SHINE



RARE TROPICAL FEVER **TOOK HIS BREATH AWAY**

CRASH PUTS MMA EMCEE **IN THE FIGHT OF HIS LIFE**

A DIET **TO BOOST** *your fertility*

Methodist DALLAS MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | **SUMMER 2023**

SHINE

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Methodist HEALTH SYSTEM

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They may not contain sugar, **but some artificial sweeteners could be just as unhealthy.**



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Find more stories at
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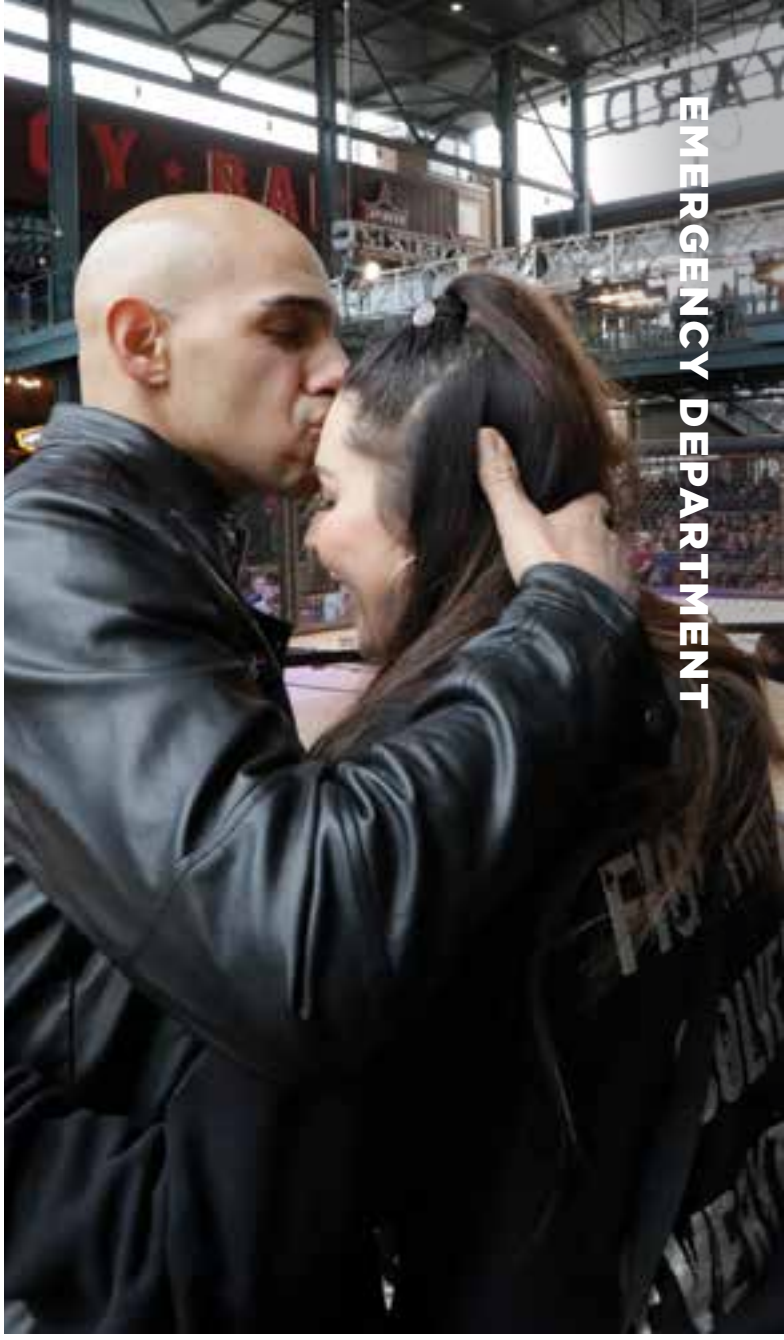
MOTORCYCLE CRASH PUTS MMA ANNOUNCER IN THE FIGHT OF HIS LIFE



Sitting ringside for a mixed martial arts bout is nothing new for Antonio Perkins, but a motorcycle crash in January 2023 brought the fight to him



The 45-year-old from Arlington credits the team at Methodist Dallas Medical Center for pulling him back from the brink, especially when he was unconscious for six days in the intensive care unit, he says.

"I didn't have a voice to say, 'Help me.' I didn't have a voice to say, 'I want to live,'" Antonio says. "To all the nurses and doctors, thank you for being that voice for me. Thank you for speaking up and saving my life and getting me back home."

MYSTERY GOOD SAMARITAN

On a January evening around 9 p.m., Antonio was riding along State Highway 67 when he collided with a car that was merging into his lane. The crash fractured his ribs and pelvis, lacerated his liver and lungs, and nearly severed his right leg.

Other commuters got out of their cars to help, while someone called 911, and a good Samaritan tended to his leg.

"I believe that God had his arms wrapped around me and saved me," he says. "Some people believe in angels, and I got to tell you, there was an angel there that day."

An unidentified witness applied a tourniquet to his right leg, which ultimately saved Antonio's life.

"His injuries were life-threatening," says **Joseph Amos, MD**, executive medical director of trauma services at Methodist Health System. "If not for that tourniquet, Antonio would have bled out."

TRAUMA TEAM IS ALWAYS READY

When paramedics brought Antonio to Methodist Dallas, everyone at the Level I trauma center jumped into action.

"Every minute counts in trauma. Any delay is the difference between life and death," says Dr. Amos, who called **Danny Holland, DO**, orthopedic trauma surgeon on the hospital's medical staff, to assist him in the operating room.

"Our first priority was to control Antonio's bleeding, Dr. Holland says. "He was bleeding in his abdomen and suffered significant blood loss by the time he got to surgery."

The trauma team worked in concert, with Dr. Amos taking care of the damage in Antonio's abdomen while Dr. Holland assessed his right leg.

The severity of the injury and the damage to the leg's nerves, blood supply, and bone were too great to repair, so Dr. Holland amputated Antonio's leg below the knee.

Antonio also has a new outlook on life and a message for others. He says he hopes his story will inspire others to overcome their own hardships — something Dr. Holland agrees would be valuable to others.

PHYSICAL AND EMOTIONAL SUPPORT

Not only did Antonio have his medical team, but he also received an outpouring of love and support from his family, friends, and the mixed martial arts (MMA) and boxing community. His wife, Shalee, hardly ever left his side.

"It seems like the longest time in my life," Shalee says of the weeks following the accident.



"But I'm so grateful because he's still here. You realize how precious life is, and I never want to take another moment with him for granted. I will take a million bad days in a row as long as he's still here with me."

Well-wishers visited Antonio around the clock and reached out to check on him. His doctors say Antonio's strong support system and unflappable positive attitude proved to be key in helping him overcome the most difficult hurdles.

PREPARING FOR A COMEBACK

Antonio now has to regain his strength and learn how to adjust to life without his right foot. Dr. Holland introduced him to another amputee to help ease any fears.

"This is a Methodist employee who has a very physically demanding job. I have him sometimes come in and talk to the patients when they've had a traumatic amputation," Dr. Holland explains. "He's become an important part of the treatment team."

Antonio returned to the ring in May (pictured above), just four months after the crash, walking with the help of a prosthetic leg.

"Before this, I never missed an event in over 20 years. I missed two this year so far," he adds. "The comeback for me is ultimately being able to walk on both legs, to step back in the cage without any assistance."

Antonio also has a new outlook on life and a message. He hopes his story will inspire others to overcome their own hardships — something Dr. Holland agrees is valuable to share with others.

"He's always had a voice," Dr. Holland says. "Now, he has a story."

Watch a Dallas firefighter tell how the trauma team at Methodist Dallas got him back on his feet after an accident on the job.

> JUST AS FIGHTERS HAVE A TEAM OF COACHES, NUTRITIONISTS, AND TRAINERS STANDING BEHIND THEM, METHODIST HAS A TEAM OF NURSES, SCRUB TECHS, RESPIRATORY THERAPISTS, AND OTHER STAFF MEMBERS WHO **STAND BEHIND OUR PATIENTS.**
>
> — DR. DANNY HOLLAND



Between 60,000 to 160,000 older adults in the U.S. are hospitalized with RSV each year, and about 6,000 to 10,000 die from the infection, according to the Centers for Disease Control and Prevention.

Good news for seniors: RSV VACCINES GAIN FDA APPROVAL

The Food & Drug Administration recently signed off on the first two RSV vaccines for adults 60 and older

Long before COVID-19, the respiratory syncytial virus was a threat to the youngest and oldest among us. But now older adults may finally get some protection from the cold-like infection better known as RSV — and a vaccine for children may soon follow.

In May, the Federal Drug Administration approved two RSV vaccines for people 60 and older, shots made by drugmakers GlaxoSmithKline (GSK) and Pfizer. Nine other RSV vaccines are in development, four of them for infants, according to data from PATH, a nonprofit global health organization.

These drugs could potentially save thousands of lives, says **Nebu Alexander, MD**, infectious disease specialist on the medical staff at Methodist Charlton Medical Center.

"RSV is especially hard on older people who are immunocompromised or have a chronic medical condition," he says. "We're making a lot of gains in vaccine development, and this one looks very promising."

While an RSV infection can cause a bad cold for most healthy adults, babies and seniors are at greater risk of complications, including pneumonia or other serious lung infections.

HOW IT WORKS

The RSV vaccines, both one-time injections, target what's called the Fusion Protein gene, called the F protein, on the surface of RSV, says **Leigh Hunter, MD, FACP**, program director of the internal medicine residency program at Methodist Health System.

"When the F protein infects and fuses with a cell, it rearranges its structure," Dr. Hunter explains. "Investigators figured out a way to keep it in its 'pre-fusion state,' which stimulates your body to produce a more powerful antibody response and thus provide more protection against infection."

Data released by the FDA shows that Pfizer's experimental vaccine is more than 66% effective in protecting against acute respiratory infection and lower respiratory tract illness in adults 60 and older. GSK's vaccine was reportedly almost 83% effective against lower respiratory tract disease in the same age group.

RISK VS. BENEFIT

Although an advisory panel has reviewed these particular vaccines (and others) for FDA approval, health experts did identify a couple of potential risks. Three people developed some form of the rare autoimmune disorder Guillain-Barré syndrome, and two others experienced a neurological disorder called acute disseminated encephalomyelitis (ADEM).

Treatment for both disorders usually involves steroids and other interventions to dampen the immune responses, and it generally takes months for people to recover.

It's important to note, Dr. Hunter adds, Guillain-Barré syndrome is not a risk exclusive to vaccines. People are more likely to experience symptoms if they have a bacterial or viral infection like Zika, COVID-19, influenza, HIV, or hepatitis.

Ultimately, the decision to take the vaccine comes down to the individual, Dr. Alexander says.

"It's like with the COVID-19 vaccine. We're deciding if the benefits of taking the vaccine outweigh the potential risks," he says. "We're trying to prevent death from RSV."

Want to connect with other older adults interested in living healthy at any age? Scan the QR code to enroll in Methodist Generations.

PREACHER THANKS

'heaven-sent' hospital team

South Dallas pastor who survived a blood clot in his lung praises emergency medical team

Leonard Johnson was preparing for Bible study in January when a blood clot in his lung took his breath away. Paramedics rushed him to Methodist Charlton Medical Center, where doctors used a catheter to remove the massive pulmonary embolism.

Because it was a minimally invasive procedure, with no sedation, the pastor at Progressive Baptist Church in South Dallas remembers it all, down to the names of the nurses who treated him.

"Every nurse, every tech, everybody who cared for me treated me like I was the only patient in the hospital," Leonard says. "They had names like Angel, Mary, Princess, and Love. They were heaven sent."

STRUGGLING TO BREATHE

Leonard was at home in Cedar Hill when he suffered his pulmonary embolism. Unable to catch his breath, he called 911, and an ambulance got there quickly.

Minutes later, paramedics called Leonard's wife, Tammy, who was with her son and picking up her daughter from school across town. She answered on the car's speakerphone, so her children got the news when she did.

"It was very apparent that my husband was struggling for his next breath," Tammy says. "I could see the fear on my daughter's face. I knew she was thinking: What's going on with my dad?"

In the ambulance, Leonard needed supplemental oxygen but put on a brave face for his family, talking and laughing with them.

"I wanted to let my family know that I was good," he says.

But Tammy had a different perspective:

"We began to pray and ask God to cover Leonard and send him the medical professionals who would help him," she says.

HIGH-FIVES ALL AROUND

When Leonard got to the emergency department at Methodist Charlton, a CT scan quickly revealed the gravity of the situation. A blood clot in his leg, caused by a minor fall a few days earlier, had traveled to his lungs.

"They found the biggest blood clot they had ever seen covering my entire left lung," Leonard says. "That's the reason I was having trouble breathing."

"By then, Leonard couldn't complete a sentence without struggling to breathe," says **Deepak Asti, MD**, an interventional cardiologist and endovascular specialist on the medical staff at Methodist Charlton.





> EVERY NURSE, EVERY TECH, EVERYBODY THAT CARED FOR ME **TREATED ME LIKE I WAS THE ONLY PATIENT IN THE HOSPITAL.**
>
> — PASTOR LEONARD JOHNSON

"He was in severe distress," says Dr. Asti, who explained the options for the Johnson family before they ultimately agreed on a percutaneous thrombectomy. "The emergency department recognized the problem and did an excellent job, so we were able to do the procedure right away."

The next thing Leonard knew, he was in the operating room, wide awake for a procedure that would take less than an hour. Dr. Asti threaded a catheter from the groin, through the heart, and into Leonard's lungs.

This minimally invasive procedure allows a doctor to remove blood clots without having to sedate patients who may already be oxygen deprived.

"I was interacting with them, even joking with them the whole time. That's how secure I felt," Leonard says. "When they got out that big clot, they gave each other a high-five. I got a high-five too."

The couple has created long-lasting friendships at Methodist Charlton.

'BEYOND GRATEFUL'

Even before her family's ordeal, Tammy was familiar with Methodist Charlton because her nonprofit, Empowering the Masses, partners with the Methodist Community Collaborative.

She works with employees at all levels, up to Methodist Charlton President **Fran Laukaitis, RN, BSN, MHA, FACHE**, who checked in on the Johnsons at the hospital.

"I was beyond grateful when I saw Fran in the ER checking to make sure we were okay," Tammy says.

"When we began the partnership with Methodist to serve our community, I had no idea we would create long-lasting friendships."

Leonard's close call only strengthened those friendships and affirmed the family's faith.

"God answered our prayers and sent many amazing individuals to care for my husband," Tammy says. "We thank them and the entire team for their exceptional service. Leonard has more work to do, and thanks to Methodist, he can do it."

Read about another pastor who survived a "widow maker" heart attack and gave praise to God and Methodist Charlton.



ARE ALLERGY PILLS AND SPRAYS SAFE TO TAKE EVERY DAY?

Most people with allergies rely on a daily antihistamine pill or spray, but some medications can be habit-forming and become less effective



Allergy season never really ends in North Texas, but are antihistamines, or allergy medications, safe to use every day indefinitely?

"That depends on the drug," says **Thomas Frank, MD**, otolaryngologist on the medical staff at Methodist Richardson Medical Center.

Some highly effective sprays can become habit-forming and create rebound symptoms, he says, while the latest generation of antihistamines have almost no side effects.

"There are nearly no long-term concerns at all with those allergy medications," Dr. Frank says.

Most allergy sufferers rely on a daily antihistamine pill or corticosteroid spray, and Dr. Frank says the newest iterations of allergy drugs are also safe to use without fear of forming a habit or building up a tolerance.

Here's a deeper dive into those medications, some of which come with a few precautions.

ANTIHISTAMINE PILLS

Antihistamine medications work by blocking the chemicals that cause us to suffer an allergic reaction.

They generally fall into two "generations." First-generation medications like Dramamine, Dimetapp, Nyquil, and Benadryl target histamine receptors in the nervous system and can cause drowsiness because they cross what's called the "blood-brain barrier."

"They are stronger for reducing allergy symptoms, but they can cause some drowsiness, and they don't last all day," Dr. Frank says.

This type of medication, also called anticholinergics, can cause confusion and falls among older adults. Research has also linked their long-term use to an increased risk of dementia. Doctors also recommend against taking first-generation antihistamines if you suffer from heart disease, high blood pressure, asthma, or emphysema.

Second-generation antihistamines like Allegra, Zyrtec, Clarinex, and Claritin came along in the 1980s, 40 years after the first-generation drugs. They cause less drowsiness and can last for up to 24 hours.

Another benefit of second-generation antihistamines is that they interact with fewer medications.

So if you take many other prescriptions, the newer antihistamines are a safer bet, experts say.

NASAL SPRAYS

Many allergy sufferers turn to sprays for relief. These, too, are safe to use on a daily basis — with some minor exceptions. Dr. Frank separates these nasal sprays into five different "flavors," almost all of which are available over the counter:

- **Saline rinses** are the natural way to keep nasal passages clean and moist and ease sinus inflammation. Whether using an over-the-counter squirt bottle, a home brew of distilled water and kosher (non-iodized) salt, or a neti pot, it's a proven way to clear pollen and other allergens from the mucous membranes. Dr. Frank explains that the majority of people can manage mild allergy symptoms with a saline rinse to clean the nose and make sure pollen and other allergens don't linger in there.
- **Corticosteroids,** like Flonase, work by decreasing inflammation in the nasal passages. These must be used daily or twice daily for a few weeks to make a noticeable difference. Side effects for these are minimal, but Dr. Frank offered a word of caution: "They may contribute to cataract formation, but that's never been proven conclusively."
- **Antihistamine sprays,** like Astepro, block histamines directly in the nose and work best at stopping a runny nose. The most common complaint regarding these medications is their bitter taste.
- **Nasal anticholinergics,** like Atrovent, are used to treat nonallergic triggers for rhinitis, whether it's hormonal, nerve-driven, or a virus. Dry mouth and bad taste are the typical side effects.

There's a fifth type of nasal spray, decongestant sprays, that works better than any of these — but they also can cause a habit-forming rebound effect.

WHAT TO WATCH OUT FOR

Decongestant sprays, like Afrin or Sinex, work by constricting the blood vessels in the nose and can help with a nasty cold or an especially bad allergy episode.

These sprays, whose active ingredient is typically oxymetazoline, can become habit-forming and should not be used for more than three days in a row.

"These will outperform every other nose spray I've mentioned," Dr. Frank says. "But if you use them for more than three days, you get what's called the rebound phenomenon as it wears off."

That rebound congestion can create a vicious cycle where a patient feels like they need the spray just to breathe normally and sleep soundly.

"Those are the sprays to watch out for," Dr. Frank says. "It's kind of strange that for decades, the one spray that has the most addiction has always been available over the counter and the easiest to get."



25%

ROUGHLY 25% OF ADULTS EXPERIENCE A SEASONAL ALLERGY, ACCORDING TO THE CENTERS FOR DISEASE CONTROL & PREVENTION.

USE AS NEEDED, WITHIN REASON

The bottom line is that most of these medications are safe to take on a daily basis. Some patients take more than one or mix and match a nasal spray with an antihistamine pill.

But Dr. Frank notes that taking a preventive medication forever may not be for everyone. There may be a better option for allergy sufferers who can't find relief no matter how many drugs they take.

"If you're still struggling taking two, three, or four medicines a day, I would encourage you to consider making yourself less allergic," he says.

That means a trip to a specialist who can offer an allergy test and, potentially, immunotherapy treatment.

Learn how a special diet can help identify food allergies that are making you miserable.

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Room 509F, HHH Building
Washington, DC 20201
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Judge issues her verdict:

BREAST CANCER SCREENINGS SAVE LIVES



> GET A MAMMOGRAM. IT SAVED MY LIFE. **IT WILL SAVE YOUR LIFE.** IT REALLY WILL.
> — JUDGE CINDY ERMATINGER

An Ellis County judge learns an important lesson about mammograms and early breast cancer detection after putting off the screening for the last few years

Judge Cindy Ermatinger is used to juggling it all, but the first woman to serve on Ellis County's district bench says even she can drop the ball — as she admits to doing when she put off having a mammogram for a few years in her early 60s.

"I got the surprise of my life," Cindy says of the small tumor found last November during a breast cancer screening at Methodist Midlothian Medical Center. "But I am very lucky that we caught it early because it could have been a disaster. Once I knew what I had and they got the plan of action, I felt at peace. I knew they were doing exactly what needed to be done to help me," Cindy says.

Cindy got her screening exam at Methodist Midlothian because the hospital was close to her home and work — but also because she saw firsthand how the nurses and physicians on the medical staff treated patients.

"I took my mother there when she got COVID-19. They were wonderful with her. They did things that other hospitals weren't doing, and I think that's how my mother survived," she says.

This time, facing her own health dilemma, Cindy was shocked when doctors found something abnormal in the mammogram results, and further testing revealed a mass in her left breast.

"Waiting for answers was the scariest part," says Cindy, who found support in her oncology team. She was referred to **Katrina Birdwell, MD**, breast surgeon on the medical staff at Methodist Midlothian, who worked with Cindy to come up with a treatment plan.



DON'T DELAY PREVENTIVE CARE

Normally a stickler for schedules and medical appointments, Cindy says she regrets delaying her screening, especially given some of her family members have been diagnosed with breast cancer or have a greater risk.

"I got busy at work, and I thought I'll do it next year. Then the pandemic came, and I just got busy," she says.

And Cindy is hardly alone. A recent study shows that the number of women getting mammograms plummeted in the beginning of the pandemic, and it was months before that figure began rising again.

Cindy's case just goes to show how important preventive care is, Dr. Birdwell says. Although breast cancer can happen to anyone, the median age of diagnosis is 62, according to the American Cancer Society. That's why health experts recommend women with an average risk of breast cancer get a mammogram every one or two years, depending on their age.

"Screenings work," Dr. Birdwell says. "If not for her mammogram, Cindy might not have noticed anything for a long time and gotten the treatment that she did."

TREATING BREAST CANCER

The early detection of Cindy's cancer, its nonaggressive nature, and advancements in medical science all had roles in her treatment. Dr. Birdwell performed a lumpectomy in February 2023 to remove the tumor in Cindy's left breast and prescribed her radiation treatments and an estrogen-reducing pill that Cindy will have to take for the next five years.

"More than 80% of breast cancers are sensitive to the hormones estrogen and progesterone," Dr. Birdwell explains. "So if your cancer fits that category, this pill can reduce the amount of estrogen or progesterone in the body to shrink any tumors or, if the tumor has already been removed, reduce the chance of it coming back."

Cindy's prior good health and lifestyle also work in her favor, Dr. Birdwell adds. Obesity, smoking, and heavy drinking can increase your risk.

Cindy took the same focused approach in her battle with cancer that she is known for in the courtroom. Not even a week after her surgery, she was already back to work and is now making plans for the future.

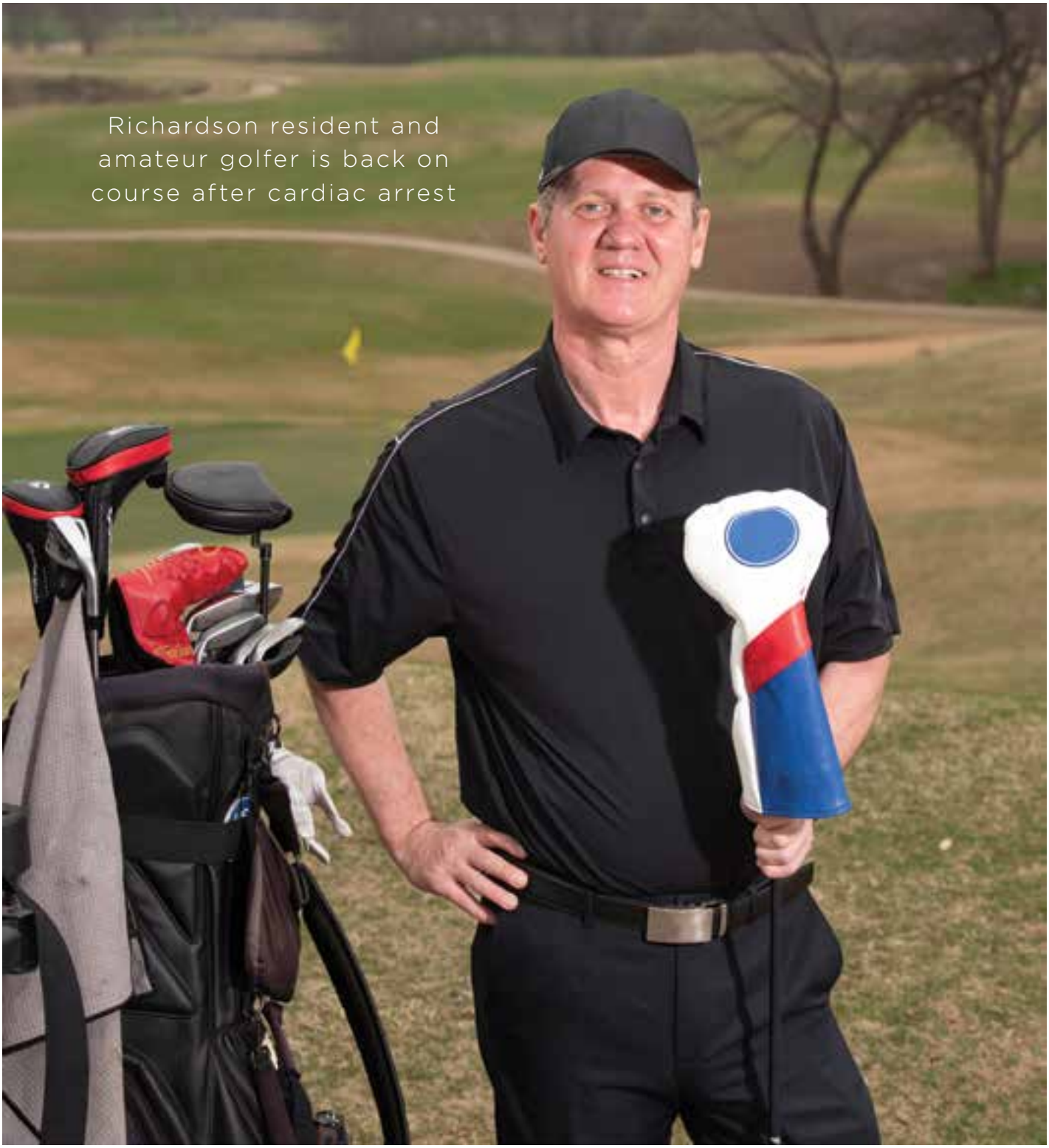
"I love presiding over my court and working together with the other judges," she says. "I am working and going to radiation Monday through Friday for 20 treatments. I have the support from the other judges, my friends, and my most wonderful family.

"They are all so amazing, and I am going to beat this cancer so I can be around to enjoy my family, friends, and my work on the bench," she says. "My family made me 'Team Cindy' t-shirts, and my friends and family wear them to support everyone who is supporting a loved one with cancer."

According to Cindy, this experience taught her a lesson she won't soon forget, a message she hopes other women will hear.

"Get a mammogram," she says. "It saved my life. It will save your life. It really will."

The latest guidance on when women should start getting mammograms may surprise you. Learn more at ShineOnlineHealth.com.



Richardson resident and amateur golfer is back on course after cardiac arrest

Golf champ joins the club of HEART ATTACK SURVIVORS

Amateur golf champion Sven Bock was getting over a case of COVID-19 earlier this year when he mistook a heart attack for lingering symptoms from an upper respiratory infection.

"COVID-19 made me pretty miserable, so the aches and pains I was feeling in my upper left shoulder didn't alarm me," the longtime Richardson resident says. "I thought they were just related to COVID."

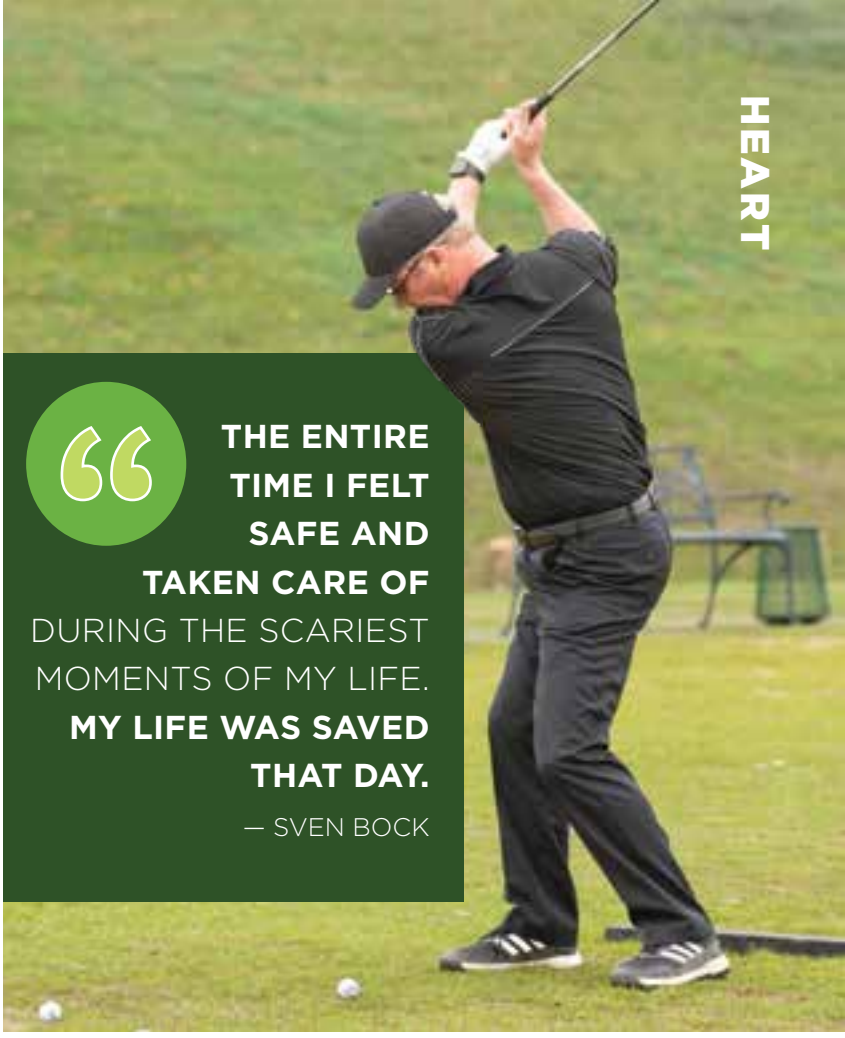
What Sven was experiencing was a STEMI heart attack, says **John George, MD**, interventional cardiologist on the medical staff at Methodist Richardson Medical Center. In his case, he developed a potentially lethal change in his heart's rhythm.

"Sven suffered what's called an ST-elevation myocardial infarction, a complete blockage of one of the heart's main supply arteries," Dr. George says. "That causes the heart muscle to die unless blood flow is restored immediately."

Although that day in January is still a blur for Sven, one memory stands out: "I remember pleading with them to not let me die."

He and Dr. George both credit the training, speed, and efficiency of all the teams involved in his care for saving his life that day.

Sven is a three-time winner of the Golf Channel Am Tour National Championship in his group, along with a variety of other golf accolades.



> **THE ENTIRE TIME I FELT SAFE AND TAKEN CARE OF** DURING THE SCARIEST MOMENTS OF MY LIFE. **MY LIFE WAS SAVED THAT DAY.**
>
> — SVEN BOCK

GETTING HELP JUST IN TIME

Before his hospital stay, Sven was feeling miserable, even days after finally testing negative for COVID-19 in January. Suspecting another upper respiratory infection, he called his primary care physician and was prescribed antibiotics.

The pain continued to worsen, Sven says, but not alarmingly so until that weekend, when it expanded to his chest. Even then, the 57-year-old dismissed his growing discomfort as an anxiety attack. Finally, he decided to seek help — and just in time.

"I could hardly walk down the stairs because I was so dizzy," Sven says. "I knew I needed to call an ambulance."

READY AND WAITING

When paramedics got to his home, they immediately hooked Sven up to an EKG machine and determined he was having a heart attack. That triggered an alert to be sent to the cardiac catheterization lab at Methodist Richardson.

Thanks to a joint program between Richardson EMS and Methodist Richardson, the cath lab is activated and its team of professionals is fully mobilized before the patient even gets to the hospital.

Once in the cath lab, Sven's heartbeat was so irregular, a condition known as arrhythmia, that the heart team had to use a defibrillator twice to stabilize it. Once Sven was stable, Dr. George could open the blocked arteries and restore the blood flow.

3 STENTS PLACED

The team used dye to identify the blockages, while Dr. George inserted a catheter-based device through a major artery, threading it all the way to the blood vessels supplying his heart. Then a tiny balloon was used to open the blood vessels, a procedure known as balloon angioplasty.

Dr. George and his team inserted a small mesh tube called a stent to hold the artery open. Ultimately, Sven would have three arteries opened and three stents placed. Less than a week after arriving at the hospital, the championship golfer was back up to par and headed home.

"I went home a few days later and have felt like my old self since," Sven says.

Today, Sven is back on course, ready to compete on the U.S. amateur tour. While the experience has taught the amateur athlete to pay better attention to his body rather than "try to be a tough guy," Sven also learned he has a healthcare team he can count on when the worst happens.

"From the EMS knowing to transmit ahead to alert the hospital to the cath lab team's quick action, I felt safe the entire time and taken care of during the scariest moments of my life. My life was saved that day," he says.

Trust your heart to Methodist, from prevention to advanced procedures. Learn more.



Quick CPR and a therapeutic deep freeze saved this police officer

OFFICER SURVIVES CARDIAC ARREST AFTER WASP ATTACK

Army Staff Sgt. Jim Valenti survived a tour of duty in Afghanistan and nearly two decades as a police officer, so it was a shock last fall when a swarm of yellow jackets nearly killed him.

"I go to war for a year, then become a cop for 17 years, and I nearly get taken out by a wasp sting," Jim says. "It's so surreal."

That day, Jim's heart stopped — cardiac arrest caused by anaphylactic shock — and he credits paramedics, his daughter for performing CPR, and the emergency, ICU, and cardiology teams at Methodist Mansfield Medical Center for saving his life.

"I have no words to express how thankful I am for the love and the care that they showed me," Jim says. "I walked out of Methodist Mansfield 11 days after dying on my kitchen floor."

ANAPHYLACTIC SHOCK

Jim was mowing the lawn on Sept. 30 when he ran over an underground wasp nest at his Mansfield home. He was stung repeatedly on the neck and ear and suffered a severe allergic reaction.

Fortunately, his wife and daughter were home when he went into cardiac arrest, a rare result of anaphylactic shock.

"I knew I was allergic, but in the past, my wife would give me an over-the-counter antihistamine, and I would just chill out and maybe swell up a bit," Jim says. "This time, I could feel my body shutting down.

"I used one EpiPen, threw the other one to my wife, and I said, 'Call 911, I'm dying.'"

While his wife, Madonna, called for help, his adult daughter, Nicole, administered CPR until paramedics arrived. It's fortunate that she did because her dad had stopped breathing, and his heart had stopped pumping.

"It only takes about five minutes of no blood flow to the brain to have irreversible brain damage," says **Babatunde Komolafe, MD**, interventional cardiologist on the medical staff at Methodist Mansfield. "So immediate CPR is critical for good brain function."

Jim wasn't out of danger just yet, despite the efforts of Nicole and Mansfield Fire Department paramedics, who shocked him back to life and inserted a breathing tube on their way to Methodist Mansfield.

Next, he would need a team of physicians, including Dr. Komolafe, and a special nurse whose care Jim doesn't remember but whom he will never forget.



Jim with his wife, Madonna (left), daughter Nicole and her son, Maddox.

HYPOTHERMIC THERAPY

Once at the hospital after the wasp attack, Jim was quickly stabilized, but he remained unconscious and in critical condition.

"They could not wake me up," he says. "So they had to cool me down to protect my brain."

For patients who suffer cardiac arrest, therapeutic hypothermia sometimes proves necessary. This treatment cools the body — either externally using ice packs and cooling pads or internally with IV fluids — giving patients a chance to recover without putting their brain function at risk.

"They cool you down to 35 or 36 degrees centigrade [95 degrees Fahrenheit] to reduce the body's metabolic demands," Dr. Komolafe says. "That allows the heart, the brain, and other organs to rest. Then, after 24 hours, the medical team slowly warms you back up."

POLICE HOLD VIGIL

While Jim recovered in the ICU, he was cared for by a team that included staff nurse **Annie Caussey, RN** (pictured at right). Her support was every bit as important to his wife as it was to Jim.

"Watching her take care of Jim, it was like she was taking care of her own father," says Madonna, who got the reassurance she needed that Jim would pull through. "She has a gift."

Jim never met Annie while in the ICU. But when he returned to meet her for the first time, he says, "It was as if she was family already."

Annie wasn't the only shoulder for the family to lean on. A steady stream of Jim's colleagues from the Cedar Hill police department visited his room. And before his release, officers and sheriff's deputies from across the area held a prayer vigil that filled the parking lot at the hospital.

"The care I received and the way my family and work family were treated was top-notch," Jim says. "It was way above and beyond my wildest imagination. I am forever grateful."

He's also grateful to have someone else to mow the lawn from now on, even though the wasp threat is long gone.

"I'm never cutting another blade of grass. I'll tell you that," he says.

Watch how a hockey player survived a heart attack on the ice, thanks to his fellow firefighters.



> "THE CARE I RECEIVED AND THE WAY MY FAMILY AND WORK FAMILY WERE TREATED WAS TOP-NOTCH. IT WAS **WAY ABOVE AND BEYOND MY WILDEST IMAGINATION. I AM FOREVER GRATEFUL.**
>
> — OFFICER JIM VALENTI

WHICH FOODS CAN BOOST YOUR FERTILITY *and which foods to avoid*

Learn the facts behind why certain diets can help women boost their fertility, while other foods can hurt the chances to conceive

Women who are trying to get pregnant may want to shake up their diet, because certain foods can support fertility while others are better avoided.

"When trying to conceive, it's all about creating a healthy environment for when the egg and sperm meet," says **Angelica Knickerbocker, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. "Following a fertility-enhancing diet can help women achieve and maintain optimal health to provide a better chance for pregnancy."

If the goal is to boost your fertility, that means eating foods that are dense in nutrients and have anti-inflammatory properties. Think fatty fish like salmon and tuna, lean meats like turkey and chicken, and plenty of nuts, fruits, and leafy greens.

"The more variety of fruits and vegetables you eat, the wider array of vitamins, minerals, and antioxidants you will receive," Dr. Knickerbocker says.



MEDITERRANEAN DIET

Following a Mediterranean diet may be the best first course of action for anyone trying to boost fertility. This colorful diet is packed with fatty fish, lean meats, vegetables, olive oil, nuts, grains, fruits, and legumes.

"This meal plan aims to naturally keep various diseases away and help reduce inflammation in the body, thus improving fertility," Dr. Knickerbocker says.

She says the diet provides the essential nutrients a mother-to-be needs, including abundant plant-based proteins, anti-inflammatory flavonoids, and vitamins C and E.

Leafy green vegetables like spinach, asparagus, Brussels sprouts, and broccoli contain both iron and folic acid, critical nutrients for pregnant women and those hoping to conceive.

"An iron deficiency has been linked to infertility, low birth weight, miscarriage, and preterm labor," Dr. Knickerbocker says. "Also, if you don't get enough folic acid, your baby could be at a higher risk for neural tube defects."

WHICH FOODS TO AVOID



What you don't eat may be just as important, Dr. Knickerbocker says.

"Processed meats have many chemicals that can affect sperm and egg quality," she says. "And sugar causes inflammation and glycation, which contributes to insulin resistance."

Cutting down on caffeine can also help, but that doesn't mean cutting out coffee entirely. Instead, drink coffee in moderation, advises Dr. Knickerbocker, who notes that research is mixed on the subject.

"One large study found that women who consumed 500 milligrams or more of caffeine per day had lower pregnancy rates compared with women who consumed less caffeine," she says. "Other studies have shown no association between caffeine and IVF or pregnancy outcomes."

Dr. Knickerbocker advises her patients, whether pregnant or trying to conceive, to aim for 200 milligrams of caffeine per day. That's about two 8-ounce cups of homebrewed coffee, or half that if you prefer the coffee shop.

And for those who prefer nicotine to caffeine, know that smoking is one of the worst habits for fertility. That's because it decreases egg count and damages sperm.

"Smoking ages your ovaries and depletes your eggs prematurely," Dr. Knickerbocker says. "If you smoke, ask your healthcare provider to help you quit."





TAKE YOUR VITAMINS

Whole foods are the best way to provide the nutrients our bodies need, but sometimes we need a little help. That's where vitamins can pick up the slack.

Prenatal vitamins aren't only important to take during pregnancy. They're also important before conception. Dr. Knickerbocker advises taking a prenatal vitamin one to three months before you begin trying to conceive.

Most important of all is folic acid, a B vitamin that can be found in leafy greens, fortified grains, and cereals — but it's also readily available in the form of a supplement. Just be sure when you buy a prenatal vitamin to check the label first to make sure it contains at least 400 micrograms of folic acid.

Another supplement to seek out is choline, which is found in cow's milk and other foods but is missing from many prenatal vitamins on the market.



DHA, a fatty acid found naturally in fish, is a nutrient to look for in your multivitamin.

"This omega-3 fatty acid can help improve cervical mucus quality, which is needed to help the sperm reach the egg," she says. "It can also help improve the quality of the egg."

Also consider finding an iron supplement, a critical component for red blood cells because it allows oxygen to be carried throughout our bodies. It can also help prevent ovulatory issues when trying to conceive and anemia once you are pregnant.

"Iron requirements increase during pregnancy," Dr. Knickerbocker says. "Taking additional iron supplements before pregnancy is a great way to prepare the mother."

Dr. Knickerbocker notes that eating the right foods can't solve every fertility problem. In those cases, talk to your OB-GYN for solutions tailored to each couple — because problems conceiving often involve the male partner.

Methodist has the services women need to care for their health at every stage of life. Learn more.



Three brothers born AT THE SAME HOSPITAL *make family whole*

Choral music conductor overcame infertility three times, with help from a nursing staff who made her feel "loved and respected."

A bittersweet feeling overcame Nyadia Thorpe as she left the hospital: joyful to be with her newborn son but also well aware this would be her last child born at Methodist Charlton Medical Center.

"When we were leaving, we took a picture outside with the three boys, and I felt so sad that I would not be coming back there again," says the 38-year-old choral music conductor from Waxahachie. "I just love the place. I will miss them all greatly."

Much of that, she said, is thanks to the nursing staff at Methodist Charlton and **DeShawndranique Gray, MD,** OB-GYN on the medical staff.

"They have played such a major role in my life," she says. "They always made sure I was comfortable and felt cared for and really felt seen. They are just like family."

MONTHS OF BEDREST

Giving birth to three sons was no certainty for Nyadia, who didn't ovulate regularly because of polycystic ovary syndrome (PCOS), a common hormonal imbalance that is a leading cause of infertility.

Before delivering her first child, Caden, in 2012, Methodist Charlton became her temporary home for two months of bed rest.

She spent her days and nights on a tilted bed that kept her feet above her head. The topsy-turvy bedrest was necessary to ensure her son remained inside her uterus.

"It was wild to move into the hospital, be upside-down in bed, and not able to leave," Nyadia says. "But I felt this calm and peacefulness that everything would be fine. It was really quite amazing."

She credits much of that serenity to the nursing staff. They encouraged her to write in a journal to pass the time and even threw her a baby shower. It meant the world to Nyadia, who was missing traditional mother-to-be activities that she couldn't participate in.

"The nurses made me feel loved and respected," she says. "They were so kind."

'IT WAS A JOURNEY'

At a routine prenatal visit, Dr. Gray discovered Nyadia's shortened cervix was beginning to dilate and there was low amniotic fluid around baby Caden.

"It was a crazy day I'll never forget," Nyadia says. "I was shopping with my mom for mattresses, and we spent the rest of the day in doctor appointments. When I checked in to the hospital, I didn't check out until he was born."

Since then, Nyadia has given birth to two more sons at Methodist Charlton.

For each of her pregnancies, Dr. Gray inserted a cerclage around Nyadia's cervix, which is like a drawstring that keeps the cervix closed.

Nyadia and her husband, Jeff, conceived their first child with help from a medicine that triggers ovulation, and that combined with intrauterine insemination finally enabled the second in 2018.

"Doctors said, 'There is really nothing wrong with you. It could be as simple as stress,'" she recalls.

Nyadia held a demanding job as a college choir professor and also directed the choir at her church. She realized she needed to slow down and focus on her health if she wanted to conceive and bear a third child.



"It was a journey to get my body to change a little bit," she recalls.

MAKING CHANGES

Nyadia accepted a less stressful role as a middle-school choir director. She improved her diet by eating whole foods, avoiding processed fare, and ensuring she got enough sleep.

She also began an exercise program that featured 15-minute walks, yoga, and light resistance training. Nyadia says it also helped to take inositol, an over-the-counter supplement that is sometimes used to treat PCOS.

"Little by little over time," Nyadia says, "I began to have a regular cycle, which is something I never had."

On Dec. 29, 2022, she delivered her third son, Caris.

"I am so happy my family is complete," she says.

Nyadia credits the staff at Methodist Charlton for getting her over the finish line with each baby — high praise that Dr. Gray echoed.

"I have practiced at Methodist Charlton for almost 18 years, and the nurses on labor and delivery are not only caring and compassionate but they are competent," she says, "I can rest easy knowing that my patients will be provided the best care possible."

From first-time moms to high-risk pregnancies, Methodist delivers family-centered support every step of the way.

SLEEP APNEA PATIENT
PRAISES CPAP ALTERNATIVE: 'I got my freedom back'

When her bulky breathing machine failed her, this retiree turned to a more carefree solution: a pacemaker-like implant

Bedtime was once a chore for sleep apnea patient Patti Kramer until she learned about a procedure that would allow her to shut off her CPAP machine for good.

"I like to travel and camp and fish," says the 69-year-old Arlington resident. "The machine, the filters, the distilled water, the mask, the hose — all that mess really puts a lot of limitations on you."

She had nearly given up hope for a night's sleep undisturbed by her sleep apnea or the machine itself when she read about an alternative offered by a doctor on the medical staff at nearby Methodist Mansfield Medical Center.

"It works wonders," Patti says of Inspire, an implant that opens the upper airway with tiny electrical pulses much like a pacemaker does for the heart. "I no longer take naps half the day because I'm not sleeping at night."



HOW THE DEVICE WORKS

Over the past 15 years, Patti's continuous positive airway pressure machine, otherwise known as a CPAP, had become her nightly nemesis — a complaint that's quite familiar to **Luke Shellenberger, MD**, an otolaryngologist and ENT specialist on the medical staff at Methodist Mansfield.

"They're up all night wrestling with their CPAP and wake up just as tired as if they weren't being treated for sleep apnea at all," Dr. Shellenberger says.

A CPAP machine supplies a gentle flow of air to keep your airways open, but it isn't for everyone.

Patti, who's retired but still sells her artwork at craft shows, did her research and learned about an alternative: Inspire, the only FDA-approved surgical implant for obstructive sleep apnea. It's for patients who have tried positive airway treatments and can't tolerate them.

The battery-operated device, which resembles a pacemaker in size and shape, is implanted under the skin. But rather than sending electrical impulses to the heart, the device stimulates a nerve in the tongue so the airway opens in concert with a patient's breathing, which is measured by a second sensor that is placed between the ribs.

"I thought this would be better than sliced bread if it works," Patti says. "I went through my Medicare network and found Dr. Shellenberger close by. He had experience with Inspire, so I went in and had a consultation."

OTHER SURGICAL OPTIONS

While surgical solutions for sleep apnea often involve trimming the tissue that obstructs the airway (including the epiglottis, tonsils, uvula, and even the base of the tongue itself), the Inspire procedure is less invasive and takes only about an hour to perform.

"Inspire is the biggest advance we've seen, from a surgical standpoint, in decades," Dr. Shellenberger says. "It's vastly more successful than traditional sleep apnea surgeries."

By the end of her consultation, Patti felt well-informed and confident enough to try the procedure. Fortunately, she qualified because she has moderate to severe apnea and a body-mass index (BMI) under the Medicare limit of 35, and she passed the diagnostic test called drug-induced sleep endoscopy.



> I CAN GO PLACES WITHOUT HOSES AND A MASK. **I DON'T HAVE TO DEAL WITH ALL THAT STUFF ANYMORE.**
>
> — PATTI KRAMER

"It's a pretty simple test where an anesthesiologist will drift you off to sleep, and we'll look at the pattern of obstruction to make sure Inspire is the right fit for you," Dr. Shellenberger says.

SLEEPING WELL AGAIN

Patti went home after the procedure and resumed her normal routine. A month later, after she had completely healed, she returned to Dr. Shellenberger's office for a follow-up visit, where the device was turned on and calibrated for her.

"They turned on the device and showed me how to use it," Patti says. "It's very simple; you don't have to be a rocket scientist to use it."

The device does not work at all hours. The patient turns the device on using a small handheld remote control. A companion smartphone app can track sleep, monitor the device, and set goals.

Aside from discomfort at the site of the implant, the FDA lists some side effects of the procedure, including tongue soreness, problems with swallowing or speaking, and dry mouth. But the life-changing effect of Patti's experience has been no longer needing her CPAP and finally getting a good night's sleep.

"Now I can travel with just my little remote," she says. "I can go places without hoses and a mask. I don't have to deal with all that stuff anymore. I got my freedom back."

Learn about all the treatment options available to help you sleep soundly.



THE BITTER TRUTH ABOUT ARTIFICIAL SWEETENERS

They may not contain sugar, but some artificial sweeteners could be just as unhealthy

Artificial sweeteners are often sweeter than table sugar and contain few, if any, calories, but they all share something in common with sugar. While safe in moderation, artificial sweeteners can cause health problems when we overindulge.

And the evidence is growing that some sugar substitutes may be worse for our health than sugar, especially for patients with heart disease, diabetes, and bowel disorders. In fact, this year the World Health Organization warned against using them for weight management, saying that long-term use of artificial sweeteners could increase the risk of type 2 diabetes and cardiovascular disease.

"Replacing free sugars with non-sugar sweeteners does not help people control their weight long-term," says Francesco Branca, director of WHO's department of nutrition and food safety. "People should reduce the sweetness of the diet altogether, starting early in life, to improve their health."

Erythritol is one of the newer non-nutritive sweeteners — a fancy way of saying they provide no nourishment — to gain popularity. Found in sweeteners that contain stevia and monk fruit, it's a sugar alcohol that occurs naturally in watermelons, grapes, peaches, and pears, and our bodies even create it.

But that doesn't necessarily make what comes in those little green packets natural or healthy.

"The amount made in our body is a million times less than what is digested when we consume erythritol as an artificial sweetener," says **Lizzie Devitt, MS**, wellness coach at Methodist Richardson Medical Center.

RISKY FOR HEART PATIENTS

At high concentrations, erythritol can increase the risk for cardiovascular disease and stroke, Devitt says.

"The evidence isn't entirely conclusive," she says, "but research suggests when there is a high amount of erythritol in the blood, platelets become hyper-responsive, which motivates the platelets to form blood clots. That, in turn, places one at risk for a stroke or heart attack."

A study published this year in the journal *Nature Medicine* showed a correlation between erythritol and heart disease. However, its participants all suffered from cardiovascular disease before the study, so further research is necessary.

Erythritol is not as sweet as sugar, so you may have to add more to your coffee to get the same effect, and you may be consuming it in processed foods without even knowing it. And that might lead to headaches and digestive problems.

"The amount that causes these symptoms varies, but if you notice any of these signs after consuming sugar alternatives, reduce the amount you're using or stop using them," Devitt says.

The U.S. Food and Drug Administration (FDA) recognizes erythritol as safe for healthy people when they consume up to 30 grams each day. Each single-serve packet contains about 2 grams.

OTHER SUGAR SUBSTITUTES

With every artificial sweetener that gains popularity, research seems to suggest that they may not entirely be healthy.

Here's a quick look at a few other sugar substitutes that have been approved by the FDA:

- **Aspartame** is the sugar substitute in diet and zero-calorie sodas. It peaked in usage during the 2000s, when it replaced, by some estimates, up to a billion pounds of sugar in the American diet. When ingested, this amino acid breaks down into methanol, which in turn can break down into formaldehyde — both of which are toxic. That said, aspartame has never been linked conclusively to any health problems, with one notable exception: people with phenylketonuria (PKU), a rare genetic disorder, can't break down an amino acid found in aspartame and should avoid it.
- **Saccharin** was first discovered by accident in 1897 and is 300 times sweeter than sugar. It was banned in 1981 because it causes bladder cancer in rats. But that ban was later reversed. "The FDA reviewed numerous safety studies but found no evidence of health-related harm toward humans," Devitt says.
- **Sucralose** is unique among sugar substitutes because it's made from sugar that is tweaked chemically (and bonded with chlorine) to make it 600 times sweeter. It's also heat stable, meaning it can be used in baking, unlike other artificial sweeteners. The drawback is that research suggests it alters gut bacteria, at least in rodents. Over the long term, inflammation in the intestines can cause a host of health problems, including diabetes.



SIDE EFFECTS FOR SOME

For anyone with a bowel disorder, sugar substitutes can cause symptoms to flare up. So it might be best to stay away from them entirely if you have inflammatory bowel disease or irritable bowel syndrome.

Artificial sweeteners can also cause headaches and fatigue by fooling the body into thinking it's taking in sugar. For some people, this could trigger an insulin response, a resulting drop in blood sugar levels, and a migraine, in severe cases.

Finally, because some artificial sweeteners are so much sweeter than sugar, they can create an addiction to sweets.

"When ingested on a regular basis," Devitt says, "your taste buds can develop a higher tolerance for sweets, which then can form a new craving for sweeter drinks and foods over time."

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

SAFE IN MODERATION

With all these precautions in mind, artificial sweeteners can be a safe way to cut back on calories and manage your weight — when consumed in moderation.

"Since most sugar substitutes are sweeter than natural sugar, you don't have to use as much of it to get the job done," Devitt says. "For example, if you swap sugar for sucralose, a teaspoon can substitute for an entire cup of sugar, and it comes with zero calories."

They're also easier on your teeth. Non-nutritive sweeteners are noncariogenic, so they won't cause cavities or tooth decay like sugar does.

That said, there are alternatives to sugar substitutes if you want to take a break from them altogether, while also avoiding table sugar.

Devitt recommends a few healthy options:

- **Agave** has vitamin B6 and contains phytonutrients.
- **Brown sugar** contains slightly fewer calories than white table sugar, and it's rich in iron and calcium.
- **Coconut sugar** contains fiber and helps balance your blood sugar.
- **Honey** contains antioxidants, such as flavonoids and phenolic acids, anti-inflammatory properties, and anti-bacterial agents.
- **Pure maple syrup** also has antioxidants and nutrients, including zinc, magnesium, potassium, and calcium.





When a rare disease struck, this civil engineer needed three different breathing machines to recover

TROPICAL FEVER RARELY SEEN SINCE THE 1940s TOOK HIS BREATH AWAY

When a week in bed failed to shake JD Reitinger's flu-like symptoms, the Oak Cliff resident got help at Methodist Dallas Medical Center, where the staff took extreme measures to help him overcome a rarely seen tropical fever that reached its peak in the 1940s.

The civil engineer and Dallas-Fort Worth native would need three different machines to help him breathe and ultimately recover from typhus and another rare and potentially fatal condition that causes the body's immune system to attack the organs.

"At the time, I didn't realize how close I was to dying," JD says. "I am forever grateful to all of the nurses and doctors who worked tirelessly to get me well enough to come home."

Making JD's recovery all the more significant, he and his wife, Nell, learned they were expecting their first child during his stay at Methodist Dallas.

"We will always feel connected to the nurses and doctors there," he adds.

NOT JUST THE FLU

While visiting Santa Fe for Thanksgiving, JD started feeling unwell but figured the higher altitude was to blame.

"I'm 33 years old and in good health, so when I continued feeling sick, I started to wonder if maybe I'd come down with the flu," JD says. "I hadn't had my flu shot yet."

Days later, when JD and Nell arrived home in Dallas, his fever was 103 F, and he spent the next week in bed. By then, just getting up from his bed and walking across the room caused him to pant heavily, as if he'd just finished a vigorous run.

"It became clear he couldn't breathe, so we rushed to the nearest emergency department," Nell says.

When they arrived, JD was bordering on respiratory failure and needed to be treated urgently, says **Brad Sellers, DO**, vice chair of emergency department at Methodist Dallas.

"Visualization is more than half of how we arrive at a diagnosis, especially for acute patients like JD," says Dr. Sellers, who was on duty when JD arrived. "That's why our emergency department now has a physician as part of the triage protocols."

When an EKG confirmed that JD's condition was not heart related, Dr. Sellers suspected an infection in his lungs. In response, Dr. Sellers initiated the emergency department's sepsis protocol, a bundle of tests and treatments to help identify and treat the infection.

TEAM APPROACH

As soon as JD was admitted into critical care, dozens of medical professionals were called in to stabilize him and run tests. A chest X-ray showed JD was suffering from severe pneumonia, and he was put on a BiPAP machine to push pressurized air into his lungs and help him breathe.

But it wasn't enough.

"Even with the machine, I was struggling to breathe," JD says. "The last thing I remember is agreeing to be sedated so they could put me on a ventilator."

Over the next several hours, JD's medical team worked diligently to pinpoint the severe infection that was causing his body to shut down.

"One of the ICU doctors treating him suspected JD had hemophagocytic lymphohistiocytosis (HLH), which we had never heard of," Nell says.

Dr. Sellers explains that HLH is a rare and potentially fatal condition where the body's immune system doesn't work properly. It causes certain white blood cells to attack healthy blood cells, causing these abnormal cells to build up and damage the organs.

TURNING TO ECMO

When the ventilator didn't improve JD's condition quickly enough, his critical care team proposed a lung bypass machine known as ECMO, short for extracorporeal membrane oxygenation, says **David Mason, MD**, thoracic surgeon on the medical staff at Methodist Dallas.

A tool first used at Methodist Dallas a year ago, the machine scrubbed carbon dioxide from JD's blood, then passed the blood through a membrane to oxygenate it again before returning the blood to his body.

"This allows the lungs to rest and recover," Dr. Mason says. "It's a powerful lifesaving tool for patients like JD."

SLOWLY RECOVERING

Subsequent cultures revealed that JD had contracted typhus, a bacterial infection that is typically spread to humans through bites from fleas, lice, and chiggers. Now rare, cases are still reported in Texas, New Mexico, and other parts of the Southwest.

Doctors suspect that JD's typhus infection triggered the HLH and the cascade of severe symptoms that followed.

Now recovered from a series of rare diseases most people have never heard of before, JD feels fortunate for all the treatment options and a Methodist Dallas staff and doctors with the know-how to use them. Nell is equally grateful.

"Nell and I will always remember how my life was saved because we came to the right hospital at the right time," JD says.

Read how the ECMO team saved a teenage driver who was badly injured in a pickup crash.



Observant medical staff led officer to lifesaving care

WHEN POLICEMAN HAD INFECTION, ER STAFF SAW SOMETHING, SAID SOMETHING





Officer Darren Burkhart had no idea that a painful skin infection in his elbow could have led to sepsis or even amputation if left untreated.

So it was fortunate that the 27-year veteran of the Midlothian force was working a part-time police shift at Methodist Midlothian Medical Center, where a member of the emergency department team spotted his cellulitis infection and suggested he seek medical attention.

"I'm really impressed with the hospital and the staff," Darren says. "They took good care of me."

Discharged after four days in November, the 48-year-old lawman says the ordeal taught him a valuable lesson.

"If you think something's wrong, go get it taken care of," he says. "Don't wait and think it will go away, because it could kill you."

WHAT IS CELLULITIS?

Darren was passing through the Methodist Midlothian emergency department one Wednesday after a typical 10-hour workday training at the gun range and inspecting commercial vehicles, among other duties.

"We knew that Wednesday might be something," Darren says. "But as soon as I walked in Friday, we knew there was a bad infection."

Cellulitis is not infectious but occurs when bacteria infect deep layers of the skin through an open wound. The infected tissue tends to be red and swollen, sometimes pitted like an orange peel, and the condition can cause a fever and chills.

While Darren can't recall how he was injured, he tried to ease the pain by taking over-the-counter medication. He grew concerned as the pain worsened and his arm started swelling, affecting his mobility.

"When bacteria get into the skin, they can quickly replicate and cause the skin to be very irritated, inflamed, and infected," says **Shelley Lenamond, DO**, internal medicine specialist on the medical staff at Methodist Midlothian. "They usually have a lot of pain associated with the site of the infection, as well. Very painful to touch."

When a patient has a severe infection, Dr. Lenamond says, their white blood cell count tends to increase, affecting their immunity. By the time the skin gets red, it's time to see a doctor.

"As soon as you see that it's red and inflamed, don't wait. Seek out medical attention," Dr. Lenamond says. "The sooner we can get treatment, the chances of being hospitalized and of getting really sick from it are very low."

FAMILIAR FACES IN THE ER

Darren says he decided to check into Methodist Midlothian because of his familiarity with the staff, and he visited many of them during his stay on the fourth floor.

"They made me feel at ease," Darren says. "I'm the type who works every day, and for me to sit still is not very good, but they take care of their patients."

Besides the friendly staff, Darren says one of the highlights of his stay at Methodist Midlothian was the food. Don't believe the myth that hospital food is bad, he says.

After four days, Darren was discharged once his arm was no longer infected and the swelling went down. He was told to continue taking antibiotics at home for 15 days and referred to a specialist to make sure further treatment was not necessary.

And now he knows the staff at Methodist Midlothian will protect and serve him, just like he does for them.

"Being there at Methodist," he says, "was phenomenal."

Read about an Arlington cop who ran a 5K unaware he had appendicitis.



WEIGHT-LOSS CRAZE LEAVES DIABETES DRUG IN SHORT SUPPLY

The prospect of shedding pounds fast made Ozempic go viral, but 'off-label' users should be aware of side effects

A drug that many people with diabetes count on to regulate their blood sugar is in short supply because it's become a viral sensation on social media, billed as a way to lose weight fast.

The problem with Ozempic's rapid popularity is that patients with Type 2 diabetes count on lifesaving glucagon-like peptide-1 (GLP-1) agonists like Ozempic to lower their A1C blood sugar levels and regulate insulin production, says **Nancy Georgekutty, MD**, family and obesity medicine specialist on the medical staff at Methodist Mansfield Medical Center.

"Without their medicine, they could be at serious risk of their diabetes becoming out of control, which could lead to major cardiovascular events, including heart attack, stroke, or death," Dr. Georgekutty says.

In addition to regulating blood sugar and insulin production, Ozempic also slows down the digestive process and prolongs feelings of fullness. That's how the medication helps people lose weight and reduce hunger and food cravings.

But Ozempic, taken weekly as an injectable, has not been approved by the FDA for weight management, and there's no guarantee that patients using it will keep the weight off once they stop using the medication.

"If users aren't using it to help get in the habit of prioritizing portion control, they will gain everything back — along with their cravings — once they stop taking it," Dr. Georgekutty says.

OZEMPIC GOES VIRAL

TikTokers regularly go viral with before-and-after videos showing off how quickly they dropped weight after using Ozempic and other GLP-1s. The #ozempic hashtag has hundreds of millions of views, and Facebook groups are sprouting up with thousands of devoted followers.

Marketers have added fuel to that fire, filling cable and streaming TV and Instagram with ads promoting the drugs — and not necessarily for managing Type 2 diabetes.

As a result, a reliable supply of these drugs has become harder to find because people with diabetes must compete with a much larger pool of patients. After all, it's estimated that a third of adult Americans are overweight, and 42% of this overweight population are considered obese.

But if that isn't reason enough to rethink using Ozempic as a weight-loss drug, there are other drawbacks.

POSSIBLE SIDE EFFECTS

Ozempic comes with serious potential side effects, including inflammation of the pancreas, gallbladder issues, hypoglycemia, kidney problems, serious allergic reactions, and changes in vision.

Dehydration, nausea, and severe vomiting are also common enough that some physicians prescribe anti-nausea medication and laxatives or stool softeners to prevent the worst side effects.

There's also what some are calling "Ozempic face." Quickly losing body weight thins your face, causing a more gaunt appearance and potentially accentuating wrinkles. In other words, fat tends to be friendlier to your face than your waistline.

With GLP-1 drugs in short supply and with no guarantee that insurance will pay for them, many weight management patients are resorting to online doctors and pharmacies to get them "off-label" — in other words, for an unapproved use. So they may not have a doctor advising them on their use, and that could be risky, Dr. Georgekutty says.

"You could place yourself at serious risk for adverse effects," she warns. "Then you'll have to see another doctor to treat your new problems."



COSTS ADD UP

It's not cheap to keep up with Kim Kardashian, who is rumored to have used Ozempic to fit into a gown for the Met Gala.

A monthly prescription of Ozempic can cost upwards of $950, or about $250 a dose. And most insurance companies aren't willing to foot that bill because weight management patients are using it off-label.

Of course, for many people, price is no object for losing weight, especially considering how much they spend buying healthy food and signing up for fitness classes and gym memberships.

There are half a dozen other medications approved by the FDA for losing weight, some that tweak your appetite and others that change how your body absorbs fat. Another semaglutide called Wegovy has also been approved for weight management.



A BETTER OPTION

Dr. Georgekutty says no drug or lose-weight-quick fad can compete with a comprehensive and sustainable approach to losing unwanted weight. That means talking to your doctor about a safe and effective diet and exercise plan.

And that is the emphasis at Methodist Mansfield's Weight and Wellness Center, which opened last summer.

"Our goal is to provide innovative and compassionate adult weight management and bariatric care," Dr. Georgekutty says. "We analyze our patients' psychology, assess their body composition, and provide medical consultations to come up with a lifestyle plan to help them reach their weight-loss goals."

The idea, she says, is to "take ownership of their wellness journey" rather than leaving weight loss to a fad that may not have lasting results.

"We partner with patients to develop a plan that empowers them," Dr. Georgekutty says. "Our approach provides sustainable changes for our patients instead of short-term seasonal change."



Learn more about weight management options at Methodist Mansfield.





Latest studies offer hope that researchers will find a solution for irritable bowel syndrome

HOW IBS COULD BEGIN WITH A STOMACH BUG

Irritable bowel syndrome is the most common diagnosis made by gastroenterologists, affecting 10% to 15% of the population, or 50 million people, but what causes IBD has remained a mystery — at least until recently.

"We think IBS starts after certain types of infections in the GI tract," says **Jeffrey D. Linder, MD**, gastroenterologist on the medical staff at Methodist Richardson Medical Center. "After the infection is gone, the IBS symptoms can linger for quite a long time — months or even years."

While it's not a disease like Crohn's or ulcerative colitis, IBS can share symptoms with other inflammatory bowel diseases (IBD), including chronic abdominal pain and cramping, bloating and gassiness, nausea, and diarrhea or constipation.

IBS is what's known as a functional disorder, so while it causes no damage to the bowel, it disrupts its healthy function. It tends to be a "diagnosis of exclusion," something a patient is diagnosed with when all the tests come back normal.

But ask any IBS patient and they will tell you they don't feel normal. Sometimes, they're told it's "all in their head," but that doesn't make their misery imaginary.

"Some IBS is anxiety related, and sometimes certain foods are a trigger," Dr. Linder says. "We never know what has caused IBS in certain patients."

But recent studies offer hope that researchers will find a biological explanation and, eventually, a solution to ease their pain.

COULD ALLERGIES BE TO BLAME?

One way people with IBS find relief is by restricting their diets. Often that means adopting an elimination diet to remove problem foods like dairy, gluten, and FODMAPs like beans, onions, and garlic — carbohydrates that are hard for the small intestine to absorb.

Some patients can trace a food allergy and the resulting IBS symptoms back to a stomach bug, and researchers now suspect these infections are what causes the digestive system to go haywire in the first place.

A June 2021 study published in the *New England Journal of Medicine* pointed to how a GI infection disrupts the intestinal lining that normally prevents allergens from being absorbed by the bowel. A patient with IBS may lack this barrier, making their digestive system more sensitive to allergy-causing proteins.

In short, that means IBS and other functional GI disorders may trigger an allergy to certain foods that most people can eat without a problem. The solution could lie in an antihistamine targeting this overreaction, like the daily pills so many people take for seasonal allergies.

Another potential treatment may lie in medications, currently in Phase 3 trials, that target the white blood cells, known as "mast cells," that cause an allergic reaction in the gut.

WHEN IT MIGHT BE IBD

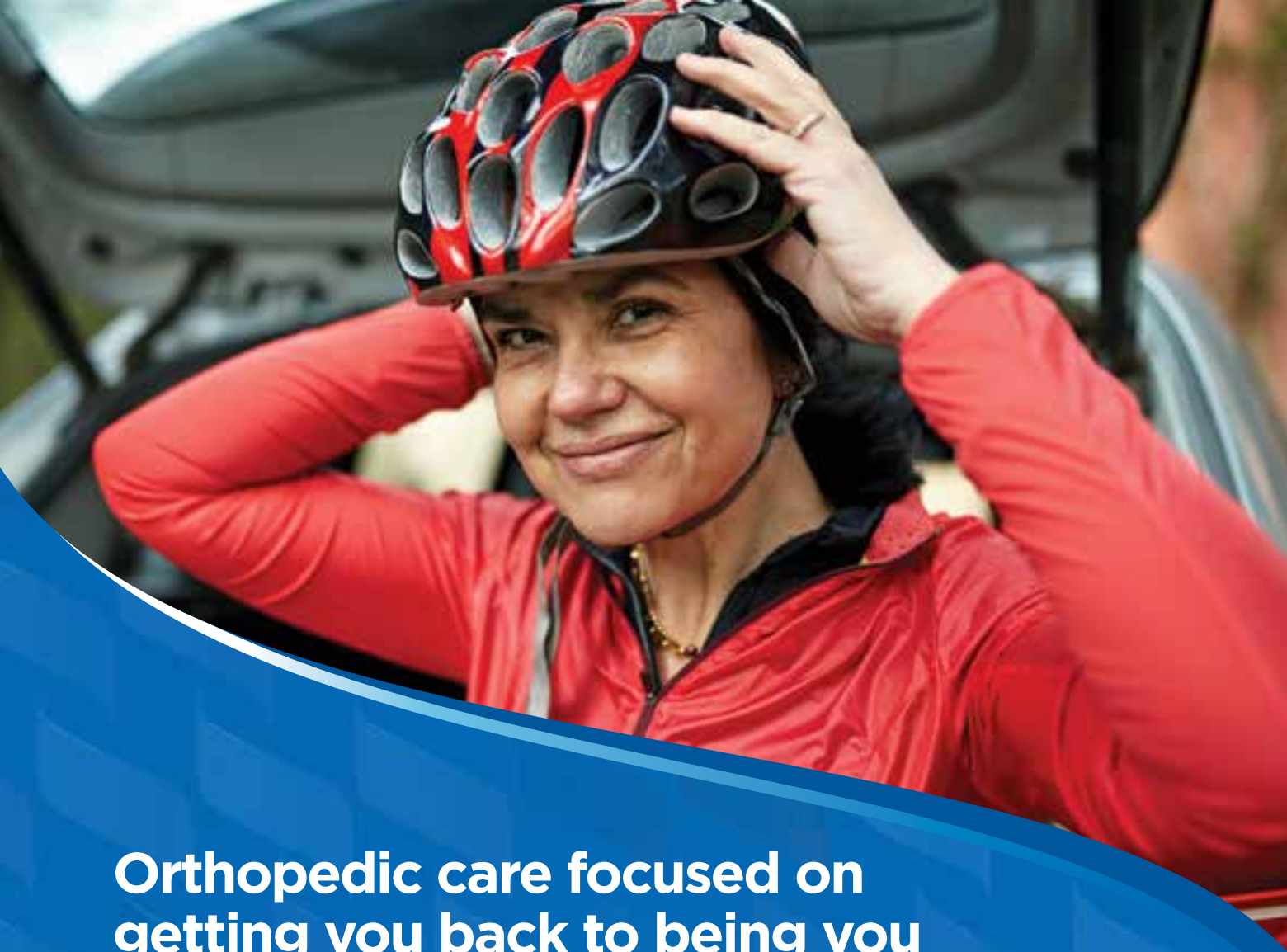
Before trying to relieve any of these symptoms, it's important to understand the difference between IBS and IBD. When we call IBS a diagnosis of exclusion, it's inflammatory bowel disease that a doctor is trying to exclude.

Two major forms of IBD, Crohn's disease and ulcerative colitis both involve the chronic inflammation of the digestive tract. Blood in the stool is a telltale sign for both but uncommon for IBS, Dr. Linder says.

Another way IBD is different involves how the inflammation it causes can lead to a higher risk of colorectal cancer. That's why it's so important for patients living with Crohn's or colitis to regularly consult with a GI doctor and schedule routine colonoscopies.

"The most important thing a person with IBD can do to reduce the risk is to see a gastroenterologist to manage their disease with medications," Dr. Linder says, "and get that person into a surveillance program."

If you had gallstones, would you know it? Learn the warning signs at ShineOnlineHealth.com.



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PACEMAKER GETS PASTOR'S HEART BACK UP TO SPEED

Retired pastor expects to live to see 100 after first implant of its kind at Methodist Midlothian's new cath lab

Life has slowed down considerably for Lehman Myatt ever since the 85-year-old pastor retired from a 50-year career in California and moved to Midlothian. But when Lehman's heart rate slowed down too much last winter, he found the help and the pacemaker he needed to get it back up to speed at Methodist Midlothian Medical Center.

The pastor's pacemaker was the first to be implanted at the hospital's new cardiac catheterization lab, which treated its first patient last summer. Now Lehman is ready for several more years of retirement, 15 to be precise.

"After they put in the pacemaker, I asked the doctor if it came with a warranty," Lehman says. "All I need is 15 more years to reach my goal of 100."

HEART RATE BOTTOMS OUT

It was January when Lehman began feeling so fatigued that he couldn't catch his breath. While he attributed it to age, his wife, Lois, persuaded him to let her drive him to the hospital.

"I was shocked when they checked his heart rate, and it was in the low 40s," Lois says. "So he was ready for help, for sure."

Lehman was suffering from a condition known as bradycardia, where the heart's rhythm drops below 60 beats per minute. A healthy adult's heart beats between 60 to 100 beats per minute at rest.

"The top parts of the heart — the atria — set the pace for the bottom part of the heart — the ventricles," says **Brent Treichler, MD**, emergency medicine physician on the medical staff at Methodist Midlothian.

It was fortunate that Lehman and his wife sought help when they did — and that help was close at hand, just a few miles from home at Methodist Midlothian.

"It's fantastic that we're able to take care of patients close to home," Dr. Treichler says. "We don't have to send them to Dallas or Mansfield. They can be taken care of in the community."

A FIRST FOR NEW CATH LAB

Lehman was quickly transferred from the emergency department to the intensive care unit, and eventually to the cath lab, where he would get the help he needed in the form of a pacemaker.

This coin-sized electronic device, implanted under the skin just below the collarbone, has two electrical leads that send electrical impulses to the heart to correct arrhythmias and abnormally low heart rates like Lehman's.

"The procedure takes about 30 minutes to an hour," says **Viral Lathia, MD**, interventional cardiologist on the medical staff at Methodist Midlothian. "The patient can go home the same day or the next day and should see immediate improvement."

DO UNTO OTHERS …

Lehman's stay at Methodist Midlothian lasted four days. His wife described it as a "retreat to get well," during which every staff member followed the biblical rule to "do unto others as you would have them do unto you."

"Every person was doing that very thing," Lois says. "Whether it was housekeeping or food services, doctor or nurse — every single one of them was excellent."

Lehman has fond memories of the meals, in particular.

"The food was terrific," he said. "I just didn't know hospitals were like that. They weren't in California."

The couple moved from Northern California to Texas to be closer to their daughter and her family, and now Lehman and Lois are enjoying every moment they can spend with them.

"My breathing is better. My heart is beating better. I feel my strength coming back," Lehman says. "The joy of living was always there. My body just wasn't keeping up."

> AFTER THEY PUT IN THE PACEMAKER, I ASKED THE DOCTOR IF IT CAME WITH A WARRANTY. **ALL I NEED IS 15 MORE YEARS TO REACH MY GOAL OF 100.**
>
> — LEHMAN MYATT

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



SPINAL SURGERY ALLOWS SOCIAL WORKER TO *walk tall at* GRADUATION



After a procedure in West Texas went awry, a Lubbock woman traveled 340 miles to Methodist Dallas Medical Center where a team of specialists helped her get back on her feet

A year ago, Nicole Carr wouldn't have been able to walk at her graduation ceremony without intense back pain.

But in May, just three months after undergoing spine surgery at Methodist Dallas Medical Center, the 44-year-old Lubbock social worker proudly crossed the stage with her fellow graduates to receive her master's degree from the University of Texas at Arlington. She credits the care she received at the hospital with making it possible.

"This is the best hospital we've ever been to, and we've been to a lot," she says.

'IN BAD SHAPE'

Nicole has lived with back pain for years, receiving multiple diagnoses such as foraminal stenosis and degenerative disk disease. It got to the point where it was hard to spend time with her family or even stand for very long. When physical therapy made things worse and pain management treatments failed, she opted for a spinal fusion procedure at a hospital in West Texas.

Doctors placed a metal implant in her lower back, but it wasn't long before the pain returned, this time worse than ever. It turns out that a screw that had been used to stabilize her spine had broken, causing complications.

Nicole searched for another specialist and was referred to **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Dallas. She and her husband made the 340-mile trek for a consultation.

"I went in there defeated and just scared because another doctor had basically told me I was stuck in my situation," Nicole recalls.

Dr. Graham took several X-rays and scans of her spine to determine the extent of the problem.

"She was in bad shape," he says of that initial exam. "There was the broken screw, and that initial operation had caused some spinal fluid to leak from the membrane covering the nerves. That could potentially lead to problems like infection."

Dr. Graham says he normally recommends that patients first try nonsurgical approaches for pain relief, but because Nicole had already exhausted those options, it was time to take more drastic measures. He told her he could repair the damage with two spine revision procedures.

"The visit with Dr. Graham was a breath of fresh air," she says. "I left feeling hopeful."

ALIF SURGERY

In February, Nicole checked into Methodist Dallas with the support of her family. She was taken to the operating room where Dr. Graham performed an anterior lumbar interbody fusion (ALIF) surgery.

"To mitigate the risk of her spinal fluid leaking again, we decided to go from her front, through an incision in her abdomen, to essentially reconstruct the entire bottom section of her lumbar spine," he explains.

Another surgeon helped Dr. Graham safely move her abdominal organs and blood vessels so he could access her spine. Then Dr. Graham removed the problematic disks and replaced them with a 3D-printed titanium implant that mimics some of the properties of natural bone.

"This type of procedure requires a lot of specialized training, and we have a very well-equipped team," Dr. Graham says.

After he and his team completed the first surgery, Nicole got a night to rest before returning to the OR the next day. This time, Dr. Graham went through her back to remove all of the broken implants from her earlier surgery and reinforced her spinal support with larger screws and rods.

'I FEEL GREAT'

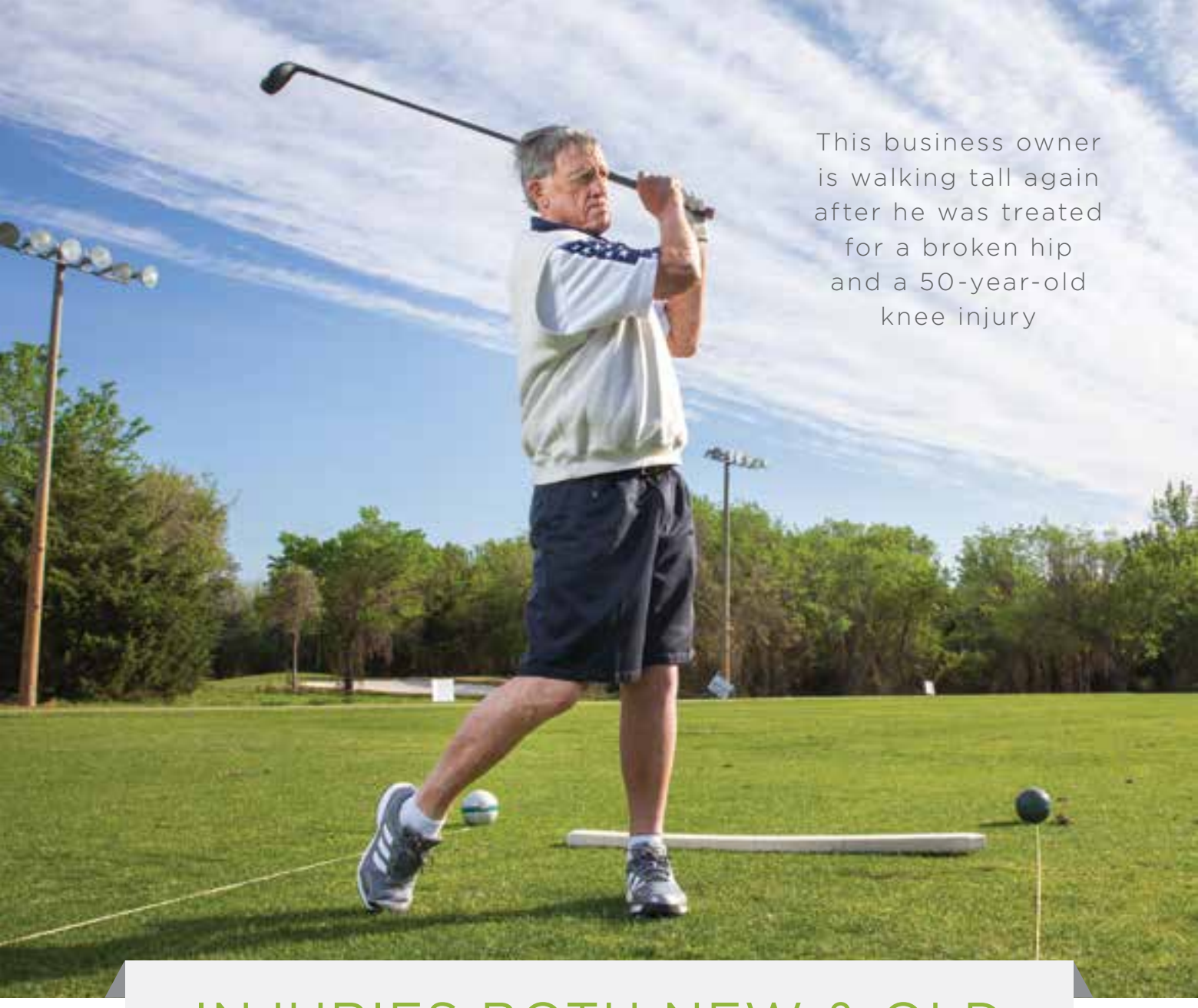
Nicole stayed in the hospital for about a week. She was up and walking within six hours of her second surgery, she says.

"Postoperatively, the neuro intensive care unit at Methodist Dallas is highly specialized," Dr. Graham says. "They know how to safely and properly help patients get back on their feet and start walking again. And we also have a unique recovery system that minimizes the use of narcotics."

Nicole says she noticed a difference in her pain right away. And as she returned home and time passed, she grew stronger and better.

Learn how to tell when your back pain requires surgery and when less invasive options will do at ShineOnlineHealth.com.





This business owner is walking tall again after he was treated for a broken hip and a 50-year-old knee injury

INJURIES BOTH NEW & OLD **ARE HISTORY** thanks to hip & knee surgeries

When Tom Eastman tripped and fell at a job site last June, the resulting hip fracture led him to seek help at Methodist Mansfield Medical Center, where surgeons not only fixed his hip but also repaired a 50-year-old knee injury.

The 76-year-old business owner, whose physically demanding job involves climbing ladders and lugging equipment, says he's immensely grateful for the care he received at the hospital. He's walking straight and standing tall for the first time in years, and he has even returned to the golf course.

"Being there was just a godsend of caring and compassionate people," Tom says. "The doctors were brilliant, and the nurses were wonderful and available all the time. Never at any time did I feel I didn't have access to someone if I needed them."

A TRICKY SITUATION

When Tom fractured his hip after a fall off a ladder, it was his son who thought to call **Shane Seroyer, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield. Dr. Seroyer had helped Tom with a shoulder injury eight years earlier.

"Get him to Methodist Mansfield, and we'll take care of him," Dr. Seroyer told Tom's son.

At the hospital, Tom was examined by **Brigham Au, MD**, orthopedic trauma surgeon on the medical staff.

"When I saw his situation, I knew we had to get him a spot in the operating room as soon as possible," Dr. Au says. "Fractured hips can cause a lot of other problems if we don't act on them within 24 hours."

But Tom's situation was trickier than most. Tom's broken hip was complicated by a misaligned knee, the result of an injury he suffered 50 years earlier while serving in the military. Over five decades, it had turned his foot outward and made his gait bowlegged.

"When you do hip surgery, you have to account for the length of the leg," Dr. Seroyer explains. "In Tom's situation, one side was a centimeter and a half shorter. Dr. Au had to estimate the leg length, knowing it wasn't the true length because his knee was so misaligned."

A TWO-PRONGED APPROACH

The team at Methodist Mansfield knows patients like Tom need a more coordinated approach in treatment, so Drs. Seroyer and Au worked together to come up with a plan.

"Caring for patients with such injuries is a choreographed effort," Dr. Au says. "It's like directing a band. So many people are doing so many things at once to get the right outcome."

They fixed Tom's hip first since it was the more urgent problem. Tom had surgery in the morning and left the hospital the same afternoon.

"Everything went smoothly," Dr. Au says. "He did great."

Tom needed a few months of physical therapy to recover from his hip operation and rebuild his strength and muscles for his knee surgery. Waiting for the second procedure was a little nerve-wracking, Tom says, but it was a relief when it went even better than he expected.

"Before surgery, my foot was flaring out 15 degrees," he says. "Dr. Seroyer said, 'If I can get that to 2 degrees, I'll be doing well.' He turned my knee back to zero degrees."

His surgeons credit the collaborative culture at Methodist Mansfield for such an outstanding result.

"We work seamlessly together. The team approach helps patients get the best outcome," Dr. Au says.

As for Tom, he's now able to walk in a straight line and stand up straight — things he struggled to do previously. Although he won't be climbing ladders any time soon, he says he feels better emotionally.

"I can hardly express how much I appreciated everyone's care and concern," he says of his stay at Methodist Mansfield. "Every time someone came into my room, they'd write their names on the board and things like, 'I'm so glad to meet you.' That made it so much more personal."

Find relief from orthopedic pain, whether its a chronic condition or sports injury.

> BEING THERE WAS JUST A **GODSEND OF CARING AND COMPASSIONATE PEOPLE.** THE DOCTORS WERE BRILLIANT, AND THE NURSES WERE WONDERFUL AND AVAILABLE ALL THE TIME.
>
> — TOM EASTMAN



SPECIAL-NEEDS EDUCATOR GETS BACK TO CLASS FAST WITH *extra special care*



A teacher's aide whose gallstones nearly triggered sepsis gets the minimally invasive treatment she needs, just in time

Margaret Adams feels fortunate to be back in the classroom after gallstones in her bile duct nearly caused sepsis, a life-threatening complication of an infection.

A health emergency brought the 76-year-old Irving woman to Methodist Richardson Medical Center, where specialists on the medical staff removed the blockage and safely reunited the teacher's aide with her special-needs students in Carrollton-Farmers Branch ISD.

"Their expertise meant I only needed one traditional surgery," Margaret says. "I would have been out of the classroom recovering so much longer without the team at Methodist Richardson."

DIAGNOSING THE PROBLEM

The school year was going fine until November 2022, when Margaret began struggling to keep food down. She sought help at a local emergency room.

"They did all sorts of tests and determined that I had gallstones blocking my bile duct, which was causing bile to back up into my body," says Margaret, who was then scheduled for an immediate endoscopic retrograde cholangiopancreatography (ERCP) to remove the gallstones.

But the procedure at another area hospital failed and placed her in danger of sepsis, a potentially life-threatening complication of infection. As a temporary fix, doctors placed an external drain in her liver to clear the bile duct.

FINDING THE RIGHT TEAM

Margaret was told she would need a high-risk, invasive surgery to repair the damage for good, but then she learned about an alternative procedure after being referred to **Abdul El Chafic, MD**, gastroenterologist on the medical staff at Methodist Richardson.

Dr. El Chafic had experience performing advanced endoscopic procedures and knew he could correct the problem without jeopardizing Margaret's health with a riskier surgery.

"When I got the call about Margaret and reviewed her case, I was confident I could help her despite the difficulties she was facing," says Dr. El Chafic.

He explained that the first surgery had failed because of a diverticulum in her digestive tract. These small, bulging pouches complicated access to the blocked bile duct.

Dr. El Chafic also discovered that the external drain wasn't performing well. After reviewing his notes with Margaret, he offered her a choice in treatment options.

A RETURN TO HEALTH

So in late 2022, Margaret underwent the same procedure a second time. It was a complete success.

"I was able to gain access and placed two stents so that the bile could start to drain where it should," says Dr. El Chafic. "The drain needed to stay in for another several weeks before I could safely remove it."

In the following months, Margaret returned to Methodist Richardson two more times to remove the drain, the gallstones, and her gallbladder. She recovered well with no complications.

Trust your gut to advanced GI care from Methodist. Learn more.



"I AM SO GRATEFUL THAT DR. EL CHAFIC AND HIS TEAM WERE ABLE TO **CLEAR THE BLOCKAGE WITHOUT ME HAVING TO UNDERGO A RISKY SURGERY.**"

— MARGARET ADAMS

COMMUNITY

METHODIST DALLAS MEDICAL CENTER

PARTY REUNITES NICU FAMILIES WITH HOSPITAL STAFF

This spring, Methodist Dallas welcomed back "miracle babies," hosting its first NICU Preemie Party since 2019. Former NICU families caught up with nurses and other staff members, who were thrilled to see the hospital's once smallest patients again. "Some of our babies are born very premature, and the staff really bond with them and their families," says Methodist Dallas President **John Phillips, FACHE**. "It's good for our staff to see them again being just normal kiddos." The children enjoyed face painting, bounce houses, snow cones, and a petting zoo on the lawn outside Folsom Fitness Center.



HOSPITAL SPONSORS EVENTS FOR OAK CLIFF NEIGHBORS

Two of Oak Cliff's most popular annual events took over the neighborhood in February to create a daylong family-friendly affair. Methodist Dallas sponsored back-to-back events, the Dash for the Beads 5K and the Oak Cliff Mardi Gras Parade. With the nearby Methodist Family Health Center as a backdrop, physicians on the hospital's medical staff **Kensey Saltarelli, MD**, and **Kyle Oholendt, MD**, joined members of their staff to visit with neighbors and other businesses in the area. Methodist Dallas employees handed out health information and free swag to parade watchers and Dash runners along West Davis Street. Staff from the Linda and Mitch Hart Breast Center also had a fun time wrapping up the parade, walking ahead of Methodist's mobile mammography unit.







METHODIST RICHARDSON MEDICAL CENTER

STAFF JOINS WALK TO RAISE MONEY FOR MENTAL HEALTH

Did you know that mental health disorders affect one in five adults and one in six children each year? That's why Methodist Richardson stepped up to support the National Alliance on Mental Illness (NAMI) in May. Joining hundreds of others, hospital staff participated in NAMI's Walk in North Texas to help raise awareness and funds for mental health programs in the community. More than 1,200 participants signed up for the event, which raised $95,323.

SUPPORTING A BELOVED COMMUNITY TRADITION

Methodist Richardson has once again hit the high note, sponsoring the main amphitheater stage at the Wildflower Arts and Music Festival in May. The three-day event is one of the area's most anticipated festivals, drawing about 70,000 community members and visitors together for a wild weekend of family fun and entertainment.

HIGHLIGHTS

METHODIST CHARLTON MEDICAL CENTER

BREAST CENTER ACHIEVES ACCREDITATION

The breast center at Methodist Charlton got the seal of approval from the National Accreditation Program for Breast Centers after a site visit last December. Breast centers must undergo a rigorous evaluation every three years to maintain an NAPBC accreditation, which is considered a hallmark of excellence. "We received full accreditation with no deficiencies," says oncology director **Amber Long, MBA, RN, FACHE, OCN, CPHQ.** "We have a great Breast Care Team at MCMC!"



HELPING THE COMMUNITY SAFELY DISPOSE OF MEDICATIONS

The team at Methodist Charlton organized a National Prescription Drug Take Back Day in April to help community members rid their homes of expired and unwanted prescription drugs. "This keeps quite a large quantity of medication from being accessed by people it's not intended for, and it also keeps it out of our waterways," Methodist Health System Police Capt. **Joe Hall** says. Methodist Charlton filled three large boxes with discarded medications, which were taken to the Drug Enforcement Administration office in Dallas. The hospital hosts this event twice a year to responsibly and safely dispose of unused prescriptions and to educate people about the potential for medication abuse.







METHODIST MANSFIELD MEDICAL CENTER

11-YEAR-OLD BOY HONORED FOR SAVING MOTHER'S LIFE

Methodist Mansfield awarded Isaiah Subia its Community Health Hero Award for saving his mother's life after she suffered a stroke. Isaiah and his mother, Stephanie, were by themselves in their Grand Prairie home last year when she suddenly fell in the kitchen. Isaiah quickly realized his mom couldn't speak and alerted 911. Thanks to his heroic actions, first responders were able to rush her to Methodist Mansfield where doctors administered a clot-busting drug 37 minutes after her arrival at the hospital — beating the national standard by 23 minutes.

HOSPITAL STAFF HELPS ATHLETES PREP FOR THE SEASON

Nurses, other healthcare professionals, and physicians on the medical staff at Methodist Mansfield completed more than 345 sports physicals and 375 echocardiograms in April and May to help Mansfield and Grand Prairie ISD athletes get ready for their next competitive season. Methodist Mansfield serves as the official provider for local student athletes, an initiative led by **Shaun Garff**, sports medicine specialist on the hospital's medical staff.

METHODIST MIDLOTHIAN MEDICAL CENTER

MEDICAL STAFF MENTORS LOCAL STUDENTS IN MIDLOTHIAN

High school health science students came to Methodist Midlothian in April to experience hands-on medical training and discuss future career pathways with hospital leaders, nurses, and physicians. Students learned skills such as suturing, intubation, ultrasound IV, and assessing heart rhythms. "It's an honor for Methodist Midlothian and physicians on the medical staff to have the opportunity to invest in the next generation of healthcare leaders," says **Ivan Cruz Jr., MD**, general surgeon on the hospital's medical staff.



MIDLOTHIAN LEADERS GET A TOUR OF THEIR HOSPITAL

Methodist Midlothian showcased its new heart catheterization lab to participants of the Leadership Midlothian program, which promotes community engagement among residents and business professionals. The class got an up-close look at the city's only hospital, the new projects being constructed in its professional office building, and all of the advanced technology available at the facility.







METHODIST SOUTHLAKE MEDICAL CENTER

TEAM HELPS PRESENT AREA'S FIRST EMS CONFERENCE

Methodist Southlake recently partnered with the Southlake Fire Department to present Northeast Tarrant County's first EMS Conference this spring. It was an informative, fun day that connected like-minded professionals dedicated to the field of emergency medicine. Methodist Southlake President **Benson Chacko, FACHE**, and VP of Nursing and Chief Nursing Officer **Kathryn Ufolla, MHA, BSN, RN, CCRN**, kicked off the conference with a welcome speech. EMS practitioners and nurses received continuing education hours as they listened to discussions on topics such as STEMI recognition, case studies in cardiology, the use of ketamine in emergency medicine, best practices in resuscitation, and the myths and misconceptions of pre-hospital trauma management.

METHODIST SUPPORTS A BELOVED SOUTHLAKE TRADITION

Methodist Southlake was excited to be the presenting sponsor of Southlake's largest event, Art in the Square, in April. The three-day festival draws tens of thousands of art lovers (and their dogs!) from across North Texas to Southlake Town Square. Methodist Medical Group also had a strong presence at the festival.
This year was the 23rd annual Art in the Square and featured the work of 240 artists from across the country. Methodist Southlake President **Benson Chacko, FACHE**, led a team of hospital employees who volunteered all weekend, gave out thousands of pieces of Methodist-branded swag, and helped educate festivalgoers about the medical services at the hospital. "This was the perfect way to get the word out about Methodist Southlake in our pursuit to become the trusted provider of choice," Chacko says. "We were able to answer a lot of peoples' questions about the hospital, and our logo was everywhere I looked!"

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We're in your neighborhood

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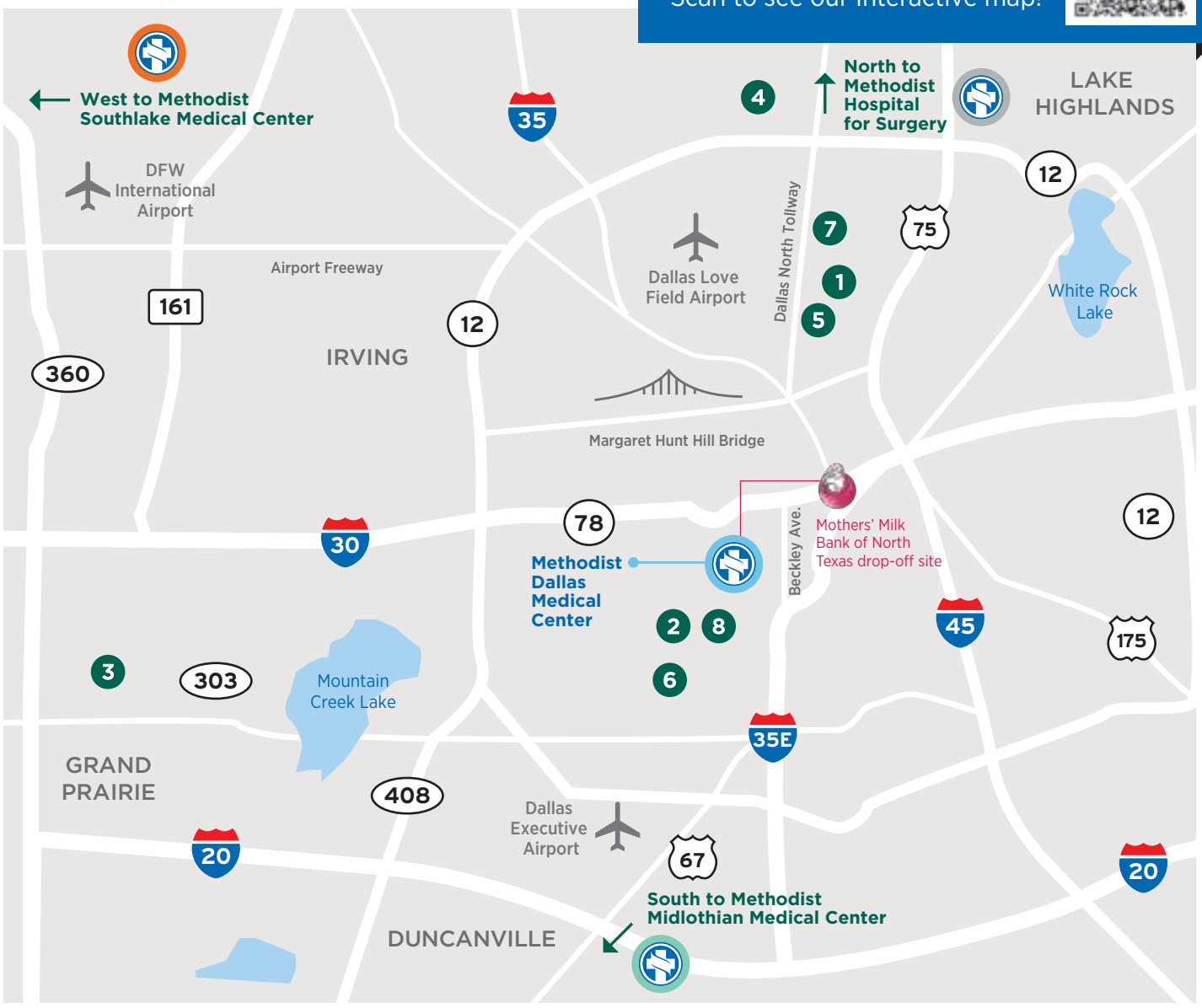

MEDICAL CENTERS

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

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

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

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

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

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

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

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

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

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

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

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

OTHER FACILITIES

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

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

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- **Peripheral artery disease**
- **Stroke**

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