SHINE

THREE-TIME OLYMPIAN GETS

BACK ON TRACK

AFTER PROCEDURE TO FREEZE HEART



CHAPLAIN SAVED FROM **'WIDOW MAKER' HEART ATTACK**

'I GOT MY LIFE BACK' THANKS TO **MINIMALLY INVASIVE SPINE SURGERY**

Methodist
CHARLTON 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
President and Chief Operating Officer, Methodist Health System

Fran Laukaitis, MHA, BSN, RN, FACHE
President, Methodist Charlton Medical Center

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

Ryan Owens
Assistant Vice President of Public Relations, Methodist Health System

Patrick Clarke
Director of Community and Public Relations, Methodist Charlton Medical Center

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

Renee Yan
Communications Coordinator, Methodist Health System

Arnila Nolok
Public Relations Coordinator and Videographer, Methodist Health System

Sheryle Nsangolo
Public Relations Specialist, Methodist Health System

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Methodist HEALTH SYSTEM

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A three-time Olympian learns that **even world-class athletes can have heart problems.**

Find more stories at
ShineOnlineHealth.com

RARE CANCER CAN'T KEEP STUDENT ON THE SIDELINES

Fitness, community, and faith help 24-year-old beat Burkitt lymphoma

Stage 4 cancer at age 24 would shake almost anyone, but Zach Thibodeau leaned into his fitness, love for soccer, and faith to keep a positive outlook throughout months of chemotherapy.

"I wasn't worried about surviving or not," says Zach, a longtime Midlothian resident. "It was just how soon can I get it done?"

Diagnosed with Burkitt lymphoma in late 2021, Zach "sailed through" five months of chemo treatments, after which the fast-growing cancer went into remission, says **Rebecca Yarborough, MD**, oncologist on the medical staff at Methodist Dallas Medical Center.

"This tends to be something that responds to chemo," Dr. Yarborough says. "It just needs a lot of it."

BURKITT LYMPHOMA

Burkitt lymphoma is a rare, fast-growing cancer that typically affects children but can also strike young adults like Zach. Most common in Africa, the B-cell lymphoma affects just 4 in 1 million children under age 16 and makes up 1% to 2% of all adult lymphomas.

Some symptoms of Burkitt lymphoma can resemble common illnesses, including abdominal pain, nausea and vomiting, weakness and fatigue, and fever. In addition, lymph nodes in the neck can swell — a symptom Zach had but didn't really pick up on.

"Get checked out if you notice something abnormal," Dr. Yarborough says. "If your lymph nodes are enlarged for more than a month, you need to get that checked."

More than 90% of children diagnosed with the disease are cured after treatment — but after an MRI revealed two masses on Zach's pancreas, his family feared far worse odds.

Zach's case first manifested with severe left arm pain, then progressed to jaundice by Thanksgiving.

He was admitted to Methodist Dallas because doctors thought he might need a liver transplant. The tumors were blocking his bile ducts, and he and his family feared he had pancreatic cancer.

After a biopsy, the pathologist concluded Zach instead had Burkitt lymphoma.

TAKING CONTROL

Zach is an avid soccer player, and his excellent health was a prime consideration in Dr. Yarborough's choice to treat him with hyper-CVAD, a leukemia chemo regimen that she has used successfully on other Burkitt patients.

"Our younger patients do better with treatment and have a little better resiliency," Dr. Yarborough says.

The therapy includes eight treatments, one every three weeks for five months. For each treatment, Zach was hospitalized five to seven days at Methodist Dallas.

Dr. Yarborough warned Zach there would be a drop-off in his endurance and strength during chemo, but Zach was determined to maintain a workout regimen between rounds. He admits stubbornness drove him to keep lifting weights, even when progress was minimal.

"I was going to do everything that I needed to do on my end," he says. "I knew the care I was going to get would be really good, so the important part was everything I can control, I'd go ahead and do that."





'SKY'S THE LIMIT'

Zach figured chemotherapy would be rigorous, and he had to temporarily stop playing and coaching soccer. That didn't stop the sports community from supporting Zach, though.

While he worked his way through treatments, the Midlothian soccer community gave him an emotional lift, selling T-shirts and sweatshirts in support of his journey. His sister, Taylor, played for Midlothian High, just like her big brother, and the girls' soccer team wore sweatbands last spring supporting Zach.

After Zach's treatments ended in May 2022, he and Dr. Yarborough planned for checkups every three months over the next two years to monitor for any signs of his cancer returning.

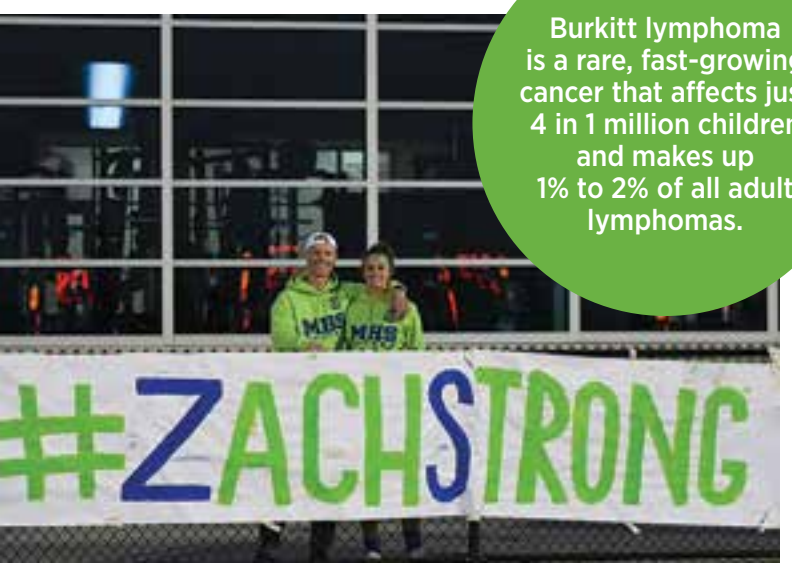
Since graduating with a kinesiology degree from University of Texas Medical Branch in Galveston in 2021, Zach started a three-year physical therapy doctorate program at the school, where he played midfielder for the UTPB Falcons.

It's a path Zach chose during high school — and he says his outstanding treatment at Methodist Dallas only reinforced his desire to forge a career in healthcare.

Zach urges anyone going through what he went through not to spend every waking moment focused on their battle with cancer.

"It's tough, but you go ahead and get it done," he says, "and then afterward, the sky's the limit."

Another cancer patient was given months to live, but Methodist cracked the case for this Waco detective.



Burkitt lymphoma is a rare, fast-growing cancer that affects just 4 in 1 million children and makes up 1% to 2% of all adult lymphomas.



WHAT SETS A MIGRAINE APART FROM ANY OTHER BAD HEADACHE?

Knowing how migraines are unique could help you head off the triggers that cause them



EVERYONE SUFFERS FROM a severe headache from time to time, but not every bad headache is a migraine. Knowing the difference just might lead to a solution.

"Many people come to a physician complaining about migraines," says **Neha Gandhi, MD**, neurologist on the medical staff at Methodist Dallas Medical Center, "but there are actually dozens of types of headaches that are likely causing that pain."

Typically, a doctor would diagnose a migraine when a patient shows at least two of these headache-related symptoms:

- Nausea
- Vomiting
- Sensitivity to light or sound

Another thing that sets migraines apart is that they can be disabling in nature for the patient. They often make it difficult to concentrate, and you may have to lie down, for example.

The causes behind that pain may be just as numerous, from getting too little sleep to triggering foods and alcohol, to hormonal changes and even the weather. Sometimes it's a combination of all of those.

Dr. Ghandi suggests that anyone who believes they suffer from migraines should keep a "headache diary." Log the date, time, description, and location of each headache and share those records with your doctor to help pinpoint symptoms, possible triggers, and warning signs that a migraine is coming on.

In many cases, Dr. Gandhi says, that annoying to sometimes unbearable head pain can be remedied with some simple lifestyle changes.

- **Hydrate:** Most people don't drink enough water during the day, and there's a documented link between headaches and dehydration. The rule of thumb is for women to drink about 11 cups of water a day, and 16 cups for men. Your body needs it to keep operating as it should.
- **Exercise:** Physical activity, such as Pilates or running, can loosen up tight neck and back muscles and send positive hormones to the brain to keep any incoming pain at a minimum. Dr. Gandhi enjoys practicing yoga for both its physical and mental benefits.

Nearly one in five women suffer from migraines, compared with one in 10 men, and they have plenty of company. **An estimated 28 million Americans suffer from these debilitating headaches.**

- **Eat right:** Dr. Gandhi says many patients admit to skipping meals, which directly correlates to more headaches. Constant blood sugar fluctuation can create more health problems than just headaches. Snacking on nuts or vegetables in between meals could help prevent hunger pangs and migraines.
- **Sleep well:** According to the Centers for Disease Control and Prevention, headaches are just one of the many issues that can stem from sleepless nights. You may also be at higher risk for obesity, type 2 diabetes, high blood pressure, heart disease, and stroke. A third of adults admit to getting less than the recommended amount of sleep: seven to eight hours a night.
- **Medicine:** Medication is an option for headache and migraine sufferers, whether it's over the counter or a prescription from a doctor.

Dr. Gandhi advises identifying your triggers before reaching for a pill. And she suggests talking to a doctor before self-medicating a headache.

"If you have kept up with your meals, hydration, and relaxation for several weeks with no improvement, it is time to see a specialist, like a neurologist, to help find a diagnosis and the root of your problem," Dr. Gandhi says.

Master migraine headaches by understanding your triggers. Learn more at ShineOnlineHealth.com.



HIS AND HERS SURGERIES ALLOW RETIRED COUPLE TO TRAVEL PAIN-FREE

While many couples prepare for retirement by downsizing their homes and strategizing their portfolios, Gwen and Mike Rand prioritized their health

Despite all their planning for an active and adventurous postretirement lifestyle, the Fort Worth couple felt hampered by one thing: joint pain.

"We knew we had to tackle our health if we wanted to enjoy ourselves like we always dreamed of," Gwen says.

Like his wife, Mike was looking forward to traveling and filling their schedule with all the leisure activities they enjoyed together, from scuba diving and skiing to hiking and biking.

> DR. HINES AND HIS TEAM AT METHODIST RICHARDSON WERE ABLE TO GIVE US THE LAST PIECE OF THE PUZZLE. **WE GET TO MAKE MEMORIES WITHOUT THE PAIN WE HAD BEFORE AND ARE SO GRATEFUL.**
>
> — GWEN RAND

"We met and married in our 40s and immediately started planning our postretirement lives," he says. "It was without question that our retirement life would include these hobbies."

That commitment — to an active lifestyle, their health, and each other — led them to the office of **Adam Hines, MD**, orthopedic surgeon on the medical staff at Methodist Richardson Medical Center.

ROTATOR CUFF SURGERY

For Mike, 63, genetics and a lifetime of physically demanding hobbies have led to several surgeries and general aches and pains as he got older. His right shoulder was especially painful.

"I caught myself awkwardly using my left hand to support my right arm just to drink coffee because the pain had gotten so bad," Mike says. "Soon after, I made an appointment with my primary care physician, who referred me to Dr. Hines."

At Mike's first appointment in 2021, Dr. Hines ordered X-rays and examined his shoulder. When a steroid injection didn't give Mike the relief it should have, Dr. Hines ordered an MRI scan.

"The MRI revealed that Mike was suffering from a very common, but painful, set of issues in his right shoulder," Dr. Hines says. "There was a tear in his rotator cuff, a torn bicep tendon, and several bone spurs. With the combination of these issues, coupled with his level of pain, surgery was his best option."

That fall, Dr. Hines performed minimally invasive, arthroscopic shoulder surgery on Mike.

"With just a few small incisions," Dr. Hines says. "I am able to use a tiny camera, an arthroscope, to see the damage and make the necessary repairs."

Mike was home the same day to begin the recovery process for rotator cuff repair. Six weeks later, he was cleared to drive again.

RELIEF FROM WRIST PAIN

For Gwen, 61, the numbness in the fingers of her right hand had grown more frequent and painful enough over the years that it would wake her up in the middle of the night.

"When the pain was at its worst, I couldn't hold my cell phone higher than my waist," Gwen says. "Dr. Hines diagnosed me with severe carpal tunnel syndrome and a full thickness rotator cuff tear in my right shoulder."

Dr. Hines recommended that she tackle her wrist pain first, given that Mike was still recovering from shoulder surgery. That minimally invasive procedure would involve an easier and quicker recovery. Shortly afterward, she had endoscopic carpal tunnel release on both wrists.

"Gwen had mentioned that her left wrist was quickly catching up with the symptoms she was experiencing in her right," Dr. Hines says, "so it made sense to perform this minimally invasive surgery on both hands to give her the best outcome."

Gwen's recovery was quick and without complication. About two months later, just as Mike was finishing his physical therapy for his shoulder recovery, it was Gwen's turn to have arthroscopic shoulder repair surgery.

TRAVELING PAIN-FREE 'A BLESSING'

"For us, having the surgeries timed like that was a blessing," Mike says. "We knew what to expect, we had all the recovery equipment ready, and we were already in the rehabilitation mindset."

By the time of their first retirement adventure, Mike and Gwen were fully recovered to take a cruise to Italy and Croatia in 2022. Later that year, they took their RV on a five-week road trip back East.

They credit their healthcare team at Methodist Richardson for making those adventures pain-free.

"Dr. Hines and his team at Methodist Richardson were able to give us the last piece of the puzzle," Gwen says. "We get to make memories without the pain we had before and are so grateful."



Take our free joint health risk assessment and take action to stop the pain.

Half of all adults in the U.S. manage high blood pressure, but it doesn't have to be a lifelong diagnosis if you can commit to eating healthier and cutting back on salt



DASH DIET 'CHANGES LIVES'

BY REVERSING HIGH BLOOD PRESSURE

The DASH diet is dedicated to quickly lowering high blood pressure, even if your family has a history of hypertension, says **Levi Rice, DO**, interventional cardiologist on the medical staff at Methodist Midlothian Medical Center.

"DASH stands for 'Dietary Approaches to Stop Hypertension,'" Dr. Rice says. "Whether you want to prevent developing high blood pressure or if you've already been diagnosed, following this low-sodium diet can help prevent the condition and even reverse a diagnosis within two weeks of starting the diet."

DASH disciples limit their daily salt intake to 2,300 milligrams, or about one teaspoon. That may sound like a lot, but think beyond the salt shaker. Most of the sodium we consume — up to 75% — comes from processed and restaurant food, some of which may not seem all that salty.

For example, a slice of white bread may contain 150 milligrams of sodium. Cottage cheese, salad dressings, and canned vegetables are also saltier than you might expect. And a can of chicken noodle soup may contain around over 2,000 milligrams, almost the entire daily recommended allowance.

SUSTAINABLE DIET FOR ALL AGES

Cutting out all that salt isn't easy, especially for anyone who lives a hectic life full of fast food and microwave dinners. Contrary to the name, you might have to slow down to try DASH.

"To be successful on the DASH diet, you'll have to think of it as a lifestyle," Dr. Rice says. "It's a sustainable diet that is proven to change lives."

That's true for patients of all ages who have been diagnosed with hypertension. Hypertension is a silent killer that doesn't discriminate based on age.

"It's important everyone gets screened by their primary care physician for blood pressure regularly, no matter their age," Dr. Rice says. "With the rate of obesity these days, I've seen more teenagers with high blood pressure come in."

WHY EXCESS SALT IS UNHEALTHY

Our bodies require sodium to function, but we only need about 500 milligrams a day to keep our nerves firing, maintain our balance, and flex our muscles.

Because most of us consume 3,400 milligrams a day — six to seven times what our bodies need — our kidneys have a hard time flushing the excess sodium from our systems. As a result, our bodies compensate by diluting the sodium.

"Sodium is the main electrolyte that binds to water," Dr. Rice says, "so when we consume a lot of it, we retain water. And if the water becomes excessive in our bodies, the excess fluid can raise our blood pressure and cause our hearts to work harder."

Pumping all that extra fluid stresses the heart, the blood vessels, and even the kidneys and bones. Sodium leaches calcium from our bones and can increase the risk of osteoporosis.

Cutting back on salt, even a little, could have a big impact. Here are a few tips to reverse high blood pressure by following the DASH diet.

FOCUS ON WHAT YOU CAN EAT

As with any diet, it's never fun to focus on what you can't eat, so Dr. Rice suggests emphasizing all the delicious foods you can have.

That includes lean meats, seafood, poultry, a heaping helping of fruits and vegetables, whole grains, beans and nuts, and low-fat dairy.

DASH also puts an emphasis on foods that are high in magnesium (oatmeal, black beans, and whole grains), potassium (bananas, avocados, and sweet potatoes), and calcium (almonds, yogurt, and seeds). That's because these nutrients help control blood pressure.

"Magnesium and potassium help relax our artery walls, allowing them to dilate and reduce our blood pressure," Dr. Rice says. "Calcium helps increase the hormonal effect on our kidneys, and that in turn helps regulate our blood pressure."

Of course, you will have to limit sweets, alcohol, and fatty foods, but few foods are truly off-limits. Just enjoy them in moderation and, above all, focus on limiting your sodium intake.

COOK AT HOME AND READ LABELS

Prepared food, whether it's a restaurant meal or a TV dinner, contains far more sodium than the meals we whip up ourselves.

"Try to avoid eating out as much as you can, and cook your meals at home," Dr. Rice advises.

That's why making your own meals is the best way to ensure you're eating healthy ingredients. Cooking may require more time and patience, but it puts you in complete control of how much salt goes into your food.

But being conscious about sodium content means reading ingredient labels when you go to the grocery store. Select salt-free seasonings and cook with low-sodium vegetables. These are all powerful ways to help reduce your blood pressure.

ASK ABOUT RESTAURANT INGREDIENTS

When you do eat out, ask how the food is made and how much sodium is in the dish. You might stump the waiter and even the cook, but consider what's worse: asking some questions or making assumptions that put your health at risk.

After all, even the "healthy" options on restaurant menus tend to be high in sodium because of the simple fact that salt makes poorly seasoned food taste better.

"It's difficult to avoid saturated fat when you eat out all the time," Dr. Rice adds. "Just about every restaurant overdoes it with fat and salt."

Many restaurants are accustomed to leaving out ingredients for customers with food allergies, so requesting a restaurant to go easy on the salt should be no different.

"Request that your food is cooked without salt or MSG," Dr. Rice suggests. "Also, if there isn't a low-sodium salad dressing, ask for oil and vinegar instead."

FIND SUBSTITUTES FOR SALT

Cutting back on salt doesn't mean your meals will be tasteless. Opt for seasonings like rosemary, lemon pepper, and curry, and chances are you'll barely miss the salt.

But be warned: salt cravings can be hard to ignore because they are often tied to dehydration and even hormonal changes, from stress and lack of sleep to PMS.

Don't give in when you've got salt on the brain, Dr. Rice urges. With a little commitment and some patience, you can reverse high blood pressure without medication.

"If you find yourself falling off, refocus and try again," he says. "Don't give up on better health."

Find recipes and other nutrition tips at ShineOnlineHealth.com.



CHAPLAIN SAVED FROM ‘WIDOW MAKER’ HEART ATTACK

This chaplain was at church in Cedar Hill when he suffered a “widow maker” heart attack

At age 63, Arturo Malacara seemed the picture of health. The Euless chaplain did 100 pushups each day, lifted weights, and swam regularly.

But his impressive exercise regimen couldn’t overcome a history of high blood pressure and cholesterol — and did not protect Arturo from a “widow maker,” the deadliest type of heart attack.

It happened one Sunday in July 2021, after Arturo had just finished speaking as a guest minister in Cedar Hill.

Looking back, Arturo says he was blessed to be surrounded by people who knew to rush him to the emergency department at Methodist Charlton Medical Center, the only Level III trauma center and heart failure clinic in southern Dallas County.

“I praise God for Methodist Charlton and their fast approach and highly trained staff who were ready to serve on a Sunday,” Arturo says. “They wasted no time.”

12% SURVIVAL RATE

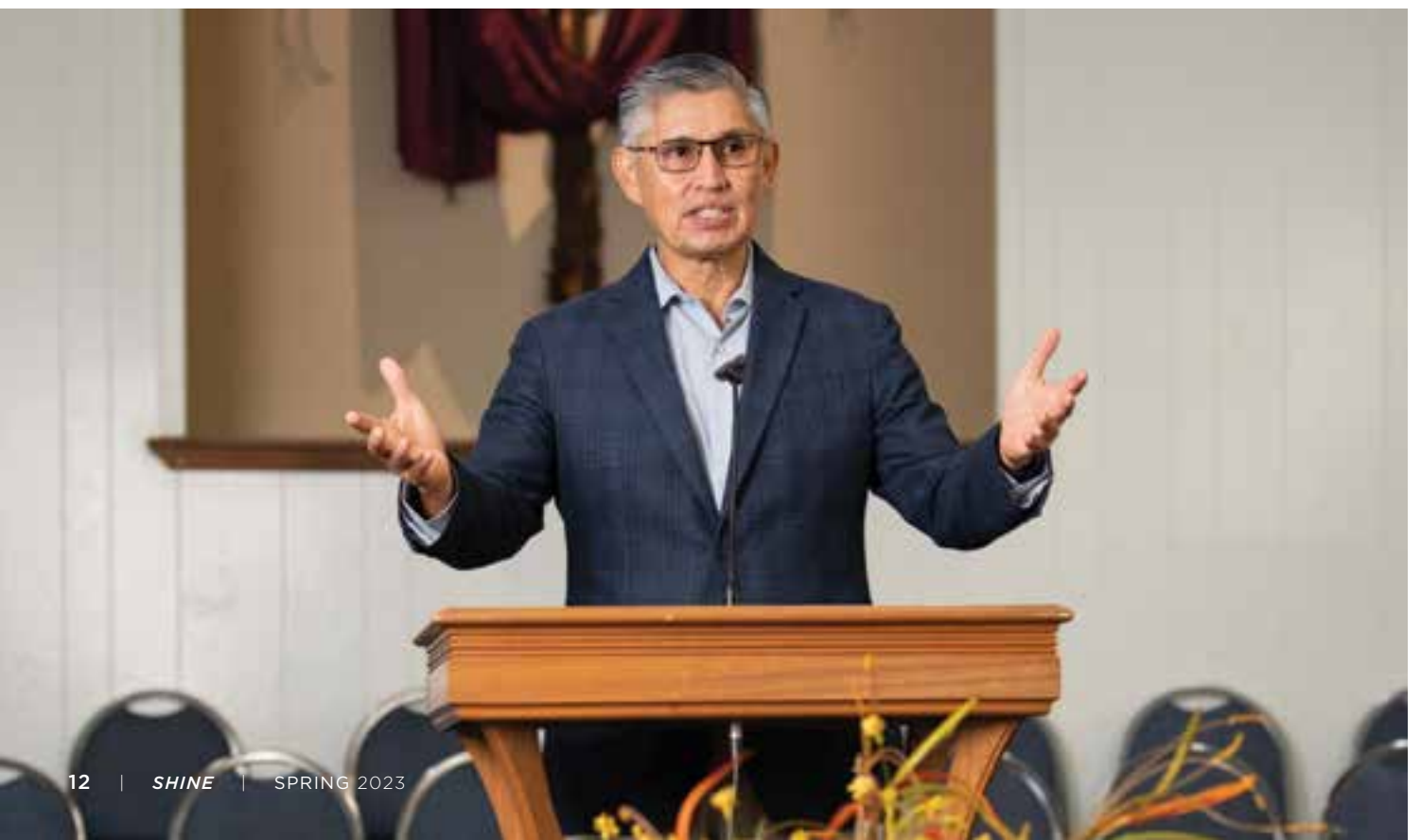
Arturo remembers sweating and feeling ill after his sermon. A nurse at the church took his blood pressure and determined he was having a heart attack.

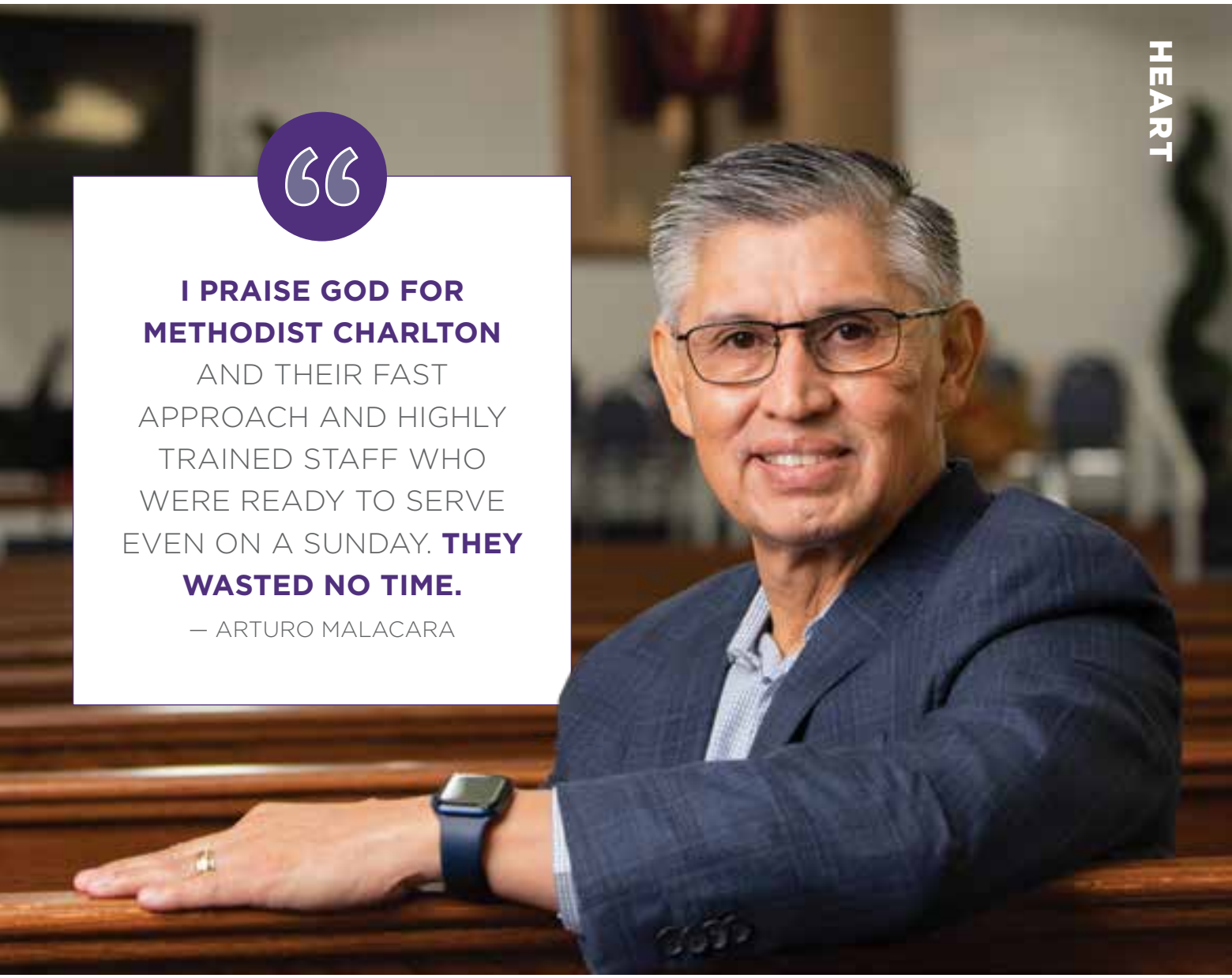
“It felt like an elephant was sitting on my chest,” Arturo recalls. “I didn’t feel pain — I felt pressure.”

Once paramedics arrived, Arturo’s wife, Marifel Malacara, told them to take Arturo to Methodist Charlton, where she works as the director of physical medicine and rehabilitation.

En route to the hospital, an emergency code alerted the medical staff of Arturo’s impending arrival, allowing them to transport him swiftly to the catheterization lab for diagnosis and treatment.

Tests revealed that Arturo’s left anterior descending artery, the heart’s primary supplier of oxygenated blood, was totally blocked.





> **I PRAISE GOD FOR METHODIST CHARLTON** AND THEIR FAST APPROACH AND HIGHLY TRAINED STAFF WHO WERE READY TO SERVE EVEN ON A SUNDAY. **THEY WASTED NO TIME.**
>
> — ARTURO MALACARA

"His heart was pumping only a fraction of its normal blood flow," says **William Posligua, MD**, cardiologist on the medical staff at Methodist Charlton.

Technically known as an ST-segment elevation myocardial infarction (STEMI), this type of heart attack can cause death within hours, if not minutes. The survival rate is a mere 12% — giving it the nickname "widow maker."

Dr. Posligua treated Arturo with a minimally invasive procedure. He inserted a catheter through an artery in the wrist, guided it through his blood vessels, and placed a stent in his coronary artery to clear the blockage.

"Arturo called for help," Dr. Posligua says. "He didn't wait, and maybe that is what saved his life."

TAKING TIME TO HEAL

Arturo was discharged after three days of intensive care, but he still needed three months of rehabilitative treatment at Methodist Charlton.

"I was used to picking up 30 pounds with one hand, and they asked me to pick up two pounds. That was my limit," Arturo says. "The medical team helped me understand that my heart needs to heal."

Now, Arturo has returned to work full time at his church and even serves as an on-call minister for several Methodist Health System hospitals. He is also working to return to his previous fitness level.

"I know my heart is still healing, and Dr. Posligua continues to follow me and make sure that everything works well," Arturo says.

Heart disease comes in many forms. Know your risk factors by taking our free heart health assessment.



‘I GOT MY LIFE BACK’

THANKS TO MINIMALLY INVASIVE *back surgery*

First-of-its-kind procedure at Methodist Charlton puts lifetime of pain behind her

Years of debilitating back pain had led Erin Sutton to believe her days of weightlifting and walking her dogs — her two favorite activities — were over for good.

“I’d been suffering with severe back pain for the last few years and felt like I needed to accept that at 48 years old, I was most likely looking at a lifetime of pain,” says Erin, who experienced a decline in her mental health and quality of life as a result.

That all changed when she learned of a new minimally invasive spinal procedure offered at Methodist Charlton. She jumped at the chance to become the hospital’s first patient to undergo this type of procedure. Months later, she has no regrets about her decision.

“I feel like I got my life back,” Erin says.

THE FIRST DIAGNOSIS

Erin first noticed her back pain five years ago during her weightlifting workouts. When the pain got worse and more consistent, she consulted a doctor and was diagnosed with facet joint syndrome.

Facet joints connect the bones of the spine. When they become swollen because of injury or arthritis — as in Erin’s case — it causes pain. Additionally, Erin suffered from facet hypertrophy, where the joint becomes so swollen and enlarged that it pinches a nerve.

For a few years, Erin tried all kinds of interventional therapies, including medications, physical therapy, and nerve block injections, which produced varying results.

“Eventually, those treatments stopped working altogether, and I felt helpless against the pain,” Erin says.

WORSENING OVER TIME

At a friend's recommendation, Erin sought help from **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Charlton.

"When I first met with Erin, we went over her medical history and talked about how she was now experiencing leg pain in addition to her lower back pain," Dr. Graham says. "Diagnostic imaging revealed that in the three years since her first diagnosis, she had developed severe disk degeneration between her L3 and L4 spinal discs. This was why the interventional therapies had stopped working."

Dr. Graham recommended that Erin try another round of nerve block injections, targeting the damaged disks this time.

"I was nervous that by going to see a surgeon, the first thing that would be pushed would be surgery, but that wasn't the case at all," Erin says. "I really appreciate that approach."

A BETTER, SAFER OPTION

When the injections didn't offer Erin the relief she desperately needed, Dr. Graham sat down with her and her husband to discuss an alternative. Methodist Charlton had recently introduced a new procedure known as extreme lateral interbody fusion (XLIF).

"The mechanics of this surgery are quite simple," Dr. Graham explains. "I remove the collapsed disc and insert a 3D-printed titanium implant. What makes this procedure stand out as a better option for patients who qualify is how it's performed."

Traditionally, most spine surgeries are performed from the back. But with XLIF, patients are positioned on one side, so surgeons can access the spine laterally. It requires smaller incisions, takes less time, and carries a lower risk of damaging nerves.

"The only posterior access needed is to make two very small incisions to place anchoring screws for the fused disks," Dr. Graham adds.

On June 15, 2022, Erin became the first patient to undergo an XLIF at Methodist Charlton. She was up and walking around the very same day and went home just 18 hours later. And after six to 12 weeks of recovery, Erin returned to her daily routine with a renewed appreciation.

"I can do things with my family, lift weights, and walk my two dogs again," she says. "I feel like myself for the first time in years.

Preventing back pain is all about managing your risk factors. Take our free spine health risk assessment.



> I CAN DO THINGS WITH MY FAMILY, LIFT WEIGHTS, AND WALK MY TWO DOGS AGAIN. **I FEEL LIKE MYSELF FOR THE FIRST TIME IN YEARS.**
>
> — ERIN SUTTON

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

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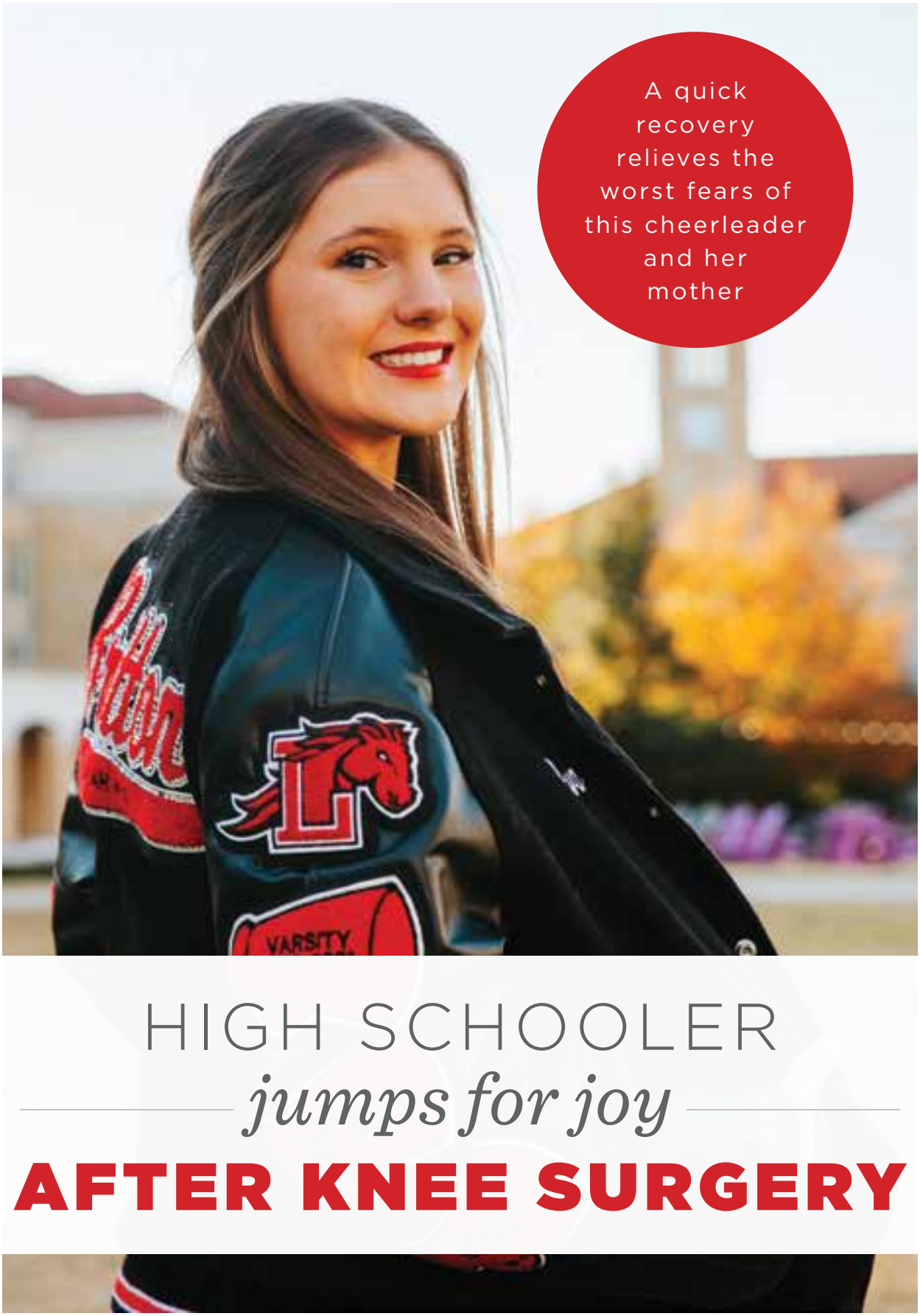

A quick recovery relieves the worst fears of this cheerleader and her mother

HIGH SCHOOLER *jumps for joy* AFTER KNEE SURGERY

Giving up competitive cheer was out of the question for 15-year-old Ava Britton, who feared the worst after she tore her anterior cruciate ligament (ACL) during a spring practice.

"I thought my recovery would be a lot harder," Ava says. "I thought I would be walking around with a big brace from my thigh down to my ankle."

It didn't help that Mansfield Legacy High School's spring cheer tryouts loomed in the not-too-distant future. But Ava and her mother's fears were relieved after a visit to Methodist Mansfield Medical Center, followed by surgery and a speedy recovery.

MORE THAN A STRAIN

Ava, who had been active in cheer and tumbling for years, dropped to the ground during a routine practice at the gym during her sophomore year.

"She was doing a tumbling pass, landed wrong, and hyperextended her knee," says Stormye Britton, Ava's mom. "She knew something had happened, but we were all hoping it was just a strain."

The doctor wanted Ava to see a specialist and recommended **John Harris, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield.

He suggested surgery to repair the ACL, one of the bands of tissue that connect the thighbone to the shinbone, and to prevent further injury to her meniscus, the cartilage that serves as a shock absorber between those bones.

"You need your ACL for agility and side-to-side activities," Dr. Harris says. "Ava was so young, and she's engaged in a sport that involves a lot of tumbling, so I wanted to give her a stable knee."

NO NEED FOR A BRACE

Ava was nervous, knowing that most of her peers who experienced ACL tears had to wear a leg-long brace for what seemed like an eternity.

But after a straightforward surgery to reconstruct the ligament, what followed was far from what she and her mother anticipated. Ava even described the rehab as fun.

"My recovery lasted just six months with physical therapy," Ava says. "I thought it was so fun getting to work on my mobility and use weights to help with strength and balance."

Dr. Harris explained that the postoperative management of ACLs has changed dramatically in recent years.

"I haven't done any sort of bracing whatsoever in three or four years," he says. "That was the case for Ava, so I knew she would have a stable knee right out of the gate."

Paired with the most up-to-date modern science and research, this approach allows patients to have the freedom to start moving their knee a little faster because there's



> **IT WAS LIKE MAGIC.** AVA'S RECOVERY WAS **SO QUICK,** AND SHE JUST DID PHENOMENAL.
>
> — STORMYE BRITTON, AVA'S MOTHER



nothing blocking that movement, Dr. Harris says.

"That's the name of the game after any sort of knee surgery," he says. "You want to get their motion back as fast as possible, rehab appropriately — and keep working hard.

"Now granted," Dr. Harris adds, "she's got to protect it and be smart and be safe."

THREE CHEERS FOR AVA

Ava did exactly that and followed her surgeon's every recommendation to the letter.

"It made Ava's whole recovery that much easier and that much faster," Stormye says. "With physical therapy, Ava was able to move her leg and use it right from the beginning. It was just such a surprise."

That approach sped Ava's healing, and sure enough, she made the cheer team and was back on the field midway through football season that fall, just a few months after her injury.

"It was such a smooth experience, much easier than I ever imagined it could be," Stormye says. "We're so lucky and thankful."

Knee injury puts a teen's dancing dream in jeopardy. Read more at ShineOnlineHealth.com.

Baby's arrival
'SAVED HER MOMMA'S LIFE'

Complicated pregnancy reveals heart disease that had gone undetected

Isabel Lopez credits her first baby with saving her from heart disease that had gone undetected before her delivery.

The 35-year-old Dallas native was in her third trimester with baby Luna when high blood pressure and an excessive amount of fluid retention forced her to have an emergency cesarean section delivery at Methodist Dallas Medical Center, seven weeks before her July 31 due date.

And when Isabel didn't bounce back after safely delivering her daughter, it led to the discovery of blockages in all of her major coronary arteries. Doctors had to perform open-heart surgery to save her.

"When Luna gets older, she's going to know she saved her mommy's life," Isabel says. "I feel like there was a higher power looking out for both of us."

EMERGENCY DELIVERY

Although Isabel had diabetes and high blood pressure, she had managed to control her symptoms for most of her pregnancy.

"Towards the end, that's when I started to retain a lot of fluid," Isabel says. "I gained over 100 pounds of water weight."

Isabel's OB-GYN, **Theresa Patton, MD**, referred her to cardiologist **Manavjot Sidhu, MD**, her colleague on the medical staff at Methodist Dallas. An echocardiogram didn't reveal anything abnormal, so the two physicians began monitoring Isabel's condition more closely.

"She also had a cardiac screening earlier in her pregnancy and had no evidence of heart failure at that time," Dr. Patton adds.

On June 13, Isabel arrived at Dr. Patton's office for a regular checkup, but her fluid retention and hypertension were so severe that doctors had to deliver Luna that same day.

"I was nervous because I wasn't expecting it," she says. "Within 15 minutes of checking in at the hospital, I was in the room."

Despite her premature birth and the fact that she weighed just 4 pounds, 15 ounces, Luna did not require intensive care. Both mother and daughter were able to go home after just three days at the hospital.

HEART FAILURE

The real trouble for Isabel began not long after she was discharged.

"The water weight wasn't coming off. I was sluggish and didn't want to eat," she recalls. Doctors theorized about postpartum depression and worsening diabetes symptoms, but neither proved to be the culprit. "For about a week straight, I was vomiting acid. I couldn't eat and was still feeling lethargic."

Isabel decided to go to the emergency department for answers. Dr. Sidhu performed more evaluations and noticed a change in Isabel's cardiac function. He decided to investigate further and gently inserted a catheter through Isabel's blood vessels to better examine her heart.



Isabel's nine-hour procedure required Dr. Sivadasan to take blood vessels from Isabel's arm and leg and graft them into her heart to redirect blood flow around the blockages.

"When we did that procedure — given her age — the amount of disease that we found in the blood vessels of her heart was just unbelievable. She had blockages in all the vessels of her heart," Dr. Sidhu says.

OPEN-HEART SURGERY

It's likely that the stress of labor and delivery, coupled with Isabel's diabetes and hypertension, accelerated a previously undiagnosed coronary artery disease (CAD), causing it to reveal itself, Dr. Sidhu says.

"It was a perfect storm of factors," he adds.

But Isabel's youthfulness made her case unique. CAD typically develops after decades of damage.

"Because she's so young, this would not be a thing that somebody would think of right off the bat," Dr. Sidhu says.

Mini Sivadasan, MD, cardiothoracic surgeon on the medical staff at Methodist Dallas, performed a quadruple coronary artery bypass surgery to restore Isabel's heart function. The nine-hour procedure required Dr. Sivadasan to take blood vessels from Isabel's arm and leg and graft them in her heart to redirect blood flow around the blockages.

Isabel remained under observation at Methodist Dallas for a month before she was well enough to go home.

"My stay at the hospital was amazing. The nurses and physical therapists were awesome. I had people check on me around the clock," Isabel says. "My husband stayed with me every night. My family came and visited me all of the time, and they would bring my little one. It was uplifting. They were a great support system."

DIFFERENT SYMPTOMS FOR WOMEN

Now back home with Luna, Isabel is determined to continue her physical rehabilitation and improve her health, so she can have more quality time with her family. She says her story is a lesson for other women who may suffer from heart disease to advocate for themselves. It's a lesson echoed by Dr. Sidhu.

"In cardiology textbooks, we are usually taught a classic picture of how coronary artery disease presents, but that picture doesn't really fit women," says Dr. Sidhu.

While women may experience the tell-tale sign of chest pain, they may also experience no symptoms at all or less obvious ones such as nausea, vomiting, fatigue, or back pain, according to the Centers for Disease Control and Prevention.

Instead of ignoring these symptoms, Dr. Sidhu encourages women to consult their physicians about individual risks.

"Prevention is always better than treatment," he advises.

Learn more about the four prenatal tests that mothers over 35 should consider at ShineOnlineHealth.com.





5 WAYS TO AVOID DIABETES *during pregnancy*

Pregnancy causes significant changes to a woman's hormones, including insulin, and for some patients that can result in gestational diabetes



INSULIN IS THE hormone made by the pancreas that acts as a key to letting blood sugar or glucose move from the blood and into the cells to produce energy.

"Gestational diabetes is when glucose can't enter the cells and causes a high level of sugar to build up in the blood," says **Leslie Johnson, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. "It's similar to type 2 diabetes, but it develops specifically and only during pregnancy."

The condition usually develops around the 24th week of pregnancy and goes away after the baby is delivered. If it doesn't go away after birth, then it's called type 2 diabetes.

Gestational diabetes can be dangerous for the baby and mother, especially when left untreated. It raises the risk of stillbirth and can be associated with high blood pressure during pregnancy, also known as preeclampsia.

It's not all bad news, however, especially with an OB-GYN like Dr. Johnson to help guide the way.

"If you're diagnosed with gestational diabetes," she says, "just know there are plenty of ways to manage it."

Here are five tips to avoid diabetes during pregnancy or to keep it in check if you are diagnosed with the condition:

1. GET TO A HEALTHY WEIGHT

If you're planning to become pregnant soon, Dr. Johnson recommends you aim to maintain a BMI of 25 at most. A key risk factor is starting your pregnancy overweight or obese.

2. TEST YOUR BLOOD SUGAR

Dr. Johnson advises her patients diagnosed with gestational diabetes to check their blood sugar at least four times a day to make sure their levels stay within a healthy zone.

3. JUST SAY "NO" TO PROCESSED FOODS

A diet that focuses on fresh whole foods instead of processed foods can help you keep your blood sugar in check.

4. WORK OUT

If you had a fitness routine before getting pregnant, don't stop. If you didn't, then now is the time to start. Find a low-impact exercise you enjoy like swimming or a Zumba dance class.

5. EAT MORE FIBER

High-fiber foods can help manage blood sugar and maintain a healthy weight. "Women who eat a low-fiber diet have twice the chance of developing gestational diabetes," Dr. Johnson warns.

Finally, when dietary changes and other precautions don't do the job alone, prescription drugs can help maintain healthy blood sugar levels.

"If healthy lifestyle changes aren't enough to manage your blood sugar," Dr. Johnson says, "your doctor may prescribe insulin, metformin, or other medications to help manage your blood sugar."

Take a virtual tour of the Labor & Delivery unit at Methodist Dallas.

COMMUNITY HIGHLIGHTS

GROWTH

RENOVATIONS TRANSFORM LABOR & DELIVERY



Crews have put the finishing touches on a newly renovated Labor & Delivery unit at Methodist Charlton.

The $4.1 million project began last year, alongside a multimillion-dollar construction of the adjacent Emergency Department, and was completed in early 2023.

"The renovations in the Labor and Delivery department have totally transformed that unit into a beautiful space to welcome new babies," Methodist Charlton President **Fran Laukaitis, RN, BSN, MHA, FACHE,** says.

These upgrades were focused on providing more comfort to expecting mothers, their families, and the new arrivals.

Delivery rooms were designed to be more therapeutic, with more comfortable labor beds for mothers and neonatal warmers for babies. Two new bathtubs provide hydrotherapy, and some rooms have recliners with built-in vibrating massage.

The visitors lounge was also upgraded with new bench seating, complete with ports to charge personal electronics, and improved refreshments and vending machine options.



CANCER UNIT HITS 96TH PERCENTILE IN PATIENT EXPERIENCE

Since opening in 2021, the Dr. Stephen and Marilyn Mansfield Oncology Unit at Methodist Charlton has had 1,436 inpatients and 726 outpatients, and the cancer center currently ranks at the 96th percentile in patient experience.

"My team has received so many patient and physician compliments since we opened the unit over two years ago," says Oncology Director **Amber Long, MBA, RN, FACHE, OCN, CPHQ**. "I'm so thankful to have such a compassionate team that provides special care to our oncology patients. They are a blessing to the patients in our community."

The unit also received a Build America Award in recognition of its world-class design. The award honors contractors who build the nation's most impressive construction projects, according to the Associated General Contractors of America.

"The oncology project was challenging in a multitude of ways. It kicked off as COVID-19 ramped up and weathered major shifts in supply chain. We had a very tight budget and were working above an active patient floor. We were also working in an older area of campus," Methodist Health System Construction Project Manager **Alisa Carlson** says. "I'm proud of our team for pulling through all of it."

NEW EMERGENCY DEPARTMENT OPENS

With the flip of a switch, Methodist Charlton lit up its new Emergency Department before dawn on February 15, marking a new era for one of the busiest trauma centers in Dallas-Fort Worth.

"It's unbelievable," Methodist Charlton President **Fran Laukaitis, RN, BSN, MHA, FACHE**, said outside the Level III Trauma Center on Wheatland Road. "It's the middle of the night, and everybody's here — and we are beyond happy."

Every year, more than 70,000 patients pass through Methodist Charlton's Emergency Department. After the 19-month, $71 million expansion, those patients will now receive the same exceptional care — but in a more comfortable and efficient setting.

"More space makes the emergency room more welcoming and accessible," Laukaitis said. "This will help provide shorter wait times and a better patient experience overall."



TURN TO PAGE 33 TO GET A CLOSER LOOK AT THE NEW EMERGENCY DEPARTMENT.

NUMBERS TO KNOW

9,036
The number of people Methodist Health System **employed throughout the Metroplex.**

1,711
The number of **people employed** in 2022 at **Methodist Charlton Medical Center.**

$138 million
The amount Methodist Health System provided in **unreimbursed charity care.**

1,015
The **number of newborns** delivered at **Methodist Charlton Medical Center.**

72,903
Visits to the Methodist Charlton Emergency Department, one of the busiest in Dallas-Fort Worth.

217
The number of physicians on the medical staff at **Methodist Charlton Medical Center.**

Figures above represent fiscal year 2022

Becker's Hospital Review ranked Methodist Health System among the **top 150 Great Places to Work** in Healthcare for the 10th year running. *Forbes* named the health system as one of the **Best Employers in Texas and Best Employers for Diversity nationwide.**

RACE TO THE FINISH

Methodist Charlton's Race to the Finish initiative, a campaign to improve patient experience scores throughout fiscal year 2022, proved highly successful as 11 units received awards for reaching the 66th percentile or higher.

The cardiac catheterization laboratory received the highest score, ranking in the 98th percentile.

The emergency department, which is among the busiest ERs in Dallas-Fort Worth, achieved a score in the 66th percentile. Other units, including mammography, oncology, cardiology, and pulmonology, also ranked high in patient experience.

"This was a great way to come together and recognize our highest performers in fiscal year 2022," says clinical patient experience coach **Nate Wylie, MA, CPXP**. "The room was not only filled with pride in their successes, but excitement and motivation to surpass that performance next year!"



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COMMUNITY WELLNESS/SERVICE AND SUPPORT



FAITH COMMUNITY NURSING

Through local churches, Methodist Health System provides education and health outreach, including flu shots and biometric screenings.

METHODIST GENERATIONS

This program offers a variety of wellness activities, social events, and educational outreach for people ages 55 and older.

MOBILE MAMMOGRAPHY

Methodist's mobile mammography unit brought breast cancer screenings directly to 2,333 women this year.

METHODIST ALLIANCE FOR PATIENTS AND PHYSICIANS (MAP2)

This accountable care organization (ACO) improves and saves lives through coordinated care for more than 85,000 people. These patients have seen overall improvement in health measures, as well as a lowered overall cost of care. For these efforts, MAP2 has achieved national recognition for the quality of care given to patients.

LIFE SHINES BRIGHT PREGNANCY PROGRAM

This program is dedicated to helping women have healthy pregnancies with the CenteringPregnancy® model of care. Since it started in 2008, the program has lowered the preterm birth rate among its participants to only 5.4 percent.

MEDASSIST

This program provides vital bridge medications — 67 prescriptions in the past year — to patients in financial need. Through pharmaceutical partnerships, MedAssist also connected patients to 436 prescriptions for free medications valued at over $300,000.

UNIQUE FOOTPRINTS

These low-cost pre- and postnatal yoga classes help moms with their breathing, mobility, and overall wellness.

METHODIST HAS ITS NEIGHBORS COVERED WITH CLOTHING DRIVE

Methodist Charlton and Methodist Dallas teamed up for the fifth annual Covering Our Community holiday coat and blanket drive in December. Over 470 pieces of winter clothing and accessories were collected, including coats, blankets, hats, mittens, and scarves.

The massive haul was handed to local churches for distribution.

The Covering Our Community holiday coat and blanket drive was started by Chaplain Montreal Martin in 2018 "to ensure our neighbors are warm during the winter season," he says.

"I'm just overwhelmed every year by the amount of support that is given toward this initiative," Martin adds. "People think they have to have something extravagant, but it's just as simple as giving a pair of gloves or just a hat. That hat can go a long way, from keeping our neighbors warm to preventing frostbite."

Methodist Charlton employees were proud to help provide much-needed resources for the communities it serves.



METHODIST CHARLTON ADVISORY BOARD

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

Dan Eddy; Kevin Fegan, PhD; Michael Finch, MD, Kenneth Govan, Chair; Dick Griner; Paul Hackett, MD; Ed Harrison; John Hubbard, PhD; Marcus Knight; Bob Mong; Stephen Mueller, MD; Rev. Payton Parker; Greg Porter; Marc Smith, EdD; Jill Waggoner, MD; Margie Waldrop.

WE PROUDLY SUPPORT THESE LOCAL CHAMBERS OF COMMERCE

- Best Southwest Partnership
- Cedar Hill Chamber of Commerce
- Duncanville Chamber of Commerce
- DeSoto Chamber of Commerce
- Red Oak Chamber of Commerce

METHODIST CHARLTON TEAM GOES ABOVE AND BEYOND FOR THOSE IN NEED

Methodist Charlton's annual holiday food drive benefiting the Cedar Hill Shares food pantry collected thousands of items, including 1,838 cans of food, 770 servings of rice, 430 fruit and pudding cups, 202 servings of cereal, 177 boxes of macaroni and cheese, and 172 pounds of noodles.

"I want to personally thank everyone who made a donation," says Magnet® Program Director **Anne-Gret Friedrich-Cuntz, EdD, MSN, RN, CMSRN**, who organized the drive. "The Cedar Hill Shares food pantry is a community-wide effort to alleviate hunger in the city."

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





BREAST CENTER RECEIVES UPLIFTING DONATIONS

Methodist Charlton is grateful for community members who lend their time and talents to our hospital and patients. Cheryl Harrison has donated hundreds of T-shirts, water bottles, hoodies, and hats since 2019. She designs them with inspiring messages meant to uplift our patients.

"They are so grateful," Mammography Manager **Linda McKoy, RT(R)(M)**, said. "Some patients even cry. They break down and say, 'This made my day.'"

Harrison herself was faced with adversity when her mother died of esophageal cancer in 2021 and wanted to pass it forward.

"I feel like I'm making just a small difference in the world," Harrison said. "Someone is going to walk in here and get some news that's going to change their life forever, and they need to know we care. I don't have to know you to care about you."

AWARDS AND RECOGNITIONS

- Recognized for nursing excellence and outstanding patient care with ANCC Magnet® status, an international distinction for excellence in nursing services granted to fewer than 9% of U.S. hospitals
- Awarded the American Heart Association's Get With The Guidelines® Gold and Gold Plus Awards for the fourth year running in 2022: Gold Plus for STEMI heart attacks and strokes, Gold for non-STEMI heart attacks, as well as target honor rolls for stroke and type 2 diabetes
- Received the following accreditations from The Joint Commission:
  - Primary Stroke Center
  - Certified Chest Pain Center
- Awarded The Chest Pain – MI Registry™ Bronze Performance Achievement Award by National Cardiovascular Data Registry (NCDR®) for its success in implementing a higher standard of care for heart attack patients by meeting aggressive performance measures
- The cancer program at Methodist Charlton is accredited by The American College of Surgeons Commission on Cancer
- Received full accreditation from the National Accreditation Program for Breast Centers, which recognizes the breast care program at Methodist Charlton for its dedication to providing the highest standards of care for patients with diseases of the breast
- Designated a Breast Imaging Center of Excellence by the American College of Radiology®

A nonprofit 501(c)(3) organization, Methodist Health System is affiliated by covenant with the North Texas Conference of the United Methodist Church. To support any of Methodist's vital healthcare and community programs, call Methodist Health System Foundation at 214-947-4555 or visit MethodistHealthSystem.org/Foundation.

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THREE-TIME OLYMPIAN GETS **BACK ON TRACK**



Once among the world's fastest men, he's living proof heart conditions can strike anyone

Nobody would suspect that this former track athlete would be at risk of a serious heart condition, but the day before his 44th birthday, the Grand Prairie man found himself preparing for heart surgery

"How the hell did this happen?" recalls Darvis "Doc" Patton. "This doesn't sound right for someone my age, let alone someone who's in tune with their body and is a three-time Olympian."

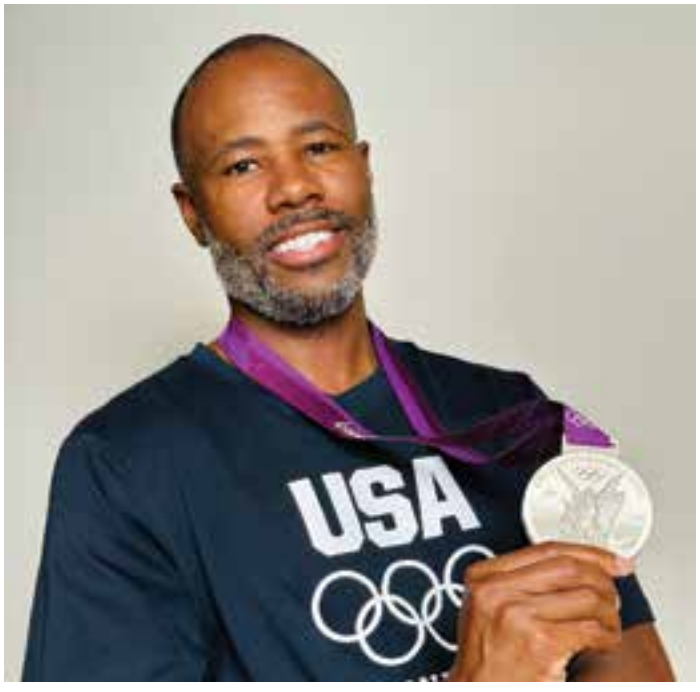
The track coach at Texas Wesleyan University had been retired from running competitively for eight years before doctors diagnosed him with atrial fibrillation, or Afib, in 2021.

"It's a problem in the electrical system of the heart where the heart beats out of rhythm," explains **Roberto Wayhs, MD**, interventional cardiologist on the medical staff at Methodist Charlton. "It can lead to heart palpitations or extreme heart rates."

The news was a shock for Doc, who had been known to clear 100 meters in less than 10 seconds. But just as an athlete relies on his coach, Doc placed his trust in Dr. Wayhs and the rest of his medical team.

"I knew I was going to be in good hands," says Doc, who approached this journey with the same zeal as he would a race. "As a competitor, I had to learn how to block out all the negative stuff, so I can focus on staying in my lane to complete my goal."

He credits his medical team with helping him overcome this unexpected hurdle.



> THE BEAUTY OF THE SURGERY WAS THERE WAS **NO REHAB INVOLVED**. I JUST HAD TO TAKE IT EASY.
>
> — DARVIS "DOC" PATTON

"Everybody was amazing," he adds. "They made me feel totally comfortable with the whole process. It's a collective that makes the machine go. I thank them for getting me back on the right path."

AN ABNORMAL HEART RATE

Months before his diagnosis, Doc had felt more out of breath than usual, but he chalked it up to aging and a natural part of retirement. It was only when a casual race triggered a persistent elevation in his heart rate that he knew something was off.

Doc discovered his heart rate was 80-90 beats per minute that day — within the normal range of 60-100 — but it was almost double that of his usual 45-50 beats per minute.

"My body was my job, so I had to be in tune with my body," Doc says. "So just being aware of my body was like second nature to me."

At his wife Crystal's urging, he began wearing a smartwatch to better monitor his heart rate, a decision that might have saved his life.

He woke up one night and noticed his heart beating wildly. He used his watch and found his heart rate was 161 beats per minute. Crystal called 911, and paramedics took him to the emergency room for treatment. The next day, Doc made an appointment with his primary care physician, who referred him to Dr. Wayhs.

"Doc had what's known as paroxysmal AFib, which isn't life-threatening but can place you at greater risk of heart failure and strokes," Dr. Wayhs explains. "It's a type of heart arrhythmia that comes and goes spontaneously, which makes it harder to catch."

In Doc's case, it was extra unusual because of his age. Most people diagnosed with Afib are 65 or older, Dr. Wayhs says.



Other risk factors include heart disease, sleep apnea, obesity, hypertension, and family history.

"My advice for patients is the same as for heart attacks and strokes: get help immediately," he adds. "And if you notice any changes in health, check with your primary care physician. Just because a problem seems to go away doesn't mean it actually went away."

'FULL OF JOY'

Doc did not want to be medicated for the rest of his life to manage his arrhythmia, so on December 3, his wife drove him to Methodist Charlton for surgery.

David Levine, MD, cardiologist on the hospital's medical staff, performed a cryoablation, a minimally invasive procedure that restores the heart's natural rhythm. Dr. Levine inserted a catheter through a small blood vessel, gently guided it to Doc's heart, and used it to freeze a small patch of abnormal tissue causing the disruption in the heart's electrical circuit.

"What you're trying to isolate is a very specific area, so that it cannot affect normal cardiac function," Dr. Wayhs explains.

Doc stayed in the hospital for one day, and returned home to his family on his birthday, December 4.

"I was just full of joy," he says. "I was just happy that it was successful. I was able to be around my loved ones. And the beauty of the surgery was there was no rehab involved. I just had to take it easy."

Doc says the experience taught him an important lesson. He encourages everyone to be more mindful of their health.

"There's not enough awareness," the three-time Olympian says. "To have this happen to me should be a wake-up call for a lot of people. I can't stress enough how important it is to just start with a checkup."

A heart attack victim is back to hitting all the high notes in her choir again. Read more on ShineOnlineHealth.com.

MIDLOTHIAN EDUCATOR'S VERTIGO TURNS INTO TEACHABLE MOMENT



A health teacher seeks help for her dizzying symptoms at Methodist Midlothian Medical Center

As a licensed vocational nurse, Megan Lynch is more in tune with her health than most people. So when her heart rate spiked and she suddenly got dizzy last July, she knew it was an emergency. What she didn't know was that it was vertigo.

Megan, a health teacher at Midlothian High School, had just returned home from a back-to-school event when her intense vertigo symptoms came out of nowhere.

"The room was spinning, and my heart was racing," Megan says. "I had an impending feeling of doom."

While Megan's mother called 911, she began throwing up and collapsed. The paramedics took her to Methodist Midlothian Medical Center, where she was seen by the medical team — including two of her former students.

"They wanted to do everything for me," Megan says. "They were able to take care of my needs, take care of my IV and help me eat. They were really good with my daughter Sophie, who is 11 and witnessed all of this when I first had symptoms."

CAUSES OF VERTIGO

Vertigo is a common diagnosis, says **Shelley Lenamond, DO**, internal medicine specialist on the medical staff at Methodist Midlothian.

"It's one of the top 20 complaints we get," she says.

The result of a virus, infection, allergies, or even changes in the atmosphere, vertigo occurs when calcium crystals in the inner ear detach from the utricle, the part of our ear that helps us maintain balance.

"That causes us to be dizzy and lose our orientation in space," Dr. Lenamond says. "It can be very debilitating if you can't walk because you're so dizzy."

Megan was also having trouble seeing. It was a scary time, she recalls, but the Methodist Midlothian staff eased her fears.

"I received the most amazing care," Megan says. "These nurses and everyone else were top-notch."

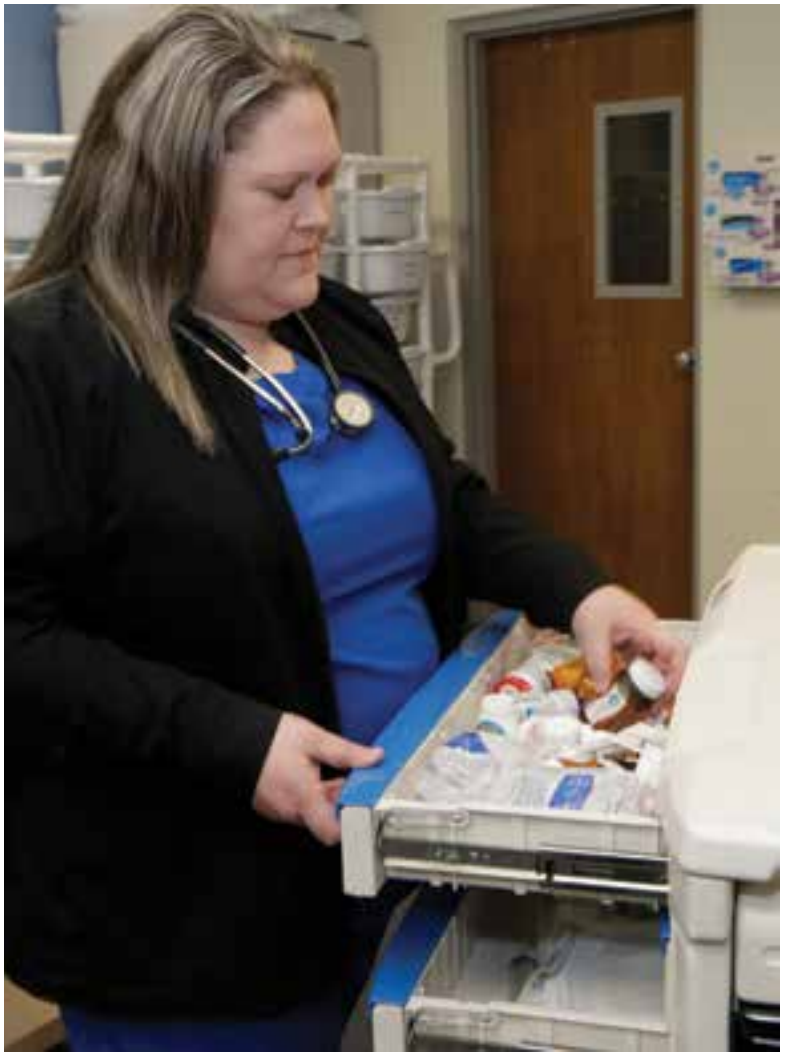
By her estimates, Megan has helped about 100 students reach their career aspirations, but this was the first time she was treated by any of them. Former students and current patient care technicians **Chelsea Stapleton** and **Gabby Marquez** were among those who checked on her.

"I had no idea they'd be on shift," Megan says. "They told me they saw my name on the board, looked at each other and said, 'Wait a second! Ms. Lynch!'"

Chelsea and Gabby even helped Megan with her discharge paperwork and getting to her car. It was gratifying to see her former students thrive, she says.

"I told them you never know when you have a chance to make a difference," Megan says. "Sometimes it comes full circle, and you end up treating people you know."

> I RECEIVED THE MOST AMAZING CARE. **THESE NURSES AND EVERYONE ELSE WERE TOP-NOTCH.**
>
> — MEGAN LYNCH



MOVING FORWARD

After her hospitalization, Megan went through months of therapy at Methodist Mansfield to overcome her dizziness and balance issues.

"The nerve between my inner ear and brain was inflamed, so messages were not getting there. That was throwing off my equilibrium," Megan explains.

Months later, Megan has made significant progress in getting back to her pre-vertigo self, and she now knows the tools and exercises to help her "retrain" her brain whenever she feels her symptoms coming. She has a renewed appreciation for her physical and emotional health, she says.

"The whole experience definitely made me slow my own life down, reevaluate, and remember what's important," Megan says.

The high-quality care she received at Methodist Midlothian also reinforced a lesson she wants to share with all her students, past and present.

"You can always make a difference in some way, whether big or small, to the people you come in contact with," she says. "That is what I remember from my experience."

Learn about what separates vertigo from a dizzy spell at ShineOnlineHealth.com.

TINY HEART IMPLANT **A HUGE DEAL** FOR AFIB PATIENT

Minimally invasive procedure lowers stroke risk without blood thinners

For decades, Mike Spence used blood thinners to lower his risk of stroke after being diagnosed with atrial fibrillation (AFib). But a minimally invasive procedure solved his problems in no time.

The procedure implanted a WATCHMAN device that closes off a part of the heart where blood can pool and clot in AFib patients.

"In one 30-minute procedure, I went from living at a high risk of a stroke to very little risk, as well as being freed from the challenges of blood thinners," Mike says.

UNDERSTANDING AFIB

Mike, 81, was diagnosed with AFib in 2011 by his longtime doctor **Nhan Nguyen, MD**, interventional cardiologist on the medical staff at Methodist Richardson Medical Center.

"I was stunned at the diagnosis," says Mike, a Dallas County native. "I never noticed any irregular heartbeats or other cardiac symptoms that most other people experience."

AFib is a type of cardiac arrhythmia, one of several abnormal heart rhythms that are named by the chambers of the heart in which they occur (atria or ventricles) and by what effect they have on the heart's rhythm (making it too slow, too fast, or irregular).

"AFib is when abnormal electrical signals cause the two small upper chambers of the heart, called the atria, to quiver or flutter instead of beat effectively," Dr. Nguyen says. "AFib affects your heart's ability to pump blood normally, which causes it to pool in an area of the heart called the left atrial appendage, or LAA."

When blood pools, it can stick together to form a clot, Dr. Nguyen says, and if that clot escapes the LAA in the heart, it can cut off the blood supply to the brain and cause a stroke. To lower that risk, Dr. Nguyen prescribed Mike anti-coagulant medications (blood thinners), which he took with great success for many years.

INTERNAL HEMORRHAGE

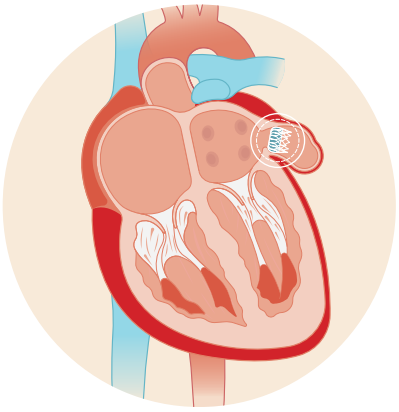
In 2017, Mike ended up in the hospital for internal bleeding associated with his diverticulosis, a common condition in which pockets in the colon become inflamed or infected.

Because he was on blood thinners, Mike lost a lot of blood and needed a transfusion. He was advised to stay off his blood thinners for a few months as he healed, but he had a decision to make about his future.

Dr. Nguyen was concerned that going back on the blood-thinning medication could be risky if Mike had another internal bleed. By contrast, not going back on anti-coagulants meant his risk for stroke from a blood clot could increase.

"I weighed my options and chose to stay off the blood thinners," Mike says. "It was a hard decision to make."

But having a WATCHMAN implant would prove to be an easier choice.



HOW WATCHMAN WORKS

Not long after Mike's transfusion scare, he was attending a meeting of the Methodist Richardson Advisory Board when Dr. Nguyen gave a presentation on the WATCHMAN implant, a relatively new technology at the time.

More than 90% of strokes in people like Mike with non-valvular AFib are caused by clots that originate in the LAA, so closing off this part of the heart can effectively reduce stroke risk.

"WATCHMAN is a minimally invasive procedure where I make a small incision in the upper leg and insert a narrow tube that allows me to guide the implant into the LAA of your heart," Dr. Nguyen says. "In the weeks after, heart tissue begins to grow over the implant to form a barrier against blood clots."

Mike was curious if this could be an option for him, so he approached Dr. Nguyen after the presentation.

"A few months later, we scheduled my surgery," Mike recalls.



HOME THE NEXT DAY

In July 2018, Mike had a WATCHMAN implant placed in his heart and went home the very next day.

After 45 days, he had an ultrasound to confirm tissue had grown over the device, signaling the all-clear — much to the relief of his wife of almost 60 years, Dolores, their three children, and two granddaughters.

And for Mike, never having to take blood thinners again in the four years since his procedure has made a world of difference, as has the peace of mind over his stroke and bleeding risk.

"It has been life-changing," Mike says.

Patient's recovery from heart surgery answers his minister wife's prayers. Read more at ShineOnlineHealth.com.

> IN ONE 30-MINUTE PROCEDURE, I WENT FROM LIVING AT A **HIGH RISK OF A STROKE TO VERY LITTLE RISK,** AS WELL AS BEING FREED FROM THE CHALLENGES OF BLOOD THINNERS.
>
> — MIKE SPENCE

NEW ERA FOR THE EMERGENCY DEPARTMEN

New 70-bed facility at Methodist Charlton represents $71 million investment in southern sector of Dallas County









Methodist Charlton opened its "front door" to patients on February 15 with the debut of its new Emergency Department, a 40,000-square-foot facility that represents a $71 million investment in the city's southern sector and surrounding Best Southwest cities of Cedar Hill, DeSoto, Duncanville, and Lancaster.

A fireworks show provided a fitting exclamation point to a February 6 ribbon-cutting ceremony at the Level III Trauma Center on Wheatland Road, one of only two full-service Dallas hospitals serving patients south of the Trinity River.

"Methodist Health System continues to grow in every direction," said **James C. Scoggin, Jr**., Chief Executive Officer of Methodist Health System, which has begun work on a new hospital 50 miles north in Celina. "But our roots remain here in southern Dallas County."

The 19-month construction project would not have been possible without the efforts of minority- and women-owned contractors, whose employees represented 48% of the 1,400-member workforce.

"Fifteen minority business enterprises and 11 women business enterprises helped create this phenomenal Emergency Department," said **Pam Stoyanoff, MBA, CPA, FACHE**, President and Chief Operating Officer, Methodist Health System. "I don't think they could have created a more beautiful space to improve and save lives."

Methodist's board approved the new Emergency Department in the summer of 2020, at the height of the pandemic, and its grand opening coincides with Methodist Charlton's 50th year serving the community.

In that time, southern Dallas County and the Best Southwest communities have grown tremendously — and so, too, have the healthcare needs of the 70,000 patients who pass through the ED's doors each year.

"Patients are not just numbers to us. They are mothers and fathers and sisters and brothers," said **Fran Laukaitis, RN, BSN, MHA, FACHE**, President of Methodist Charlton. "Our patients are the reason we all come to work every day."



Emergencies can't wait. Learn more about emergency and trauma care at Methodist Charlton.





Hospital leadership joined elected leaders and members of the community to hold a grand opening ceremony at the new Emergency Department in February.



A CT scanner highlights the cutting edge technology that the new Emergency Department adds to Methodist Charlton's toolbox, which also includes robotic surgery.



Olive Conday-Brown

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

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

Methodist HEALTH SYSTEM

Find a doctor at

MethodistHealthSystem.org/HeartCare

or call **(469) 874-1310**

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

MOM ON A MISSION *finds like-minded* OB-GYN

Expecting mother finds a perfect match, just in time, after moving to DFW

With a dream job waiting in Dallas-Fort Worth, Kaydee Endrody faced an unexpected problem: The expecting first-time mother would need a new place to have her baby, and fast.

"I learned very quickly that nobody takes you in your third trimester," says Kaydee, who was living in Houston with her husband, Andy, at the time. "I called, and called, and called, and was turned down so many times. I was just so surprised."

Kaydee, 35, would eventually find her solution with help from her mother, a longtime newborn and NICU nurse, and **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian Medical Center.

"I just feel like this was totally God's plan," the Cedar Hill resident says of her doctor and her stay at the hospital. "It was homey, comfortable, the meals were great, and the nurses felt like family."

NO TIME TO WASTE

Looking to move closer to loved ones, Kaydee landed a job managing a retail outfitter in Fort Worth. Then came a job offer for Andy from Mt. Lebanon Camp in Cedar Hill. As outdoor enthusiasts, the couple was thrilled.

Kaydee sprang into action, knowing she had to act fast to arrange for prenatal care in North Texas.

"It was only a couple of weeks before we had to be in Cedar Hill," Kaydee says, "so I got on the phone and started calling doctors."

Her long and frustrating search ended when her mother's vast network suggested calling Dr. Brown's office.

"They had worked with him and said that he was just a great man," Kaydee says.

Dr. Brown was happy to help.

"Our office recognizes that sometimes it's difficult to find an accepting physician when a patient is well advanced in her pregnancy," Dr. Brown says. "We were more than grateful to assist Kaydee."

MISSION TO MEDICINE

Kaydee and her husband also learned that, like their family, Dr. Brown was very mission-minded, having provided medical care in Honduras, Guatemala, Haiti, Peru, and Mexico.

"Several of the places that Dr. Brown has been on mission trips are near and dear to my heart," Kaydee says.

"I thought that was a neat connection."

Kaydee even brought Dr. Brown a gift during a follow-up appointment: coffee from Ecuador, a nod to his missionary work.

It's a connection they would cultivate until early September, when three days before her due date, Kaydee went in for a routine office visit and discovered that her blood pressure was high. She returned two days later, this time with a headache, and was still experiencing hypertension.

Dr. Brown knew it was time for Kaydee to deliver her baby.

"Given the fact that Kaydee was one day shy of her due date, and knowing that hypertension tends to worsen, the decision was made to proceed with an induction of labor," he says.

DAY OF DELIVERY

That afternoon, Dr. Brown determined they would need some help in delivering the baby. He left the room after laying out the options for Kaydee, her husband, and her mother. They needed to choose between forceps or suction.

They decided to go with forceps, an obstetrical tool used to grasp a baby in the birth canal and guide her through to delivery by redirecting the force the mother provides by pushing.

"Because Kaydee was pushing so well, the delivery was not difficult once the forceps were placed and guidance given," says Dr. Brown, noting that forceps-assisted deliveries are performed in approximately 1% of all vaginal births to avoid the more invasive option of a C-section.

Within three pushes, baby Ruby was born.

"It was just smooth sailing after that," Kaydee says.

After the delivery, Kaydee says she appreciated being able to stay in the same room throughout her time at Methodist Midlothian. And when they were discharged, another surprise was waiting for them.

"I left with a birthday cake for Ruby that read, 'Happy Birthday Baby Girl,'" Kaydee says. "My husband swears it was the best chocolate cake he's ever had."

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





> I JUST FEEL LIKE THIS WAS TOTALLY **GOD'S PLAN.** IT WAS HOMEY, COMFORTABLE, THE MEALS WERE GREAT, AND **THE NURSES FELT LIKE FAMILY.**
>
> — KAYDEE ENDRODY

WEIGHT-LOSS PROGRAM *helps retiree regain* CONFIDENCE

After years of bad health and weight struggles, this Arlington resident sought help from a new weight loss and wellness center



Last summer, after years of bad habits and health problems, Doug Jones decided to try a new approach to reach his weight-loss goals.

At 64, the retired widower weighed 350 pounds and was diagnosed with high blood pressure and diabetes. He suffered three heart attacks in recent years and had back pain from spinal stenosis.

"I was running out of options," says Doug, who struggled with fad diets and didn't want surgery. "Actually, I was getting so depressed thinking about it, I'd almost given up. I needed something to help me."

It just so happened that Methodist Mansfield Medical Center — the same hospital that helped Doug survive his heart attacks and get through back surgery — had recently launched a new weight loss and wellness center. It is led by **Nancy Georgekutty, MD**, family and obesity medicine specialist on the hospital's medical staff, and it offers a nonsurgical option for patients hoping to lose weight.

After decades of working down the street from Methodist Mansfield and receiving care there, Doug decided to place his trust in this new program. And although apprehensive at first, Doug says his doubts dissolved after seeing the results.

"I started losing weight right away, which is always encouraging. Every time I go in for an appointment, we work on something new," he says.

In six months' time, Doug shed about 50 pounds, improved his blood pressure and sugar levels, and found a new outlook on life. He was even inspired to decorate his house for Halloween and Christmas for the first time in 15 years.

"I've got much more energy now, and I get up and do things that I never did before," he says. "I feel grateful that the program was available. This is working for me, and that makes me happy."

GETTING STARTED

The first step of the process was to get an accurate measure of Doug's health and daily routine, Dr. Georgekutty says. She went over Doug's medical history and performed a body composition scan, which examines more than just weight and body mass index (BMI).

"It looks at what their body is actually composed of — how much fat do they have? How much water? How much skeletal muscle? It helps me formulate a plan tailored to a patient's specific needs," Dr. Georgekutty explains.

Doug also met with registered dietitian **Lauren McCarthy, MS, RD, LD**, and completed a lifestyle quiz to see what type of behaviors were underlying his eating patterns.

Before his weight-loss journey, Doug said, he was used to staying up late and snacking, then sleeping in and skipping breakfast the next day. One of the first things he tackled under McCarthy's guidance was sticking to a structured routine of eating regular meals and going to bed earlier. "In our one-on-one sessions, I emphasize to patients the importance of being 1% better every day, rather than trying to make all of these changes at once," McCarthy says. "That way, their progress compounds and gives them motivation."

Much of McCarthy's work is geared toward educating patients and dismantling their misconceptions about diet and nutrition.

"Weight loss isn't as simple as 'calories in, calories out.' You can have flexibility in your life and enjoy what you like. It doesn't have to be super restrictive and confining," she says.

Doug's growing knowledge of triglycerides, salt intake, and nutrition guidelines has helped him be more mindful and make smarter choices each day.

"My eating and sleeping habits were terrible," he says, "and now they've turned into a more structured routine."

A SUSTAINABLE APPROACH

Rather than fixating on the number on the scale, Dr. Georgekutty and McCarthy directed Doug to set small, achievable behavioral goals.

"I don't want to set patients on a course that is unsustainable," Dr. Georgekutty says. "We want our program to be about lifestyle modifications that fit each individual person. It's not a standard one-size-fits-all plan."

Using food diaries and fitness tracker apps, Doug has built an arsenal of tools to help him keep on top of his health. He says he's walking his dog Dallas more and has gotten interested in water aerobics, a low-impact form of exercise that doesn't aggravate his back pain.

Dr. Georgekutty says Doug's new approach to physical activity, sleep, and diet has been transformative.

"We've decreased the amount of insulin that he was requiring, and his blood pressure has fallen to a much healthier range," she explains. "He's gotten compliments from his sister and neighbors, so I've seen his confidence grow. When he comes to visit now, there's just an extra 'oomph' in his step."

Doug says the experience he's gained from the program has inspired him to try more things that he felt too discouraged to pursue in the past: dating, traveling, and exploring his community in Arlington.

"It's been a mental change, and I feel better," he says. "I'm really enthusiastic. I'm making progress, and I feel good about the future."


BEFORE

> "IT'S BEEN A MENTAL CHANGE, AND I FEEL BETTER. I'M REALLY ENTHUSIASTIC. **I'M MAKING PROGRESS, AND I FEEL GOOD ABOUT THE FUTURE.**
>
> — DOUG JONES

Learn more about weight management options at Methodist Mansfield.

HOW A NONSURGICAL TECHNIQUE CAN ALLEVIATE EMPHYSEMA SYMPTOMS

A lung surgeon explains how an innovative nonsurgical technique can help your worst emphysema side effects

Imagine struggling for breath every time you go for a stroll, bike around the neighborhood, or fetch groceries. This is the reality facing many of the 3 million Americans living with emphysema, a type of chronic obstructive pulmonary disease (COPD).

There is no cure for emphysema, which gradually develops as a result of exposure to smoking, air pollution, and chemicals. The only ways to manage the most severe symptoms include medications and surgery, and in worst-case scenarios, some patients require lung transplants.

But a nonsurgical technique called endobronchial valve therapy, or EBV, may offer an alternative, says **David Mason, MD**, thoracic surgeon on the medical staff at Methodist Dallas Medical Center.

"This therapy is relatively new," Dr. Mason explains. "For many people, their quality of life and their ability to carry on their daily activities are significantly improved."

He discusses how this minimally invasive procedure can alleviate severe symptoms without a single incision.

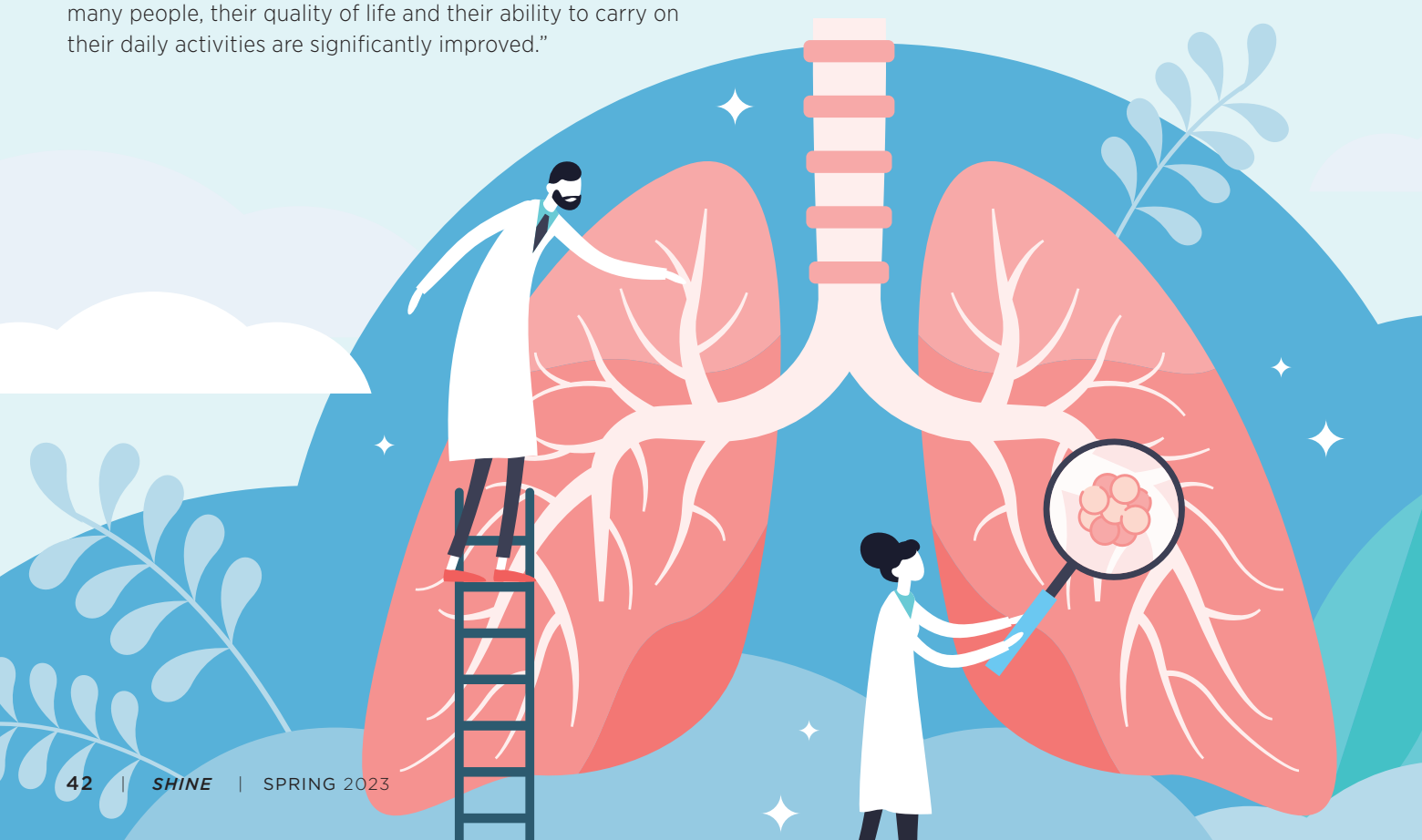
HOW IT WORKS

Emphysema damages lung tissue and the alveoli, preventing the tiny air sacs from taking in oxygen.

"Emphysema destroys the architecture of the lungs," Dr. Mason says. "Essentially, air is trapped within the lungs, so they inflate and stay that way. You're not really taking in oxygen or eliminating carbon dioxide."

For patients with COPD, healthy parts of the lungs are crowded by the diseased portions of the lung, and overall efficiency is diminished.

"In most patients, the distribution of disease is uneven," Dr. Mason adds, "meaning certain parts of the lungs are



Emphysema **damages lung tissue and the alveoli,** preventing the tiny air sacs from taking in oxygen.

preserved and functional, while others play no role other than to take up space."

While there is no repairing the damaged tissue, experts have found a way to release the trapped air and improve overall lung function. Doctors can strategically place tiny one-way valves in the bronchi to let out the air while preventing the alveoli from re-expanding. In effect, the damaged parts of the lung collapse while healthy parts are allowed room to function.

The procedure provides patients a better option than lung volume reduction surgery, which requires physically removing damaged lung tissue, Dr. Mason says.

WHO SHOULD GET EBV?

There are certain criteria patients need to meet before they are considered for treatment.

First, they should have between 20% to 50% remaining lung function, which is determined through breathing tests, Dr. Mason says.

As with most other procedures, EBV does carry some risk of complications, including a collapsed lung and pneumonia. So if your lung function is at less than 20%, the risks will outweigh the potential benefits.

"The general side effects profile is relatively small," Dr. Mason adds.

How the disease is spread through your lungs also makes a difference. Using CT scans, physicians can identify which areas of the lungs are most affected.

"It's better if the damage is concentrated in one area, preferably at the top of the lungs," Dr. Mason explains. "If it is all throughout the lungs, you'd be harming healthy tissue, too, so it would be suboptimal."

A computer program is used to identify where the valves should be placed — essentially providing a roadmap. Usually, surgeons place about three or four valves per lobe of the lung, depending on severity, Dr. Mason says.

NONSURGICAL AND MINIMALLY INVASIVE

Surgeons use a bronchoscope to place the valves in the patient's airways while they're sedated with general anesthesia.

"There are no incisions, and after it's done, we usually monitor the patient at the hospital for about three days," Dr. Mason explains. "Sometimes they notice a change immediately, and sometimes it takes a few months before they really know. In general, it takes some time for their chest and lungs to reconform."

Dr. Mason recommends his patients undergo pulmonary rehab, which includes breathing and other exercises, for a better outcome. Patients should participate in this program before and/or after the treatment.

This therapy is still a growing area of research, he says, but it can potentially improve the quality of life for many people who have few other options.

"These are not people with mild symptoms. They are people who can't go about their daily lives without trouble breathing," Dr. Mason clarifies. "It won't allow them to run a marathon, but it can give them the ability to do things they couldn't before, like playing with their kids or grandkids or going for a walk."

Lung cancer screening is simple and could be a life-saver. Learn more at ShineOnlineHealth.com.



RETIRED REALTOR GETS A NEW LEASE ON LIFE

Minimally invasive procedure replaces heart valve without the need for open surgery

The prospect of open-heart surgery to replace a narrowing heart valve terrified Kerry Walton, whose father had bypass surgery years ago and suffered terrible complications.

Fortunately for Kerry, a 68-year-old retired interior designer, realtor, and avid traveler, Methodist Dallas Medical Center offered him a minimally invasive option known as transcatheter aortic valve replacement (TAVR).

"My father was in the ICU for 27 days, and it was not a pleasant procedure," Kerry says. "I spent one night in the hospital."

Quadruple bypass is a far different task than replacing a heart valve. But not long ago, both procedures required open-heart surgery.

That changed with TAVR, a procedure that involves using a catheter to thread a man-made valve through the femoral artery to the heart, then opening it "like an umbrella" to replace the old valve, says **Nasser Khan, MD**, medical director of the structural heart program at Methodist Dallas.



"TAVR is a huge game-changer," Dr. Khan says. "It's an amazing technology."

After Dr. Khan performed Kerry's surgery in August 2022, Kerry was on his feet later that day, discharged within 24 hours. Within a month, he was on his way to France for a previously scheduled trip.

"The whole team at Methodist Dallas has been phenomenal," Kerry says.

DIAGNOSIS OF STENOSIS

Not that long ago, moving was a struggle for Kerry, who was diagnosed with aortic stenosis a couple of years ago by another cardiologist.

This condition involves the narrowing and stiffening of the heart valve as it calcifies with age. As a result, the heart must work harder to pump enough blood from the left ventricle through the narrowed valve and into the aorta, the fuel line for the body.

Symptoms of stenosis include shortness of breath, fatigue, and heart palpitations — and without treatment, it can lead to congestive heart failure.

WHO IS TAVR FOR

With his father's heart disease in mind, Kerry sought a second opinion from Dr. Khan because his fatigue was making life miserable. He determined Kerry's stenosis was so severe that, in his words, "we needed to do something."

But first, Dr. Khan and his team had to determine whether Kerry was a good candidate for TAVR, rather than the more traditional open surgery that Kerry was dreading.

"His dad had open-heart surgery," Dr. Khan says. "That was the only way we could replace a valve in the past. The patient had to stay in the hospital, there was a longer recovery time, and potentially, surgery-associated complications."

TAVR, also called TAVI for transcatheter aortic valve implantation, was once reserved for patients in their 80s who were at high risk for surgical complications. Now some moderate- and even low-risk patients in their 60s and 70s are eligible for the minimally invasive alternative.

To Kerry's relief, TAVR was the best option for him, and Dr. Khan quickly set the wheels in motion, scheduling the procedure within a matter of weeks of meeting Kerry.

NEW VALVE, NEW KERRY

On the day of his procedure, Kerry was wheeled into the operating room to find a hive of activity as his surgeon, interventional cardiologist, anesthesiologist, cath lab technicians, and nurses prepared.

"I was amazed at the number of people involved in the procedure," he says. "The staff is so well trained, and they go out of their way to help."



In fact, Kerry was so impressed by the people he met at Methodist that he decided to volunteer as a member of the Methodist Hospitals of Dallas Guild.

"A good friend of mine is president of the Guild," he says. "She asked me to join, and I'm thrilled to be giving back to Methodist a bit."

DON'T DOWNPLAY FATIGUE

Now working to improve his fitness level with a trainer at Methodist Dallas's Folsom Fitness Center, Kerry has the energy again to help the Guild organize fundraisers and continue his travels to France, Egypt, and Bali, Indonesia.

Dr. Khan says Kerry's case proves that retirement doesn't necessarily mean slowing down, and he encourages anyone who's finding themselves fatigued not to just chalk it up to aging.

"The natural inclination is to sort of downplay it: 'Oh, I'm getting older, probably just my age,'" he says. "But it may be a tight valve."

Veteran gets a new heart valve and goes home the next day, thanks to TAVR.



RETIRED NURSE BEATS ALL THE ODDS

When cancer, a stroke, and sepsis struck all at once, this retired nurse got the care she needed

NANCY TUCKER KNOWS exceptional healthcare when she sees it, and that's exactly what she received when she had a stroke — and later a potentially life-threatening infection — during a treatment for pancreatic cancer.

"Everyone knew who to contact, how to go forward, and get it done," Nancy says. "The systems worked together, and I'm living proof of that."

Working in quality services for two decades gives the 76-year-old a unique perspective on what patients should expect: a healthcare team that works quickly and in concert.

"The whole experience," she says, "everything just flowed."

STROKE DURING CHEMO

Nancy, 76, was undergoing chemotherapy at a clinic near Methodist Mansfield Medical Center when she suffered an ischemic stroke, in which a clot had cut off the blood supply to her brain.

At the infusion clinic, Nancy tried to stand, but her legs collapsed and she fell to the floor. She tried to speak, but her words were slurred. The staff knew just what to do.

"They called the EMTs, who put me in an ambulance and took me to the hospital," Nancy says. "They got me in a room and started their code stroke protocol."

NOT RELATED TO CANCER

Although cancer can be related to strokes, that wasn't the case for Nancy, says **Sarju Waghela, DO**, oncologist on the medical staff at Methodist Mansfield.

"There was no correlation between her stroke and her cancer," says Dr. Waghela, who treated Nancy for pancreatic cancer.

She was able to resume chemotherapy treatments within a month of the stroke.

While Nancy had no history of strokes, the risk of stroke doubles every year after age 55. Three-quarters of all strokes occur in people 65 and older, so strokes are sure to become more prevalent as baby boomers get older.

CLOT-BUSTING MEDICATION

At Methodist Mansfield, Nancy was immediately administered a tissue plasminogen activator (tPA), a clot-busting medication that quickly restores blood flow to the brain. To be effective, tPA must be given within a few hours after symptoms appear.

"They sent me to the intensive care unit, and in 15 hours, my stroke symptoms were gone," she says. "That's the effect of tPA. It's the same drug they use for heart attacks, and it worked so well for heart blockage, they began to use it for strokes."

Nancy has some advice for people who feel the symptoms of stroke.

"Go to the ER immediately," she says. "They can give you that drug, clear the clot, and the symptoms dissipate."

Within four days of her stroke, Nancy was home again, but she wasn't quite out of the woods yet. She was back in the hospital soon afterward, diagnosed with sepsis.

'THEY TOOK GOOD CARE OF ME'

A week after her discharge, Nancy returned to the hospital, dehydrated and anemic.

"I didn't know I had sepsis until they ran the test in the hospital," Nancy says. "I just knew I did not feel good."

Sepsis is the body's extreme response to an infection. Without treatment, it can set off a chain reaction called septic shock that leads to tissue damage and organ failure.

More than 1.7 million Americans are diagnosed with sepsis each year.

Thanks to her care team, Nancy did not become a statistic. She was soon feeling better after treatments with antibiotics, fluids, and a transfusion of red blood cells.

"They took good care of me," she says. "When I put my call light on, they were always right there."



Know your risk factors for stroke by taking our StrokeAware assessment.

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We're in your neighborhood

Scan to see our interactive map!



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6 Midlothian
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OTHER FACILITIES

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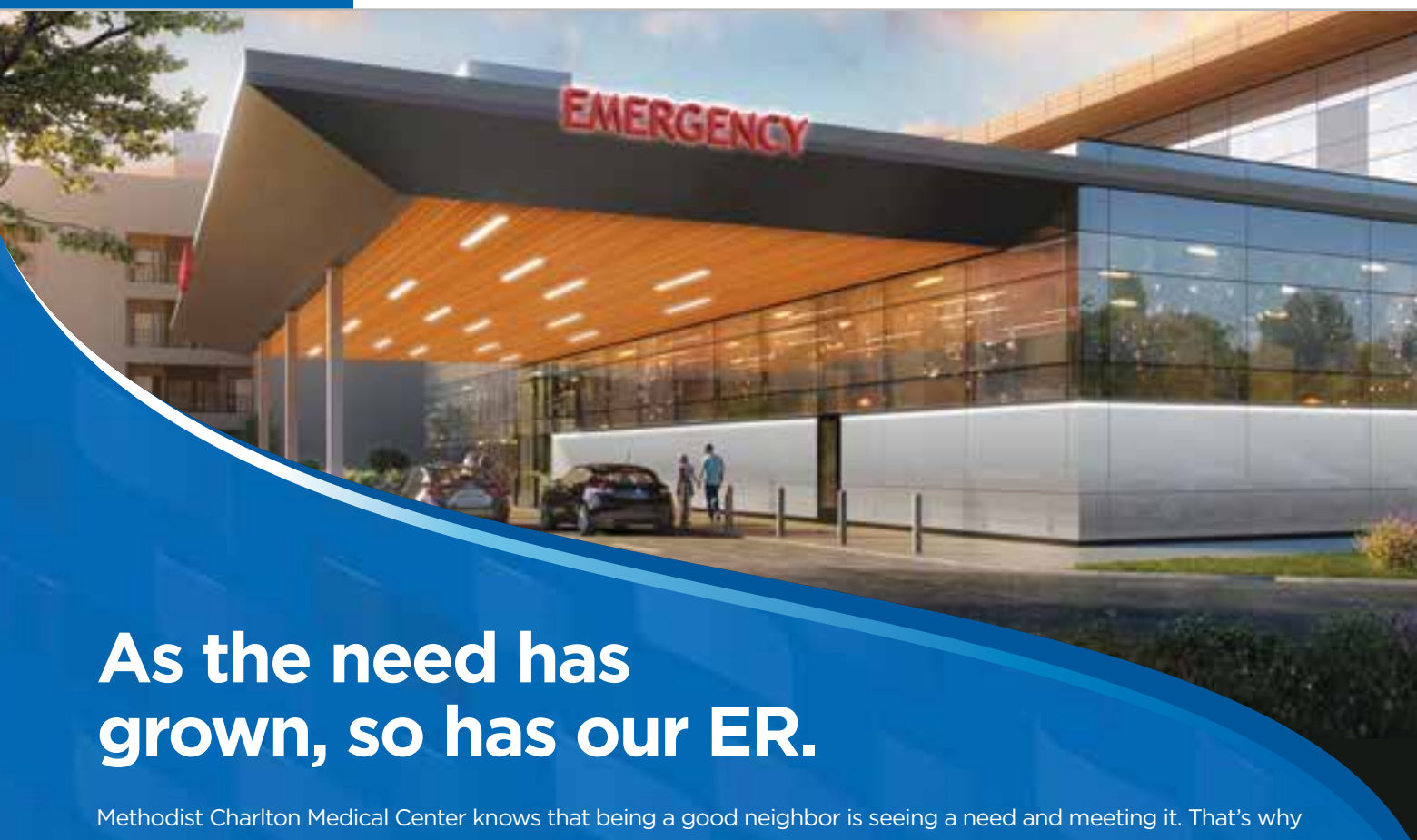

As the need has grown, so has our ER.

Methodist Charlton Medical Center knows that being a good neighbor is seeing a need and meeting it. That's why we expanded one of the area's most important emergency departments to 40,000 square feet, with more beds and trauma rooms, new imaging equipment, and more. Being there when our friends and neighbors need us most. That's community and why so many people **Trust Methodist.**

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