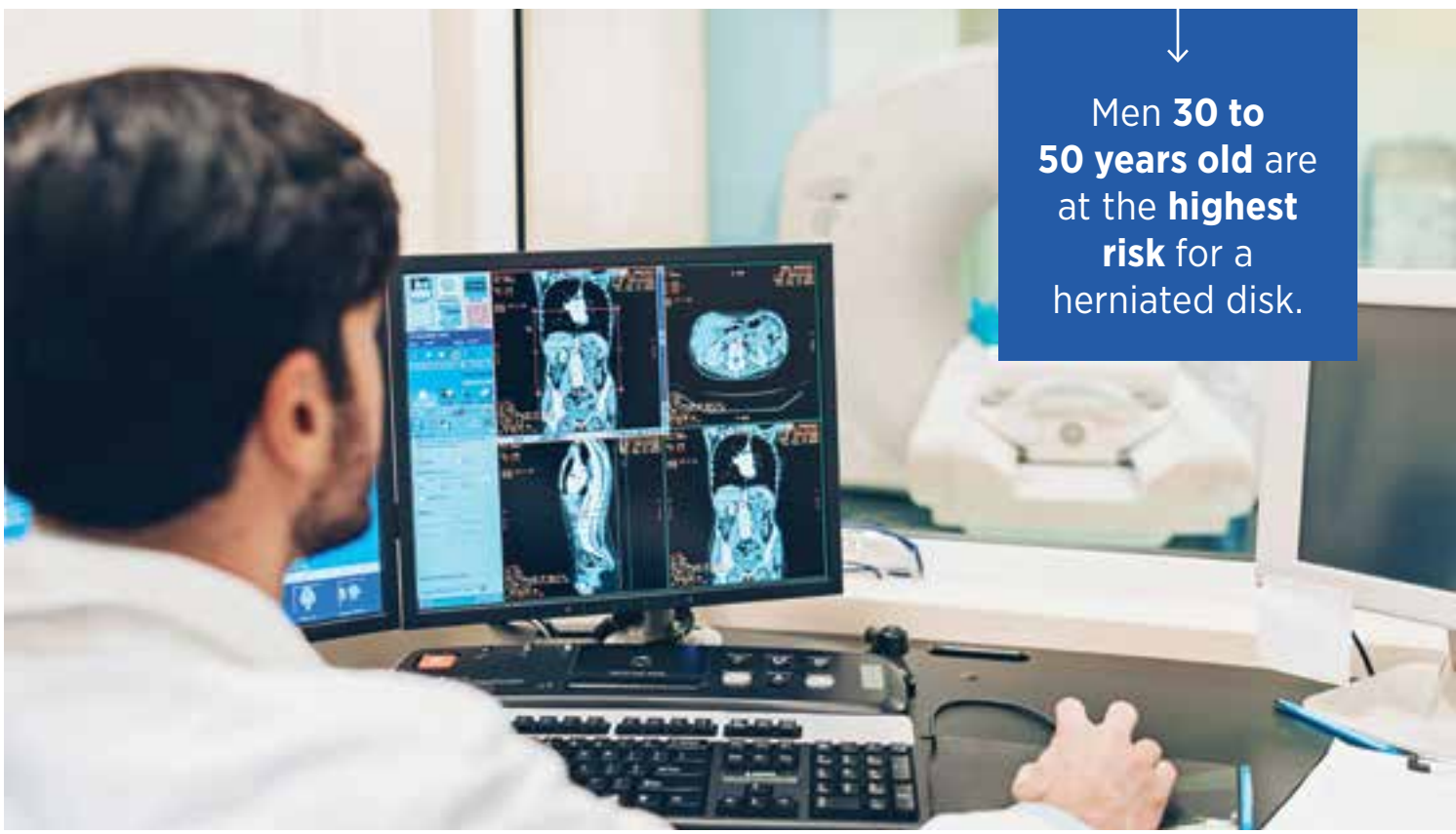
Surgery may become necessary if the pain is severe enough and has not dissipated or if it significantly affects daily living.

"For example, surgery may be the best option if it's a large disk herniation that's unlikely to get better on its own," Dr. Sand says.

And again, she emphasizes, watch for those red flags: weakness, pain that disrupts your daily life, and incontinence. Don't wait to seek help in those cases.

"Talk to your primary care provider if you have any concerns," Dr. Sand advises, "and they can help guide you in the right direction, whether it is a nonsurgical or surgical route."

Learn what your symptoms indicate by taking our spine health risk assessment.



Men **30 to 50 years old** are at the **highest risk** for a herniated disk.

TEAM EFFORT HELPS

COACH TACKLE COLON CANCER

An Arlington football coach thought he was in perfect health before doctors diagnosed him with stage III colon cancer



Good health had always been a given for Rodney Seastrunk, an Arlington youth football coach and one-time personal trainer — until last fall when he was blindsided by colon cancer.

"For the first time in my life, I didn't know what to do," the 44-year-old admits. "Usually, I'm the one who has the answers, but this time I didn't."

Fortunately, his medical team at Methodist Mansfield Medical Center was there to provide the right game plan.

"They did so much for me. They kept me motivated," he says. "I knew I was in good hands."

'WHEN IT HIT ME'

It was late September 2021 when abdominal pain and vomiting first brought Rodney to the Methodist Mansfield emergency department. The nausea was so intense that even standing up was a struggle.

At first, Rodney thought it was a bad case of food poisoning, but after consulting **Joshua Trussell, MD, FACS, CPE**, general surgeon on the medical staff at Methodist Mansfield, medical scans and a subsequent colonoscopy revealed stage III colon cancer.

Rodney had noticed some weight loss and gastrointestinal symptoms, but he had not put the pieces together until that ER visit when doctors told him a mass was obstructing his large intestine.

"That's when it hit me," Rodney says.

'EARLY AGE' CANCER

Colon cancer is more commonly discussed among older adults, says **Sarju Waghela, DO**, oncologist on the medical staff at Methodist Mansfield. But because of the rising prevalence of "early age" colon cancer cases among younger adults, the recommended age to get a colonoscopy as a cancer screening has been lowered from 50 to 45.

Patients with a family history of the disease should seriously consider a colonoscopy before 45, Dr. Waghela says.

"For example, if your mother was diagnosed with colon cancer at age 52, you should get screened 10 years before her age of diagnosis — at 42, in this case," she explains.

Rodney had no family history of the disease, which made his diagnosis all the more shocking.

"I was a perfectly healthy guy, eating right and working out, and I still ended up with colon cancer," he says.

"I want everyone — men and women — to go get checked, especially minority communities."

EMERGENCY SURGERY

Doctors got to work immediately to treat Rodney, who had multiple infections causing an abscess to form in his colon.

"Initially, the plan was to do chemotherapy first to shrink the tumor, then go to surgery," Dr. Waghela recalls. "But he ended up having a complete bowel blockage that landed him in the hospital."

Rodney had only completed one round of chemotherapy before he had to have emergency surgery to remove the blockage. Dr. Trussell excised about 10 inches of his colon and appendix, but by then, the obstruction had already caused significant damage.

Rodney was in the hospital for two months, from late October through most of December 2021. An always supportive cast of family and friends visited the father of six to keep his spirits up.

"He had a positive attitude about it," Dr. Waghela says. "Even at his worst, he was still positive, and he had a group of people around him who were championing him."

> I ADVISE EVERYONE WHO WENT THROUGH THIS — OR IS GOING THROUGH THIS — TO STAY STRONG. **IT'S A FIGHT. YOU JUST HAVE TO KEEP FIGHTING. DON'T GIVE UP.**
>
> — RODNEY SEASTRUNK

PATH TO RECOVERY

Rodney also credits his medical team for seeing him through his recovery, from his surgery to his release late last year and all the way until his final chemotherapy treatment in August 2022, when he rang the bell at the hospital to declare himself cancer-free.

"Ringing the bell tells me that I won the game," Rodney says. "From the nurses who helped me to my surgeons to my oncologist, I thank them from the bottom of my heart."

Now he's excited to turn his attention to more important things: spending time with family and coaching his local youth football team to a victorious season.

"Coaching the Arlington Apaches means everything to me," he says. "Seeing them winning or having fun out there just brings a big smile to my face because I know I'm making a difference in their lives."

He's also determined to make a difference for other cancer patients by sharing his story.

"I advise everyone who went through this — or is going through this — to stay strong," he says. "It's a fight. You just have to keep fighting. Don't give up."



Watch Coach Seastrunk share his journey and reunite with his team.



CARDIOLOGY TEAM GETS BUS DRIVER **BACK IN THE DRIVER'S SEAT**

Patients at Methodist Midlothian can now benefit from advanced care at the hospital's brand-new heart lab

> IN MY LIFETIME, I'VE HAD MY SHARE OF MAJOR SURGERIES, SO I KNOW A THING OR TWO ABOUT QUALITY CARE. **I'VE NEVER HAD BETTER CARE IN MY LIFE THAN I DID AT METHODIST MIDLOTHIAN MEDICAL CENTER.**
>
> — ROBERT RICHARDS

Bus driver Robert Richards knows the roads of Midlothian well, and now he has a shortcut to state-of-the-art heart care at Methodist Midlothian.

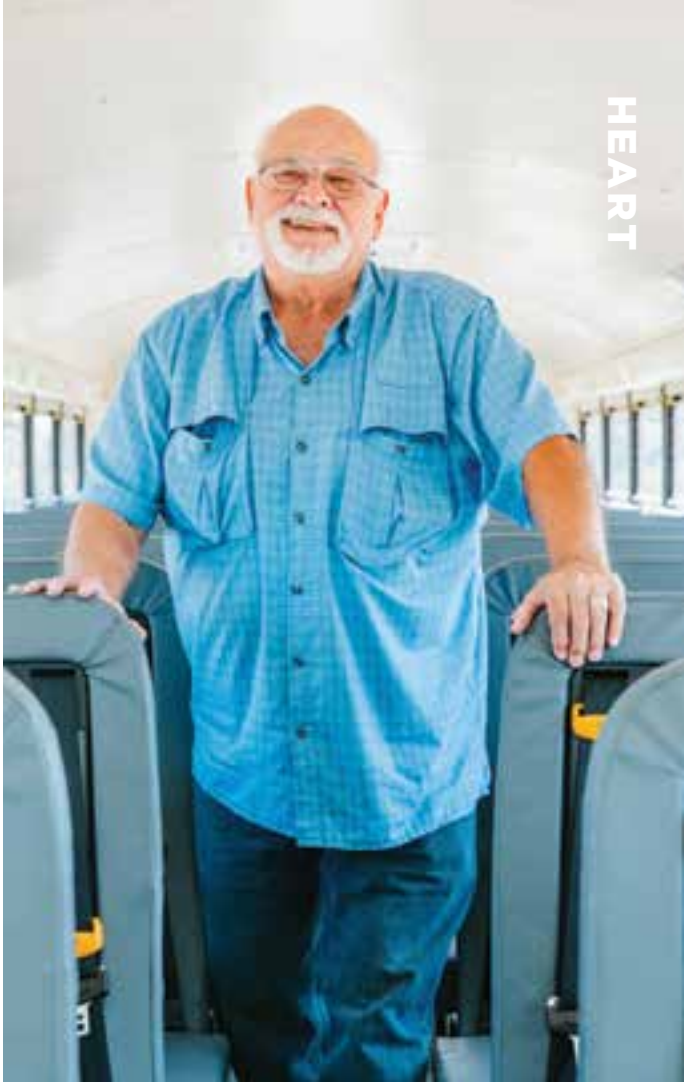
The school year had just started in August 2022, when the 78-year-old suffered severe chest pain during one of his morning routes.

"I thought I was having a heart attack, so my wife, Diane, took me to Methodist Midlothian," says Robert.

Before November 2020, when their hometown hospital first opened, Robert and his wife of nearly 60 years would drive 15 miles to Methodist Mansfield Medical Center for emergency care. Now they have an ER and a new cardiac catheterization lab five minutes from home.

In August 2022, Robert became the first patient treated at Methodist Midlothian's cath lab, which identified his nonobstructive coronary artery disease. After a series of tests, punctuated by a Code Blue, he was back behind the wheel by the end of the month.

"In my lifetime, I've had my share of major surgeries, so I know a thing or two about quality care," Robert says. "I've never had better care in my life than I did at Methodist Midlothian."



'INCREDIBLE TEAM'

On the morning of Aug. 12, Robert was rushed into diagnostic testing to figure out the source of his angina, or chest pain. When the results from his electrocardiogram ruled out a heart attack, the on-duty emergency department physician decided to admit Robert for further testing.

"The next day, I underwent a chest X-ray and a CAT scan that showed I had restricted blood flow to the heart which was causing the chest pain," Robert says. "The doctors were able to give me medication to manage the pain."

Robert's second night in the hospital took a turn for the worse when his blood pressure began spiking and then dropped below normal levels. At one point overnight, one of his nurses had to initiate a Code Blue, an emergency alert, because of the extreme swings in Robert's blood pressure.

"They got me stable and comfortable so that I could rest," says Robert. "I had an incredible team that night."

NEW CATH LAB

Finding the cause of Robert's angina fell to **Levi Rice, DO, MBA, FACC**, interventional cardiologist on the medical staff at Methodist Midlothian.

Dr. Rice reviewed the test results, contacted Robert's regular cardiologist for any further information, and made the call that it was time for advanced diagnostics to pinpoint the problem.

"In this sort of situation, the best course of action is to get the patient into a cath lab for a cardiac catheterization," Dr. Rice says. "During this procedure, a thin, flexible tube called a catheter is guided through a blood vessel to the patient's heart to diagnose and treat different heart conditions."

Before this case, Methodist Midlothian patients who needed this sort of advanced cardiac care were transferred to Methodist Mansfield. But on Aug. 15, 2022, Robert became the first patient to undergo a procedure in the brand-new cath lab. Dr. Rice performed a left-side heart catheterization to get a detailed look at Robert's heart.

"During Robert's catheterization, I was able to see evidence of mild nonobstructive coronary artery disease," Dr. Rice says. "Often, we do not know the degree of disease until performing an angiogram."

BACK AT THE WHEEL

After five days in the hospital, Robert returned home to recover for a few more days before he felt ready to get behind the wheel again.

"I got to the right hospital at the right time," he says. "I'm having more fun at this job than both of my previous careers in start-up management and landscaping. I'm so grateful to be back behind the wheel so soon after my heart scare."

No doubt his wife and students are grateful, too.

Take a video tour of the new cath lab with Roberto Wayhs, MD, interventional cardiologist on the medical staff at Methodist Midlothian.



ATTORNEY GOES FROM
PATIENT *to* PAGEANT

Amy Bosway cared for her husband through thick and thin — then honored his memory by taking part in a beauty pageant after weight-loss surgery



A supremely self-confident Amy Bosway took part in a beauty pageant after losing half her body weight thanks to bariatric sleeve surgery at Methodist Charlton Medical Center.

In fall 2021, the Cedar Hill attorney participated in the Miss Texas for America Strong pageant. Among her many talents: losing over 100 pounds, going from a size 24 to a 4, and keeping the weight off for three years and counting.

"My husband and I were so proud of that," says Amy, 53. "No one could believe I lost so much weight."

'I LOST TRACK OF MYSELF'

Amy wasn't always so devoted to fitness, but she did weigh 130 pounds on her wedding day. That was a happier time before her husband's health declined.

A few years after she married Don, he was diagnosed with chronic obstructive pulmonary disease (COPD) and later lung cancer. His condition eventually became terminal.

"I just lost track of myself," Amy says. "He was my rock, my sweetheart. What I ended up doing was sacrificing my own self-care."

Her weight doubled, and she developed diabetes, high blood pressure, and metabolic syndrome.

"I was so out of breath, and everything hurt," she says.

Don worried he would outlive Amy, and she struggled to take care of her ailing husband. The couple decided something had to change.

BARIATRIC SLEEVE

Inspired by a colleague's success story, Amy began looking into surgical weight loss and met with **Manuel Castro-Arreola, MD**, bariatric surgeon on the medical staff at Methodist Charlton. She says Dr. Castro and his team patiently spent an hour answering every question she had.

He recommended a bariatric sleeve, a procedure that is performed laparoscopically and with the help of a surgical robot. It reduces the size of the stomach so patients feel full quickly and eat less.

The procedure also prompts hormonal changes that would help with Amy's high blood pressure.

Still, she had reservations. "I was thinking, gosh, I'm taking a shortcut here. I'm cheating," Amy says. "Then I realized, no, I'm not. I'm just getting another tool to help me lose weight."

LAYING THE GROUNDWORK

Amy spent six months preparing for the lifestyle change, including exercise, a few pre-op sessions, and meeting with the team's nutritionist and a psychologist.

"We talked about restraint and discipline a lot because those were my two biggest problems," she says. "They helped me in so many ways."

Laying the groundwork before surgery is the key to a successful outcome, Dr. Castro says, but action must follow education.

"Having the knowledge and knowing how to apply it are two different things," he says. "Patients who address the underlying causes of disordered eating prior to surgery tend to have more long-term success."

THERE FOR HER HUSBAND

Amy went in for the surgery in December 2018, then headed home with her husband soon afterward.

In the months that followed, she held herself accountable with follow-ups every week at first. Over that first year or two, Amy got off all medication for diabetes and high blood pressure and lost more than 160 pounds. Her newfound confidence needed an outlet.

"I ended up competing in a pageant," she says.

But by July 2020, Don's health was deteriorating again, and Amy was told it was time to move him into hospice. She provided end-of-life care almost entirely by herself because of pandemic restrictions at the time. It was a challenge she might not have been up to before her weight loss.

"I know my husband had the best quality of life because I was in better shape," she says. "He took his last breath in my arms."

The team at Methodist Charlton was there to support her, a safety net that Dr. Castro says is critical because "life doesn't stop" after surgery.

"The team has an open door anytime to call with concerns," Amy says. "Their hearts are in it, and it shows."

Take our free weight health risk assessment so you can prevent future complications.





PAXLOVID SHOWS PROMISE IN PREVENTING 'LONG COVID'

To be effective, however, Paxlovid must be taken shortly after infection

WHEN HEALTH OFFICIALS approved Paxlovid to treat COVID-19, it was touted as the most effective way of heading off severe infection and hospitalization. Now preliminary research shows that it could also prevent "long COVID."

Patients who took the anti-viral were less likely to suffer long-lasting symptoms like fatigue, cardiovascular problems, and brain fog, according to a large study that used data from a Veterans Health Administration database.

The drug limits how the virus replicates when it's taken within five days of experiencing COVID-19 symptoms.

"Paxlovid reduces the number of copies of the COVID virus, thus reducing deep-tissue penetration and prolonged disease," says **Jon Albrecht, RPh, MHA, BCNSP, FASHP**, vice president of Pharmacy Services for Methodist Health System. "That's why it is important to take it early when symptoms first appear."

In this way, the pill works much like Tamiflu, another anti-viral medication, does for the flu, which must also be taken within the first five days of symptom onset.

HOW DOES IT WORK?

Even if you're familiar with Paxlovid, you may not know that it consists of two distinct drugs with two distinct purposes:

- Nirmatrelvir stops the infection in its tracks by inhibiting an enzyme that the coronavirus needs to replicate.
- Ritonavir, a drug that has been used to treat HIV/AIDS, prevents the liver from metabolizing nirmatrelvir so it stays in the body longer.

The Centers for Disease Control and Prevention issued a health alert in May 2022, saying rebound symptoms were typically mild and no cases were severe.

It's likely that the infection re-emerges in older patients because the virus burrowed into tissues, where the anti-viral could not easily penetrate, Albrecht says.

"The coronavirus can be deep-seated within tissues," Albrecht says. "So if you stop taking the drug before the virus is fully suppressed, then it starts to replicate again."

WHO CAN GET IT?

First approved for emergency use in December, Paxlovid was in high demand during the winter surge.

Now, it's widely available with a doctor's prescription, and pharmacists are more worried that thousands of doses will go to waste.

That's because the U.S. government bought 20 million courses of Paxlovid in April 2022 to be distributed at select pharmacies.

Paxlovid is authorized for people 65 and older or people 12 and up with mild to moderate COVID-19 who may be at high risk of severe disease, according to the FDA.

"The best results have been seen in patients 65 and older," Albrecht says.

HOW EFFECTIVE IS IT?

Paxlovid isn't the only anti-viral approved for treating patients at high risk for COVID-19. But it's proved to be the most effective — by far.

One downside of Paxlovid is the laundry list of other medications it can interact with, many of them drugs that older adults depend on.

Drugs that treat cancer, heart arrhythmia, epilepsy, high cholesterol, and an enlarged prostate are on the list, as are blood thinners, which can reach unsafe levels in the body because the drug interferes with their metabolism.

It's wise to share a list of your medications with a doctor or pharmacist before seeking a prescription for the anti-viral.

And remember, medications like Paxlovid have a very short window of effectiveness, so if you're at high risk and you feel sick, get tested as soon as possible. Don't shrug off your symptoms as allergies or a run-of-the-mill cold.

"Better safe than sorry," Albrecht says. "Go get tested and check in with your doctor. They will know what to do."

Get the latest news about COVID-19 and how to head off a potential "tripledemic" during cold and flu season at ShineOnlineHealth.com.

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Room 509F, HHH Building
Washington, DC 20201
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ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

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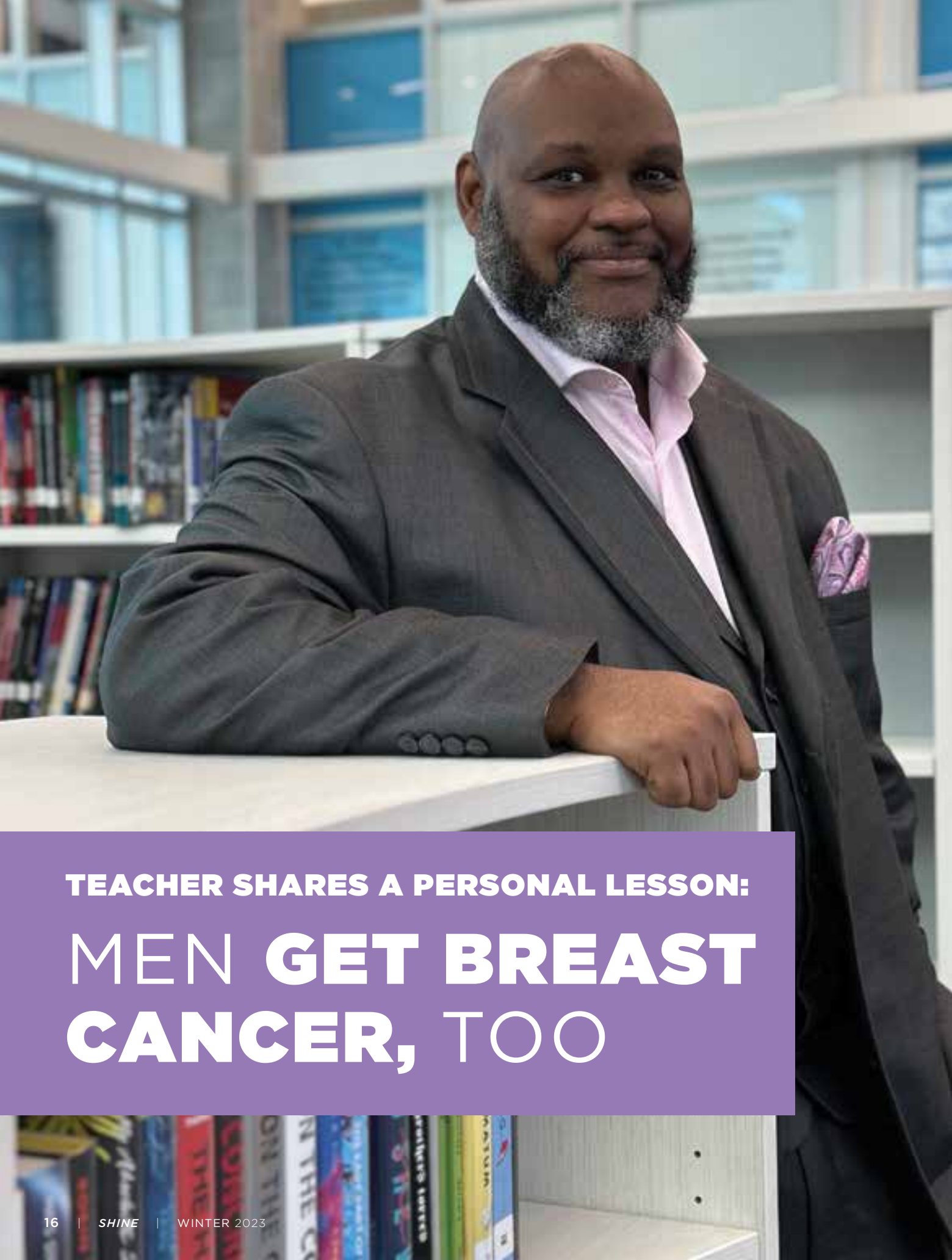


TEACHER SHARES A PERSONAL LESSON:

MEN **GET BREAST CANCER,** TOO



A journalism instructor in Dallas was blindsided by a diagnosis **only 1 in 800 men will get: breast cancer**

As a minister and journalism teacher, Stephen Terry understands the power of a testimonial, making him uniquely qualified to spread awareness about breast cancer in men.

The 49-year-old, who teaches at Roosevelt High School in Dallas ISD, was first diagnosed in early 2022, and his initial reaction was disbelief. Fortunately, he says, it wasn't panic that came next, but rather acceptance and faith.

"When I heard my diagnosis, my first thought was, 'Not me. Wow,'" Stephen says. "Then I felt like I heard a voice that said, 'Trust me. I'm in control. I got you.'"

Now he wants to serve as a voice for others like him who have a disease that afflicts about 1 in 800 men, compared with one in seven women.

"If you feel something is not right," Stephen says, "get yourself tested so that the doctors have an opportunity to help you."

STAGE 2 CANCER

Stephen first realized something wasn't right in late 2021 when he felt a sharp pain on the left side of his chest. He got a mammogram at the recommendation of his primary care physician, **Brian Nguyen, MD**, internal medicine doctor on the medical staff at Methodist Dallas Medical Center.

In early 2022, Stephen was diagnosed with stage 2 breast cancer after doctors found a tumor in his chest measuring roughly two to five centimeters.

Further testing showed the cancer had spread to his lymph nodes, says **Katrina Birdwell, MD, FACS**, breast surgeon on the medical staff at Methodist Dallas.

"When we learned the cancer had already spread, the team at Methodist Dallas worked fast to start treatment immediately," Dr. Birdwell says.

Stephen says hearing Dr. Birdwell's confidence reinforced his own faith in the medical team.

"Dr. Birdwell said, 'We have a treatment plan that's going to work for you,'" Stephen says.

"That was really comforting knowing that no matter what the results came back as, there was a plan available for me. My physicians and nurses have been very reassuring throughout the entire process."

CANCER RATES DIFFER

While Stephen's diagnosis proves that breast cancer is a real concern for men, such cases are uncommon, so it's no wonder male patients shrug off their symptoms.

"Since many people do not know about the possibility of breast cancer in men, there can be delays in diagnosis and treatment, which ultimately impacts a patient's overall outcome," Dr. Birdwell says.

Breast cancer is most often diagnosed in women aged 50 to 60, but Dr. Birdwell has seen patients in their early 20s and others in their late 90s.

Race also plays a factor in breast cancer rates: For every 100 women diagnosed with breast cancer, one Caucasian man is diagnosed with the same disease. In African Americans, that ratio is 70 women to one man. Dr. Birdwell says Black men tend to be diagnosed at a later stage compared with their white counterparts.

"If Stephen had waited even a few months to see his doctor and start this process, his outcome could have been drastically different," Dr. Birdwell says.

CATCHING IT EARLY

Stephen's case was also unusual because the tumor caused him discomfort. That's why a monthly self-check is so important for anyone over age 25. Look for any sort of mass, large or small.

"Most breast cancers are painless masses," Dr. Birdwell says. "If you feel something firm that is growing in size, it is a good idea to make an appointment with your primary doctor or someone who specializes in breast cancer."

As for mammograms, most women need them every year starting at age 40 — earlier if you have a strong family history of breast cancer. And for men and women with a family history of specific gene mutations like BRCA1 or BRCA2, mammograms should be performed starting at age 25.

FAITH AND FAMILY

Stephen underwent 16 rounds of chemotherapy, which shrank the tumor and kept the cancer from spreading. Dr. Birdwell then removed the tumor and lymph nodes from the left side of his chest, as well as cancer-free tissue on the right side as a precaution.

The next step was radiation therapy along with continued hormone therapy, or endocrine therapy, to prevent the cancer from coming back.

Throughout the journey, Stephen relied heavily on the support of his family, from his caring wife and two children to his 88-year-old father, who sat with him during treatment. Stephen says his health journey actually brought his family closer together.



"My family gave me some relief, knowing that they were by my side," Stephen says. "It wasn't like they were just on the sideline watching. They actually played an active role."

BACK TO HIS CLASS

During most of his treatment, Stephen stepped away from the classroom to lower his risk of infections, like COVID-19. But he's now back to teaching again at Roosevelt High, less than three miles from Methodist Dallas.

"Everything that I love about teaching, I'm able to do that again," Stephen says. "That's been wonderful."

Dr. Birdwell says she's grateful to Stephen for sharing his story and reminding a larger audience that they could be at risk, too.

"I truly believe he can save many other men's lives by his willingness to take his health journey public," she says.

Stephen is determined to share his story to encourage other men to examine their health more closely.

"You don't need to be ashamed as a man," he says. "It's your body, and anything can happen to your body."

Watch Stephen share his story on ShineOnlineHealth.com.

NEW BREAST CENTER

Methodist Dallas marked Breast Cancer Awareness Month in a big way with the debut of its new Linda and Mitch Hart Breast Center this fall.

The 8,000-square-foot center screens more than 10,000 women every year, and now it's newly renovated thanks to a $3 million overhaul.

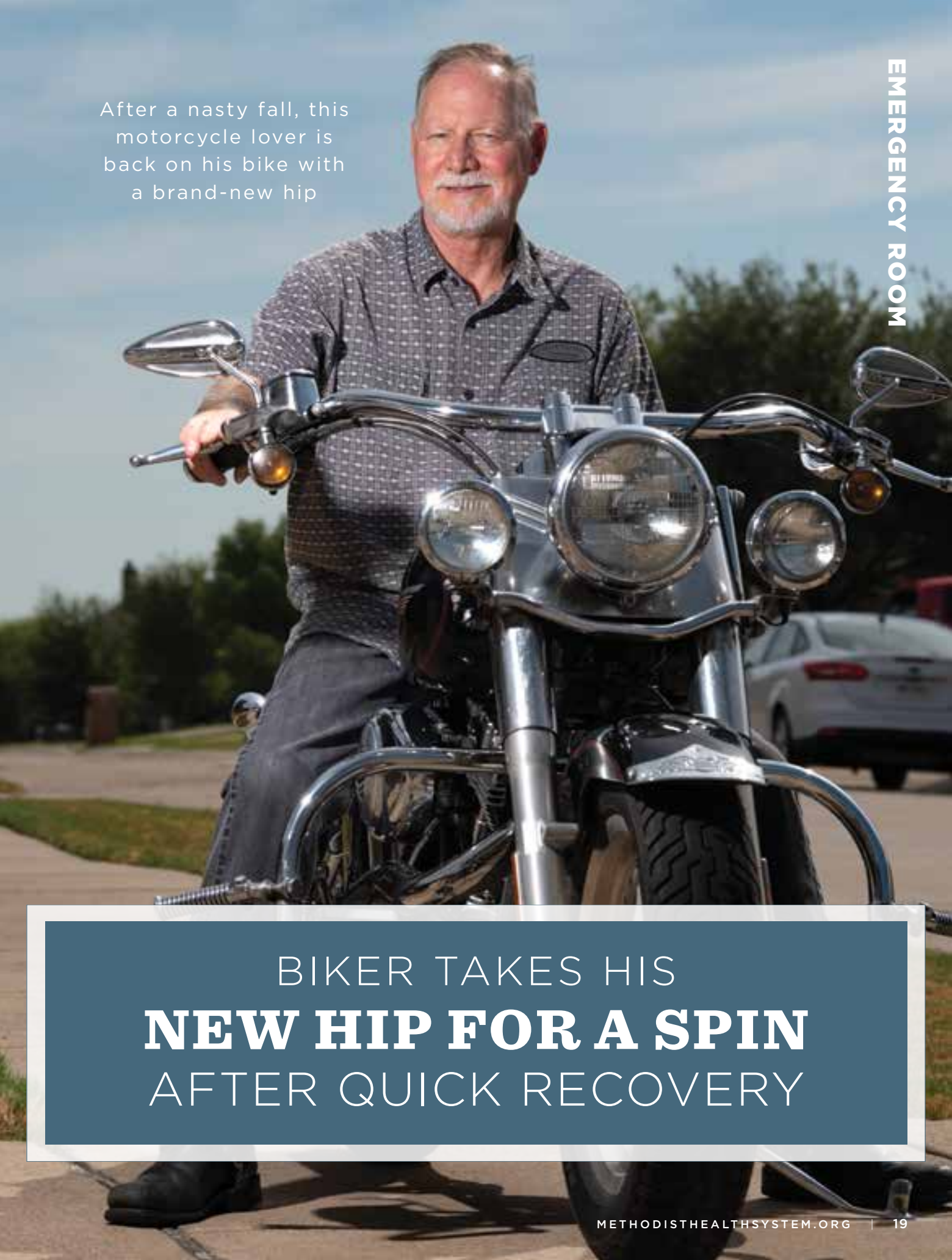
"This was not a quick coat of paint and new furniture," Methodist Health System Chief Executive Officer **Jim C. Scoggin, Jr.**, says. "This was literally a transformation, which will, in turn, transform many lives."

The breast center at Methodist Dallas first opened in 1991 and is home to two breast radiologists, three breast surgeons, and four medical oncologists.









After a nasty fall, this motorcycle lover is back on his bike with a brand-new hip

BIKER TAKES HIS **NEW HIP FOR A SPIN** AFTER QUICK RECOVERY



Nothing can separate bad-to-the-bone motorcycle enthusiast David Fast from his Harley for long — not even a broken hip.

"I was up and walking the next day," says the 68-year-old, who was back on his bike with a new hip mere months after surgery at Methodist Dallas Medical Center.

It wasn't a motorcycle crash that injured the Waxahachie resident but a nasty fall from his attic last spring. David lost his balance while reaching for a light switch and fell through the attic door, landing on the concrete floor of his garage 8 feet below.

He asked his wife to call 911 when he realized he could not get up.

First responders determined his injury was serious enough to bypass hospitals closer to home and instead drove him 30 miles north to Methodist Dallas. David is glad they did.

"I had not been to Methodist before, and they did an outstanding job," he says. "Everybody seemed to be ready as soon as I hit the door."

The paramedics chose Methodist Dallas because it is a Level 1 Trauma Center, one of only four in Dallas offering the highest level of emergency care available.

David was cleared for surgery, and within 24 hours of his fall, he was ready to undergo a total hip replacement.

TREATMENT OPTIONS

Swift treatment is critical for patients like David, says **Edgar Araiza, MD**, orthopedic trauma surgeon on the medical staff at Methodist Dallas.

"A key marker of success for patients over 60 who suffer a broken hip is the ability to treat them early and get them moving to decrease the risk of complications," Dr. Araiza says. "This is what the whole team at Methodist offers."

David was impressed with the speed and efficiency of his care.

"They did exams and X-rays right away and got it figured out really quick," he says. "The same day I saw Dr. Araiza."

The trauma team determined David's femur was broken at the neck — the short stem that connects the head or ball of the bone to the shaft.

There are three treatment options for such a fracture: leave it alone to heal; fix it with implants, plates, and screws; or hip replacement.

Letting the bone heal on its own is painful and never advised for someone who is ambulatory, Dr. Araiza says. Reconnecting the bone with pins generally requires six to eight weeks of recovery while staying off the leg. It's more suited to younger patients who tend to heal faster.

David, who works as an estimator for a concrete company, didn't want to be laid up that long. He chose a hip replacement to repair his broken hip.

In 90 minutes, David had a new hip, and in 90 days, he was back on his bike.

HIP REPLACEMENT

During the 90-minute procedure, Dr. Araiza removed the head and broken neck of David's femur and replaced them by inserting a prosthetic titanium stem. The surgeon also resurfaced the hip socket and lined it with durable plastic.

The surgeon took an anterior approach — from the front — in order to avoid damaging his muscles and causing pain.

"It's no different from what we do with someone who has end-stage arthritis," Dr. Araiza says. "We were able to restore his leg length to be sure that one isn't shorter or longer."

David took slow steps that same evening. Using a walker and closely attended by a physical therapist, he walked the length of the hospital hallway and back.

"I was pretty amazed," David says. "I was actually released the day after my surgery."

David also benefited from the hospital's G60 program, a safety initiative tailored to the needs of an aging patient population.

BACK ON HIS FEET

Mobilizing an older patient on the same day as hip surgery is the goal, provided the person is in reasonable shape, Dr. Araiza points out. Someone with limited mobility or other medical conditions may take longer to get up and about.

"Ultimately, the outcome is based on your ability to place components in the right place," Dr. Araiza says. "It's no different from changing a tire."

> "I HAD NOT BEEN TO METHODIST BEFORE, AND THEY DID AN OUTSTANDING JOB. **EVERYBODY SEEMED TO BE READY AS SOON AS I HIT THE DOOR.**
>
> — DAVID FAST

David went home with a walker and began moving more every day.

"It was kind of hard to sleep the first few nights, but by the third day, I had had enough of painkillers," he says. "I did more and more exercise each day."

Two weeks after surgery, David began physical therapy sessions and was soon using a cane instead of the walker. Within a month, he could walk unassisted. After two months, he was itching to ride his motorcycle, a 2001 Harley-Davidson Fat Boy. Dr. Araiza asked him to wait until the 90-day mark — and to be careful.

"I knew David was so excited for the day when I cleared him to get back on his bike," Dr. Araiza says. "His recovery went so well. We were both surprised how quickly that day came."

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





IN THE MARKET FOR A BETTER QUALITY OF LIFE

Surgery to remove giant ovarian cyst helps 80-year-old return to her favorite spots, like the farmer's market in Ennis

Ovarian cysts afflict many women, often during their reproductive years, and usually aren't cancerous. What made Jeanette Lawrence's case unusual was that she was 80 — and her tumor was the size of a basketball.

When Jeanette noticed her lower abdomen had grown harder last summer, she figured a previously treated hernia had returned, or perhaps she had developed a new one.

So the Ennis woman was stunned when a physician told her she had a large mass on her ovary and referred her to **Brandon Roane, MD**, gynecologic oncologist on the medical staff at Methodist Charlton Medical Center.

OPEN SURGERY

Jeanette's case would need immediate attention because even a benign tumor like hers, known as a cystadenoma, can rupture and lead to dangerous complications. Dr. Roane determined the best course of action was to remove the nearly 8-inch tumor as quickly as possible.

"That was the largest cystadenoma I have removed in someone in her age range," says Dr. Roane, who specializes in removing bulky tumors.

Dr. Roane typically performs minimally invasive surgery to remove such a growth, but Jeanette's tumor was too large for that technique. He had to perform open surgery using a long incision — and that poses a risk for any 80-year-old.

"For someone her age, anytime we do a big surgery it can be challenging postoperatively," he says. "Methodist Charlton provides the highest level of care, and that gave me the confidence to do this surgery there."

NOT CANCEROUS

Twenty-five years ago, Dr. Roane says, a patient Jeanette's age might not have been considered a good candidate for surgery.

"She is representative of people living longer and healthier," he says. "It's important that we really assess the individual and understand that not everyone can tolerate the kind of surgery that she had."

But Dr. Roane knew his team at Methodist Charlton was more than capable, and that it was what Jeanette needed.

"Surgery can have a really positive impact on someone's quality of life," he says.

Dr. Roane removed the tumor and sent it for biopsy while he continued to operate, correcting a hernia that the mass had caused on one of her ureters and removing her ovaries and fallopian tubes to head off any future growths.

And he had good news for Jeanette's anxious loved ones waiting outside.

"When he came out to see my husband and friends, the very first thing he said was, 'She does not have cancer,'" Jeanette says.

'FEELING GREAT'

The cystadenoma Dr. Roane removed was a combination of fluid and overgrowth of the ovary gland that was more than 20 inches in diameter and weighed 5 ½ pounds.

"You wouldn't think it would grow spontaneously in a woman her age, but the good news is it wasn't cancerous," Dr. Roane says.

He advises women who are over 65 to make sure their annual checkup includes a pelvic exam.

"It's important because they can still get cancer," he says.

Now happy and healthy, Jeanette is more active than she was before surgery. And while she has diabetes, she has cut her insulin intake by 74%.

"I lost 14 pounds and 8 inches in my belly," she says. "I'm feeling great and doing whatever I want to do."

Jeanette was impressed with the entire team at Methodist Charlton.

"I'm pleased with the way they took care of me," she says. "When you ring for that nurse, you get an immediate response."

Learn more about healthy aging at ShineOnlineHealth.com.





NURSE CRUISES THROUGH NECK SURGERY **AND ON TO THE CARIBBEAN**

Nerve pain drives East Texas resident 200 miles to Methodist Mansfield

Kimberly Danchak traveled 200 miles for neck surgery at Methodist Mansfield Medical Center last spring. She followed that up with a Caribbean cruise with her fiancé this fall.

She even found time while island-hopping through Jamaica, the Caymans, and Cozumel, Mexico, to send her surgeon a postcard thanking the team who helped make that trip possible.

"She sent me a postcard from Grand Cayman saying, 'I am enjoying life,'" says **Stephen Katzen, MD**, neurosurgeon on the medical staff at Methodist Mansfield.

It goes to show how far the East Texas nurse has come in her recovery.

GOING THE EXTRA MILE FOR CARE

Last year at this time, Kimberly was experiencing numbness and tingling in her hands. It became so unbearable that she couldn't even pick up dishes without dropping them.

"I looked poor and pathetic by then," she recalls. "I was like, 'I've had it.'"

An MRI scan revealed that what Kimberly thought was a fibromyalgia flare-up was actually damage to her cervical spine. It had led to arthritis in her neck, and the damaged spinal disks were crushing her nerves.

Faced with an alarming diagnosis, the former Arlington resident decided to seek care at Methodist Mansfield — despite having moved 200 miles away. She was familiar with the medical staff, she says, and knew she would get quality care.

"I had great service and a wonderful experience with the staff there," says Kimberly, 55. "Everybody was so sweet and knowledgeable. They cared."

Kimberly was diagnosed with stenosis, a condition that narrows the spaces through which nerves travel in the spine.

SURGERY FOR NERVE PAIN

Kimberly was referred to Dr. Katzen, who explained the problem while referring to her MRI scan.

"He showed me where my spinal cord was being crushed, and it looked like a kidney bean," she says. "It was shocking because I had previously had two surgeries for bone spurs on my shoulders. I was stunned that they didn't see that."

In addition to damaged spinal disks, Kimberly also had foraminal stenosis. Dr. Katzen explains that nerve routes traverse the spine through small spaces between vertebrae. It's called stenosis when those openings narrow and compress, he says.

"That's what was causing the nerve pain on two levels," he says.

Using a small model of the neck, Dr. Katzen explained to Kimberly his method of repairing the damage and relieving the pressure.

"Dr. Katzen and his team are so thorough and kind," says Kimberly, who readily agreed to the plan. "They spend their time talking to you and saying, 'This is what we can do.'"

'TEXTBOOK PATIENT'

On the day of the surgery, in April 2022, Dr. Katzen removed two compromised disks from Kimberly's neck and replaced them with 3D-printed titanium metal spacers. He also removed bone spurs that were pressing on surrounding tissue and anchored the vertebra with a titanium plate and screws.



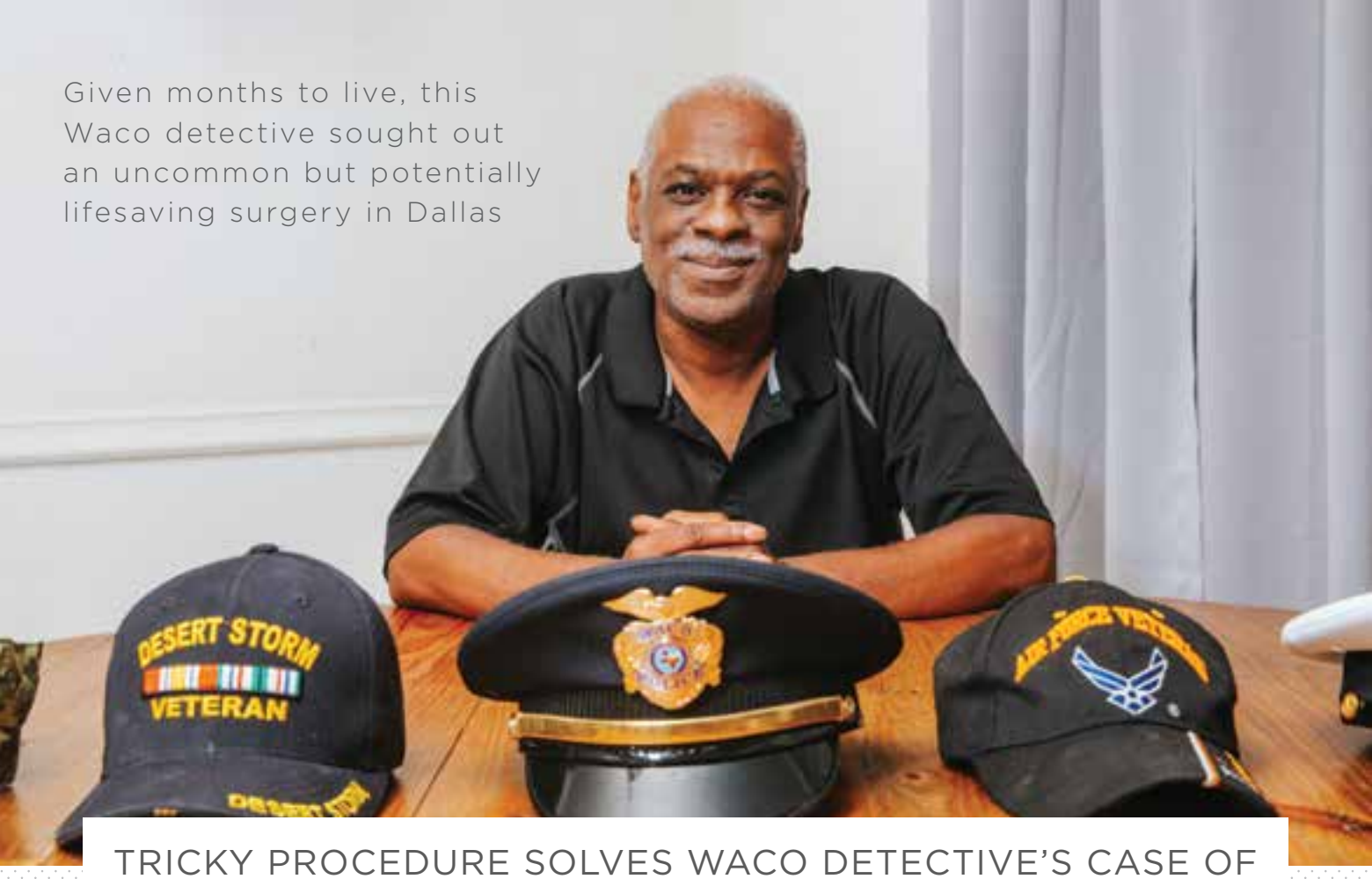
In recovery, Kimberly received around-the-clock care from Methodist Mansfield staff before she was declared well enough to go home after two nights.

The feeling quickly returned to her hands, and all of the pain she had experienced prior to the neck surgery dissipated after two weeks.

"She was a textbook patient with bad neck pain who had failed multiple rounds of pain injections," Dr. Katzen says. "She was an excellent candidate for this surgery and has had a great recovery."

Learn when surgery or more conservative treatment is the best solution to relieve back pain.

Given months to live, this Waco detective sought out an uncommon but potentially lifesaving surgery in Dallas



TRICKY PROCEDURE SOLVES WACO DETECTIVE'S CASE OF

PANCREATIC CANCER

After 37 years of working in military and public service, Waco police detective Dennis Taylor was anticipating a peaceful retirement. But last June, he received some life-changing news from his doctor: They had found cancer on his pancreas.

Because of the tumor's proximity to a major artery, a straightforward distal pancreatectomy seemed out of the question. But Dennis was not ready to give up just yet.

His journey led him to Methodist Dallas Medical Center, where experts proposed an alternative that would remove the cancer while still leaving important blood vessels intact.

"I was going to be able to have a surgery that not all surgeons in Texas can even do," Dennis says. "I happened to be at the right hospital with the right surgeon who knew how to do this."

BATTLING CANCER

Dennis first noticed something was wrong when he started a new exercise regimen. He was shedding weight too fast to be normal, and he lost his appetite. Sensing something was wrong, Dennis made a doctor's appointment, which ultimately revealed a mass on his pancreas.

"The cancer was not very big, but it was in two locations, and one was in a really bad spot," he explains. "One was wrapped around some arteries, and that made it look as if it would not even be possible to have surgery."

Dennis says the news pushed him to shift his priorities. He retired from the Waco Police Department in January 2022, and he and his wife, Jena, expedited their plans to travel more and visited all of the places they wanted to see: Chicago, San Diego, Juneau, Bandera, Broken Bow, and Disney World. Dennis even signed up for space camp in Alabama.

Dennis was adamant about staying positive.

"I was gonna make the best of what time I had left," he says of his initial reaction to the diagnosis. As he got sicker, he went from 250 pounds to 160. "Like Prince said, I was going to party like it's 1999."

FINDING HOPE

But Dennis also wanted a second opinion. His journey led him to Methodist Dallas and **Alejandro Mejia, MD, FACS**, executive program director of organ transplantation at the hospital.

"When I first met Dr. Mejia, I had a good feeling," Dennis recalls. "He stepped away for a little while to look at my scans and it was taking a little bit. Usually, if it's just a dead straight 'no,' it doesn't take that long, so I was getting a little hopeful."

Dr. Mejia returned with his team and explained to Dennis and Jena they may have another option besides his current treatment of chemotherapy.

"Dennis had what we call collateral circulation.

Basically, the cancer involved the main circulation to his liver, and this blood supply needed to be sacrificed," Dr. Mejia explains. "But there were alternative blood vessels that made the proposed surgery possible."

Dennis and Jena were overjoyed by the turn of events.

"Emotionally, it was major," he says. "It could mean the difference of being at my granddaughter's wedding and seeing grandkids from my youngest son."

THE APPLEBY PROCEDURE

So in June 2022 — a year after his diagnosis — Dennis and Jena made the 90-minute drive to Methodist Dallas for surgery.

Dr. Mejia and his team performed the Appleby procedure, working for three hours to remove part of Dennis' pancreas, his spleen, and his gallbladder.

"Not everybody is a candidate for this surgery, so we were very fortunate," Dr. Mejia says. "And this reflects that you need an experienced medical center to offer this as an option — otherwise, he would have been on chemo indefinitely."

And just hours after leaving the operating room, Dennis was already up and trying to walk.

"I was determined," Dennis says of his path to recovery. "I said, 'I'm planning to do whatever I need to do.'"

He was discharged from the hospital less than a week later. He says his stay was made easy by the round-the-clock care he received from the staff.

> FROM THE NURSES AND TECHNICIANS ALL THE WAY TO HOUSEKEEPING, THEY WERE AMAZING. **I WAS TREATED LIKE I WAS THE ONLY PATIENT THEY HAD TO DEAL WITH.**
>
> — DENNIS TAYLOR

That included a dedicated pancreas navigator, a devoted nurse who guided him through each step from referral to treatment to post-treatment care at Methodist Dallas.

"From the nurses and technicians all the way to housekeeping, they were amazing," Dennis says. "I was treated like I was the only patient they had to deal with."









BRIGHTER THINGS AHEAD

Nowadays, Dennis is soaking up time with his family and friends. He says he's thankful for the support from his "police family," who routinely cooked meals and organized fundraisers for him.

Between follow-up checkups and radiation treatments, he plans to continue traveling with Jena, spending time with his four grandchildren, and volunteering with the U.S. Navy Sea Cadet Corps. He says he's excited for a future beyond cancer.

"This is a part of me, but it's not all of me," he adds. "I look back on the last year, and I'm glad I did all the things I did. I'm already looking forward to what I get to do in the next few years."

Watch Dennis talk about beating the odds to survive pancreatic cancer at ShineOnlineHealth.com.

5 WAYS TO DECLUTTER YOUR BRAIN THROUGH MINDFULNESS

Mindfulness can disrupt "fight or flight" responses to stress and allow you to be present in the moment

If your to-do list leaves you exhausted, and you dwell on yesterday when you aren't dreading tomorrow, it may be time to tidy up your cluttered mind.

"A disorganized mind can affect how we interact with people, undermine our productivity, and bring unnecessary stress into our lives," says **Brett Stanley**, director of wellness for Methodist Health System. "The best way to declutter our minds is to practice mindfulness by focusing on what's happening right this current moment."

Mindfulness can be a wonderful tool to disrupt those "fight or flight" responses to stress and allow us to simply be present in the moment.

These five methods do just that and ease your mind.

1. MEDITATE



One way to practice mindfulness is through meditation, but don't let tired clichés put you off. Meditating doesn't require you to be seated, legs crossed in a dark room, humming or reciting affirmations.

All you really need is a mental "anchor" to focus your attention, whether it's your breath, the sound of music, or anything you're doing, from washing the dishes to ironing a shirt.

For example, if you choose to focus on breathing, start by slowly inhaling deeply, hold it for a second, and then release your breath slowly. Repeat that process a few times and ask yourself how does it feel when your chest expands while you're filling your lungs with oxygen? Does it feel good to release it? Do you notice your heart rate slowing down?

"Mindfulness gets us out of that fight or flight response by allowing us to use the areas of the brain responsible for logical thinking rather than emotional response," Stanley says. "So, if you want to declutter your brain, you need to access the parts of your brain that control your cognitive functions."



2. FIND YOUR FEET

Whenever you find yourself overwhelmed, stop and ask yourself, "where are my feet?"

It might sound silly, but this technique helps you reset your mind and focus on the present whenever you don't have the time or a quiet space to meditate.

"This way, your feet become your anchor, and you point all your focus to the feelings of what's around your feet," Stanley says. "Feel your toes wiggling in your shoes. Or, if you're wearing open-toed shoes, feel the breeze between your toes. It's an easy practice to get you back to the present without requiring a quiet place like meditation does."

When you have a lot going on, and you don't know where to start, get quiet, listen to yourself, and focus on your feet.

> WHEN WE'RE STRESSED, **IT'S EASY TO LIVE IN A FIGHT, FLIGHT, OR FREEZE RESPONSE.**
>
> — BRETT STANLEY, DIRECTOR OF WELLNESS, METHODIST HEALTH SYSTEM



3. SET SMALL GOALS

Once you're centered, it's time to get things in order. Write a list of what you need to take care of, and break down goals into a series of easy-to-accomplish steps.

"Just five minutes of a good thing is better than nothing," Stanley says. "For example, setting aside five minutes to do sit-ups right before bed is better than not getting any physical activity."

If you would like to incorporate better habits, try taking small steps toward that goal. Let's say you want to add more time for self-care but don't believe your hectic schedule will allow it.

"Most self-improvement tasks, especially self-care, don't require a full day to complete," Stanley says. "If you start small you can gradually increase the amount of time you spend on your new good habit, and eventually it will turn into a routine."



4. EAT MINDFULLY

Have you ever been stressed to the point that you scarf down a cupcake to help you forget about your problems? We call that fog eating, or when you eat without awareness.

Rather than feeling shame about this bad habit, Stanley suggests flipping the script and eating mindfully. Observe the texture and the colors of your meal, and savor each bite. Ask yourself what specific things about your meal are bringing you joy and which aren't.

"Mindful eating is a great stress management technique because it helps you pay attention to your food, moment by moment, without judgment," she says. "It also helps you reduce the chances of fog or stress eating."

5. GET BACK TO NATURE

It's easy to forget how powerful it is to spend time in nature and what it can do for our well-being. Low levels of vitamin D — which the body creates when it's exposed to sunlight — have been linked to increased anxiety, depression, and stress. A short walk outdoors can help you counteract those symptoms and find peace.

"Looking at trees or feeling the wind on your skin can give you a new focus and help you become present in the moment," Stanley says. "When you switch locations from where your stress emotions originated to a different place, especially in nature, your mind recognizes you are no longer in survival mode and can give you a moment to de-stress."



WHEN TO TALK TO SOMEONE

If you try these mindfulness tips and continue to feel that your mental well-being hasn't improved, consider talking to a licensed professional who is skilled in behavioral health to help your mental health thrive.

The key to preventing anxiety disorders is to know your risk. Take our free assessment.



A Richardson woman is feeling whole again after receiving new knees

MULTIPLE BAD BREAKS *add up to* 5 KNEE REPLACEMENTS

> I AM SO GRATEFUL FOR DR. HANSSEN AND HIS TEAM'S KNOWLEDGE AND COMPASSION THROUGH ALL OUR YEARS **TOGETHER ON THIS INCREDIBLE JOURNEY.**
>
> — TERRI COOLEY

If not for bad luck, Terri Cooley would have no luck at all — at least that's how she felt after having two total knee replacements, needing follow-up surgeries to replace both joints, and breaking bones in three separate falls, all in the past 10 years.

But now with those bad breaks behind her, the 76-year-old Richardson resident is back on her feet and feeling far more fortunate. She credits Methodist Richardson Medical Center and a team led by **Christopher Hanssen, MD**, orthopedic surgeon on the medical staff.

"I am so grateful for Dr. Hanssen and his team's knowledge and compassion through all our years together on this incredible journey," Terri says.

What began as a nagging pain in her left knee led to two total knee replacements in 2010 and 2011. She later turned to Dr. Hanssen for follow-up procedures to replace both knees, as well as multiple surgeries to repair her broken right leg, left ankle, and a wrist.

Through it all, Terri counted on the orthopedic team at Methodist Richardson to help her walk on her own again.

"I had very big doubts, but I had to try," Terri says.

KNEE REPLACED AGAIN

Terri first ended up at Methodist Richardson a couple of years after getting her right knee replaced for the first time. She knew something was wrong with the artificial joint, but Dr. Hanssen told her to stick with physical therapy rather than turning to surgery.

"When I met Terri she had concerns about her right knee," Dr. Hanssen says. "At that time, I advised her to continue conservative care with physical therapy."

Terri would return to his office a few years later after an infection that was associated with a bout with breast cancer. She had just beaten the cancer when tests revealed a severe staph infection in the tissue around her artificial left knee.

"The safest option for Terri was to remove the implant while the infection was treated," Dr. Hanssen says. "We got her infection under control, and I was able to put in a new knee joint."

It would not be the last time she would have her artificial knees rebuilt.

SERIES OF BAD BREAKS

In late 2018, Terri was at home when she tripped over her dog and broke her right leg.

The fall fractured six inches of thigh and four inches of her shin bone, and the impact destroyed her right knee.

She underwent surgery a day after New Year's 2019 and would spend the next six months rehabilitating as an inpatient. She returned home and got around with the help of a walker.

"That was an accomplishment given my injuries," she says.

A year later, Terri fractured her left ankle, and a year after that, in December 2020, she fractured a wrist. Dr. Hanssen treated both injuries with braces.

Injury-free for a year and a half, Terri began believing the bad breaks were behind her. But her health took another turn for the worse the following summer.

ANOTHER FALL AT HOME

In July 2021, Terri was again at home when she experienced another horrific fall onto her right leg. This time her options were limited because of her previous injuries.

"Terri broke her tibia again, as well as bones in her ankle," Dr. Hanssen says. "She didn't have enough bone left to surgically repair the breaks."

That meant Terri would have to spend several months wearing a leg cast and rehabilitating as an inpatient so her bones could heal. Dr. Hanssen monitored her recovery with MRIs and scans.

After six long months, Terri went home in a wheelchair. For a month, she worked with a home health physical therapist but made little progress.

She turned to Dr. Hanssen, and again he offered the right solution: twice-a-week outpatient physical therapy at Methodist Richardson Rehabilitation Center. That's why she recommends his team to anyone who will listen.

"Dr. Hanssen knew how much I wanted to regain my ability to walk independently," Terri says. "After just one month, I was able to walk 580 steps with my walker, and just recently, I was able to take 110 steps with a cane."

She hopes those steps mark the end of a decade of adversity and the beginning of healthier years to come.

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



Bloating and digestive problems may signal a food sensitivity, and this diet may identify the culprit

WHEN AN ELIMINATION DIET MIGHT BE RIGHT FOR YOU

When a food you enjoy doesn't love you back, it may be a sign that your body is sensitive or downright intolerant to soy, dairy, or wheat, for example.

If a reaction is merely unpleasant — and not a full-blown allergic reaction — an elimination diet might help narrow down the foods that don't agree with you, says **Lizzie Devitt, MS**, wellness coach at Methodist Richardson Medical Center.

"When you follow an elimination diet," Devitt says, "your intention is to gain clarity as to what food or ingredients are causing the bloating, acne, diarrhea, or irritable bowel syndrome so you can stay away from it."

Don't let the word diet fool you because the goal of an elimination diet is to fight inflammation, not long-term weight loss.

"This is not your typical weight loss diet," Devitt says.

FOOD ALLERGIES

It's also not a good way to determine whether you are allergic to certain foods, say peanuts or shellfish, two of the most common food allergies.

A food intolerance upsets the digestive system, while a food allergy sets off the immune system – with potentially deadly consequences in the worst cases, such as anaphylaxis.

The best way to determine if you're allergic to a certain food is to consult a doctor for a blood test.

Of course, seeing your doctor is always a good first step before starting any diet, but here are the basics of how an elimination diet works.

ELIMINATE FIRST

An elimination diet has two phases: an elimination phase, when you stop eating a potential trigger food, and a reintroduction phase, when you add that ingredient back into your diet.

During the elimination period, the goal is to remove the suspected trigger food for up to three weeks. There's inevitably some trial and error involved in identifying the offending food, but there are several common culprits, Devitt says.

"Common food offenders include gluten, dairy, and nightshade veggies like eggplants and white potatoes," she says.

"Soy, nuts, fats, and seafood can also be triggers."

Consider keeping a food diary so you can document how you feel after each meal and if you notice any new symptoms after eliminating a food.

If the discomfort continues by the end of the period, then that food might not be the problem and you will need to notify your physician or dietitian.

REINTRODUCE NEXT

After you're done abstaining from a certain food, it's time to bring that ingredient back into your diet. But Devitt advises to do so slowly.

"You'll want to bring the food you've eliminated one day at a time," she says. "For example, if you've cut meat from your diet, start your reintroduction phase by eating chicken for one of your meals that day. That will be the only meal you'll eat that contains meat."

After reintroducing that meal, wait two or three days to see whether any symptoms pop up. Use your food diary to record which food you introduced on what day and whether your body experienced any bad reactions.

"The signs you'll want to look out for include fatigue, bloating, diarrhea, or any other changes to your bowel habits," Devitt says. "Also, joint pain or rashes can also be a sign of sensitivity."

ELIMINATE IT FOR GOOD

This may be the toughest step: saying goodbye to a trigger food you used to enjoy and cutting it from your diet once and for all.

If you discover which food is causing the problem, ask your physician or dietitian to help you come up with a plan to avoid that ingredient and prevent any further symptoms.

That might involve seeking out a substitute food: almond or soy milk if you are lactose intolerant, for example, mushrooms or sweet potatoes if those nightshade vegetables like eggplant or white potatoes are the culprits.

If you don't experience any symptoms after reintroduction, that's good news and bad news. It's safe to eat, but you'll need to start over again to identify the problem food. Be patient with yourself and follow the same process again until you've identified your trigger.

"Finding out your intolerable food isn't always a simple two-step experiment," Devitt says. "Sometimes it takes more than one elimination diet to pin down the culprit."

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

ELIMINATION DIETS TO TRY

The bottom line for any elimination diet is that they are all short-term solutions to identify a trigger food, remove it and replace it with another food that provides the nutrients your body needs. The following elimination diets are other options to try.



- **Gluten-free:** This diet cuts out any foods that contain gluten, a protein found in wheat, barley, and rye. Those who have a gluten sensitivity or celiac disease are encouraged to follow this meal plan to reduce their symptoms.



- **Low FODMAP:** This diet — whose name stands for fermentable oligosaccharides, disaccharides, monosaccharides, and polyols — suggests avoiding certain carbohydrates that can upset the stomach. High FODMAP foods include high-fructose corn syrup, vegetables like garlic and onions, fruits like apples and peaches, and breakfast cereals. The common thread is they all contain sugars that gut bacteria feed on.



- **GAPS diet:** Short for Gut and Psychology Syndrome, this three-phased elimination diet emphasizes the mind-gut connection, setting out to heal the stomach to improve brain health. Dieters following this plan cut out pasteurized dairy, grains, carbohydrates, and starchy vegetables for a period and then reintroduce them one food at a time to see if any symptoms return.



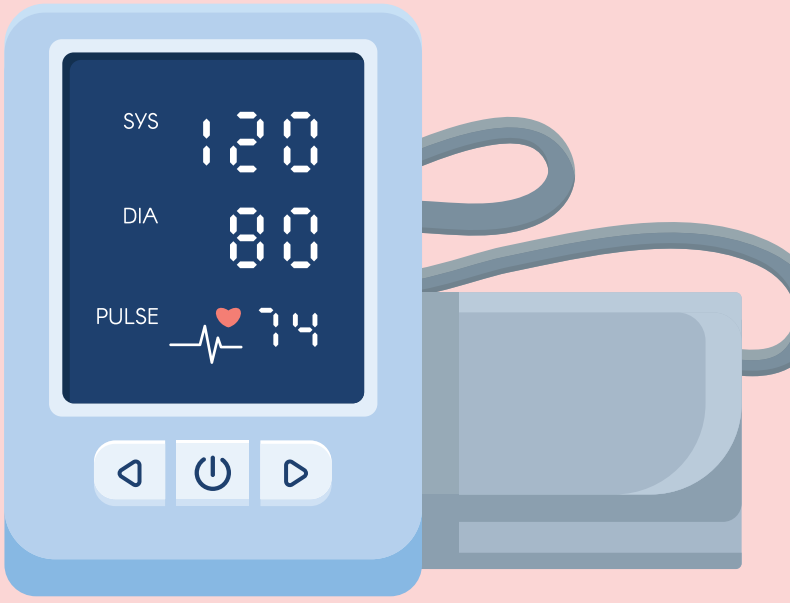
- **Specific carbohydrate diet:** This meal plan cuts out hard-to-digest carbohydrates such as grains, starchy foods and veggies, sugar, and processed foods to help ease symptoms from inflammatory bowel disease, cystic fibrosis, and more.



American Heart Association recommends that **everyone over the age of 20 — even those who are seemingly healthy — should check their blood pressure at least once a year.**

5 WAYS TO PUT A LID ON HIGH BLOOD PRESSURE

A cardiologist explains the basics of high blood pressure and offers ways to combat hypertension



HIGH BLOOD PRESSURE, otherwise known as hypertension, can quietly wreak havoc on the body of an otherwise healthy person without ever showing symptoms. What's more, family history of high blood pressure, pregnancy, kidney disease, and being overweight are all risk factors for the condition.

In fact, many hypertension patients won't experience chest pain, fatigue, headaches, or difficulty breathing, explains cardiologist **Nasser Khan, MD, FACC, FSCAI**, structural heart medical director of the cardiologist program at Methodist Dallas Medical Center.

"Hypertension is called the silent killer because your arteries are being damaged silently while you're undiagnosed," Dr. Khan says. "Long-term effects of unchecked hypertension include heart attack, stroke, kidney issues, vision problems, and sexual dysfunction."

That's why routinely checking your blood pressure is so critical. Keeping your diet healthy, your activity consistent, and your stress levels low can add years to your life.

Dr. Khan offers a few specific, health-focused changes that can help lower blood pressure.

MODIFY YOUR MEALS

Fix heart-healthy meals and snacks for yourself and your family. Add fruit and vegetables to the menu while also trying to avoid fried food, fatty food, and excess sugar.

SAY NO TO SALT

The American Heart Association recommends consuming 1 to 2 grams of salt a day. Cutting back a small amount can improve hypertension and heart health. "People who consume food that contains high salt content are more prone to hypertension," Dr. Khan says. Also, check processed or canned foods for high salt content by searching for sodium on the nutrition label.

KEEP MOVING

The American College of Cardiology recommends 150 minutes of moderate exercise a week or about 30 minutes a day, five days a week. Go with the tried-and-true options like walking, jogging, biking, and swimming, or think outside of the box and pick up pickleball or test out a boxing class.

QUIT YOUR VICES

Smoking stiffens up your heart arteries, which in turn raises your blood pressure. Quitting is important for your heart and lung health. As for alcohol, it's suggested that women not drink more than one alcoholic beverage a day and men have no more than two alcoholic drinks a day. "If someone quits smoking and drinking, their blood pressure issues will quickly get better and can improve dramatically with additional lifestyle changes," Dr. Khan says.

DON'T STRESS

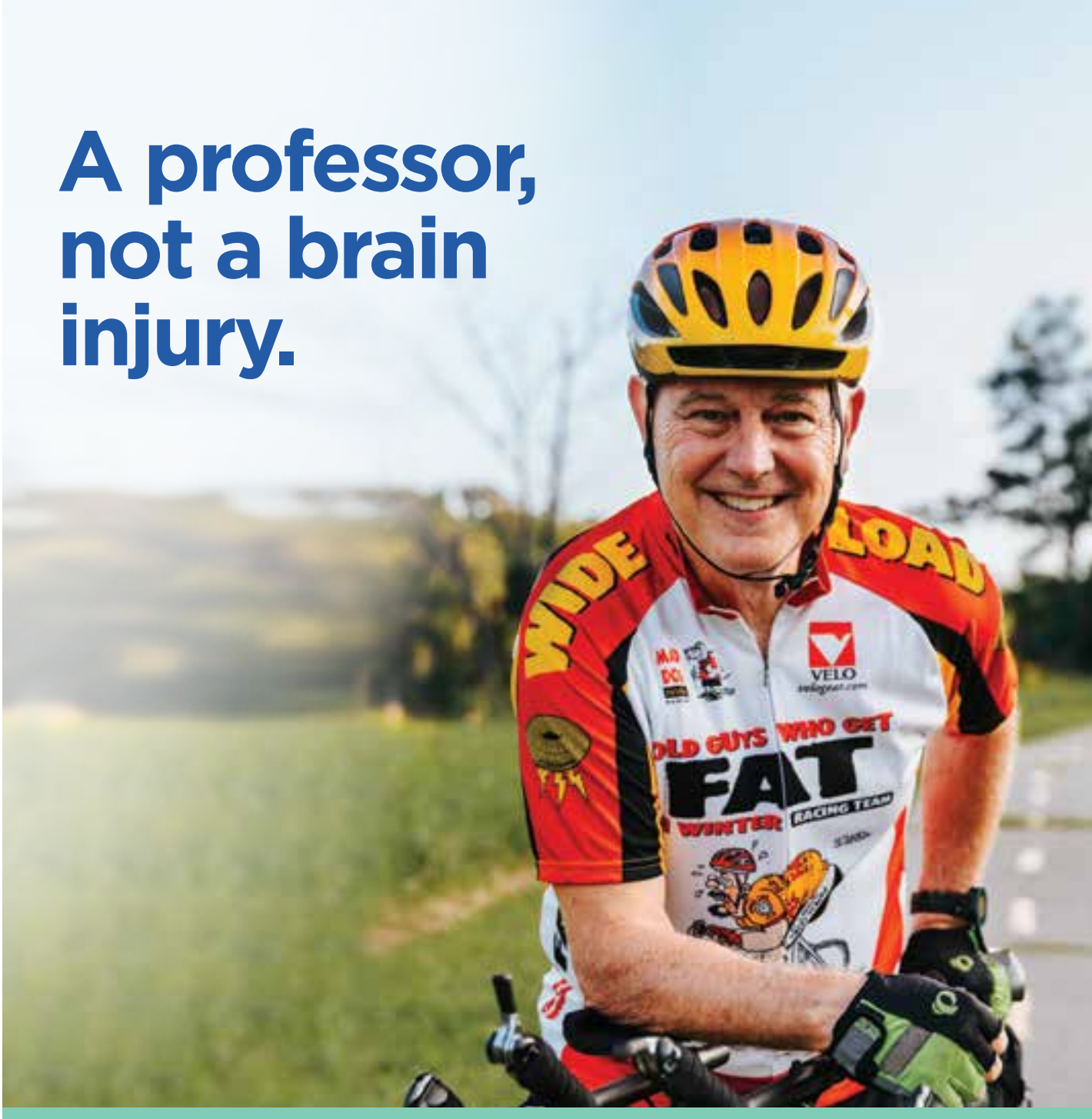
You can't avoid stress altogether, but here are a few ways you can lessen it:

- Get in enough exercise, a natural stress-buster that releases positive hormones called endorphins.
- Learn to say "no" rather than overextend yourself.
- Confront your problems head-on instead of avoiding them.

"It's all about solving simple issues in order to manage your stress," Dr. Khan says.

Know whether you're at risk for heart disease by taking our health risk assessment.

A professor, not a brain injury.



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

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HEALTH SYSTEM

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MYSTERY RASH PUTS EDUCATOR IN THE HOSPITAL

School principal ends up in ICU after a bad allergic reaction took her breath away

An allergic reaction left Hollye Walker out of breath with a sky-high heart rate, leading her to the emergency room and, eventually, the intensive care unit at Methodist Midlothian Medical Center.

"I first thought, 'Did I get bitten by something?'" recalls the Midlothian ISD principal, whose symptoms began with itchy red welts on her hip. "I was trying to go through what I had done that day: What in the world was causing this?"

Hollye took an antihistamine, which helped her drift off to sleep, but when she woke up, she was itching again and a rash covered her legs. The over-the-counter pill that helped her go to sleep felt as if it were stuck in her throat. She stood up and felt like she was going to pass out.

"I told my husband, Bert, 'We have to go to the ER,'" she recalls. By then, she was throwing up and could hardly breathe.

RULING OUT INFECTION

Hollye, the principal at J.A. Vitovsky Elementary School in Midlothian, had never been to Methodist Midlothian before her visit last June, but her district partners with the hospital and it was close to home, a must because of one particularly worrisome symptom.



"It felt as if my heart were beating out of my skin," she says.

It turns out her heart rate and blood pressure were pushing the limits of a hypertensive crisis.

"Her heart rate was 174, and her blood pressure was 189/120," says **Thomas Shima, DO**, the hospitalist on Methodist Midlothian's medical staff who treated Hollye. "In addition, her white blood cell count was significantly elevated, which is usually a sign of infection."

After consulting with the hospital's infectious disease team, Dr. Shima determined an infection was not causing the symptoms. But maybe an allergic reaction was.

"We look at allergies to foods she has recently eaten or some change in routine," Dr. Shima says. "Have you changed soap recently for bathing? Are you using a new laundry detergent? Anything new could be causing the rash and itchiness."

After ruling out those possibilities, medications are the next possible culprit. Sure enough, Hollye had started taking a new thyroid medication days before she experienced her first symptoms.

"Her symptoms weren't common reactions," Dr. Shima says. "Rashes caused by medications usually flare up in the whole body and go away. But hers would go from her chest to her arms and back to her abdomen, her legs."

SOLVING THE MYSTERY

Hollye's elevated blood pressure and heart rate prompted Dr. Shima to admit her to the ICU.

"When you have a rash and swelling, you have to be very proactive," he says. "Additionally, we needed to ensure that the rash and her reactions didn't get worse and compromise her breathing. If her trachea and larynx started swelling to the point of closing, she'd be in real trouble."



Dr. Shima took Hollye off the thyroid medication used to regulate her hormones and put her on steroids to reduce inflammation. Her white blood count dropped, proof positive the medication had caused her allergic reaction.

The diagnosis relieved Hollye, who initially felt she wasn't sick enough to be in the ICU but was happy with the care she received there nonetheless.

"The nurses were amazing," she says. "Everyone was great — everyone. They listened to my concerns. They'd stop by just to talk. One nurse, in particular, explained every step, which made everything so easy."

LISTEN TO YOUR BODY

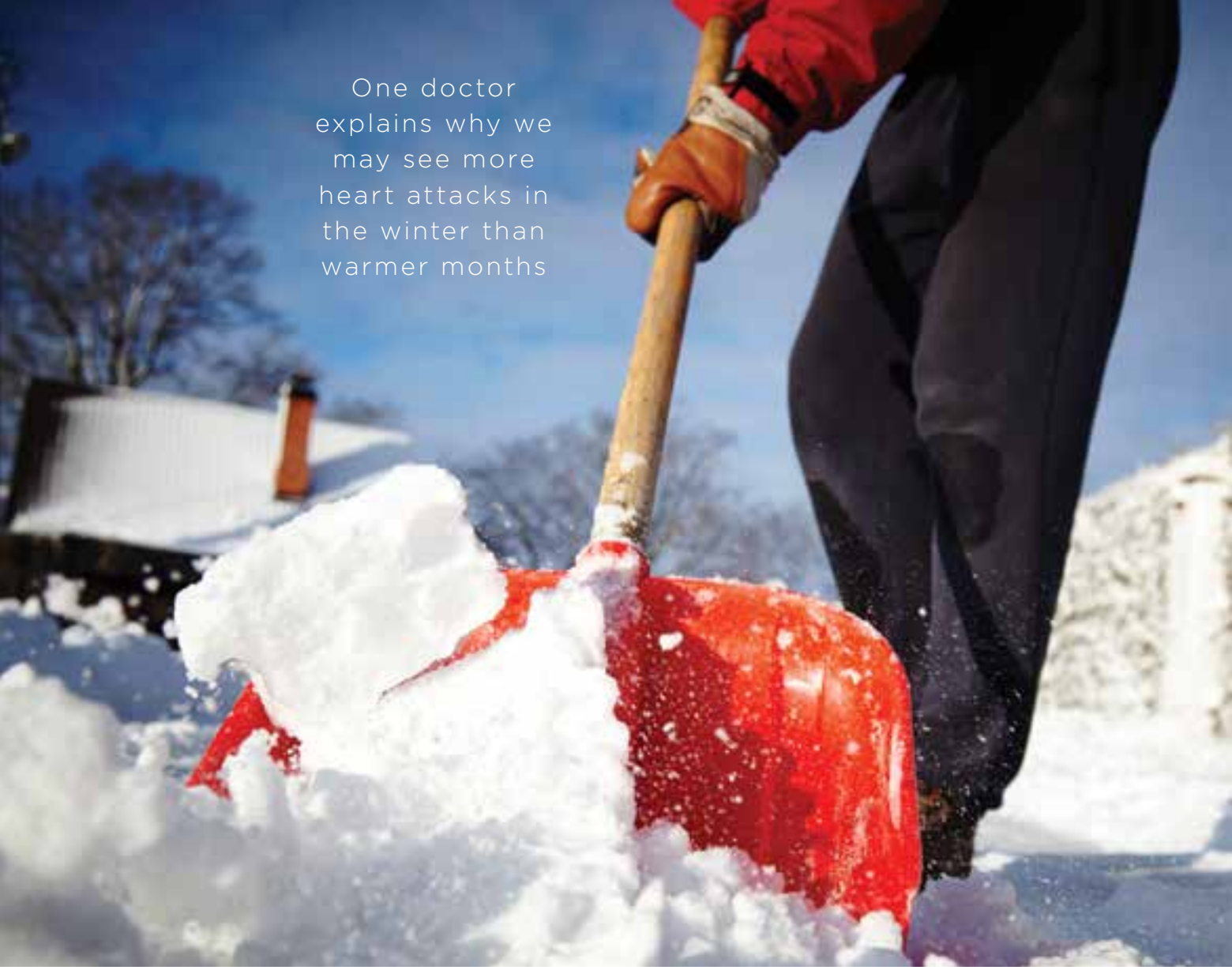
The experience has taught Hollye to ask questions about new medications and any side effects they might cause. Will they interact with something else she's taking? What symptoms should she be on the lookout for?

For Dr. Shima, the takeaway is simple: Listen to your body, even if the symptoms seem minor at first.

"If you start seeing a rash, you don't feel right, and your breathing isn't the same as it usually is, that's your body telling you to get checked out," he says.

> THE NURSES WERE AMAZING. EVERYONE WAS GREAT — **EVERYONE. THEY LISTENED TO MY CONCERNS.** THEY'D STOP BY JUST TO TALK. ONE NURSE, IN PARTICULAR, EXPLAINED EVERY STEP, WHICH MADE EVERYTHING SO EASY.
>
> — HOLLYE WALKER

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



One doctor explains why we may see more heart attacks in the winter than warmer months

3 REASONS WHY HEART ATTACKS MIGHT BE WORSE IN WINTER

The link between heart attacks and colder weather is well-documented. Cold and flu season are partly to blame because respiratory infections wreak havoc on the heart.

"This is a well-known phenomenon," says **William Posligua, MD**, cardiologist on the medical staff at Methodist Charlton Medical Center. "Cold temperatures can be a big stressor on the heart."

During this time of year, we have to contend with cold, flu, and COVID-19 season, as well as a season that's notoriously bad for the cardiovascular system. Dr. Posligua explains why the cold is so hard on the heart.



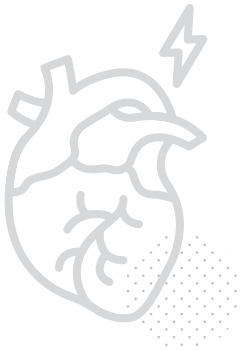
1. RECENT INFECTIONS

A compromised immune system could put you at greater risk of heart attack. Research shows that a heart attack is more likely in the days following an infection like the flu or pneumonia.

COVID-19 can also have a harmful effect on your cardiovascular health — even long after you've recovered. One report found that the disease increased the risk of 20 cardiovascular ailments, including heart attacks, arrhythmias, strokes, transient ischemic attacks, heart failure, inflammatory heart disease, cardiac arrest, pulmonary embolism, and deep vein thrombosis.

"When your body is trying to fight off an infection, it's a major stressor to your system," Dr. Posligua says.

Experts encourage patients to get their flu shots and COVID-19 vaccines and take other infection prevention measures, including washing their hands and staying home when sick.



2. BIOLOGICAL REACTIONS

Our bodies have a natural response to the cold. Our blood vessels constrict and decrease blood flow to the skin to minimize the loss of body heat. This reaction also raises our blood pressure and forces the heart to work harder.

"Uncontrolled hypertension is a risk factor for cardiovascular complications," Dr. Posligua says.

Shoveling snow and other physically demanding tasks can further strain the heart, especially for those in a higher-risk group.

"You still have to consider other risk factors, including smoking, high cholesterol, heart disease, or diabetes," Dr. Posligua explains. "It's important to manage these conditions, and if anything gets worse, consult your physician to stay on top of your health."



3. DIET AND ALCOHOL

Dishes that are rich in sodium and fat are a hallmark of fall and winter. But overindulging in food and drink can have consequences.

Alcohol may lead to accidents, falls, and hypothermia, and it can elevate blood pressure to unhealthy levels and lower the effectiveness of blood pressure medications, Dr. Posligua says.

"People may also rely more on canned foods because they're easier to prepare and can be preserved for a long time, but they can be high in sodium content," he adds. "People are also not exercising as much as they are during the spring or summer."



GET HELP IMMEDIATELY

Taking care of your heart is a year-round responsibility, Dr. Posligua says. Going into winter, he advises patients to maintain the same health habits as they would during the spring and summer.

"Make sure you're taking your medications as prescribed and communicate with your physicians if you notice anything abnormal, and do not write off new or worsening symptoms," he says.

Some people make the mistake of delaying care because of bad weather or road conditions, but avoiding medical help will only make the situation worse.

"Call for emergency help," Dr. Posligua urges patients. "The sooner you get care, the better off you will be."

Find more heart-healthy tips at ShineOnlineHealth.com.



12-YEAR-OLD BOY **SAVES MOTHER** FROM **STROKE**

When a Grand Prairie woman suffered a stroke while working from home last August, it was her 12-year-old son who came to her rescue

It was noon. Stephanie Subia and her son, Isaiah, were the only ones home when Stephanie felt a strange sensation and suddenly fell in the kitchen.

"Isaiah saved me," the 48-year-old recalls. She remembers reaching the couch in the living room but could not speak when her son asked if she was all right.

Isaiah says that's when he knew something was wrong.

"She wasn't responding to me, but I could tell she was trying to," he adds.

Stephanie had trouble moving her right side, and part of her face drooped. Isaiah called his grandmother with one phone while he alerted 911 on another.

He rode with his mother in the ambulance to the emergency department at Methodist Mansfield Medical Center — the only Advanced Primary Stroke Center in the Mansfield area with a team of specialists ready to help 24/7.

"Isaiah was so brave through this entire thing," says **Rachel Cochran, BSN, RN, CCRN**, nurse manager for the Neuro Trauma ICU and the stroke program. "He did a great job in clearly communicating the events that he witnessed in a very stressful situation."

SPEED IS EVERYTHING

Stephanie was seen by **Brian Tulbert, DO**, emergency medicine physician on the medical staff at Methodist Mansfield.

"The best thing was that her son noticed something was wrong and reacted quickly," Dr. Tulbert says. "The sooner you get to a hospital, the more we can do for you."

Because every minute passed means one minute the brain is deprived of oxygen, the hospital's stroke team wasted none. The team assessed Stephanie, performed lab tests, stabilized her blood pressure, and administered a clot-busting drug, tissue plasminogen activator (tPA), 37 minutes after her arrival at the hospital — beating the national standard by 23 minutes. Within an hour, Cochran says, she was already regaining strength on her weak side.

"The thing about tPA is it has a time limit," Dr. Tulbert explains. "The countdown begins as soon as the patient begins experiencing symptoms. It has to be given within four and a half hours from the onset of symptoms."

Stephanie says she's grateful for her son's quick thinking and the care she received from the medical team.

"All of the nurses and doctors were so kind and helpful," she says. "I wanted to go back to them and the paramedics and thank them. If it weren't for them, I would have ended up with more damage."

COVID-19 IS A RISK FACTOR

Stephanie and her primary care physician believe a previous bout of COVID-19 may have played a role. She had no stroke-related issues in her medical history and is younger than most other stroke patients, who are 65 or older.

"One of the unfortunate things about COVID is that it does promote blood clots," Dr. Tulbert confirms. "We've seen an increased incidence of blood clots in the heart, brain, and lungs."

He cautions everyone to seek help immediately if they sense something is wrong.

"In so many cases, people make the mistake of waiting too long to get help," he adds. "They don't realize that time lost is tissue lost. If you can't move an arm or leg or have vision issues or trouble speaking, you should call 911."

> I GIVE ALL OF THE GLORY TO GOD. **I'M GRATEFUL THAT HE USED MY SON TO SAVE ME.**
>
> — STEPHANIE SUBIA

ROAD TO RECOVERY

Stephanie stayed in the hospital for 10 days before returning home to her family. She still has a long road ahead with physical, cognitive, and occupational therapies, but the mother of three says she's getting better every day and is already transitioning back to her job selling commercial furniture.

"I give all of the glory to God," she says. "I'm grateful that He used my son to save me."

Each year, nearly a million Americans suffer a stroke, the leading cause of adult disability. Know your risk factors by taking our StrokeAware assessment.



After a quick recovery, Stephanie is back to enjoying life with her children (from left) Isaiah, Christian, and Bella.



A BIGGER AND BRIGHTER FUTURE FOR EMERGENCY CARE

Autumn 2022 marked the completion of a newly expanded emergency room

Methodist Southlake Medical Center debuted its newly expanded emergency department last fall, quadrupling the number of patient beds while also providing a larger waiting area and improving diagnostic capabilities.

"This emergency department expansion is one of several key investments the health system is making in Methodist Southlake this year," Methodist Health System Chief Executive Officer **James C. Scoggin, Jr.**, said at a September ribbon-cutting ceremony. "Methodist is committed to being the trusted choice for health and wellness for families in Southlake and the surrounding communities."

The project represents a major step in Methodist Southlake's journey to become a full-service, acute-care hospital, following its addition to Methodist Health System as a wholly owned facility in June 2021.

"Growing Methodist Southlake is important to me professionally, but it is also important to me personally," says Methodist Health System President and Chief Operating Officer **Pam Stoyanoff, MBA, CPA, FACHE**. "I have lived in Southlake for 15 years now, and my husband, Mike, and I raised our kids here. We know how special these communities are."

The upgraded space will give patients access to new capabilities, including nuclear medicine, a resuscitation bay, critical care telemedicine consultations, and enhanced cardiac monitoring. Methodist Southlake will now enter phase two of construction plans to renovate the existing space. The entire emergency department is expected to open in January 2023.

"We've built an amazing team for our patients," says Methodist Southlake President **Benson Chacko, FACHE**. "The emergency department acts as our front door, and we are excited to serve our community with these new services."









METHODIST IS **COMMITTED TO BEING THE TRUSTED CHOICE FOR HEALTH AND WELLNESS** FOR FAMILIES IN SOUTHLAKE AND THE SURROUNDING COMMUNITIES.

— JAMES C. SCOGGIN, JR., CEO, METHODIST HEALTH SYSTEM

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



COMMUNITY

METHODIST DALLAS MEDICAL CENTER

TEAMING UP TO PROMOTE NIGHTLIFE SAFETY IN DALLAS

Methodist Dallas is the only medical center to earn a Copper Star certification from the 24HourDallas group, which aims to create a safer nightlife environment for the city of Dallas.

The hospital's trauma and injury prevention group and sexual assault nurse examiners (SANE) met with restaurant, bar, and club operators to educate them about hospital resources and what to do when confronted with a possible sexual assault or physical injury.

"We are pleased to be able to offer resources to members of Dallas' night-time economy," says injury prevention and outreach coordinator **Sarah Bradley, MPH, BSN, RN, CEN**.



YOGA SESSION FOCUSES ON EXERCISE AND WELL-BEING

More than 50 people gathered outside of Folsom Fitness Center in September to learn how to declutter their minds and use physical activity, like yoga, to help prevent headaches.

Neha Gandhi, MD, neurologist on the medical staff at Methodist Dallas, shared her expertise on headaches, migraines, strokes, and seizures during the outdoor wellness event.

"Exercise, along with proper hydration and a healthy diet, can make a huge difference in a person's overall well-being," Dr. Gandhi said.

The event, co-sponsored by social media influencer Dallasites101, wrapped up with a 30-minute yoga session led by Folsom instructor **Alyson McKenzie Wells**, and guests left with Methodist-branded gifts and a new sense of wellness.







METHODIST SOUTHLAKE MEDICAL CENTER

STAFF SEES THE BEST OF OKTOBERFEST

Thirty Methodist Southlake employees volunteered at Oktoberfest in Southlake Town Square.

As friends and neighbors enjoyed festival food, live entertainment, and fun activities, employees got a chance to talk with the community and promote the hospital's new emergency department.

It was a spectacular way to represent the medical center while experiencing one of Southlake's most popular celebrations!

HIGHLIGHTS

METHODIST CHARLTON MEDICAL CENTER

SHOWING SUPPORT FOR BREAST CANCER SURVIVORS

Methodist Charlton participated in the Sister to Sister Fitness Festival and Breast Cancer 5K at the Alan E. Sims Recreation Center in Cedar Hill on October 1.

Hundreds of people across the Dallas-Fort Worth area and beyond turned up to support the cause. More than a dozen women signed up for mammograms at the breast center at Methodist Charlton, which has been designated as a Breast Imaging Center of Excellence by the American College of Radiology.



CHURCH HEALTH FAIR SERVES OAK CLIFF NEIGHBORS

Methodist Charlton joined Oak Cliff Bible Fellowship at its health fair on October 21. The fair was open to 300 church employees.

Methodist Charlton staff from cardiology, emergency services, patient navigation, and wound care were on hand to share information about their department's programs and services. Representatives from the cardiology team also conducted blood pressure checks for event goers.

"The guests were highly engaged with our service lines," says ER patient navigator **Alicia Bell, LMSW**. "It was rewarding that so many of them stopped by our tables to gather information."







METHODIST MANSFIELD MEDICAL CENTER

BOOTS, BAGS, AND BLING HIGHLIGHT FUNDRAISER

More than 200 women turned out for Methodist Mansfield's Boots, Bags, and Bling event on September 12 to raise money for the hospital's breast center.

The event, co-sponsored by the city of Mansfield, honored breast cancer survivors and those who have lost their lives to the disease.

Attendees dressed in pink, walked the pink carpet, and sang and danced to performances by a Dolly Parton impersonator. While they enjoyed shrimp cocktails, sliders, and pink desserts, they also played bingo to win designer handbags.

RUNNERS RAISE FUNDS TO PROMOTE HEART HEALTH

More than 300 community members took a stand for their health and showed their support for a good cause at the eighth annual Mansfield Run with Heart event.

Participants signed up for the half marathon, 5K, and one-mile courses to honor those living with heart disease and raise money for cardiology services at Methodist Mansfield.

The event promoted cardiovascular health through heart disease education and encouraged a healthier, more active lifestyle.

METHODIST MIDLOTHIAN MEDICAL CENTER

HEART LAB EXPANDS CARDIAC CARE TO ELLIS COUNTY

Methodist Midlothian recently completed a $5 million project to add a cardiac catheterization lab that includes state-of-the-art equipment and the most advanced technology for the diagnosis and treatment of heart disease.

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



HOSPITAL CELEBRATES TWO YEARS IN MIDLOTHIAN

Methodist Midlothian celebrated its second anniversary this November.

As the city's first hospital, Methodist Midlothian has served more than 45,000 patients and met every patient experience goal. The hospital has more than 350 employees and hundreds of physicians on the medical staff.

"We're thankful for the hard work of our staff and their focus on patient care each day," Methodist Midlothian President **Jary Ganske** says. "As we celebrate two years of serving the wonderful people of Ellis County and beyond, we're even more excited about the future of our hospital and growing alongside the community."







METHODIST RICHARDSON MEDICAL CENTER

NURSES HELP HOSPITAL RETAIN COVETED MAGNET STATUS

Methodist Richardson nurses were once again honored for excellence in November, as the hospital earned its redesignation as a Magnet® organization from the American Nurses Credentialing Center (ANCC).

Methodist Richardson first achieved Magnet status in 2016, an accomplishment claimed by fewer than 9% of U.S. hospitals, according to the ANCC.

"This recognition confirms our organization's dedication to Magnet culture, which improves processes and patient outcomes," says VP of Nursing **Georgette Calma, MSN, BA, RN, NDP-BC**. "ANCC continually raises the bar, so we are pleased our standards meet their expectations."

GALA WELCOMES HUNDREDS OF GUESTS TO RAISE FUNDS

The Yellow and Black-Tie Gala, an annual fundraiser celebrating the Methodist Richardson Foundation and its mission, was held November 12 at the Renaissance Hotel in Richardson.

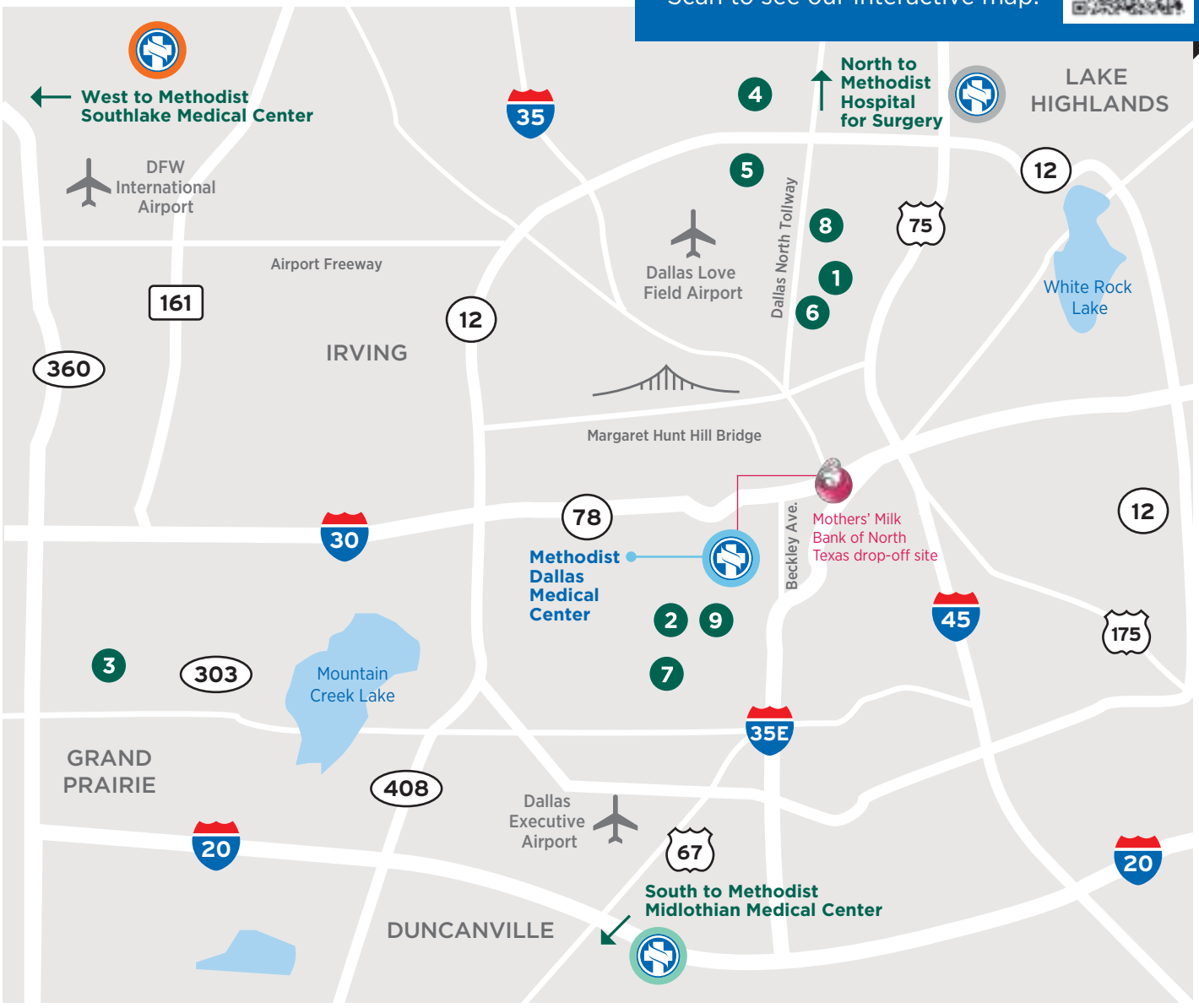
Dressed to the nines in keeping with the "Moonlight Masquerade" theme, 450 guests filled the ballroom to socialize and see a live performance by the award-winning comedy group, Four Day Weekend. **Derek Williams, MD**, physician on the medical staff at Methodist Richardson, and Foundation board member **Scott Jessen** co-chaired the event.

The night also included a special tribute to honorary chairs **David Bonnet, MD**, and his wife, Tamara. Dr. Bonnet, another physician on the hospital's medical staff, has cared for generations of Richardson families over the last 25 years.

Methodist
DALLAS MEDICAL CENTER

We're in your neighborhood

Scan to see our interactive map!



MEDICAL CENTERS

Methodist Dallas Medical Center
1441 N. Beckley Ave.
Dallas, TX 75203
214-947-8181
Mothers' Milk Bank of North Texas drop-off site

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

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

Methodist Southlake Medical Center
421 E. State Highway 114
Southlake, TX 76092
682-335-2000

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

1 **Uptown Medical Group**
3000 Blackburn St., Suite 130
(in the Mondrian building)
Dallas, TX 75204
214-599-8624

2 **Kessler Park**
1222 N. Bishop Ave., Suite 300
Dallas, TX 75208
214-941-1353

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

4 **Preston Hollow**
4235 W. Northwest Highway, Suite 400
Dallas, TX 75220
214-750-5100

5 **Park Cities Clinic**
5709 W. Lovers Lane
Dallas, TX 75209
469-913-8940

6 **Oak Lawn**
3500 Maple Ave., Suite 108
Dallas, TX 75219
214-526-3566

7 **Davis Street**
803 W. Davis St., Suite 101
Dallas, TX 75208
469-372-6200

8 **Highland Park**
4101 Lomo Alto Drive
Dallas, TX 75219
214-522-2700

OTHER FACILITIES

Methodist Community Pharmacy
1441 N. Beckley Ave.
Dallas, TX 75203
214-933-6050

9 **Methodist Dallas Medical Center Golden Cross Academic Clinic**
122 W. Colorado Blvd.
Dallas, TX 75208
214-947-6700

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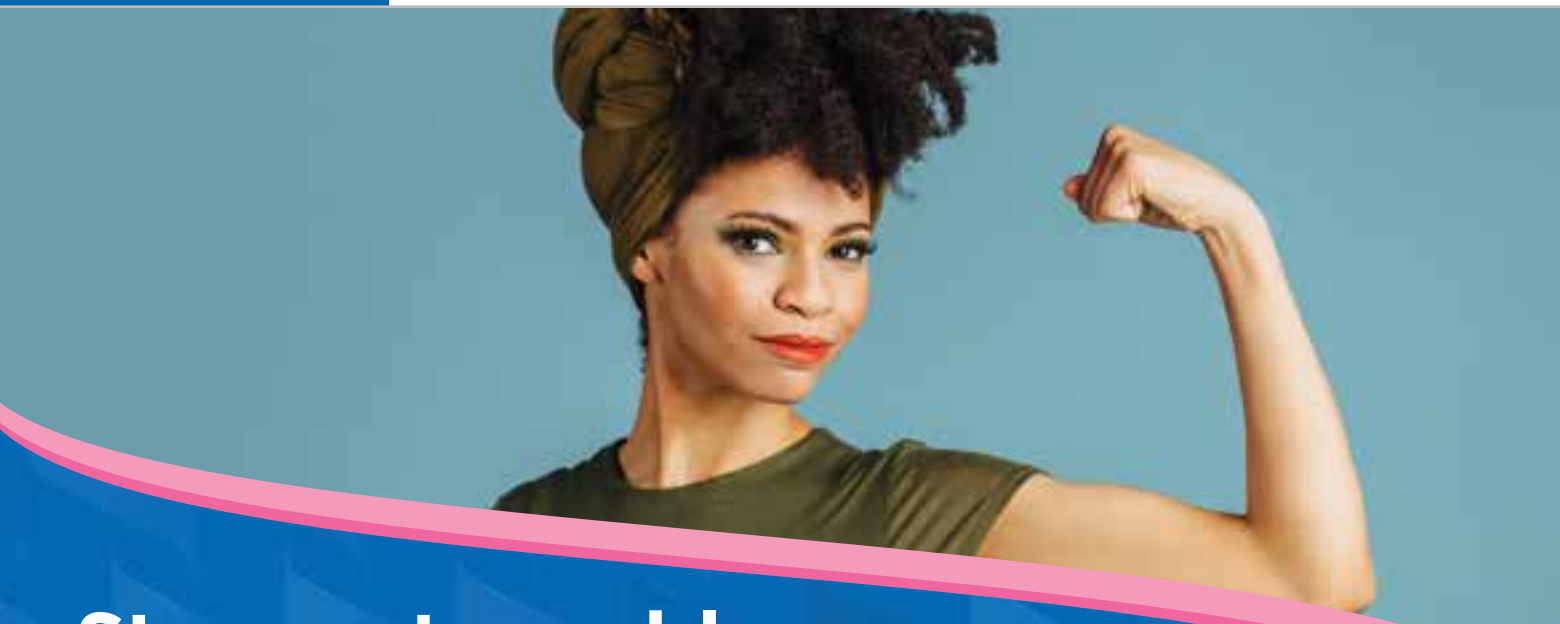

Stay unstoppable. Schedule a mammogram.

Methodist Dallas Medical Center is proud to offer the advanced breast disease and cancer screening services you deserve, including 3-D mammography and 3-D stereotactic-guided breast biopsy. Understanding the unique healthcare needs of our friends and neighbors. That's community and why so many people **Trust Methodist.**

The Linda and Mitch Hart Breast Center at Methodist Dallas Medical Center has earned recognition as a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

Services offered through our women's imaging centers include:

- **3D mammograms**
- **Breast ultrasounds**
- **Galactograms**
- **Fine-needle aspiration**
- **Ultrasound-guided biopsy**
- **3D stereotactic-guided biopsy**
- **Nurse navigation services**
- **Mobile mammography**
- **Care for those at a high risk of breast cancer**

THE LINDA AND MITCH HART
Breast Center
METHODIST DALLAS MEDICAL CENTER

Schedule your annual mammogram:
call **214-761-6769**

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