SHINE



FAMILY ADOPTS *'miracle' preemie*

LUNG CANCER SURVIVOR CREDITS **FULL-BODY SCAN FOR TIMELY DIAGNOSIS**

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SHINE

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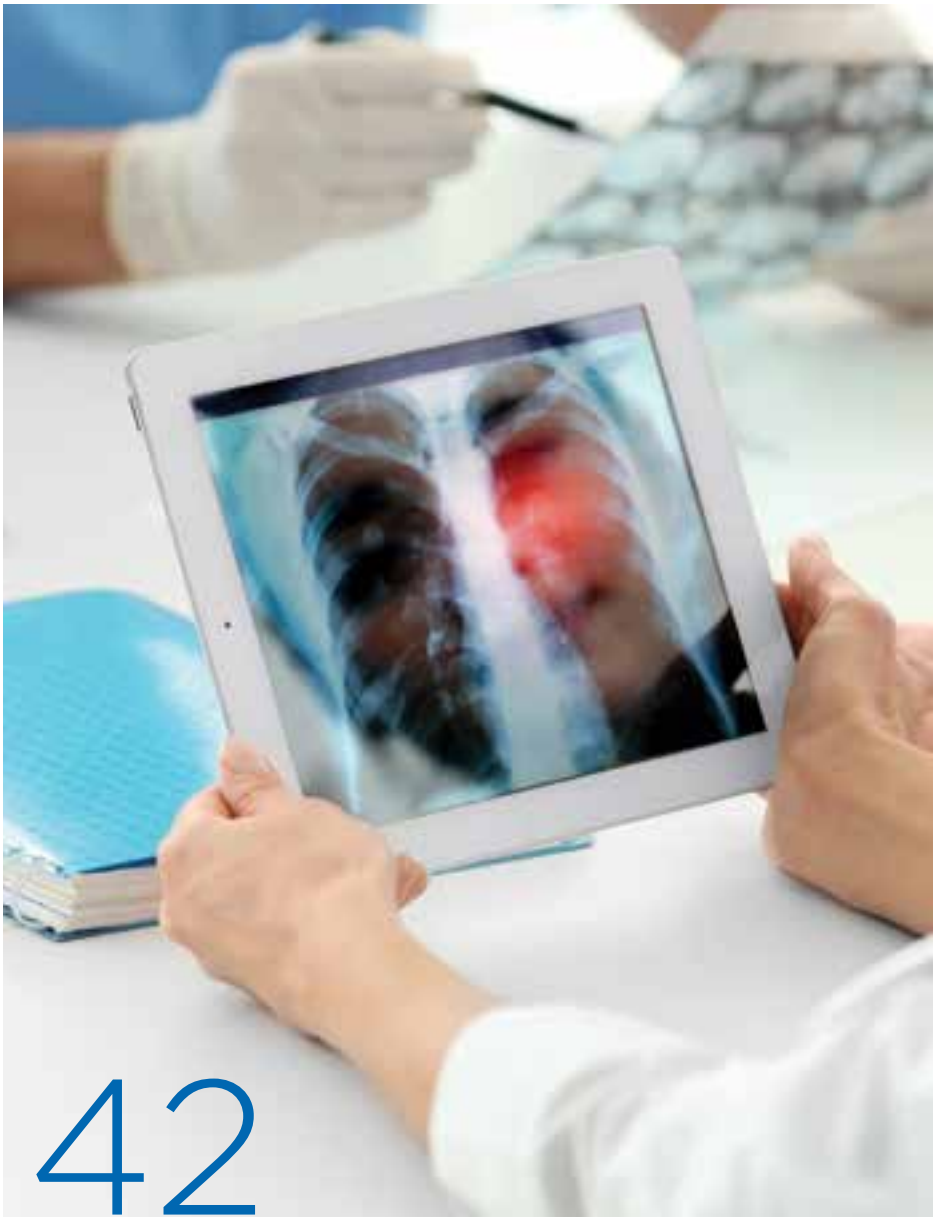

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Tiny preemie ADOPTED BY COUPLE WHO FOUND THEIR **'MIRACLE' BABY**

A very small baby takes his first adventure home with his new family



Perrin James Vance has been called many things. To his NICU nurses, he's "wonder boy," and the doctor who oversaw his care calls him a "rock star." But baby Perrin is a "miracle" to Stephanie and Brett Vance, the Garland couple who adopted the baby boy, one of the smallest preemies on record at Methodist Richardson Medical Center.

Weighing just 1 pound, 11.9 ounces, Perrin was born nearly four months early on Dec. 14, and shortly afterward his birth parents made the difficult decision to put him up for adoption. The Vances heard from the adoption agency the very next day.

"Everybody else gets nine months," says Brett, 34. "We got the call and had a baby."

On June 21, the adoption became official when the Vances filled District Judge Beth Poulos' courtroom in Fort Worth with their family and friends.

The family's joyful day was a long time coming for Stephanie and Brett, who had suffered through five miscarriages and several would-be adoptions that fell through. So last December, the newborn became their "Christmas miracle."

"We believe this was all in God's hands," says Stephanie, 33. "If everything had not aligned the way it did, it would be an entirely different story."

NO HESITATION

The Vances had expected when they got married nine years ago to have a houseful of children by now. But Stephanie's five pregnancies ended in miscarriage, and their previous efforts to adopt stalled when the birth mothers changed their mind or chose another couple.

So the couple had no children. And they'd been ready for a long time. That's why Stephanie did not hesitate when the adoption agency's director posed a question: How would you feel about adopting a preemie?

"Yes," Stephanie said, then asked how many other families were in contention for this little boy.

"None," she was told. "We knew you would be the ones."

Years earlier, Stephanie had been a nanny for her cousins, one of whom was a preemie. She also has a nephew with cerebral palsy, a condition with which premature babies are often diagnosed. She told Brett, accurately predicting how he'd respond.

"I was very, very excited but cautious," he says. "Perrin was so little, and I was trying to wrap my head around that. Like any parent, I was nervous. My life was changing right that very second."

14 WEEKS IN NICU

When Brett and Stephanie began visiting Perrin in the NICU, he was so tiny that Brett's wedding ring could have fit around his arm.

"They were here every day, every single day," says **Lilian St. John, MD**, neonatologist on the medical staff at Methodist Richardson. "They had such kind hearts to welcome Perrin into their lives. I was touched by that."

Initially, the couple couldn't even hold their son. When babies are born so young, Dr. St. John explains, their skin is too fragile.

"It's very immature and transparent," she says. "He had a lot of fluid loss through the skin, which is why we place such babies in a special incubator with high humidity until their skin matures."



On June 21, the adoption became official when the Vances and their family and friends filled 324th District Court in Fort Worth with baby Perrin held tight.

Throughout Perrin's 14-week stay at Methodist Richardson, Dr. St. John kept his family apprised of everything. She answered questions, eased fears, and shared her expertise with honesty and optimism. Above all, she was there for the entire family.

"Dr. St. John was with us from the get-go," Stephanie says.

READY FOR ADVENTURE

Perrin was released to go home within two weeks of his due date, when he was able to maintain his body temperature and could finish his bottles without the aid of a feeding tube.

He now weighs 10 pounds and "is smiling at us constantly," Stephanie says. He hasn't shown any signs of autism or of cerebral palsy.

"There's always a risk for developmental delays with micro preemies," Dr. St. John says, "but he did so well and his head ultrasounds show no head bleeds. That's very encouraging. I'm very hopeful."

Perrin's nursery reflects that positivity. On one wall is a forest with mountains, lovingly hand-painted by Stephanie's sister and mom. Crib sheets printed with planets, a solar system mobile, and a rocket laundry basket offer reminders of the huge universe awaiting this beloved little boy.

"Adventure is calling," Stephanie says. "Here on earth or in space, you can do it."



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



NEW HIPS AND KNEES **NOT JUST FOR RETIREES** ANYMORE

Younger patients are seeking the relief provided by joint replacement

NOT LONG AGO, getting a new knee or hip was a rite of passage traditionally reserved for retirement and beyond, but joint replacement has become increasingly popular among patients in their 40s and 50s — and sometimes even younger.

"I've had a patient in his 20s return to competitive break dancing and even qualify for the Marine Corps after a revision hip replacement," says **Mo Halawi, MD**, chief of hip and knee reconstructive surgery at Methodist Dallas Medical Center.

In years past, an elderly patient seeking a new joint might hope to return to gardening or visiting the grocery store again. But for younger patients, returning to "normal" typically means far more physical activity, whether for a job or for recreation.

HOW LONG WILL IT LAST?

Younger patients should understand that a new hip or knee can make a big difference in their quality of life, but there is a tradeoff: The artificial joint may not last as long or provide the same feeling as the joint they were born with.

"It's important to have an honest conversation with patients," Dr. Halawi says, "to make sure they understand their new knee or hip may not deliver the full functional capacity as the native joint."

Patients in their 40s and 50s may outlive their new joint because on average, a new hip or knee will last 10 to 15 years, according to the American Academy of Orthopedic Surgeons. That lifespan may be plenty for older patients, but a younger and more physically active patient should be aware that they may require revision surgery in the future.

RECOVERY TIMES VARY

Recovery times for total knee and hip replacements were once measured in months, but now same-day surgery is more common and younger patients are often walking on their own immediately after surgery.

"I'm a proponent of minimally invasive surgery and rapid recovery protocols," Dr. Halawi says. "Most of my patients, whether they're old or young, can expect same-day surgery. Within an hour or two of waking up from anesthesia, they can walk out the door to recover in the comfort of their own home."

EXCEEDING EXPECTATIONS

In any case, it's critical for a patient to understand the limits of an artificial hip or knee. Getting back to the gym or a daily jog may be more realistic, for example, than running a marathon or playing contact sports.

But for most patients who have lived with a painful joint for months or years, simply relieving that daily agony is just what the doctor ordered.

"I go home happy when I see a patient able to resume what is important for them after a joint replacement surgery," Dr. Halawi says. "And for a young patient with a career, a family, or promising future ahead of them, that joy is amplified."

Find relief from hip and knee pain with orthopedic care close to home. Scan the QR code to learn more.





SMALL CHANGES CAN HEAD OFF HIGH BLOOD PRESSURE

Lowering your blood pressure is a game of millimeters — millimeters of mercury (mmHg), to be precise — and even small changes in our routines can help reverse hypertension



Breath Resistance for Hypertension

Here's an unexpected technique that has shown promise in reversing hypertension: Use a handheld "breath training" device to strengthen the diaphragm. A small 2021 study from the *Journal of the American Heart Association* found that patients who practiced 30 minutes of "inspiratory muscle strength training" lowered their blood pressure by 9 mmHg after six weeks.

Patients with elevated blood pressure (pre-hypertension) or who have Stage 1 hypertension are typically treated with lifestyle modifications rather than medication. Those good habits fall into five categories: adopting a heart-healthy diet, becoming more physically active, losing weight (and keeping it off), stopping smoking, and cutting back on alcohol.

"Many times, with a lifestyle modification, we can delay the need for a medication by several years," says **Akash Ghai, MD**, cardiologist on the medical staff at Methodist Charlton Medical Center. "And patients who already take one or two drugs can avoid a third prescription."

But that doesn't mean you need to become a vegan marathoner who drops 20 pounds and swears off salt and alcohol.

"Walk, swim, or cycle for 30 minutes five times a week," Dr. Ghai suggests. "Even if you don't lose weight, you will shave points off your blood pressure. And that can be lifesaving."

That's not to say anyone should stop taking a blood pressure medication prescribed by a doctor, but in some cases changing an unhealthy habit can be every bit as effective.

DIETARY CHANGES

A 2022 study found that eating healthy takes the cake, so to speak, when it comes to lowering the risk of heart disease among young and middle-aged adults.

The research found that 27,000 heart attacks and strokes could be prevented and 2,800 lives could be saved each year if those 9 million Americans at lower risk adopted a diet low in salt, such as the DASH diet.

"Most Americans eat between 3 to 4 grams of salt a day," Dr. Ghai says. "If you can cut that down to less than 2.3 grams, research suggests you can drop your blood pressure by several points."

Bonus points if you can replace that sodium with potassium, such as from bananas, avocados, spinach, or sweet potatoes.

"When you eat more potassium, the body exchanges that with sodium," Dr. Ghai explains.





NO SMOKING, SURE, BUT CAFFEINE?

It's also important to limit alcohol consumption, Dr. Ghai notes. Men should limit their drinks to two or less per day. For women, it's one or zero drinks per day.

And what about coffee? Limiting caffeine can help some people lower their blood pressure but seems to have little effect on others — the answer is different for each person.

There's no such ambiguity around smoking. To keep your blood pressure within safe limits, quitting smoking is a must. Smoking not only raises blood pressure but also damages blood vessels directly — making quitting a win-win strategy.

TRY TAKING A BREATH

Dr. Ghai encourages his hypertensive patients to walk, bike, or swim for 150 minutes a week. That may be overwhelming for some, but it doesn't have to be all or nothing. Cycling or swimming may not be for everyone, but we all have to walk. And even breathing can help lower stress when it's done right.

"Deep breathing exercises are very important with mindfulness-based meditation," Dr. Ghai says. "That can drop blood pressure by 30 or 40 points when you're stressed or upset."

Try simply stretching while concentrating on breathing, for starters. Or take a beginner's yoga class, which often ends with meditation.

Of course, nothing beats doing what you enjoy to get active.

"Whether it's playing tennis, golf, or gardening," Dr. Ghai says, "whatever gives you happiness and excitement and pleasure will reduce your stress and lower your blood pressure."



Learn how the DASH diet can reverse high blood pressure and lower your risk of heart disease.

Getting back in the saddle AFTER FALL **FRACTURES SPINE**

When a 21-year-old fell off her horse and cracked a vertebra, the ER at Methodist Midlothian was nearby to help



Kathryn Altman had never experienced pain like she did this summer when she fell off her horse and hurt her back during Midlothian's Independence Day parade.

Fearing the worst, the 21-year-old sought help at Methodist Midlothian Medical Center's emergency department, just three miles from home. X-rays revealed a small fracture in one of her lower vertebrae, and doctors quickly determined the damage was not life-threatening.

The hospital's close proximity turned out to be a comfort during a scary situation, the college senior says.

"It's like five minutes away," she says. "Everyone at Methodist was just so nice. It wasn't stressful."

'GOING TO PASS OUT'

Living on a property filled with animals, Kathryn is no stranger to horses. She's even ridden along parade routes for other Midlothian holiday events in the past. But during the city's Independence Day celebration this July, she was on her family's newest horse, Swagger, when a marching band startled the animal.

"They started playing, and I could feel his energy go up," she recalls. "I just did not have control of him at that moment."

Swagger bolted through the parting crowd, and as he approached a road, Kathryn made the snap decision to tumble off the horse. While she remembered to tuck and protect her head and limbs, her hip and back bore the brunt of the impact when she hit the ground.

Swagger quickly calmed down, Kathryn shrugged off her scrapes and bruises, and the festivities resumed as normal.

"We walked the whole rest of the parade and then came home," Kathryn explains. "I gave my horse to my mom, then I came into the house and immediately just went to lie down."

But the pain in her lower back got worse and eventually became intolerable. It wasn't long before she realized she needed to get to the emergency room.

"Every time I moved, I felt like I was going to pass out," Kathryn says.



Kathryn and her first horse, Tod

THE ER IS HERE FOR YOU

Once Kathryn checked into Methodist Midlothian, **Zulay Zambrano, DO**, emergency physician on the hospital's medical staff, ordered X-rays of her spine. Dr. Zambrano found a small fracture in a lower vertebra but it was not severe enough to require surgery.

"Kathryn's neurological exam was very good," she says. "She was walking and had good sensation in her legs, so it was very reassuring."

The best course of treatment was to let the fracture heal on its own, so Dr. Zambrano provided Kathryn with instructions and medications to help manage the pain. She also gave her a referral to visit a colleague at Methodist Dallas Medical Center.

A few days later, Kathryn confirmed with **Richard Meyrat, MD, FAANS**, neurosurgeon on the medical staff at Methodist Dallas, that she had nothing more to worry about.

"I was just so relieved," Kathryn says. "We went there, and they were super nice." Dr. Meyrat advised her to take it easy, avoid horseback riding for a couple of months, and listen to her body if she noticed any changes.

Less than two months later, Kathryn reports that she and Swagger are back to normal.

"I can't believe I fractured my spine because I feel fine right now," she says.

Kathryn still has a couple of weeks to go before she can ride again, but she won't let this experience deter her — Kathryn has been riding since she was a little girl and doesn't plan to stop anytime soon. And Dr. Zambrano praised her for getting help when she did.

"When we think about emergency medicine, we think about heart attacks, strokes, and traumas," Dr. Zambrano says. "But the other thing I tell patients is: 'If there's a concern that you have about your health, just come to the ER and we can rule out life-threatening emergencies.'"

Watch Kathryn talk about her lifelong love for horses and her painful fall off Swagger.



MAMMOGRAMS AT 40? FOR SOME WOMEN, THAT'S NOT SOON ENOUGH

With breast cancer rates rising in younger women, sooner may be better than later when it comes to annual screening

Breast cancer is the most common cancer among American women. Younger people are increasingly at risk, with diagnoses among women in their 40s rising 2% each year between 2015 and 2019.

That's why this year, an influential task force recommended women start getting mammograms at age 40, rather than 50. But that's only for women at average risk. Patients with more risk factors should take extra precautions, says **Katrina Birdwell, MD, FACS**, breast surgeon on the medical staff at Methodist Dallas Medical Center.

"If a woman knows she's at high risk for breast cancer, she should not wait until 40 to get a mammogram," Dr. Birdwell says. "She should get a high-risk screening before that. This could include breast ultrasounds, breast MRIs, and mammograms, typically starting at age 30."

Ideally, a woman in her mid-to-late 20s should get a risk assessment telling her when it's time to start getting a breast exam, Dr. Birdwell says. An early warning system is especially crucial with breast cancer, which has a five-year survival rate of 99% when it's detected before it spreads. That drops to 30% once the cancer spreads beyond the lymph nodes.

"Mammograms provide patients a better hope for survival, as well as several treatment options if the cancer is found early," Dr. Birdwell says. "If we're not screening women between 40 and 50, we are missing opportunities."

RACIAL DISPARITIES

That's true for all women, but it's especially relevant for African American women younger than 50, whose mortality rate from breast cancer is twice as high as that of white women.

"Young African American women disproportionately get triple negative, the most aggressive kind of breast cancer," Dr. Birdwell says. "It's a type that grows and spreads quickly, is hard to treat, and doesn't have the three receptors usually found in breast cancers that doctors target for treatment."

FALSE POSITIVES

False positives are one of the key reasons why experts have diverged on when women should start getting mammograms.

"It's not uncommon for mammograms, ultrasounds, and MRIs to pick up things that look like cancer, but really aren't," Dr. Birdwell says.

The U.S. Preventive Services Task Force, the same group that lowered its recommendation for routine mammograms to start at 40, took a different stance in 2009 when it recommended against women ages 40–49 from getting a routine breast exam and reduced how frequently it recommended women age 50 and up get examined.

Among the reasons cited was the proliferation of false positives, which can be costly, cause mental distress, and expose women to risks of unnecessary medical procedures. But now experts appear to agree that the benefits of early detection outweigh the costs of unnecessary tests and potential false positives.

SELF-EXAMS

While mammograms remain the gold standard to detect early signs of breast cancer, self-examinations are also important. About 40% of diagnosed breast cancers are detected by women who felt their lump, according to the National Breast Cancer Foundation.

"Familiarizing yourself with your breasts can help you know what your normal is and what's abnormal," Dr. Birdwell says. "It's good for women to examine themselves once every month."



The Linda and Mitch Hart Breast Center at Methodist Dallas

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



Risk Factors and You

Breast cancer claims the lives of about 42,000 women each year, making it the second-leading cause of cancer death among women.

Having a family history of the disease can raise the risk for both women and men, but your risk is determined by several factors, including age, reproductive history, being overweight or obese, and the presence of certain genetic mutations.

Women who aren't physically active or become overweight or obese after menopause tend to have a higher risk. So, too, do patients who take certain oral contraceptives and those who undergo hormone replacement therapy during menopause.

Having a risk or two doesn't mean you will get the disease. Most women won't get breast cancer, regardless of their risk factors, even if a mammogram turns up an initial finding.

Crash survivor says

HER JOURNEY FROM COMA TO COLLEGE PROVES 'I'M HERE FOR A REASON'

Comatose for weeks, this college graduate has made a remarkable recovery



Rachel Richie and her parents credit the care she received at Methodist Dallas Medical Center for helping her recover from a devastating crash that left her unable to speak, walk or even swallow when she woke up.

"They became our friends, and they were emotionally invested in her recovery," Rachel's mother, Stacie, recalls. "It meant everything to us."

A freshman at the time of the crash, Rachel proudly graduated from the University of Texas at Tyler on a picture-perfect day this spring, far removed from the night of the crash.

"To break 14 bones and not have any issues to this day is remarkable," Rachel says. "And then, with my traumatic brain injury, not having any struggles there either is definitely a blessing. So I just hold on to that and hold on to my faith.

"The future's bright, and I'm here for a reason."

THE NIGHT OF THE CRASH

Rachel and her sister, Olivia, were headed to dinner with a friend on Jan. 1, 2020, when a truck barreled into their vehicle at the intersection of U.S. Highway 287 and Walnut Grove Road in Midlothian.

Police later told local reporters how the pickup blew through a red light and hit the girls' Jeep at 53 mph, trapping them and leaving Rachel unconscious. First responders got them out, and someone on the scene called 911 before informing their parents. An ambulance took Olivia to Methodist Dallas, but Rachel's injuries were so severe that a helicopter had to airlift her there.

"I got the call that no parent ever wants to get — that both of your children have been in a car accident," Stacie says. "The whole world stood still."

While her family rushed to the hospital and waited for news, doctors worked to stabilize and assess Rachel, who was in critical condition. Among them was **Bartley D. Mitchell, MD, PhD, FAANS**, neurosurgeon on the medical staff.

"She was bleeding in her brain, and she had a bad fracture at the base of her skull," Dr. Mitchell says. "That's some of the densest bone in the body, and it fractured right through that. She also had a bad injury right in the middle of her spine."

CRITICAL MOMENTS IN OPERATING ROOM

Internal bleeding was putting pressure on her spinal cord, and Dr. Mitchell and his team had to act fast to control the damage.

"With a spinal cord injury like that, if you don't act quickly and decompress the spinal cord, she might not have ever walked again," he explains.

In the operating room, Dr. Mitchell controlled the bleeding, removed damaged bone fragments, and placed titanium screws and rods to stabilize Rachel's spine and allow it to heal. Meanwhile, Rachel's family and friends gathered at the hospital, where they waited until they could see her. After the operation, her parents hardly left her side.

"I just remember praying that God would give me insight and comfort. I remember feeling this peace come over me, that whatever this is, she's alive," her father, Terry, says. "The hospital was amazing at making us feel at home, making sure we were taken care of."

Rachel's mother agreed, saying the family never wanted for anything, even in the most challenging moments.

"The staff in every department of the hospital was just so helpful," Stacie says. "They made sure we were where we needed to be at all times. That hospital was such a family setting."

THE PATH TO RECOVERY

Undergoing surgery was only the first step in the long road ahead for Rachel, who remained sedated for weeks after the procedure. Dr. Mitchell says she was minimally responsive because of the contusions, or bruises, in her brain. The hospital's eagle-eyed medical staff kept her under careful observation.

"I felt that there was ultimately a very good chance she would do well," Dr. Mitchell says. "It was just going to take time."

At first, Rachel couldn't lift her head or speak. She was hospitalized for a month and had to work with a speech therapist and a physical therapist. Gradually, she began making progress.

"It was like she was a newborn baby," Stacie says. "The staff took such good care of us. I cannot express that enough. I was never disappointed with the service or the care that they provided. That speaks volumes to the level of care that patients receive at Methodist Dallas."

GOING BACK TO SCHOOL

Rachel eventually moved to another facility to continue her recovery. When the COVID-19 pandemic hit North Texas, she began at-home rehabilitation. Months later, she was already preparing for her return to college.

Rachel has since earned her bachelor's degree in psychology, and Dr. Mitchell says seeing her graduation announcement in the spring was especially gratifying.

"I'm so pleased for her," he says. "Everybody was talking about it. From a surgeon's perspective, I don't think it gets any better than that."

Now, Rachel is heading to graduate school to continue her education. She says she's excited about all the possibilities that await her.

"I just wake up every day feeling blessed that I'm still here," she says.



When painful back conditions affect your daily life, our team can help get you back to doing what you love.

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Washington, DC 20201
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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید.

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FATHER AND SON SHARE A MATCHING SET OF KIDNEYS

Four months after transplant, the Fort Worth-area men felt well enough to run the Cowtown 5K together

Doug Kidd has battled kidney disease for decades, so it's hard to express the gratitude and pride he feels toward his son for donating the kidney that made him well again.

"As a father," he says, "how do you even begin to express how great it is that you've helped raise a human who is willing to do that?"

But for Collin Kidd, he's just following the example his father set for him.

"My dad is a great example of what it means to be a good father, and I try very hard to live up to that with my own kid," Collin says. "I know if the situation was reversed, he would have been the first to apply to be a donor for me."

There was a time when Collin wasn't sure he could even help his dad, considering the nature of Doug's disease and the fact that a matching donor can be hard to find, even among family members.

It was a total surprise when Collin learned he was a good match and a relief when his lab results came back with no sign of kidney disease. So in October 2022, the two checked into Methodist Dallas Medical Center, where the medical team successfully performed the transplant and set them on the path to recovery.

"The staff at Methodist Dallas are such pros," Doug says. "They put you at ease right away. Like they're saying, 'Hey, don't worry about anything. We got you, we got this. This is what we do.'"

TIME FOR A TRANSPLANT

It's been years since Doug was first diagnosed with polycystic kidney disease (PKD), a hereditary disorder that causes multiple cysts, or sacs of fluid, to develop in the kidney and interfere with its function, says **Muhammad Qureshi, MD**, nephrologist on the medical staff at Methodist Dallas. The disease progresses very slowly and often does not manifest until after a patient enters adulthood.

"If there's a family history, you might get screened earlier, but as a child, you might not actually see any cysts, even though you might have the disease." Dr. Qureshi explains. "Most patients do not have any kidney problems until they are in their 30s or 40s because it manifests so slowly."

Doug, 66, says his mother and aunt were both diagnosed with PKD when they were middle-aged, so he got checked out when he was in his 30s.

"I found out that I did, in fact, have it, and so I've just been monitoring it over time," he adds.

Collin says his dad never complained, and his health was always an issue that stayed in the background of most conversations. Things changed when doctors began seeing a steady decline in his kidney function in late 2021. They suggested he apply for a kidney transplant.

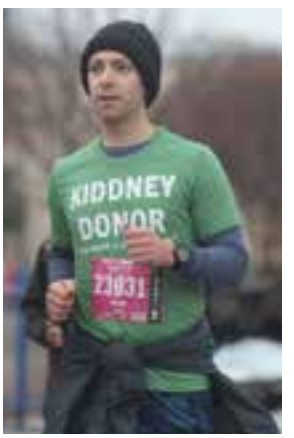
"That means his kidney was functioning only at 20% or less because we wouldn't consider a transplant otherwise," Dr. Qureshi says.

This revelation prompted Collin to get tested and see if he could be a donor.

"Because it's a genetic thing, I was convinced I had it, too, and would be disqualified," he says. "But the team at Methodist Dallas was very thorough and did multiple tests to make sure, and nothing alarming came up. It was a huge blessing."

> MY DAD IS A GREAT EXAMPLE OF WHAT IT MEANS TO BE A GOOD FATHER, AND **I TRY VERY HARD TO LIVE UP TO THAT.**
>
> — COLLIN KIDD









A DAY TO REMEMBER

On October 26, 2022, the Kidds drove from the Fort Worth area to Methodist Dallas for the transplant, which was performed by **Alejandro Mejia, MD, FACS**, executive director of organ transplantation, and **Lori Kautzman, MD**, transplant surgeon on the hospital's medical staff.

"Doug was in very good shape for the procedure. He did not need dialysis yet," Dr. Kautzman says. "And there's the added benefit of having a living donation, too. We knew the health of the donor, and the kidney was placed right away, rather than having to be in transport for potentially hours. Also, since it's a familial match, he was less likely to reject it."

In the months after the surgery, both Collin and Doug worked to regain their strength and stamina. The two decided to set an aspirational milestone and signed up for the Fort Worth Cowtown 5K. In February, about four months after the transplant, father and son crossed the finish line wearing matching "Kiddney" donor and recipient T-shirts.

They celebrated their success again on Father's Day this past June.

"This Father's Day was one to remember," Collin says. "We were really excited to celebrate."

Doug says he couldn't agree more.

"We've always been close, but going through this, the trust and respect we've gained — it's hard to even articulate without choking up."



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

> AS A FATHER, HOW DO YOU EVEN BEGIN TO EXPRESS HOW GREAT IT IS THAT YOU'VE HELPED RAISE A HUMAN **WHO IS WILLING TO DONATE AN ORGAN FOR YOU?**
>
> — DOUG KIDD



TWO HEARTS *made whole again*

Bypass patients who met in cardiac rehab get married

Two strangers had bypass surgery within days of each other at Methodist Mansfield Medical Center and met during cardiac rehab, where they opened their hearts to each other.

Patty and Ron Spurgeon got married last fall, several months after their surgeries four days apart at the same hospital with the same doctor, **Darien Bradford, MD**, cardiothoracic surgeon on the medical staff at Methodist Mansfield.

The Arlington residents' romance began in rehabilitation and made their healing hearts whole again.

"I want her with me, and I want to live a long time," says Ron, 75, a widower who lost his wife of 53 years in 2021.

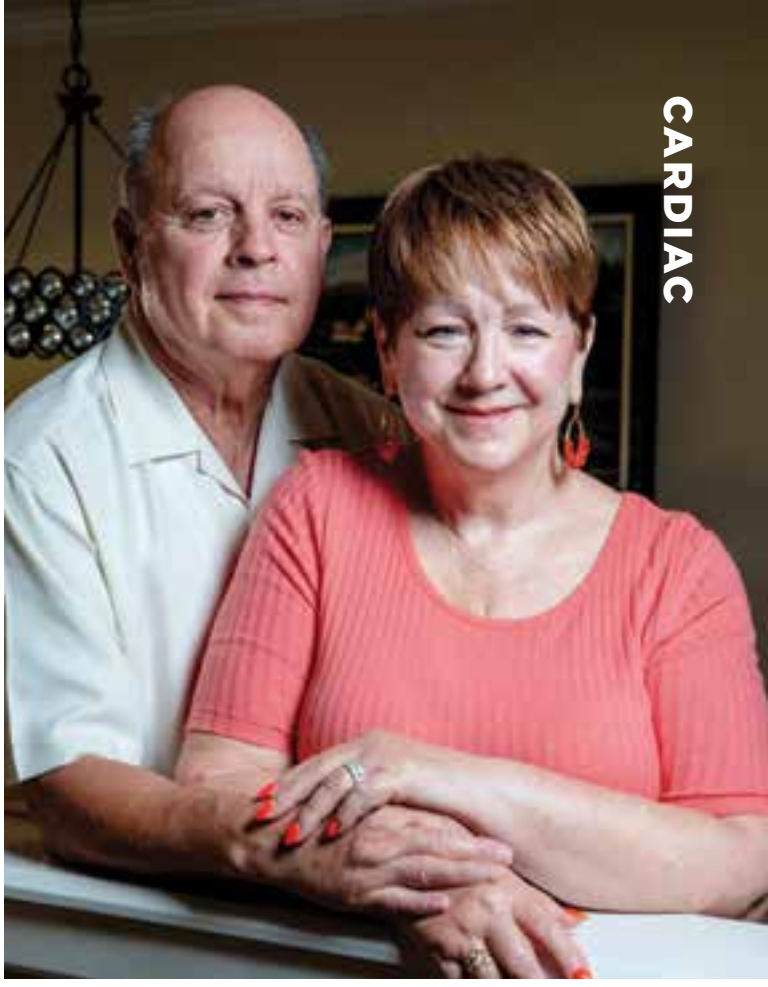
Patty, a 66-year-old divorcee, shares that sentiment: "Ron nourishes my soul. He truly does."

Dr. Bradford, their surgeon and inadvertent matchmaker, was elated when he learned from his staff that two of his patients had gotten married.

"I was totally shocked but extremely happy for them," he says. "I don't believe this has ever happened with two of my patients. I am truly humbled by their newfound love and wish them many years of happiness."

BYPASSES DAYS APART

Rehab is where Patty and Ron officially met, though they remember seeing each other at Methodist Mansfield a day or so after their surgeries on February 28, 2022. Patty noticed Ron because he was diligently walking up and down the unit.



"I was having a reaction to the medications I was taking, so I was dizzy and weak and could barely get up," says Patty, who had triple bypass surgery after going to the ER two days earlier with chest and jaw pain. "I remember thinking, 'I don't know who that guy is, but he's sure walking a lot."

Ron noticed Patty, too, following his own quadruple bypass surgery, which came after he almost passed out one morning and his daughter insisted he go to the ER.

They went home to recuperate a little before starting rehab two months later, but still might not have met if Patty hadn't switched to an earlier group rehab session so she could return to work.

FIRST DATE IN DECADES

While in rehab, Ron and Patty were warming up on stationary bicycles when he overheard her sharing her worries about atrial fibrillation with another patient.

"I walked over to her and said, 'Don't fear. Everything is going to be all right,'" Ron says. "Then I said, 'You have pretty eyes,' and walked off."

Patty cherished that moment, especially because she was single and longed for someone to share her concerns with.

"That was very sweet of him to tell me not to worry," Patty says. "And I loved what he said about my eyes. I thought, 'What a sweetheart!'"

Patty would later ask Ron if he'd like her phone number. They exchanged numbers, and she invited him to breakfast.

"I was a little apprehensive because my wife of 53 years had passed away in September 2021," Ron says. "What was a date? But since she asked me, I decided to go."

'SOMEDAY IS HERE'

After that first breakfast stretched for five hours, they met for a movie and a few dinners once Patty returned to her job as an administrative assistant.

"The first couple of times I took her out, we just hugged when we said goodbye," Ron says. "The third time, I said, 'Someday, I'm going to kiss you,' and left it at that."

A week later, he asked her to supper and that day arrived, no doubt bringing on heart palpitations of the best kind.

When Patty came in the door, he handed her one long-stemmed pink rose, said, "Someday is here," and kissed her. And that was that.

Patty and Ron were married by a justice of the peace on October 6, 2022.

As far as Dr. Bradford is concerned, their romance was the best treatment he couldn't provide himself. Less stress and happy hearts play a significant role in recovery and in healing, he says.

"I believe the heart is the seat of our soul," Dr. Bradford says, "and in it is the spiritual plenum of kindness, compassion, and love."



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

WEIGHT LOSS SURGERY FREES NEWLYWED *from* DEBILITATING PAIN



Weight-loss surgery helped Erin Murray shed 100-plus pounds, seven medications for a host of medical problems, and the chronic pain that came with being overweight.

"I would encourage anybody to do it if you're having the health issues that I was having," the 42-year-old Ellis County resident says. "You get caught up with life, and it just sneaks up on you and bites you in the butt. And it bit me bad."

Within two weeks of her gastric sleeve surgery at Methodist Charlton Medical Center, Erin lost nearly 40 pounds from her pre-operative weight of 321. Now, nearly two years later, she has lost over 130 pounds and feels better with each milestone she hits.

Erin credits the weight-loss surgery team at Methodist Charlton, led by **Manuel E. Castro-Arreola, MD**, bariatric and general surgeon on the hospital's medical staff.

"They actually care about you and your health," she says. "They want to make lives better, and they completely changed mine."

Last year, Erin married her husband, Jonathan, and they celebrated with a honeymoon in Colorado and a Caribbean cruise, enjoying activities she might have missed out on before because of her weight.





RELIEF FROM PAIN

Two summers ago, Erin was struggling with sleep apnea, rheumatoid arthritis, and buckling knees, among other chronic conditions, when she blacked out at her accounting job in Dallas.

"I couldn't understand why I kept having pain, and as I put on more weight it got worse and worse," Erin says. "I got to a point where I didn't have control of what my body was doing, and that was scary."

After that frightening episode at work, she immediately set up a consultation in August 2021 with Dr. Castro-Arreola. He determined she was eligible for a sleeve gastrectomy, a laparoscopic procedure that makes the stomach smaller so patients feel full without eating as much.

Bariatric surgery is not for everyone, and some patients may not qualify based on their body mass index and other factors. But every patient who hopes to lose weight must make a commitment to change their routine.

"For the surgery to work, patients must commit to changing their lifestyle in three areas: diet, exercise, and modifying eating behaviors like stress eating," Dr. Castro-Arreola says. "Weight loss surgery is a team sport, and the patients who do well stick to the game plan."

GOING THE EXTRA MILE

Erin had surgery just a month after her first consultation, going in for the procedure in the morning and heading home the same day to begin recovery.

"It wasn't painful, it was just uncomfortable like my muscles were sore," she says. "A couple of days later, I started moving around a little bit better, and I was like, 'OK, I got this.'"

Throughout the process, Dr. Castro-Arreola made her feel very comfortable, Erin says, and his team helped work around her budget.

"They were willing to go that extra mile," she says.

That's because some of them have gone through just what Erin did. About 20 years ago, bariatric coordinator **Tamera English-Everett, RNC-OB, BSN MSN-Ed**, had her own procedure — and her biggest regret is waiting as long as she did.

"You lose lots of years just sitting around wishing that your weight would just adjust itself, but you've got to go to some kind of lengths," says English-Everett, who shares her own experiences with patients. "Finding a healthy habit is the most challenging part of this."

> I WOULD ENCOURAGE ANYBODY TO TRY WEIGHT LOSS SURGERY IF YOU'RE HAVING THE HEALTH ISSUES THAT I WAS HAVING. **YOU GET CAUGHT UP WITH LIFE AND IT JUST SNEAKS UP ON YOU.**
>
> — ERIN MURRAY

PART OF A FAMILY

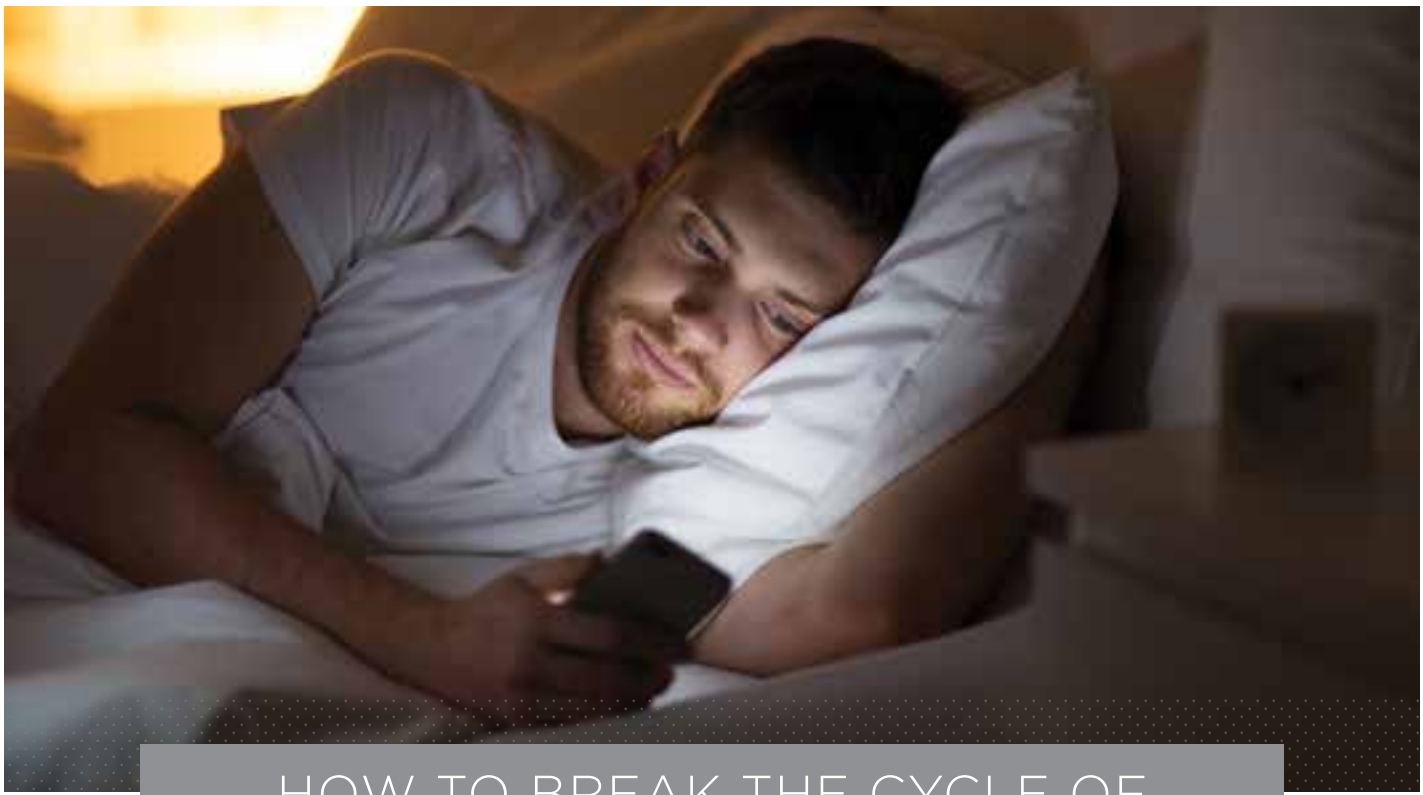
More than a year after her surgery, Erin's health has changed for the better in various ways, including cutting down her eight prescriptions to one and ditching her CPAP machine to combat sleep apnea.

In the months after her procedure, Erin has returned for checkups at Methodist Charlton and periodically reaches out to Everett-English for advice. She appreciates how attentive the staff has been throughout all stages of the procedure.

"I love the environment that they've created," Erin says. "It's like a little family, and I love it."

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

With smartphones, streaming video, social media, and other digital distractions, it's little wonder we're losing sleep



HOW TO BREAK THE CYCLE OF

BEDTIME PROCRASTINATION

> TO GET A GOOD NIGHT'S SLEEP, IT'S IMPORTANT TO **CONSIDER THE QUALITY, NOT JUST THE QUANTITY, OF HOURS SLEPT.**
>
> — DR. ROBERT McMICHAEL

One in three adults and more than half of teenagers and preteens are getting less sleep than the seven to 10 hours they need. That's a wake-up call considering those estimates predate the pandemic, which wreaked havoc on the schedules of so many Americans.

Blame this epidemic of "bedtime procrastination" on the many entertainment options we have at our fingertips and our desire to take some time to decompress at the end of a hectic day.

"These things are all enjoyable — I like them, too," says **Robert McMichael, MD**, a neurologist on the medical staff at Methodist Mansfield Medical Center who specializes in sleep medicine. "Still, people need to know their limits and create time to do what they enjoy earlier in the evening."

That's easier said than done for some folks, whose genes predispose them to a different internal clock than their job dictates.

"They're the people you would call night owls," Dr. McMichael says. "They may feel just fine on their weekend schedule when they can stay up late and sleep in, but when the week starts again, they feel like dead meat."

To break that cycle, Dr. McMichael has some advice for both the night owls and morning larks among us.

"If you're having trouble sleeping, you don't need to fix one night," he says. "You need to fix seven nights a week."

MORE LIGHT, LESS SLEEP

Light might be the biggest impediment to getting enough sleep.

"Our sleep cycle is strongly influenced by light and dark," Dr. McMichael says. "Light suppresses melatonin, a hormone that helps regulate our internal clocks, and the blue light on a glowing phone or tablet screen seems to have more of an impact."

As a remedy, some experts suggest plugging in personal electronics outside the bedroom. If you can't bear to leave your smartphone at arm's length, think about setting a bedtime alarm in addition to your morning alarm. That way your internal clock will know it's time to wind down.

THE ROLE OF GENETICS

All the clocks in the world can't compete with the countless clocks in our bodies. For some, those internal and external clocks are constantly out of sync, Dr. McMichael says.

"We've got this huge number of clocks throughout our body — every cell and every tissue," he says, "but the most important one is the suprachiasmatic nucleus, the part of the brain that regulates our circadian rhythm and controls when we wake and sleep."

Habit and behavior play a role when that internal clock gets out of whack. But so do genetics. Some patients who visit Dr. McMichael for a case of insomnia suffer from circadian rhythm disorders.

SCHEDULE ZZZS

Dr. McMichael suggests setting a nightly routine that revolves around getting the sleep you need — even on weekends, holidays, and vacations.

"First I ask patients to tell me what time they need to get up every day of the week," Dr. McMichael says. "Now let's count back eight hours from that. That's your bedtime."

Try not to think of sleep as a chore but as something to look forward to each night. You may be surprised how much your body accomplishes during that downtime.

HARDLY A WASTE OF TIME

Not getting enough sleep has been linked to weight gain, increased blood pressure and cholesterol levels, a higher risk of heart disease, and even some types of dementia.

"People who don't get enough sleep have a shorter life expectancy," Dr. McMichael says.

That's because our organs perform critical upkeep while we sleep, from consolidating memories and strengthening the immune system to building bone and muscle and regulating hormone levels.

"Lack of sleep raises adrenaline and cortisol levels, creating a cascade of biochemical effects in the body," Dr. McMichael says.



"When these stress hormones can't power down long enough, it can lead to health problems."

When a student studies all night long only to fail a test the following day, it's because his brain never had a chance to file those lessons properly. That fact-storing function comes during the three phases of non-REM sleep, while emotional processing happens during "rapid eye movement," when dreams are formed.

"REM sleep is for emotional memories, how we relate to everybody else in the world," Dr. McMichael says. "So that's important to our mental health."

Just like your smartphone, your body has a battery. Sleep is its opportunity to recharge. Resist the temptation to put sleep off, or your health might suffer.

"Sleep is not by any means wasting time because your brain is busy," Dr. McMichael says. "To get a good night's sleep, it's important to consider the quality, not just the quantity, of hours slept."

Find heart-healthy sleep tips, including the "perfect bedtime," at ShineOnlineHealth.com.



PAINFUL HERNIA PUT SHERIFF'S MECHANIC *in a fix* OF HIS OWN

A robotic-assisted procedure helps the sole mechanic for the Ellis County Sheriff's Office get back to work quickly

When an Ellis County sheriff's deputy needs an auto mechanic, Roger Huseman is the man for the job.

Fortunately for Roger and the Ellis County Sheriff's Office, robotic surgery at Methodist Midlothian Medical Center offered a quicker recovery for a hernia.

"I had no doubt that I was in the right hands," he says of a team led by **Ivan Cruz, MD**, general surgeon on the medical staff at Methodist Midlothian.



DON'T IGNORE THE PAIN

For five years, Roger has served as the shop foreman/mechanic for the Sheriff's Office, with much of that time being a one-man operation. Most days, that requires heavy lifting and under-the-hood contortions.

One day in April 2023, a hernia that he had been disregarding for a while became too painful to bear any longer.

"While doing a major engine repair, I felt excruciating pain in that area," Roger says of the bulge near his belly button. "In that moment, I knew I needed to get help."

Roger's friend and colleague recently had hernia surgery with Dr. Cruz, and he didn't think twice about recommending the team at Methodist Midlothian.

"He spoke highly of them and gave me the details about a robotic surgery that repaired his hernia," Roger says. "I knew if they could help my friend, they could help me, too."

The next day Roger booked an appointment.

WHEN SURGERY CAN'T WAIT

Dr. Cruz quickly determined that Roger's hernia needed expedient attention because it was larger than usual.

"Roger came in with a 3-centimeter hernia," he says. "When hernias get large enough, they become urgent matters, especially if something gets stuck in them."

An umbilical hernia occurs when fat or part of the intestines protrudes through a weak spot in the abdominal wall, creating a bulge. Adults are more likely to suffer an intestinal blockage as a result. And if the intestine becomes trapped and cut off from its blood supply, the tissue could die and cause an infection.

"We always want to repair a hernia before it grows even bigger," Dr. Cruz says.

Roger was eligible for robotic repair surgery using the da Vinci Surgical System, and Dr. Cruz quickly got it on the schedule.

ROBOT-ASSISTED PROCEDURE

On May 15, 2023, Roger went in for surgery at Methodist Midlothian, with his wife by his side and a team of healthcare professionals in his corner.

"The receptionist, nurses, and anesthesiologists were all kind and professional," he says.



The robotic-assisted surgery to repair the hernia and reinforce the abdominal wall with mesh lasted about an hour and was complication-free, Dr. Cruz says.

"We made three small incisions and filled his abdominal cavity with carbon dioxide," he says. "We opened the inner lining of his abdominal wall and put the mesh inside, creating a flap, then sutured the hole in his abdominal wall closed. We then put the mesh inside to reinforce the repair."

Next, Dr. Cruz stitched up the flap, covering the mesh completely.

"This made sure the mesh won't touch any of his insides or cause any future issues," he says.

GETTING BACK TO WORK

After the surgery, Dr. Cruz ordered Roger to avoid lifting anything heavier than 10 pounds for six weeks. That meant Roger had to stay away from repairing vehicles.

"I've been repairing vehicles and farm equipment since I was a young kid," Roger says. "But when Dr. Cruz told me to take it easy, I had to follow his directions and allow my wife to help take care of me."

That didn't come easy for Roger, who says he doesn't like to accept help.

"It was hard," he says, "but this time I had no choice but to accept it."

Today, Roger is back to repairing the vehicle fleet for the Ellis County Sheriff's Office, a job that requires him to be in shipshape himself.

"I have zero room for error in my job," Roger says. "The lives of the officers rely on me to ensure their equipment is operating safely each day."

Learn more about the benefits of robotic surgery, including a shorter recovery time.



Baby born at 30 weeks

SURVIVES *and* THRIVES

thanks to NICU staff

When baby Laila arrived early, her family trusted the doctors and nurses at Methodist Dallas Medical Center to provide her with the skilled and loving care she needed

Regina Evans and her family won't soon forget baby Laila's arrival two months early and the around-the-clock care she received for six weeks at Methodist Dallas Medical Center.

"Everyone was so personable and caring, and I really appreciated that," the Glenn Heights mom says. "They called me every day to give me detailed updates on how she was doing and gave me time to ask questions and share any concerns that I had."

Regina was only 30 weeks pregnant when her water suddenly broke in March 2023. She and her husband, Devin, knew there was a possibility that Laila would be born prematurely. Their oldest child, daughter Addison, was born at 26 weeks and spent 63 days in NICU care.

"Everything about my pregnancy was normal up until the time that I started going into labor. There was no early warning or anything," Regina explains.

A HIGHER RISK OF CONCERN

That day, Regina had just dropped her two children off at school when she felt something out of the ordinary. She consulted with her doctor before making her way to Methodist Dallas, which boasts a Level III NICU capable of caring for babies of all gestational ages with mild to critical illnesses.

At 30 weeks, there was no doubt that Laila would need the extra support.

"Generally, the organ systems at this stage of gestation are developed, but they are immature," says **Vivek Anand, MD**, neonatologist on the medical staff at Methodist Dallas. "For example, the blood vessels in the brain are more fragile, so there's a higher risk of bleeding. Each organ system must be supported and monitored for optimal outcome."

Laila's fetal heart rate was dropping with every contraction, and since she was breech, meaning she was likely to be born bottom or feet first, the decision was made to deliver her by cesarean section.

"There were a lot of moving parts happening at one time," Regina says. "All the doctors and nurses, everyone helped me calm down a lot."

SIX WEEKS IN THE NICU

Laila was born on March 22, weighing about 3 3/4 pounds. She needed some breathing support and an IV for nutrition before moving on to breast milk.

Regina says the NICU team made her feel comfortable during her two-day hospital stay after delivery. Even after Regina was discharged and Laila had to stay in the NICU, the team's constant updates were a huge help.

"Methodist Dallas has an awesome NICU with all of the services needed to care for preterm babies," says neonatal nurse practitioner **Sherie Collins, MSN, APRN**. "There's a very strong focus on teamwork by everyone."





Addison and her brother Devin Jr. dote on their newborn sister, Laila.

Methodist Dallas Maternity and NICU Highlights

- Baby-Friendly designation for breastfeeding support
- National recognition for excellence and quality care
- Level III NICU designation, offering:
  - Access to a full range of pediatric anesthesiology and medical and surgical specialists
  - Advanced respiratory support technology
  - Sustained life support capabilities

HOMECOMING

On May 2, just before Mother's Day, Regina and Devin brought their daughter home, where she was excitedly welcomed by her older siblings.

"Her brother and sister moon over her," Regina says. "They rush to see her every morning before school and immediately after they get home."

Even today, the staff at Methodist Dallas hold a special place for the family, who plan to return to the hospital next year for its annual preemie party — a celebration where former NICU patients and their families reunite with medical staff for a day of fun.

"Seeing the babies come back with their families is what keeps us going, to be honest," Collins says. "Families have come back with their children — some even years later — and said, 'Look how you've helped us.' They're so proud and thankful, and it just builds us up inside."

When you're expecting, Methodist Dallas knows what to expect. Learn more about our family-centered maternity care.



4 reasons why ASHWAGANDHA'S POPULARITY IS BOOMING

This herb has been used for millennia to treat a host of ailments

A FLOWERING SHRUB native to North Africa and India is the latest health fad to take over social media, but ashwagandha has been revered by Eastern medicine for thousands of years.

"It has been used in traditional Indian medicine for centuries," says **Jill Waggoner, MD**, a family medicine physician on the medical staff at Methodist Charlton Medical Center.

On TikTok, users of this herbal supplement rave about its ability to relieve stress, improve memory, combat inflammation, and even boost testosterone. But doctors suggest limiting its use to small doses because clinical studies on it are few and far between.

"To stay on the safe side," Dr. Waggoner says, "it's highly recommended to start with a low dosage and gradually increase it to a maximum of 600 to 1,200 milligrams per day.

Dr. Waggoner strongly recommends speaking to a physician before taking the supplement, especially if you have a thyroid condition or are pregnant or breastfeeding. Ashwagandha can also be risky for patients with autoimmune disorders or hormone-sensitive prostate cancer.

Whether it's taken in the form of a capsule, tea, powder, or tablet, here are a few reasons to take this ancient staple of Ayurvedic medicine:

1. RELIEVE STRESS

Ashwagandha is among a growing list of supplements known as "adaptogens," named for their ability to help you adapt to stress.

"The compounds in ashwagandha have an impact on the body's stress response system," Dr. Waggoner says. "That includes reducing levels of cortisol, the hormone associated with stress."

This mood-improving factor inspires users to take it in the morning to start the day off right or just before bed to ease them into a peaceful slumber.

2. IMPROVE MEMORY

Most of us would take any opportunity to improve our minds, and some users swear by this herb's brain-boosting properties.

"Ashwagandha has been shown to have a possible neuroprotective effect on the brain by helping to reduce oxidative stress," Dr. Waggoner says.

A British study found that compounds in ashwagandha inhibit the formation of the beta-amyloid plaques that accumulate in the brains of patients with Alzheimer's disease.

Another study, conducted at India's National Brain Research Center, found that mice with the disease returned to normal brain function after 30 days of treatment with the herb.

3. BOOST TESTOSTERONE

Men looking to improve their testosterone levels or athletes looking for a natural boost may also want to give ashwagandha a try.

A study from the *American Journal of Men's Health* found significant improvement in testosterone levels after eight weeks on the supplement.

"This supplement can also potentially help improve energy levels, endurance, muscle mass, and strength," Dr. Waggoner says.

4. REDUCE INFLAMMATION

Ashwagandha also possesses antioxidant properties, so it can help combat inflammation by neutralizing harmful free radicals in the body.

"By reducing oxidative stress," Dr. Waggoner says, "ashwagandha may help alleviate inflammation in the body."

While Dr. Waggoner acknowledges we have more to learn about ashwagandha, researchers may also just be scratching the surface of this ancient herb's many applications.

Learn more about nutrition and find healthy recipes at ShineOnlineHealth.com.



FOR THIS BUSY VOLUNTEER *no garden variety hip replacement* WOULD DO

After years of coping with hip pain, this Arlington resident knew something had to be done, so she sought help at Methodist Mansfield Medical Center



Deborah Sullivan, 71, wonders why she waited so long to address her chronic hip pain.

"I was excited to tell anyone and everyone I was getting a new hip," she recalls after her first meeting with **Shane Seroyer, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield.

Deborah was thrilled at the prospect of a quicker recovery time thanks to anterior hip replacement. Finally free of pain, this busy retiree is filling her days as a board member for a food bank and working as a counselor for a crisis pregnancy center near her home.

"I will always come back to this hospital," says Deborah, a fourth-generation Texan. "I worked in healthcare for 37 years as a speech pathologist, and I know how hard it can be to have an entire medical team deliver fantastic care from start to finish the way they do here."

ANTERIOR HIP SURGERY

Deborah began experiencing discomfort in her right hip about seven years ago. She managed the pain with over-the-counter drugs, but it kept getting worse with each passing year.

"When the medications could no longer provide relief, I started getting steroid injections in my hip," she says. "Eventually, those stopped working as well, and I knew that I needed to consider hip replacement surgery."

Like many people her age, Deborah had concerns about undergoing such a major surgery and what the recovery process would be like for her. She knew she wanted to find a surgical team who could help her avoid a rocky rehabilitation.

When she met with Dr. Seroyer, he suggested hip surgery with an anterior approach, from the front rather than the side (lateral) or back (posterior) where the hip muscles are thickest. This treatment



forgoes traditional techniques that cut through muscle and can leave some patients with a permanent limp.

"Traditionally, the two main ways to perform hip replacements were called posterior and lateral," Dr. Seroyer says. "Both of these require cutting through muscle to access the hip joint."

The anterior approach means the surgeon gains access through the front of the hip without the need to cut muscle, instead spreading the muscles apart to allow for a quicker recovery.

"This approach also has lower rates of joint dislocation after surgery as well as decreased chances of the patient developing a temporary or permanent limp," Dr. Seroyer says. "The anterior approach is considered more technically challenging for surgeons."

Deborah came away from that meeting certain that Dr. Seroyer and his team were up to that challenge, she says.

"He is very genuine, explains things thoroughly, and has a very encouraging, positive attitude that made me feel confident," she says.

WALKING RIGHT AFTER SURGERY

In April 2023, Deborah's surgery went smoothly, and she was amazed to be up and walking within a few hours of waking up, albeit with the help of a walker.

"I could hardly believe that I was up and walking without severe pain so soon after surgery," she says.

"I was pleasantly surprised to find out I would only be staying one night in the hospital before being discharged to continue recovering at home."

For the first two weeks at home, Deborah was instructed to use a walker to help her protect and stabilize her new hip joint. By the third week, she was steady enough to graduate to using a cane for assistance.

And within two months, Deborah was back to her normal activities, with help from twice-a-week physical therapy sessions. She credits the personalized care she received at Methodist Mansfield for getting her back on her feet in no time.

"I really appreciated how Dr. Seroyer and his team customize each patient's physical therapy plan," Deborah says. "They don't just rely on a one-size-fits-all approach."

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



PICKLEBALL PLAYERS: SERVE YOUR WAY TO GOOD HEALTH

The soaring popularity of a paddle sport has led to a rash of play-related injuries, leaving many of its older fans in a pickle

A new report suggests pickleball injuries, especially among seniors, are skyrocketing, with one estimate suggesting those sprains, strains, and fractures could cost Americans as much as $400 million a year.

"We've seen quite a few pickleballers come in with knee issues, shoulder and wrist problems, and tennis elbow," says **Shaun Garff, DO**, sports medicine specialist on the medical staff at Methodist Mansfield Medical Center. "Maybe we should start calling it pickleball elbow."

Another study estimates that 86% of the 34,000 ER visits for pickleball or tennis-related injuries between 2010 and 2019 involved patients over 60. And that was before the sport's popularity really took off in the waning months of the pandemic.

For anyone thinking about picking up a paddle, Dr. Garff shares some advice to avoid injury and tells us what to do when a pickleball injury becomes a concern.

MOST COMMON INJURIES

A cross between tennis, badminton, and ping pong, pickleball was invented in 1965 as a backyard game for children. Now it's the fastest growing recreational sport in the U.S., thanks to a fan base that skews older.

"It's a very social sport and more accessible than tennis because there's less ground to cover," Dr. Garff says, "so it's attracting players of all ages."

For many older adults, getting more active is a great idea, but they should expect new aches and pains as a result, especially if they already suffer from arthritis.

"Some people with arthritis may not have a lot of pain normally," Dr. Garff says. "Then, they get into a sport like pickleball, and all of a sudden, symptoms flare up."

Other common injuries include lower back strains, ankle sprains, fractures, and rotator cuff injuries. As with any racquet sport, wear and tear can cause elbow and shoulder tendinitis, an inflammation of the fibrous cords that connect muscles to bones.

New players who may not be used to strenuous activities would be wise not to underestimate how much energy and agility pickleball requires. Dr. Garff suggests taking it slow at first to avoid acute injuries like a broken wrist or ankle or a torn knee ligament.

"Going into it, you may think it will be like table tennis," he says. "Then you're going after a ball, and you get yourself in a situation where you're backpedaling or bending down and you tweak something."

HOW TO AVOID INJURY

Pickleballers shouldn't let the risk of injury scare them away from getting active. As with any sport, you can take steps to help prevent injuries.

The top precaution is to give your muscles a proper warm-up before putting them to the test on the court.

"We encourage warming up and stretching prior to playing," Dr. Garff says. "Braces or sleeves on the knee or the elbow can also help."

Choosing the right equipment is also a must, he says. Running or walking shoes may not be the best bet because pickleball requires movement in all directions, not just straight ahead. Pick a shoe with good grip, support, and durability.

Picking a paddle that is the right weight will also help avoid strain on your shoulder and elbow. The grip size is also important, especially for players who struggle with arthritis.

Finally, be sure to drink plenty of water and take breaks, especially if you're playing outdoors in the Texas heat.



WHEN TO SEE A DOCTOR

Even the most cautious pickleballer can't avoid every injury. So don't shrug off the pain after a spill on the court.

"The old adage 'no pain, no gain,' has kind of gone by the wayside," Dr. Garff says. "If your pain is greater than a 3 on a 10-point scale, I would recommend seeing a physician."

Mild aches and pains can be remedied with the usual RICE treatment: rest, ice, compression with a brace or elastic bandage, and elevation to keep the swelling down.

But when the pain doesn't go away, get help so you can get back on the court quicker.

"You just want to make sure you're taking care of yourself so acute pain doesn't turn into more chronic issues," Dr. Garff says.

Watch a pickleballer get back on the court after a blood clot took his breath away.





FORMER REAL ESTATE AGENT SAVORS EVERY MOMENT — AND EVERY MEAL

A specialized heartburn unit at Methodist Mansfield Medical Center and robotic-assisted surgery help local woman enjoy food again

PATRICIA FRENCH SEEMS like any great-grandma who loves cooking. Recently, however, Patricia's gastroesophageal reflux disease (GERD) made the act of eating more of a logistical challenge than a pleasurable experience.

"The problem had nothing to do with spicy foods, or what I was eating — it was that I was eating at all," says the 79-year-old retired real estate agent, who couldn't eat anything at night because of her painful symptoms.

It wasn't until Patricia sought help from the Heartburn Treatment Center at Methodist Mansfield Medical Center and opted for a robotic-assisted surgery that she was able to enjoy food again.

A HINDRANCE TO A FULL LIFE

For years, Patricia's condition took a toll on her active lifestyle. She and her husband regularly cruised in the Mediterranean, but she had to request early meals just to get through the night. Even at home, Patricia took acid reflux medication every day and couldn't eat anything after 5:30 pm.

"If I did, I would feel it coming up my esophagus. That terrible burning was painful," she says.

As Patricia's symptoms worsened and her medication became less effective, she decided to see a professional for help. She turned to **Sunitha Pudhota, MD**, gastroenterologist on the medical staff at Methodist Mansfield.

Results of diagnostic testing showed that Patricia had poor esophageal motility and a hiatal hernia, which occurs when the upper part of the stomach pushes into the chest through an opening in the diaphragm.

ROBOTIC-ASSISTED SURGERY

Knowing Patricia would need surgery, Dr. Pudhota referred her to **Jeremy Parcells, MD**, a general and bariatric surgeon on the hospital's medical staff.

"What you really want is a nice one-way street," Dr. Parcells says. "You want to be able to eat so food goes down and doesn't come back up. Having things out of position, not where they're supposed to be, can disrupt what's otherwise a really elegant system.

Dr. Parcells told Patricia that in order to repair her hiatal hernia and resolve her GERD, he had to perform a Toupet fundoplication, a surgical technique where the upper section of the stomach is folded and stitched to prevent food and acid from moving up the esophagus.

"He explained to me exactly what the problem was and gave me a copy of every test result. I never had to ask for anything," Patricia says.

On the day of her procedure, Patricia checked into Methodist Mansfield, the same place she had her testing done.

Dr. Parcells used the robotic da Vinci Surgical System to perform the operation. The advanced technology provides him with better visualization and allows for more precise movements than possible with conventional laparoscopic approaches.

"You go from having normal 2D vision to actually having 3D vision," Dr. Parcells explains. "The instruments provide vastly superior degrees of freedom and motion."

EATING WELL AGAIN

Within hours of her procedure, Patricia was already home and on the path toward recovery.

"I had a whole packet of information about what I could eat for the next few weeks. It was very thorough. But if I ever had a question, I could call and a nurse would always have an answer for me," she says.

Patricia followed a primarily liquid diet to start and had routine follow-up visits to monitor her health. But before long, she was back in the kitchen, and back on the cruise ship, able to enjoy food again.

"I was really blessed by the surgery and the efficiency of it all," she says. "I eat everything, whenever I want, as late as I want now — no medication necessary. Now, whenever we travel, we just do what we want, eat what we want, and go where we want. It just worked out beautifully. I'm so thankful."

Learn about the Heartburn Treatment Center at Methodist Mansfield or call (682) 242-GERD (4373).











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TWINS CURE ‘baby blues’ FOR SINGLE MOM



Ever since she was a little girl, this graphic designer has wanted to be a mom — thanks to her mother’s support and help from the team at Methodist Midlothian Medical Center, she’s living that dream

Jadi Spangler doesn’t worry about meeting her dream man these days. After all, she has two “Mr. Rights” of her own to raise now: twin brothers Jack and Ty, born on Feb. 17.

“I’d always told myself by age 35 I would visit a fertility doctor if I wasn’t married by then,” the 33-year-old graphic designer says. “I’ve accomplished my career and traveling goals. Now it’s time for my next big one.”

And although there have been some bumps along the way — from carpal tunnel syndrome during her pregnancy to postpartum depression — Jadi knows her baby boys are the best decision she’s ever made.

“There were a lot of tears, and I found myself asking, ‘What did I get myself into?’” Jadi says. “But then I look at Jack and Ty, and it’s all worthwhile.”

CHOOSING IUI

Jadi knew becoming a single mother wasn’t going to be easy, but she also knew she wouldn’t be alone. She lives with her mother, Donna Spangler, who promised to be with Jadi every step of the way.

“She’s my only daughter,” Donna says. “As much as Jadi wanted to become a mother, I also didn’t want her to miss out on motherhood just because she doesn’t have a partner yet.”

That bond is truly a blessing considering the challenges ahead, says Jadi’s doctor, **Jason Brown, MD**, OB-GYN on the medical staff at Methodist Midlothian.

“I have not seen a mom and daughter duo as close as these two in all the time

that I've practiced," Dr. Brown says. "It was heartwarming to see how much Jadi's mother supported her."

Dr. Brown connected Jadi with a reproductive endocrinologist to discuss her options, from in vitro fertilization (IVF), where the mother's egg is collected from her ovaries and fertilized by sperm in a lab, to intracervical insemination (ICI), where sperm is inserted into the cervix by way of a needle-free syringe.

In the end, Jadi went with intrauterine insemination (IUI), another form of artificial insemination where the donor sperm is specially prepared and inserted directly into the uterus using a speculum and a tiny catheter. But first, the patient is given medication to reach the point of ovulation.

"IUI fertility treatment is less expensive, less invasive, and usually tried first before any other fertility options," Dr. Brown says, "especially if the patient doesn't have any known fertility problems."

BIG SURPRISE

While Jadi's first round of IUI wasn't successful, she remained hopeful because she had multiple ovarian follicles, raising her chances of conception. Her second round was successful, but she and her mother were in for a surprise at her six-week follow-up: She was having twins.

"When we heard twins, we couldn't stop laughing," Jadi says. "When the doctor left the room, I looked over at my mom and told her, 'Sorry, this means you're going to have to be more involved than I planned now that there are two babies and only one me.'"

Ever supportive, Donna had only words of encouragement for her daughter.

"I told her that we'll figure it out together," Donna says.

CARPAL TUNNEL

Jadi worked all the way until it was time to deliver, but around 30 weeks into her pregnancy, she developed carpal tunnel syndrome, a relatively common complication during pregnancy because the body's blood volume doubles.

"Some patients see increased swelling," Dr. Brown says. "Unfortunately, there isn't a medication safe to use in pregnancy to help, so I tell my patients who develop carpal tunnel during pregnancy to wear a brace at all times, especially when they're sleeping."

"My hands were hurting pretty bad," Jadi says, "and that was annoying."

Jadi's next challenge would come after the twins were born.

> AS MY PREGNANCY PROGRESSED, I SAW DR. BROWN EVERY TWO WEEKS. **HE KEPT ME CALM AND HELPED RELIEVE MY WORRIES BY ALWAYS ANSWERING ALL MY QUESTIONS.**
>
> — JADI SPANGLER

BEATING THE BLUES

In February, exactly 38 weeks and three days into her pregnancy, Jadi gave birth to her boys. Baby Jack came out first, followed by his brother Ty.

While it was a joyful occasion, Jadi confesses there were moments she second-guessed her decision.

"Postpartum was hard," Jadi says. "But my sister-in-law told me to just give it two weeks."

Dr. Brown also provided the encouragement Jadi needed, assuring her that her depression was common among new mothers and that it would pass.

"It's called baby blues," he says. "It's due to the change in hormonal balance, sleep deprivation, being stressed and overwhelmed, and adjusting to this new way of life."

SECOND NATURE

Since those initial emotional bumps, Jadi has found motherhood comes second nature to her. Donna says her daughter has taken to the role.

"It has been beautiful to see Jadi develop into a wonderful mother," she says. "A first-time mother never really knows what she's getting into, but since Jack and Ty got here, Jadi hasn't missed a beat."

Jadi now considers her boys her biggest blessings. The only thing that makes her sad these days is missing the doctors and nurses who cared for her at Methodist Midlothian.

"The staff at Methodist Midlothian are special to my boys and me," Spangler says. "Instead of goodbye, it's 'See you later for now.'"

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



NEW EMERGENCY ROOM EARNS 'GOLD STAR' *from this missionary*

Heart attack survivor narrowly avoids another 'widow maker' thanks to Methodist Charlton staff



Barbara Knutson's life has been full of adventures, from tooling around town on her beloved motorcycle to working as a Christian missionary in the Philippines.

The grandmother of nine never expected a routine trip to her cardiologist's office to end with a detour to Methodist Charlton Medical Center's new emergency department — much less that her doctor would wheel her there himself.

"He didn't send an aide or a nurse," Barbara marvels at the personal care delivered by **Roberto Wayhs, MD**, interventional cardiologist on the medical staff. "I got gold star treatment. That was exemplary."

That was fortunate, too, because the 70-year-old Dallas resident had a life-threatening blockage in her left anterior descending artery (LAD), the same vessel that caused her "widow maker" heart attack two years earlier.

"The treatment of a heart attack does not end," Dr. Wayhs says. "You are more likely to have blockages again."

AVOIDING A SECOND HEART ATTACK

While visiting her cardiologist in February 2023 for her semiannual visit, Barbara told him that she was having chest pains again. Dr. Wayhs called for a wheelchair and took the initiative to take her straight to the emergency department.

"He pushed me to the new ED and told the doctor in charge, 'I want you to do this and this,' and they wheeled me in and out," Barbara says.

Testing quickly revealed that three new occlusions in the beginning, middle, and end of her LAD were stopping 70% to 90% of the blood flow. It was the same critical blood vessel where the doctor had placed a stent after her previous heart attack.

"When you fix one blockage, it's not fixed forever," Dr. Wayhs warns.

MOTORCYCLES AND A MISSION

Barbara was admitted to the hospital but couldn't have surgery right away because she was taking medication to thin her blood. Two days later, Dr. Wayhs opened the new blockages by placing three more stents in Barbara's artery.

"I could not have been in better hands," she says.

She felt so grateful that she gave her doctor a signed copy of her



book, *My Jesus Rides a Motorcycle: Adventures in Faith*, chronicling her missionary work in Asia, where she and her husband raised their children.

An avid motorcyclist, Barbara says riding and missionary work both involve risk. She manages through abiding faith in a "very real and loving God."

"It's been quite an amazing life," says Barbara, who feels fortunate to continue the current chapter.

NEW ED MAKES AN IMPRESSION

Barbara, whose mother died of a heart attack at age 48, was thrilled with her treatment at Methodist Charlton.

"I'm thankful I had the intervention before a heart attack — that would have been worse," she says.

Her experience shows the difference a multimillion-dollar investment has made in Methodist Charlton's new emergency department.

"It has helped tremendously," Dr. Wayhs says. "We are seeing much higher volumes with more efficiency, and patient satisfaction is way up. It has made it better, easier, and safer for everyone. It's a fantastic intervention."

The expansion to 40,000 square feet enabled larger waiting rooms and triage areas, a critical improvement to one of the busiest emergency rooms in the area.

The emergency department serves more than 70,000 patients every year, including residents of South Dallas as well as Cedar Hill, DeSoto, Duncanville, and Lancaster.

"It went really smoothly, and I had really good care," Barbara says. "It really was first-class all the way through."

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

> THE EMERGENCY DEPARTMENT EXPANSION HAS HELPED PATIENT CARE TREMENDOUSLY. WE ARE SEEING MUCH HIGHER VOLUMES WITH MORE EFFICIENCY, AND **PATIENT SATISFACTION IS WAY UP. IT HAS MADE IT BETTER, EASIER, AND SAFER FOR EVERYONE. IT'S A FANTASTIC INTERVENTION.**
>
> — DR. ROBERTO WAYHS



RETIREE BEATS *lung cancer* REVEALED BY FULL-BODY SCAN

> GOD LED ME TO METHODIST. **I WILL ALWAYS FEEL IMMENSE GRATITUDE** FOR DR. BIBAWI AND HIS TEAM.
>
> — JOAN DANIELS

This Wylie resident revived her artistic spirit during cancer treatment

When Joan Daniels bought a voucher for two full-body scans for her and her husband on a whim, she never expected that decision would save her life.

"My husband and I are getting older, and I thought the idea of a whole body CT scan sounded like a good place to start to get a snapshot of our health," Joan says. "It was a simple process, and they said they would call in a few days with the results."

When the call came that the scan had detected a few, very small spots on her left lung, Joan was surprised but not worried since she quit smoking decades ago. She had no symptoms and was feeling fine.

Joan took her scan results to her primary care physician who reviewed them and referred her to a pulmonologist at Methodist Richardson Cancer Center. The hospital's well-regarded cancer center offered comprehensive treatment close to Joan's home in Wylie.



A positron emission tomography, or PET scan, was followed by an endobronchial ultrasound to sample the nodes. A biopsy revealed the spots were cancer.

"It was a shock to learn that not only were the spots cancerous, but that they were advanced, stage-three lung cancer," Joan says.

EACH CANCER IS DIFFERENT

Joan was referred to **Samer E. Bibawi, MD**, hematologist and oncologist on the medical staff at Methodist Richardson. Dr. Bibawi quickly put together an aggressive, tailored treatment plan for Joan that included leading-edge chemotherapy, radiation, and immunotherapy.

"I appreciated how thorough his team was right from the start," Joan says.

Crafting a unique plan for each lung cancer patient is critical to their treatment, Dr. Bibawi says, because every cancer is different.

"Each patient's cancer is unique and requires an individualized approach," he says. "To ensure the best outcome for Joan and her cancer, I ordered radiation five days a week for six weeks coupled with chemotherapy once a week for the same duration."

HOW IMMUNOTHERAPY WORKS

Immunotherapy is the newest tool in the oncologist's toolbox and can take many forms, from medications that take the "brakes" off the immune system to T-cell therapy, which teaches the body's natural infection-fighting cells to search out and destroy cancer cells.

"Immunotherapy is one of the latest tools in fighting cancer," Dr. Bibawi says. "It trains one's own immune system to fight the cancer."

Expecting to feel overwhelmed, Joan had her brother from Georgia come to town for moral support during her visit with Dr. Bibawi. She soon found herself tackling the road ahead with a sense of complete trust in the doctor's plan.

All through her radiation and chemotherapy, Joan remained positive and suffered few side effects. Immunotherapy presented a new challenge because she lost her appetite completely.

"I had lost a lot of weight during radiation and chemo, but it really accelerated with the immunotherapy," Joan says. "One day I fell in my living room and banged myself up so badly my husband had to take me to the hospital."

REDISCOVERING ART

Joan would spend the next three months recovering from her fall before resuming her cancer treatment.

During her stay at the Methodist Richardson Cancer Center, she got back into crafting and painting, hobbies she gave up years ago to care for her mother as she battled emphysema.

"I missed creating art, and it felt so good to have a paintbrush back in my hand after all those years," Joan says.

Soon, Joan was well enough to return home and resume her immunotherapy treatments to finish treating her lung cancer. Her last treatment was on March 31.

"Since that day, Dr. Bibawi has said that I am in total remission," she says. "God led me to Methodist, and I will always feel immense gratitude for Dr. Bibawi and his handpicked team."

Lung cancer screening is simple, and it could be a lifesaver. Learn more.



COMMUNITY

METHODIST DALLAS MEDICAL CENTER

KEEPING FESTIVAL-GOERS HYDRATED IN SUMMERTIME

The team from Methodist Dallas helped Bishop Arts shoppers and diners beat the heat at the annual Bastille on Bishop event in July. With temperatures reaching triple digits, hospital staff handed out water to help festival-goers avoid dehydration. They were joined by **Nasser Khan, MD**, Medical Director of Methodist Dallas' Structural Heart Program, and **Theresa Patton, MD**, OB-GYN on the hospital's medical staff.



POOL PARTIES WELCOME NEW COMMUNITY MEMBERS

Methodist Dallas' mission to get to know its new neighbors went swimmingly this summer! This year, the hospital hosted a series of pool parties at several new apartment complexes in Oak Cliff. While tenants enjoyed a relaxing day cooling off in the water, representatives from Methodist Dallas chatted with them and showcased all of the services available just a few steps away. The residents got to enjoy party favors and popsicles from Bishop Arts-based Encanto Pops.









METHODIST RICHARDSON MEDICAL CENTER

GENEROUS DONATIONS FILL LOCAL FOOD PANTRY

Methodist Richardson collected more than 1,200 pounds of food to help those in need. The food drive is an annual summer tradition that helps local families struggling with food insecurity. This year, staff collected canned goods, kid-friendly meals, snacks, and breakfast items. They were also able to find essential toiletries to help ease other needs. "When our community needs assistance, we are grateful for the opportunity to lend a helping hand," says **Georgette Calma, MSN, BA, RN, NPD-BC**, Vice President of Nursing at Methodist Richardson.

EMERGENCY DEPARTMENT EXPANSION PASSES MILESTONE

After getting the green light from state inspectors, Methodist Richardson opened the first 10 beds in its newly expanded emergency department in June. This is the first phase of the $46 million expansion project, and construction workers are now focused on phase two, which will provide a new space for the hospital's lab and pharmacy on the third floor. Crews are on track to complete phase two this fall and will move onto the final portion of the massive renovation — adding seven more beds to the emergency department, including five trauma rooms.

HIGHLIGHTS

METHODIST CHARLTON MEDICAL CENTER

UNVEILING NEW RENOVATIONS AT A WOMEN'S HEALTH FAIR

The labor and delivery unit at Methodist Charlton held its first women's health fair in July. The family-friendly event, open to community and staff members alike, included employees across multiple departments. There were giveaways, a children's party with games and face painting, and a variety of food and prizes. Physicians on the hospital's medical staff were also in attendance to answer questions about maternity care and childbirth.



STAFF FOOD DRIVE BENEFITS FAMILIES IN NEED

Methodist Charlton donated about 30,000 servings of cereal to the Cedar Hill Shares food pantry in July. The annual food drive started three years ago and has given out 96,000 servings of cereal to date. "When our communities need help, Methodist Charlton always steps up to the plate and even goes above and beyond," says Magnet Program Director **Anne-Gret Friedrich-Cuntz, EdD, MSN, RN, CMSRN**. "We need to assist the communities we serve, and I am so proud to be a part of this initiative."







METHODIST MANSFIELD MEDICAL CENTER

SOCCER CAMP ATTRACTS YOUNG PLAYERS FROM ECUADOR

To support and develop valuable life skills in young athletes, Methodist Mansfield teamed up with Ecuador's professional soccer players to host a soccer camp in Mansfield. More than 700 children came together for the Ecuador Casa Deportiva Cumbre Alta. The camp provided an affordable opportunity for aspiring athletes to learn from experienced professional players and hone their own skills while also having fun outdoors.

COMMUNITY GAINS LIFESAVING SKILLS AT TRAINING SESSION

Leaders with Methodist Mansfield's Get Trained program recently educated several Mansfield ISD nurses about basic but potentially lifesaving medical skills at a recent training. Trauma coordinator **Suzanne Hunt, BSN, RN, CEN, TCRN, EMT-P/LP**, taught a course on basic life support and emergency heart treatment. She also provided critical training as part of the Stop the Bleed campaign, which focuses on quick trauma response. Methodist Mansfield invests in programs like this to help local communities prepare for emergencies.

METHODIST MIDLOTHIAN MEDICAL CENTER

NUTRITION EXPERT SHARES HEALTHY AGING TIPS

Staying active — mentally, physically, and socially — helps ensure good health regardless of age, and that's why Methodist Midlothian strives to enrich the lives of adults 55 and older through fellowship and educational events. Recently, the hospital hosted a lunch and learn with older adults in the community. At the event, clinical nutritionist supervisor **Victoria Oliver, MCN, RD, LD**, discussed the importance of adopting healthy eating habits and diabetes-friendly meal options.



RAISING AWARENESS FOR MENTAL HEALTH RESOURCES

Methodist Midlothian teamed up with Paws for Reflection Ranch in Midlothian to help reduce the stigma of mental illness and raise awareness about community resources. Staff organized a walk at the hospital, and participants enjoyed a family-friendly day with live music and other activities. Booths representing local nonprofits were set up, so those who attended learned about important mental health services.







METHODIST SOUTHLAKE MEDICAL CENTER

GETTING EXCITED FOR THE NEW SCHOOL YEAR

Methodist Southlake was proud to help get teachers back to class in style at the Grapevine-Colleyville ISD Convocation in August. Nearly 2,000 teachers and other district employees gathered at Chicken N Pickle in Grapevine for the back-to-school event. Teachers walked away with plenty of Methodist-branded swag and got a chance to speak with two physicians on the medical staff at Methodist Southlake, as well as President **Benson Chacko, FACHE**, who made opening remarks to the huge crowd. He talked about how the convocation exemplifies the kind of partnership Methodist Southlake offers to the communities it serves.

CELEBRATING INDEPENDENCE DAY WITH OUR NEIGHBORS

Methodist Southlake leaders got involved in two beloved summer traditions this Fourth of July. The hospital sponsored two fireworks shows, Keller Lights and Southlake Stars and Stripes. Employees handed out thousands of branded promotional items, including cooling towels and fans with a transparent filter that enhanced the fireworks display. Both items were crowd favorites since the heat index at both events reached triple digits! Local residents also got a chance to speak with Methodist Southlake President **Benson Chacko, FACHE**, and learn about the services offered at the hospital.

Methodist
RICHARDSON MEDICAL CENTER

We're in your neighborhood

Scan to see our interactive map!



MEDICAL CENTERS

Methodist Richardson Medical Center
2831 E. President George Bush Highway (at Renner Road)
Richardson, TX 75082
469-204-1000
Mothers' Milk Bank of North Texas drop-off site

Methodist Richardson Campus for Continuing Care
401 W. Campbell Road
Richardson, TX 75080
469-204-1000

Methodist McKinney Hospital
8000 W. Eldorado Parkway
McKinney, TX 75070
972-569-2700

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

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

1 **Richardson Family Medical Group**
399 W. Campbell Road, Suite 101
Richardson, TX 75080
972-238-1848

2 **Richardson Medical Group**
2821 E. President George Bush Highway, Suite 103
Richardson, TX 75082
972-792-7300

3 **Richardson Health Center**
820 W. Arapaho Road, Suite 200
Richardson, TX 75080
972-498-4500

4 **Firewheel**
4430 Lavon Drive, Suite 350
Garland, TX 75040
972-530-8590

5 **Murphy**
170 E. FM 544, Suite 112
Murphy, TX 75094
469-626-3215

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HEALTH SYSTEM

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Advanced digestive care built around you

When digestive diseases disrupt your life, Methodist Richardson Medical Center is ready with sophisticated diagnostic tools, advanced technology, and personalized treatment. From digestive screenings to high-tech procedures, specialists on the medical staff are here to help you get back to being you. Delivering the digestive health resources our friends and neighbors depend on. That's community and why so many people **Trust Methodist.**

Methodist
RICHARDSON MEDICAL CENTER

Find a doctor at

MethodistHealthSystem.org/RichardsonDigestive

or call **(469) 535-6586**

Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist Health System or Methodist Richardson Medical Center. 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