SHINE



PLANO EDUCATOR RETURNS TO THE CLASSROOM **AFTER HEART PROCEDURE**

NEW HIP PUTS A

NEW SPIN ON LIFE

Methodist RICHARDSON MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | **SUMMER 2024**

SHINE

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Typical symptoms of pregnancy mimic heat-related illnesses — so the signs of overheating can easily go unnoticed.



A family medicine doctor shares some insight about a new study that suggests **daily multivitamins can slow cognitive decline in older adults.**



While many of us may alter our eating habits to lose weight, **a nutritious diet benefits our overall health, too.**



Methodist Health System is making remarkable strides in serving the DFW community through our latest highlights and achievements.

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The science behind why the humidity takes the blame when heat illnesses skyrocket in North Texas



A DANGEROUS DUO: HUMIDITY AND EXTREME

Working or exercising in triple-digit temperatures can quickly become dangerous, even for the heartiest roofer or the fittest runner. That's because there's a limit to how much extreme heat our bodies can tolerate.

"Athletes and workers will try to tough it out because they think they're better equipped to deal with the heat," says **Benjamin Lo, MD**, medical director of the emergency department at Methodist Midlothian Medical Center. "But they're the ones who come into the emergency department really sick."

Like the old saying goes, blame the humidity. When it gets muggy and hot, not only does it feel hotter (what's called the heat index), but our bodies have a harder time cooling down by sweating.

"When the humidity approaches 75% and above, the body can only sweat so much, and then it's just too humid to cool down effectively," Dr. Lo says.

But how do you stay safe when heat indexes rise above 110? What are the warning signs you're overheating? And how can you avoid a trip to the ED? Dr. Lo has some advice.

WHO'S AT RISK?

Dr. Lo is quick to emphasize that no one is immune to heat illness, regardless of your fitness level or how acclimated you are to the heat.

"A lot of people think if they're in really good shape, they can handle the heat. And that's not really true at all," he says. "Most people's bodies regulate the heat the same whether you have good exercise tolerance or not."

The majority of us understand that we sweat to cool down, but the key step in that cooling process is evaporation. When the air is humid, it's already saturated with water. If our sweat can't dissipate heat into the air, our bodies can't cool down as efficiently.

Older adults and young children are among the most vulnerable to heat because their bodies don't always adapt to extreme temperatures effectively. In the case of seniors, their blood vessels may not easily dilate, and they can lose the ability to sweat as much as they did when they were younger.

"Families may take Grandma on a walk for five or 10 minutes at most," Dr. Lo says, "and they're coming into the ED for heat exhaustion or even heatstroke."

Another at-risk population includes patients who use diuretic medications to treat high blood pressure, as well as heart, liver, and kidney disease. Also known as "water pills," these drugs pull water out of the body by promoting urination.

"People who take these medications are at risk of dehydration," Dr. Lo says. "Even younger people in their 40s



and 50s who take these medications can go outside and get overheated within just 20 or 30 minutes."

SIGNS YOU'RE TOO HOT

Heat illnesses can escalate rapidly from a prickly heat rash to exhaustion to heatstroke if you spend too much time outdoors in the Texas heat. The first dangerous stage is heat exhaustion, which often begins with muscle cramps before a range of other symptoms set in.

"People will sweat a lot; they'll get a headache; they'll get dizzy," Dr. Lo says. "Sometimes they can get nauseous or feel like they're going to faint."

Patients with heat exhaustion typically still have a normal body temperature, although their pulse might quicken, and they may breathe faster. Get them out of the heat quickly, even if it's just into the shade. Cool them off to avoid the next stage: heatstroke.

"Heat exhaustion may not require a trip to the hospital but should be rapidly treated with wet rags and hydration," Dr. Lo says. "Heatstroke is an emergency and requires immediate medical attention."

DON'T WAIT TO GET HELP

When heatstroke sets in, the body has lost its ability to cool down on its own. Patients often stop sweating, and their body temperature rises. One of the key signs is impaired mental acuity.

"A lot of these patients will become very, very confused," Dr. Lo says. "Some of them will be unresponsive when we find them."

In these situations, play it safe and call for help immediately. Paramedics and ED staff can apply ice packs and deliver electrolytes intravenously to stabilize heatstroke patients. They may even insert tubes into the chest to pump fluid into the cavity around the lungs.

"In most cases, ice works really well," Dr. Lo says. "That, plus IV fluids, is usually the only thing patients really need."

The key to avoiding a trip to the hospital is to recognize the early signs of heat exhaustion and to stay hydrated, preferably with fluids containing electrolytes and not sodas or high-caffeine sports drinks that are diuretics, too. But first and foremost, get out of the heat.

"The mistake many people make is to leave an overheated patient in the heat and bring things to them," Dr. Lo says. "At a soccer game, for example, they'll bring a wet rag or a cold drink to that patient when the important thing is to remove them from the heat first."

Visit ShineOnlineHealth.com to learn the difference between heat exhaustion and heatstroke.

Foods for Hydration

Hydration needs can vary widely due to several factors, including physical activity and environmental conditions. It's important to monitor signs of dehydration and know that certain foods can help maintain proper hydration and electrolyte balance. Here are some key foods to consider:

- Bell peppers
- Broccoli
- Cantaloupe, honeydew melon, watermelon, and papaya
- Celery
- Citrus fruits and kiwi
- Grapes and raspberries
- Heirloom tomatoes
- Yogurt and kefir



FIRST SHE GAVE HER MOTHER A KIDNEY, *then a grandchild*



A woman's journey of giving and healing comes full circle as she donates a kidney to her mother and returns to the same hospital to give birth to a son



Joanna and Jacob Jr. returned to Methodist Dallas in the spring of 2024 to visit the team that cared for her.

Twelve years ago, Joanna Navarette donated a kidney to her mother, Maria Osorio. Last year, she returned to Methodist Dallas Medical Center, the same hospital where the transplant was performed, to give her a grandson.

"At first, I didn't want my daughter to donate her kidney to me," says Maria, 64. "I was worried about how young she was and the long-term effects. I thought she wasn't going to be able to have kids."

Maria was diagnosed with kidney disease in 2011 after years of managing high blood pressure. Joanna quickly stepped up to help her mother.

"If she hadn't donated her kidney to me," Maria says, "I wouldn't be alive today."

UP TO THE CHALLENGE

For Joanna, who was in college at the time, there was never a doubt in her mind that she would give her ailing mother a kidney if they were a match.

In 2012, when her mother was diagnosed with kidney failure, Joanna worked with the transplant coordinators at Methodist Dallas to determine whether she was a suitable donor, going through sessions that reviewed mental and physical health.

"They give you as much information as possible so you can make an educated decision on if you really want to do this or not," Joanna says. "It has to be a decision made by you. You have to decide if you're up for the challenge."

It was a challenge that Joanna would embrace, and in 2013, Maria's transplant was performed by **Alejandro Mejia, MD, FACS**, executive director of organ transplantation, and **Richard Dickerman, MD, FACS**, surgical director of the kidney and pancreas transplant program at Methodist Dallas.

After the birth of Jacob Jr. last December, Joanna has living proof that she made the right decision.

"There's not much of a lifestyle change," says Joanna, a 35-year-old from Plano. "You can still do just about everything. I am an example that you can live a normal life."

> "EVERYBODY WE ENCOUNTERED AT METHODIST THROUGHOUT THE PREGNANCY TOLD ME **IT WAS INCREDIBLE THAT I CAME BACK AND DELIVERED HERE. I CAME FULL CIRCLE.**
>
> — JOANNA NAVARETTE

CHAMPIONING LIVING DONORS

Every year, the Transplant Institute at Methodist Dallas hosts a party where transplant recipients and donors are invited to meet other patients. Joanna says she and her mother have attended for 12 years and always look forward to catching up with the doctors and nurses who provided their care.

Among them was **Roberto Collazo-Maldonado, MD**, nephrologist on the medical staff at Methodist Dallas. After he recommended the transplant in 2012, Dr. Collazo-Maldonado now follows up on Maria's kidney function yearly.

"Dr. Collazo-Maldonado and his team made everything come together," Joanna says. "We turned to Methodist Dallas to do everything for the transplant."

The survival rates of patients with kidney disease who receive a transplant from a living donor are significantly higher than those of patients who receive a transplant from a deceased donor, Dr. Collazo-Maldonado says.

"Our patients live longer when they get a kidney from a living donor," Dr. Collazo-Maldonado says. "Right now, we have a shortage of living donors. If we want to impact the lives of patients with kidney disease, we have to promote more living donations."

COMING FULL CIRCLE

Having only one kidney throughout her pregnancy worried Joanna at first. Because she was in her 30s, close to what is known as advanced maternal age, her doctor, **Sadia Khandaker, MD**, OB-GYN on the medical staff at Methodist Dallas, wanted to ensure the kidney donation did not further complicate her pregnancy.

"As the donor, the only thing we looked for was her kidney function, which was normal," Dr. Khandaker says. "Otherwise, since she was not on any other medications, there were no specific management changes."

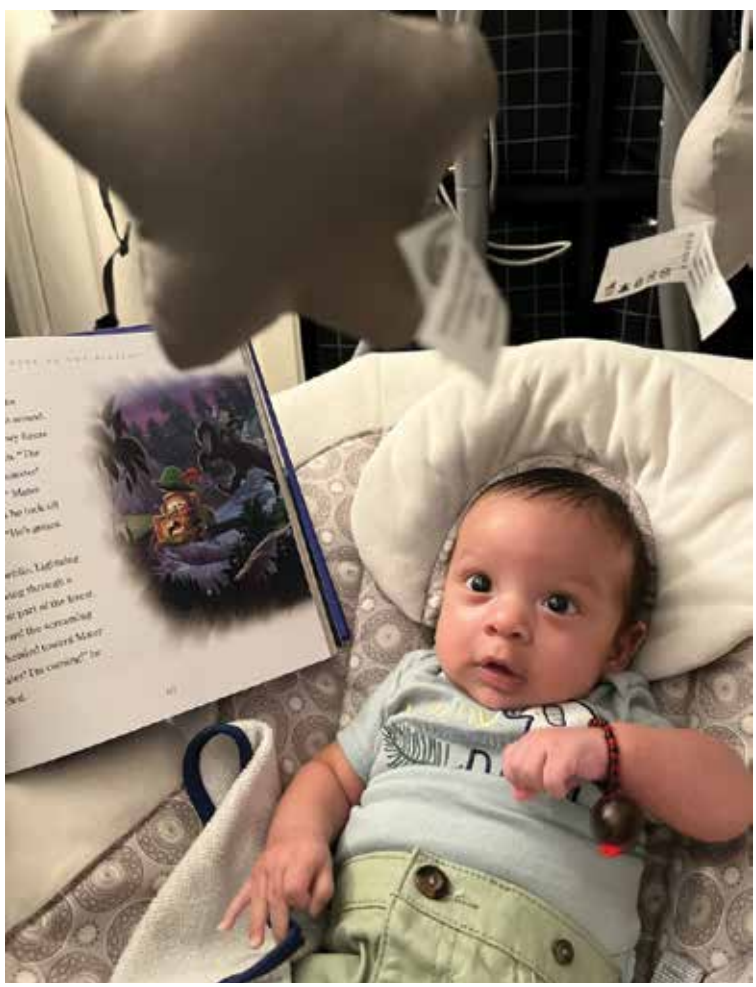
Since her transplant, Maria has welcomed a handful of grandchildren into the family, but none more special than Jacob Jr.

"Everybody we encountered at Methodist throughout my pregnancy told me it was incredible that I came back and delivered here," Joanna says. "I came full circle."

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

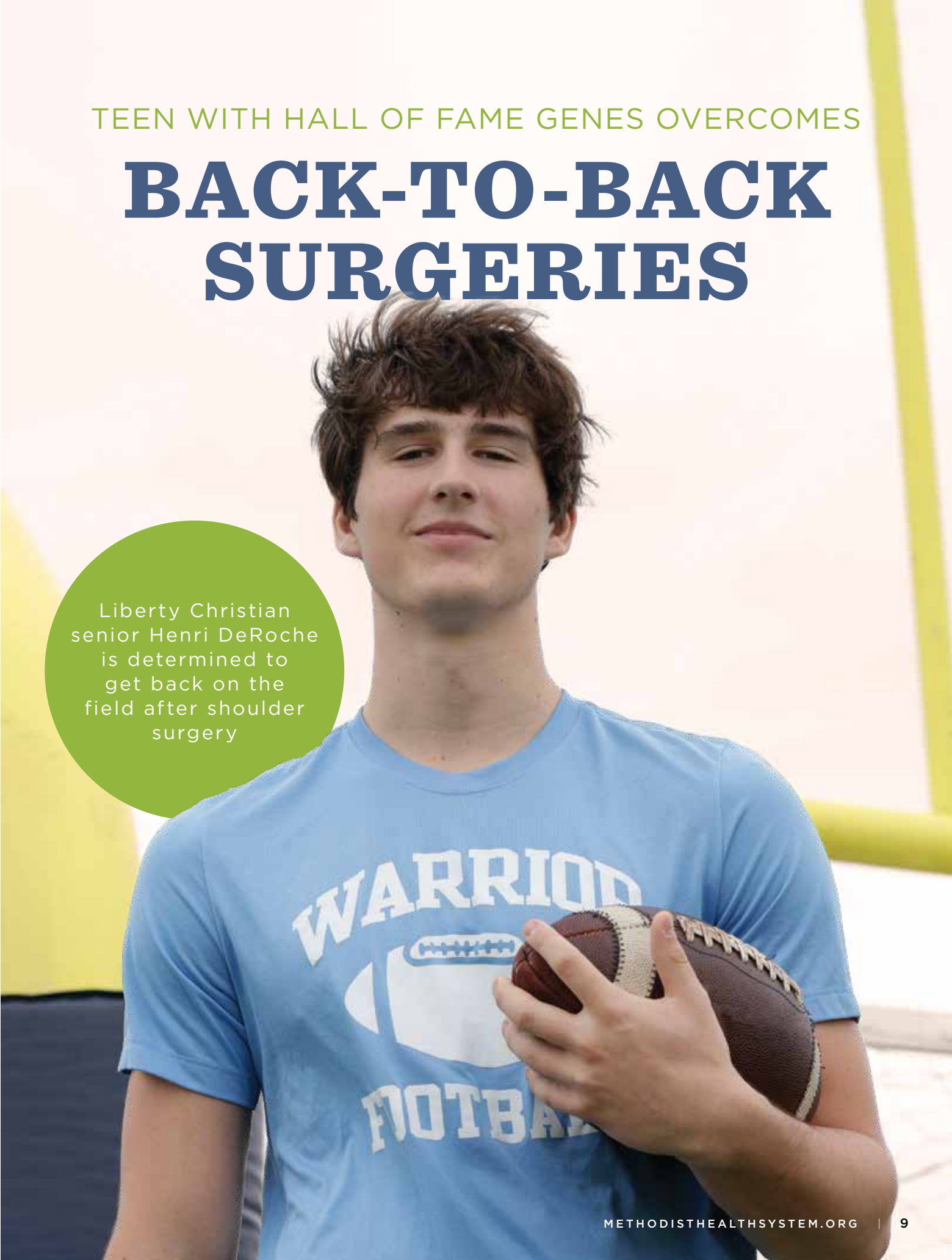


Joanna and her mother, Maria, supported each other throughout the transplant.



TEEN WITH HALL OF FAME GENES OVERCOMES

BACK-TO-BACK SURGERIES



Liberty Christian senior Henri DeRoche is determined to get back on the field after shoulder surgery



> I CAN DO EVERYTHING WITH MY LEFT SHOULDER AGAIN. **THE STAFF AT METHODIST WAS AMAZING.** EVERYONE WAS NICE AND TREATED ME WELL.
>
> — HENRI DEROCHE

Two major shoulder injuries won't sack the football career of Liberty Christian wide receiver Henri DeRoche, who has Dallas Cowboys royalty on the sidelines, a Hall of Fame pitcher in his family, and a dedicated medical team at Methodist Southlake Medical Center to lean on.

"They were very thorough about everything," Henri's mother, Kelly DeRoche, says of a clinical team led by **Casey Stuhlman, MD**, orthopedic surgeon on the medical staff at Methodist Southlake. "It was a team effort."

Team sports mean a lot to the DeRoche family: Kelly's father is Baltimore Orioles legend Jim Palmer, and Henri's dad, David, played football, too. So it's no wonder the 16-year-old is so determined to get back to playing for his coach at the Argyle private school, former Cowboys tight end Jason Witten.

"I've been playing football for a long time," says Henri, who admits most of his year is devoted to practice and training. "It's like culture here in Texas. It means a lot."

2 INJURIES END 2 SEASONS

After countless hours in the gym, Henri is working his way toward an injury-free 2024 season following two straight seasons that ended with the same shoulder being dislocated.

"I can do everything with my left shoulder again," he says, six months after his last surgery. "The staff at Methodist was amazing. Everyone was nice and treated me well."

The latest injury happened in August 2023 during a freak accident in practice. Henri had worked his way back from a shoulder subluxation his sophomore season, an injury where the humerus bone partially slides in and out of place quickly.

"Everything was feeling good, and I was comfortable again," he recalls following arthroscopic surgery at a different hospital in December 2022.

But after a collision with his teammates during his junior season, Henri felt his shoulder slide and an immediate sense of déjà vu. Similar to the first dislocation, he attempted to play through the pain before realizing the severity of his injury.

"It was hurting pretty bad," he says. "I knew it was different than the first time."

CHOOSING OPEN SURGERY

Shortly afterward, a visit to the team doctor and an MRI scan would confirm Henri's fears that this tear was worse than before.

"The second injury was worse because he tore more labrum," Dr. Stuhlman says, referring to the thick cartilage that keeps the ball firmly in the shoulder socket.

After several conversations about their options, Henri and his family decided on open surgery in October 2023 — Henri's second left shoulder operation in less than a year

With open surgery, the chances of a future dislocation are lower than with minimally invasive arthroscopic surgery. However, recovery can take longer because of lingering stiffness in the joint.

"We do what's called a capsular shift," Dr. Stuhlman says, describing the surgery. "We open the shoulder, and we repair the labrum by putting it back down with anchors again. It's kind of like belts over suspenders; that really tightens it down. That's why the recurrence rate is significantly less."

While his injuries were painful, that pain and his work to rehabilitate the injury was nothing compared to how much it hurt Henri to watch from the sidelines.

"It's disappointing because he works so hard," his mother says, "and you see the time, energy, and how loyal he is to the football program."

GETTING BACK TO FOOTBALL

This time around, Henri and his family were more patient, putting a greater emphasis on rotator cuff strength and building the smaller muscles in the shoulder.

"He didn't get down on himself when it happened," Dr. Stuhlman says. "He just took it as, 'Okay, this happened, what's next?' — athletes with that mentality generally do very well."

Now cleared to begin all non-contact football drills, Henri relishes the opportunity to get back on the field and give everything to the game.

"I miss being able to play and share experiences with my teammates," he says.

The sports medicine specialists on our medical staff care for sports injuries of all kinds, often without major surgery. Learn more.



Henri's parents, Kelly and David, supported his recovery every step of the way.

Pandemic-related disruptions and vaccine skepticism are being blamed for this once-rampant virus's return



IS **MEASLES** MAKING A **RESURGENCE?**

Measles outbreaks at home and abroad have experts worried that the next virus we should fear may be the one that was wiped out in the United States almost 25 years ago.

Thanks to the measles vaccine, the deadly disease was all but eradicated in 2000. That year, vaccination coverage in the Americas stood at 93%. Today, that number has dropped to 84%, a shade above the global rate, according to the World Health Organization.

"Measles is far from gone," says **Kyle Oholendt, MD**, internal medicine physician and pediatrician on the medical staff at Methodist Dallas Medical Center. "It is such a highly contagious virus that usually rates of vaccination in communities need to be above 90% in order to prevent outbreaks."

PANDEMIC DISRUPTIONS

The U.S. vaccination rate dropped to 90% a few years ago before creeping back up above that critical threshold. However, the pandemic left routine vaccination efforts in disarray. By some estimates, 61 million doses of measles vaccine were missed between 2020 and 2022.

"COVID-19 did disrupt pediatricians' efforts to vaccinate for measles, as well as other preventable diseases like the flu," Dr. Oholendt says. "Outbreaks usually happen in communities where vaccination rates have fallen."

According to the Centers for Disease Control and Prevention (CDC), measles cases in the U.S. hit a 30-year high in 2019, with 1,274 cases in 31 states. A far larger outbreak hit the European Union last year, with over 30,000 cases reported, up from less than 1,000 in 2022.

"I don't think you should ever get complacent when it comes to disease prevention," Dr. Oholendt says.

UNDERSTANDING MEASLES

Measles is a highly contagious virus that spreads through the air when an infected person coughs or sneezes, much like COVID-19.

The infection begins with a cough, runny nose, red eyes, and a fever. The patient then develops a telltale rash of tiny red spots beginning at the head and spreading to the rest of the body.

According to the Centers for Disease Control and Prevention, in 2019, measles cases in the United States hit a 30-year high, with **1,274 cases in 31 states**. A far larger outbreak hit the European Union last year, **with more than 30,000 cases reported, up from less than 1,000 in 2022**.

"The best possible protection we can give to ourselves and our loved ones is to be vaccinated," Dr. Oholendt says.

In the 1950s, before the vaccine, almost all children caught measles by their teenage years. At that point, up to 4 million people were infected each year in the U.S., according to the CDC.

Today, the MMR vaccine, which protects against measles, mumps, and rubella, is safe and readily available. Children typically get their first dose as toddlers and a second by the time they go to kindergarten. Two doses are 97% effective at preventing measles.



IMMUNITY LIKE STACKING BLOCKS

Think of herd immunity like a game of stacking blocks where the tower has several unvaccinated members, represented by red blocks. Start removing the red blocks, and the tower grows less stable.

If there are enough "red blocks," and an unvaccinated traveler brings the virus back from abroad, where measles is more prevalent, the tower of immunity could come tumbling down. This is especially true in communities where residents are skeptical about vaccines.

"If vaccine skepticism continues to grow," Dr. Oholendt says, "all it takes is for vaccination rates to fall below that 90%, and we can definitely expect to see outbreaks close to home."



VACCINE SKEPTICISM

Texas is among a handful of states that allow parents to opt out of school vaccination requirements by claiming a "conscientious exemption" in addition to religious or medical concerns. In the years since the state loosened its vaccine rules, the exemption rates for kindergartners reached a record high of 3.24% last year, according to the Department of State Health Services.

"It's important for me to understand why the patient or parent does not want to take the vaccine," Dr. Oholendt says. "If they worry about side effects, sometimes I can reassure them about the rarity of those side effects compared to the relative risks of severe disease with measles."

He also notes that any connection between vaccines and autism has been thoroughly debunked, though the fallout continues from a now-discredited and retracted *Lancet* article published in 1998.

"If a parent was told on social media that the vaccine causes autism, I can give them information on why that is not true," Dr. Oholendt says. "If I understand the 'why,' it helps me counsel them as best I can."

Find more tips on disease prevention at ShineOnlineHealth.com.

COLORECTAL CANCER CAN STRIKE AT ANY AGE



This former medical assistant is part of an alarming trend of younger patients being diagnosed with the disease

As a former medical assistant, Erika Mora has more experience helping others sort out their health problems than navigating her own. That changed last May when a colonoscopy revealed she had stage one rectal cancer and she had to undergo surgery at Methodist Dallas Medical Center to treat it.

"I've asked patients lots of questions about their health, including about colonoscopies, and I thought I didn't need one yet," says the 49-year-old mother of five.

It's easy to understand her reasoning, says **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Dallas. For a long time, the recommended age to begin regular screenings for colorectal cancer was 50.

But Erika is part of an alarming trend of younger patients being diagnosed with colorectal cancer, he explains. The uptick of cases among people in their 20s, 30s, and 40s is what pushed the American Cancer Society to lower the recommended screening age to 45.

"The thing that's striking is that these younger patients don't have the usual risk factors like genetic mutations or a family or personal history of polyps," Dr. Lodha says. "There doesn't seem to be any discernible cause."

In Erika's case, doctors may have caught the cancer earlier had she gotten a colonoscopy when she was 45, as prescribed by the new guidelines.

"They said the tumor that they found had probably been growing for six or seven years," she says.

Now, nine months after a successful surgery, she wants to make sure other people learn from her story.

"I'm so blessed. My family and friends gave me a lot of support, the doctors were able to treat me, and I've basically had no negative side effects while recovering from that surgery," she says. "Everyone should get a colonoscopy — even if your results come back normal. You just never know."

SIGNS AND SYMPTOMS

One of Erika's friends had just been diagnosed with rectal cancer when Erika began noticing blood in her stools. That's what prompted her to consult a gastroenterologist and get a colonoscopy. It was a crucial decision that led to the discovery of two polyps and a tumor.

"On one hand, I was very, very shocked, but I also knew it was going to be bad news as soon as they called me in to give me my results," Erika says of the moment she learned the mass was cancerous. "No one in my family has colorectal cancer, although my mom has had polyps before."

Erika was referred to Dr. Lodha, who says rectal bleeding and a family history of colon polyps are among the top reasons to check with a doctor.

"Digestive issues have all sorts of causes, so it doesn't necessarily mean colorectal cancer," Dr. Lodha adds. "But some things to look for are blood in the stools, changes in bowel movements, unexplained weight loss, and abdominal pain."

SURGICAL TREATMENT

To come up with the most effective plan for Erika, Dr. Lodha presented her case to Methodist Dallas' rectal cancer tumor board, a multidisciplinary group of specialists accredited by the Commission on Cancer and the American College of Surgeons.

"Cancer treatment is not a one-size-fits-all approach where we order radiation or chemotherapy," Dr. Lodha says. "We have to look at everything, from CAT scans and MRIs to certain blood glycoproteins. We make sure no stone is left unturned before we proceed."

The board agreed that Erika's cancer could be treated with surgery alone and she would not need chemotherapy or radiation treatments.

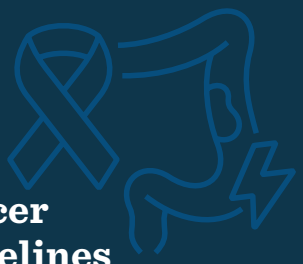
"Dr. Lodha and his team were wonderful and very supportive," Erika says. "He answered all of my questions — and I had a lot."

In June 2023, Dr. Lodha used the robotic da Vinci Surgical System to remove a section of Erika's colon, along with about a dozen lymph nodes and a blood vessel that was feeding the tumor. To help heal the reconnected area, Dr. Lodha had to give Erika a temporary ileostomy bag. Through an opening in the abdomen, he attached a pouch to her small intestines to redirect digestive contents.

"The surgery went as planned," Erika says. "I didn't really have a lot of pain, and because of all the research I did, I adjusted to living with an ileostomy pretty quickly."

SUPPORT SYSTEM

Aside from friends and family, Erika was bolstered by the members of a monthly support group at Methodist Dallas. It was there that she met people experiencing the same challenges and milestones she was facing.



Colorectal Cancer Screening Guidelines

The American Cancer Society (ACS) recommends that people at average risk for colorectal cancer begin screening at age 45. People at increased risk may need to begin testing at a younger age or have tests more frequently.

The most accurate colorectal cancer screening tests involve visually inspecting the intestines. The ACS recommends regularly repeating the following tests until age 75: colonoscopy every 10 years, CT colonography every five years, or flexible sigmoidoscopy every five years.

"I attend every month now," says Erika, who's made it her mission to encourage other cancer patients. "You're stronger than you think. It's easy to give in to the negative thoughts and depression, but there is hope."

Dr. Lodha removed Erika's ileostomy bag in December. At a follow-up appointment, she reported that she felt "back to normal."

"I was lucky I didn't experience any complications or issues after my surgery and ileostomy removal. Dr. Lodha told me only about 5% of patients have a recovery like that," she adds.

Erika says she's using the lessons she's learned from this experience to make a real difference at the medical office where she works.

"When we ask callers questions about their last colonoscopy, we go into more detail now and make recommendations for screenings then and there," she says. "It's up to them to follow up, but it's good to know that I'm doing something that could potentially help others."

Watch Erika share her story of beating rectal cancer in her 40s on ShineOnlineHealth.com.

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اردو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

فارس (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। पर कॉल करें।

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

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MONSTER TRUCKER NARROWLY AVOIDS ‘WIDOW MAKER’ WIPEOUT



An East Texas monster truck owner was overdue for a visit to his cardiologist when he collapsed all alone and miles away from the lifesaving care he needed

Life is a thrill a minute for Shane England, who splits his time between offshore drilling rigs and building monster trucks in his East Texas auto shop. But a blockage in his "widow maker" artery nearly brought all that excitement to a heart-stopping end.

The 52-year-old owner and operator of the Big Kahuna monster truck was overdue for a visit to his cardiologist at Methodist Charlton Medical Center in July 2022 when he collapsed while running an errand on his own in rural East Texas.

"I was laid out for probably about 45 minutes on the ground with a concussion," Shane says. "When I woke up, I didn't have a clue where I was."

In short order, he would be in the cardiac catheterization lab at Methodist Charlton where a stent was inserted to reopen his artery.

"I've been back and forth to Methodist Charlton several times for follow-ups, and I'm extremely happy with the care I've gotten," Shane says. "And any increase in my blood pressure, I blame on the Dallas traffic."

OVERDUE FOR HEART EXAM

Traffic was the least of Shane's worries when he saw stars shortly after the Fourth of July in 2022. He says he never experienced the common symptoms of heart disease: chest pain, sweating, and shortness of breath.

"I was loading up a fuel tank on my flatbed truck when, all of a sudden, there was a bright white light," Shane says. "I passed out and hit my head against the top rail all the way down to the ground. I ended up with a concussion to go with the heart problem."

That heart problem was acute coronary syndrome, also known as unstable angina, says Roberto Wayhs, MD, cardiologist on the medical staff at Methodist Charlton, whose office Shane was due to visit the very next day.

"I just got there a day early," Shane jokes. "He wanted to do a heart cath on me a few weeks earlier, but I had to go to work."

Work for Shane typically involves a helicopter ride to an offshore drilling platform, sometimes in the Indian Ocean or North Sea, so when he was loaded into a medical helicopter for a trip to Methodist Charlton, he felt at peace.



Shane England and family celebrate his recovery.



Shane England: Livin' large with the Big Kahuna again

Heart Symptoms You Should Not Ignore

For some people, a heart attack is the first sign their heart is in trouble. In the midst of life's busyness, you may be tempted to shrug off unusual health symptoms. But you should never delay care when you experience symptoms that could be signs of heart problems.

Symptoms that could be warning signs of a heart attack and require emergency medical attention include:

- Chest pressure, squeezing, fullness or pain (typically in the center of the chest) that lasts longer than a few minutes or goes away and comes back
- Chills, fever, sweating
- Dizziness
- Nausea or vomiting
- Pain that radiates to the arms, back, neck, jaw, or stomach
- Shortness of breath

"The in-flight nurse was surprised when all my vital signs sort of leveled out, where most people are anxious," Shane says. "I said, 'Yeah I've been flying these things for 30 years, so my body just naturally calms down.' I took the opportunity to take a nap."



YOUNGER PATIENTS, TAKE HEED

Once he was on the ground in Dallas, Dr. Wayhs determined that Shane had narrowly avoided a heart attack, but his left anterior descending (LAD) artery was 99% blocked, preventing his heart from getting the blood it needed.

"It was a close call," says Dr. Wayhs, who emphasized the importance for anyone with risk factors to routinely see a doctor. "Angina and heart attacks can happen in younger patients, but because they are so young and active, it takes longer for them to seek help."

Shane, who is also diabetic, was first alerted to his heart problem by a physical just before an international work trip. He was skeptical when a doctor told him he may have already suffered a heart attack without knowing it.

"It could have been much worse if that work physical did not pick up Shane's abnormal ECG and had not referred him for a cardiac evaluation," Dr. Wayhs says. "Once we evaluated him it was clear that something was going on, and we recommended a cardiac catheterization."

During this procedure, a tiny tube, or catheter, is threaded through an artery in the groin or wrist all the way to the patient's heart. A tiny balloon at the end of the catheter can be used to push plaque out of the way and leave behind a tiny mesh scaffold, or stent, to keep the artery open.

"They placed the stent," Shane says, "and I've been good ever since. I've just been following up every six months."

'NOTHING BUT PRAISE'

His wife, Laurie, helps Shane keep those appointments, in spite of the four-hour round trip to Methodist Charlton from Powderly, just north of Paris, Texas.

"I have nothing but praise for that hospital," Laurie says. "I could not ask for better doctors, the nursing staff — and the people in the ER were fabulous."

Shane made a return trip to Methodist Charlton's brand-new emergency department in February 2024, when a neglected case of kidney stones nearly turned septic.

"Again I was going to work when I should have been going to the doctor," Shane admits. "I was in so much pain. By the time I got to the ER, they told me 'You're this close to dialysis.'"

Now fully recovered and back to living his best life, Shane is training others to drive the Big Kahuna and supporting his son, Tristan, who followed in his father's giant tire tracks to win a Monster Jam World Finals championship just last year.

If Shane wants to see another generation conquer the monster truck world, Dr. Wayhs says he should keep a careful watch on his risk factors, including diabetes, blood pressure, and cholesterol.

"The doctor said to watch my diet and exercise, and I'll be OK," Shane says. "He's always available to answer my questions, even when I'm out on the rig.

"And when I bring my wife to my follow-up visits," he added, "they both can give me a hard time together."

Our cardiology teams are dedicated to providing innovative, personalized care, from prevention to advanced procedures. Learn more.

FIRST-TIME MOM FINDS HOSPITAL *'so peaceful'*

A Waxahachie couple struggled with fertility issues for eight years before finding the right labor and delivery team



LaTeisha Young had always dreamed of becoming a mother, and thanks to a medical team devoted to helping her navigate her pregnancy, she and her husband, Jeromey, finally welcomed their first child last November.

The couple had struggled with fertility issues for eight years before LaTeisha was able to deliver a healthy baby boy named Mason at Methodist Midlothian Medical Center. The Waxahachie mother described the continuous care she received at Methodist Midlothian as seamless.

"Being a first-time mom, I wanted to make sure I picked the place where I knew the process was going to be calming, somewhere that would make me feel at peace," she says. "And I had never been to a hospital so peaceful. Everybody we saw was just so helpful. That's my go-to hospital now."

MANAGING HEALTH RISKS

LaTeisha says she had been considering in-vitro fertilization (IVF) since 2020, when her first pregnancy ended in miscarriage. But it wasn't until she found an employer whose health insurance covered fertility treatments that she began her IVF journey.

"I started that process in January 2023, and I was pregnant by March," she recalls. "It was all a blur."

To help her navigate the path to parenthood, LaTeisha sought advice and resources online. These recommendations led her to make an appointment with **Gregory Kroeger, MD**, OB-GYN on the medical staff at Methodist Midlothian.

"That was the best decision I ever made," LaTeisha says.

Dr. Kroeger had to keep a close eye on LaTeisha's progress because she had a few more risk factors than some of his other patients.

"She was 35 at the time, which is considered an advanced maternal age, and she had a previous miscarriage," Dr. Kroeger says. "She also developed gestational diabetes."

Affecting up to 10% of pregnant women in the U.S., according to the Centers for Disease Control and Prevention, gestational diabetes occurs when someone cannot produce enough insulin to process glucose into energy. A family history or being prediabetic can heighten your risk of developing it, but another frequent cause is natural biology, Dr. Kroeger says.

"The placenta itself produces a hormone called human placental lactogen, and that hormone actually interferes with the body's sensitivity to insulin," he explains.

For most of her pregnancy, LaTeisha was able to manage her health by sticking to a doctor-approved diet, going to extra prenatal appointments, and pricking her finger three times a day to measure her blood sugar levels. It was decided that an induced birth would be best in case LaTeisha's diabetes worsened, especially as Dr. Kroeger began to detect a slight buildup of amniotic fluid surrounding baby Mason toward the end of her last trimester.

FINDING SUPPORT

While Dr. Kroeger watched over her, LaTeisha scheduled her induction at Methodist Midlothian, where she was able to take a virtual tour. Hospital staff, including a social worker, helped her prepare by directing her to resources for new moms and detailing what she should bring to the hospital once it was time to deliver.

"It was all new to me," LaTeisha says. "I actually called the hospital and asked to speak to a nurse. She ran down a whole list of stuff that I would get as a patient. She pretty much just said, 'Bring yourself and some clothes.' We have everything else for you here.'"

When the big day arrived, LaTeisha says, both she and her husband were impressed from the moment they parked the car and stepped inside.

"I was like, 'Oh my gosh, it's so clean,'" LaTeisha remembers. "Everybody we came in contact with was so nice and personable."

Once LaTeisha was settled in her room, Dr. Kroeger gave her the medications to begin the induction process, but when progress stalled and Mason's heart rate began dropping, LaTeisha and her medical team had to pivot to an emergency cesarean section.

LaTeisha says the whole thing "happened very fast." And at 11:59 p.m., little Mason was born, weighing 8 pounds, 5 ounces. Although he had to remain in the round-the-clock care of nurses for a couple of days due to concerns about his blood sugar, he was soon able to go home with his excited parents — just in time for his first Thanksgiving.

> I HAD NEVER BEEN TO A HOSPITAL SO PEACEFUL. EVERYBODY WE SAW WAS JUST SO HELPFUL. **THAT'S MY GO-TO HOSPITAL NOW.**
>
> — LATEISHA YOUNG

"It was so special," LaTeisha recalls as Mason approaches 4 months old. "He definitely has a personality. He loves to talk and play. He likes to sing. We sing a lot together."

She says the experience taught her to never give up, and she encourages other women experiencing fertility issues to speak to an expert and explore their options.

"It's not something to be ashamed of," she adds. "And don't compare yourself to others. If you want to be a mom, there are resources out there, and maybe it'll just take a little longer than you thought."

Take a virtual tour through Methodist Midlothian's Labor and Delivery unit.



4 WAYS TO BEAT THE HEAT WHEN YOU'RE PREGNANT

Typical symptoms of pregnancy mimic heat-related illnesses — so the signs of a problem can easily go unnoticed

Summers in Texas can be especially miserable for expecting mothers, whose core temperatures rise during pregnancy.

"Pregnant women start off a bit hotter than everyone else already," says **Leslie Johnson, MD**, OB-GYN on the medical staff at Methodist Dallas Medical Center. "Metabolic rate increases in pregnancy, which actually increases body temperature slightly."

What's more, typical symptoms of pregnancy, like dizziness, headache, and nausea, can mimic signs of heat-related illnesses.

Here are four tips to help pregnant women keep their cool in the summer heat.



1. STAY HYDRATED

Drinking water throughout the day is the best way to stay hydrated.

"When you are well-hydrated, you are able to sweat to bring down your temperature," Dr. Johnson says. "If you are dehydrated, your body cannot sweat effectively, which can cause worsening heat illness."

The ideal amount of water for a pregnant woman to drink is around 10 glasses each day, which adds up to 80 ounces. Try not to rely too much on sports drinks and juices because they contain unnecessary added sugar.

In theory, this advice is easier said than done in the long term. If chugging water is proving difficult, whole vegetables and fruits are a good supplement, as they contain a lot of water.



2. EXERCISE SMART

Staying active is very important during pregnancy, but keeping your cool in the summer heat may mean making adjustments to your exercise routine.

Early morning or late evening exercise sessions may be best, paired with sunscreen, a water bottle, and light and loose clothing to allow for adequate sweating.

"Water exercises like water aerobics or swimming are also good ways to stay active and cool in the summer," Dr. Johnson says.

Another vital pointer is prehydration: drinking plenty of fluids two hours before a workout begins.

According to the Centers for Disease Control and Prevention, pregnant women are at a higher risk of experiencing heat-related illnesses as their bodies work harder to cool down themselves and their developing babies. They are also more likely to become dehydrated and may face difficulty in regulating their body temperature via sweating.

3. KNOW YOUR LIMITS

A number of normal pregnancy symptoms can be confused with heat illness symptoms, but there are certain situations where it should be clear that medical intervention is needed.

A few of those extreme symptoms include:

- Fainting
- Unresponsiveness
- Seizures
- Painful contractions
- Dizziness, headache, and nausea that can't be resolved quickly

Dr. Johnson says some research suggests extreme heat may cause birth defects and preterm delivery.

Knowing your body's limitations and typical reactions can help you quickly decide whether or not medical care is necessary.





4. POSTPARTUM PREPAREDNESS

After the baby arrives, Dr. Johnson suggests that mothers follow nearly all of the previous recommendations postpartum, with one notable exception: During the summer months, breastfeeding women need more water because they are at an even higher risk of dehydration and, therefore, heat illness.

"Breastfeeding women should drink 16 cups of water a day, which is more than 3.5 liters," Dr. Johnson says. That amounts to 128 ounces or a full gallon of water.

If any heat illness symptoms persist after taking the appropriate remedies, reach out to your OB-GYN or visit the emergency department.

"They will know what to do," Dr. Johnson says. "Step 1 is listening to your body, but don't stop there: Act on what it's telling you, and get help if you need it."

For some new moms, the risks of preeclampsia don't end with delivery. Learn more at ShineOnlineHealth.com.

‘BLESSING AFTER BLESSING’ FOLLOWING STROKE AT 45

Strokes can happen at any age, as this Mansfield consultant learned after years wearing “busyness as a badge of honor”



When Kristin Booth suffered a sudden stroke in the middle of the night, she was rescued by the combined efforts of her husband, first responders, and the team at Methodist Mansfield Medical Center.

“Of all the things I thought might happen, that was not on my radar,” says the 45-year-old education consultant and mother of five. Fortunately, her husband, Aaron, was also awake and knew what to do.

Paramedics rushed Kristin to Methodist Mansfield, and the hospital’s alert system immediately notified a specialist, who was able to fix the problem less than three hours later.

“It was blessing after blessing in all of this,” Kristin says. “What if I hadn’t woken up? What if Aaron hadn’t woken up? What if Methodist Mansfield didn’t have this technology? I’m so lucky, so lucky.”

ALERT POWERED BY AI

In January, Kristin woke up at 3:30 a.m. to a shocking realization: She couldn’t move her right arm. Aaron also woke up then and recognized by Kristin’s slanted mouth and garbled words that she was having a stroke.

As the acronym BE FAST suggests, the most common stroke symptoms are balance issues, problems with the eyes or vision, numbness or weakness in the face and/or arms, and slurred speech. Any lost time before treatment could mean lost brain function, so it’s important to call 911 right away when these symptoms arise.

And that’s exactly what Aaron did. An ambulance took Kristin to Methodist Mansfield, where a team led by **Matthew Fiesta, MD**, neurointerventional radiology specialist on the hospital’s medical staff, jumped into action.

Dr. Fiesta credits a new emergency notification system for his speedy response: a smartphone app called Rapid, which uses artificial intelligence (AI) to send out alerts.

“Before, the routine would be a CT scan, then radiology reads it, the emergency department calls a neurologist, and they call a neurointerventionalist like myself,” Dr. Fiesta explains. “Today, an alarm goes off, and the app tells me that this is someone I can help. Instead of the emergency department calling me, I’m calling them and asking about the patient.”

Now, stroke patients like Kristin can count on the new Neuro Critical Care Unit at Methodist Mansfield, which opened in January to treat a host of severe neurological issues from strokes and seizures to tumors and spinal injuries.

‘EVERYTHING CAME BACK’

A CT angiogram revealed a blood clot in Kristin’s left middle cerebral artery, the one most commonly involved in a severe stroke. On the scan, Dr. Fiesta could see how collateral blood flow was slowly detouring through an alternate pathway to reach the deprived brain tissue.

“The brain is in this state where it’s getting enough blood flow to stay alive but not enough to be functional. The brain can only hold on for so long,” Dr. Fiesta explains.

"That length of time is different for everybody. The main thing is don't ignore the signs of stroke."

Once Kristin was prepped at the hospital, Dr. Fiesta threaded a long, thin catheter through the femoral artery in Kristin's thigh and gently guided it all the way to the clot in her brain. The catheter used suction to remove the clot and relieve the blockage.

"As soon as I woke up, I could feel my arm and leg normally again, and I could talk in a limited way," Kristin says. "I'm so grateful that Methodist Mansfield has the technology to do that procedure because everything came back to me really quickly."

TAKING CARE OF HERSELF

Over the weekend, Kristin worked with a nurse therapist in the intensive care unit to regain fluid speech and mobility, and on Sunday, she went home. Kristin felt ready to return to work only two weeks later, but her employer insisted she rest a bit longer.

"I don't know how you thank people for saving your life," Kristin reflects. "I have so much gratitude for Dr. Fiesta and all the doctors and nurses for giving me this time with my family. Every single person there was truly outstanding."

Doctors believe the clot was created by a temporary fluttering of her heart known as atrial fibrillation. They are monitoring her heart and blood, and she's taking a blood thinner to reduce blood clotting. Kristin suspects that stress and a less-than-healthy lifestyle were also contributing factors.

"I wore busyness like a badge of honor," she admits. "I probably hadn't slept more than five hours a night since I was in graduate school, and I didn't exercise like I should have."

Kristin now makes sure to sleep enough and exercise, and she's drinking about two liters of water daily rather than just two cups of coffee like before.

"Taking care of myself is more important to me so I get to take care of others," she says.

Women and Stroke: What You Need to Know

Nationwide, women are at higher risk of developing a stroke than men. In fact, stroke is the third leading cause of death for women. While women and men share various risk factors, several are unique to women:

Pregnancy. During pregnancy and immediately post-partum, women are at increased risk of stroke. Conditions such as preeclampsia also increase stroke risk later in life.

Hormones and blood pressure. Hormonal therapies such as birth control may increase blood pressure, a major risk factor for stroke.

Black women over 50. According to the American Heart Association, Black women over the age of 50 are at three times the risk for stroke than white women of the same age.

Each year, nearly a million Americans suffer a stroke. Understand your risk factors by taking our StrokeAware assessment.



Kristin feels blessed to spend more time with her family, including her husband, Aaron.



DAILY MULTIVITAMINS FOR OLDER ADULTS:

WHAT TO KNOW

A family medicine doctor shares some insight about a new study that suggests daily multivitamins can slow cognitive decline in older adults

Adults 60 and older may have better memory and cognition if they take daily multivitamins, according to a recent study that made headlines this year. But aging patients who want to stay sharp should spend less time in the pharmacy and more time exercising, socializing, and eating a healthy diet, according to experts like **Mariah Burnell, DO**, family medicine physician on the medical staff at Methodist Southlake Medical Center, who adds a note of caution about the study results.

"I do think supplements can provide some benefits, but to say they can prevent delayed cognition is probably an overreach," Dr. Burnell says. "There's just too little information to say definitively."

The research was part of a larger clinical trial involving more than 21,000 people that examines the effectiveness of multivitamins in warding off age-related diseases in older adults. Scientists assessed a subset of 573 participants who completed a series of in-person cognitive tests. They found that those who were given a daily supplement did better than those who received a placebo.

"There have also been studies in the past that show no effect on memory," Dr. Burnell says, "so I wouldn't hang my hat on this data alone, especially given the small sample size."

So before you make a beeline for the pharmacy, here are a few things to consider from Dr. Burnell.

FOOD, NOT FADS

Although it's tempting to believe that taking a couple of pills each day will solve our health problems, supplements have limited uses. Your doctor might recommend a few if your diet is missing key nutrients, but there's only so much your body can absorb.





"Sometimes I tell patients that by taking a lot of different supplements and multivitamins, you're essentially creating very expensive urine," Dr. Burnell says. "Your body is not absorbing every single thing, so it's filtered out."

Overloading your system with vitamins will only create more work for your body in the long run. Instead, it may pay off more if patients turned to their plates, she says.

"In general, taking a daily multivitamin isn't necessarily a bad thing. But the same brain-boosting nutrients can be found in food," Dr. Burnell explains.

Nutritionists often recommend green, leafy vegetables like kale and spinach — good sources of vitamin K — for healthy brain function. Foods rich in omega-3 fatty acids, like salmon, walnuts, and avocado, are also said to support learning, memory, and cognitive well-being. That's why the Mediterranean diet is commonly touted by dietitians.

"I think the bigger issue with multivitamins is the way these pills are marketed," Dr. Burnell says. "They can't replace healthy habits like regular exercise and a well-balanced diet."

TALK TO A DOCTOR

There are several reasons to consult your primary care physician before taking supplements. It's especially important for those who are taking prescribed medications.

For example, the U.S. Food and Drug Administration warns Americans who use warfarin — a blood-thinning prescription drug — against taking ginkgo products and vitamin E because they heighten the risk of internal bleeding or stroke.

Another herbal remedy, St. John's wort, is known to dampen the effects of drugs taken for HIV/AIDS, heart disease, depression, organ transplants, and birth control.

Older patients may also benefit from a doctor's visit before starting to take a new supplement because it could also reveal an underlying infection at the root of the problem, Dr. Burnell says.

"Any kind of dementia or even mild cognitive impairment happens gradually — nothing happens overnight," she explains. "But if a caregiver or family member notices any drastic cognitive change within a short period, then that healthcare conversation becomes different. At that point, it's more likely to be delirium, which is sometimes caused by infections like a urinary tract infection or pneumonia."

TRAIN YOUR BRAIN

Fortunately for older adults who can't take multivitamins, there are other ways to try to keep sharp. On top of eating nutritious foods and getting a good night's rest, Dr. Burnell suggests socializing with others or trying activities that stimulate the brain — things that Harvard University experts say can strengthen neural links and engage mental processes.

"It's good to stimulate the brain, so that means conversing with friends and playing games or puzzles that require some sort of mental acuity like sudoku or crosswords," she says. "It's like the old saying, 'Use it or lose it.'"

Ultimately, taking a daily multivitamin is most likely harmless, Dr. Burnell adds. But it's not likely to be a silver bullet, either. You should always speak to your doctor before starting any new supplements.

"It's just one part of a bigger conversation," she says.

> I THINK THE BIGGER ISSUE WITH MULTIVITAMINS IS THE WAY THESE PILLS ARE MARKETED. **THEY CAN'T REPLACE HEALTHY HABITS LIKE REGULAR EXERCISE AND A WELL-BALANCED DIET.**
>
> — DR. BURNELL

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



GETTING BACK IN THE **SPIN OF THINGS**

A hip replacement helps cyclist return to the trail

Ed Ofria is at his happiest when he's riding his bicycle, but riding thousands of miles had taken their toll on his 65-year-old hip joint.

"I had no range of motion in my left leg," Ed says. "It got really bad."

The road ultimately led Ed to Methodist Richardson Medical Center and a kindred spirit: avid cyclist **Diane Litke, MD,** orthopedic surgeon on the medical staff.

"Since we share a love for cycling, we got to chat a lot about that during his office visit," Dr. Litke says.

For the last 20 years, Ed had been riding his bike and averaging about 20 miles a day.

"It's physically and mentally therapeutic," he says.

However, lately, cycling had become more of a chore as Ed developed osteoarthritis in his hip.

Things went from bad to worse as the pain eventually moved to his lower back, limiting his mobility and causing pain.

ANTERIOR APPROACH

Initially, Ed contemplated treatment methods such as corticosteroid and hyaluronic acid injections, which help to restore the joint's natural gliding motion.

"I explored other potential alternatives," he says "but there really aren't any long-term options."

The decision to have total hip arthroplasty was made on June 8, 2022. The procedure was done using the minimally invasive anterior approach, allowing for a smaller incision and a faster recovery.

"We enter through the front of the hip, which limits the cutting of muscles and decreases the chances of dislocation," Dr. Litke says.

Six hours after the surgery, he was discharged from the hospital.

SETTING FEARS TO REST

Ed was able to walk out of the hospital after surgery, although he would need the help of a walker for the next couple of weeks.

What pain there was turned out to be manageable, he says.

"I fought through a lot of throbbing," Ed says. "It gets into your head a little bit because I'm an active person."

He became anxious to get back to cycling around the five-week mark and started to ask about the timeline. Dr. Litke was happy to set his fears to rest.

"I was eager for him to know that he could go back to riding safely in due time," she says.

After a hard-fought eight weeks, Ed was able to resume cycling and get back to his everyday routine.

"It was the thing I missed more than anything," he says.

GOOD AS NEW

Ed was back to being active within a few months, but it took about a year for him to feel like himself again. He is now back to working in his garden and cycling pain-free.

"The surgery is typically expected to last 20 to 30 years," Dr. Litke says. "The aim is to never have to do it again."

Feeling good as ever, Ed credits Dr. Litke and Methodist Richardson for getting him back on the trail.

"She was very efficient, communicative, and had a nice staff that was great," he says. "I have nothing but positive feedback."

Watch Ed and his surgeon share the joy of cycling together on ShineOnlineHealth.com.



Dr. Litke joined Ed for a bike ride after replacing his hip at Methodist Richardson.

When Joint Replacement Might Be the Solution to a Painful Hip

The hip is the largest ball-and-socket joint in the body. It plays a key role in mobility, and if it becomes damaged, it can significantly impact quality of life, making it painful or difficult to perform daily activities. For many people, hip arthroplasty — removing the damaged joint and replacing it with synthetic components — is the best solution for getting back to life.

COMMON CAUSES OF HIP PAIN

- **Childhood hip disease** — This can be treated during infancy, but some people may still develop arthritis as adults due to abnormal hip growth.
- **Osteoarthritis** — Caused by wear and tear on the cartilage that cushions bones, osteoarthritis tends to occur among people who are in their 50s and older or who have a family history of the disease.
- **Osteonecrosis** — This condition usually results from a hip injury that blocks or limits blood flow to the femoral head (the highest part of the thigh bone), causing the bone surface to collapse and cause arthritis.
- **Post-traumatic arthritis** — A serious injury or fracture to the hip damages the cartilage causing hip pain and stiffness in the hip.
- **Rheumatoid arthritis** — This autoimmune disease causes chronic inflammation and thickness to the synovial membrane (connective tissue in the joints), which causes damage to the cartilage.



MIDLOTHIAN MAINSTAY GIVES HOSPITAL A PERFECT

A robotic hernia repair heals community leader who helped bring hospital to town

It's been 74 years since the staff at what used to be Dallas Methodist Hospital delivered Bill Burdett into the world, so it's only fitting that Bill helped deliver a Methodist hospital to his new home in Midlothian.

"Methodist Midlothian has really become a focal point of the community here," says Bill, who as president of the Midlothian Economic Development Board was instrumental in bringing Methodist to town. "It's just been a blessing for the city."

And when Bill needed surgery for the first time this year, he turned to Methodist Midlothian Medical Center for a minimally invasive robotic procedure to correct three hernias.

The times and technology may have changed in the intervening decades, but Methodist's dedication to top-notch healthcare has not, he says.

"Everything just went off like clockwork," says Bill, who was sent home the same day as his surgery in March. "Everybody was so accommodating and friendly."

NOT 1 BUT 3 HERNIAS

After months of abdominal pain, it was no surprise to Bill that he had a hernia. It was shocking, however, to learn he had three.

Bill mentioned his discomfort during a routine trip to his primary care physician, who referred him to **Ivan Cruz, Jr., MD**, general surgeon on the medical staff at Methodist Midlothian.

In Bill's case, Dr. Cruz found two hernias in his initial examination, an inguinal hernia on the right side and another on the left near his belly button. But that wouldn't be the last surprise.

"When he actually did the procedure, he found another one," Bill says. "So I actually had three hernias."

The surgeon would end up fixing all three in one fell swoop, with an assist from the da Vinci Xi, the hospital's surgical robot.

"Twenty percent of patients with an inguinal hernia will have one on the other side as well," Dr. Cruz says. "We typically discuss with our patients ahead of time that we can fix both at the same time."

QUICKER RECOVERY

Dr. Cruz says the surgical robot makes a big difference when repairing inguinal hernia, a tear in the abdominal muscles where tissue from inside the abdomen protrude.

"It's like night and day in terms of pain," he says. "Patients feel better two days after surgery, compared with two weeks with a more traditional procedure."

That's because a surgeon can use the robot to work in a more precise area, using three small incisions and steering clear of sensitive areas.

"By staying in that perfect layer, it makes it easier to protect the nerves in that area," Dr. Cruz says.

Not every hernia patient is a candidate for such minimally invasive surgery, but Bill's repair was not so large to require an open procedure. And Bill says he felt very little discomfort afterward.

"I've had worse pain after working in my yard!" he says.

GROWING CAPABILITIES

Adding the surgical robot to its toolbox is just one way Methodist Midlothian has expanded its offerings since opening in 2020.

"The hospital just keeps growing and getting more and more capabilities and service lines," Dr. Cruz says.

It's progress that Bill takes pride in, seeing as how his work helped pave the way for the city's first hospital.

"It made me feel good to have been involved, in at least a small way, of bringing Methodist here," he says.

What makes him feel even better is putting those hernias behind him and enjoying a pain-free retirement with his extended family in Ellis County.

"Midlothian should be proud to know just how amazing this team is and how fortunate we are to have a hospital as an asset in the community," Bill says. "They took amazing care of me and got me back home right away after my surgery."

Robotics-assisted surgery at Methodist offers minimally invasive options and faster recover times for a range of surgeries. Learn more.



Bill supports Midlothian ISD athletics, in addition to his economic development roles.

PLANO EDUCATOR **RETURNS TO THE CLASSROOM AFTER HEART PROCEDURE**



A minimally invasive cardiac procedure allowed a dedicated educator to stay in the classroom

After 52 years of educating bright, young minds, Eugenia Jameson found the thought of abandoning her duties at John Paul II High School in Plano unbearable, even at age 77.

So last year, when she was diagnosed with heart valve disease and coronary artery disease, she was grateful to find a better alternative at Methodist Richardson Medical Center.

By opting for a minimally invasive procedure known as a transcatheter aortic valve replacement (TAVR), she was only separated from her beloved students for a long weekend.

"I love what I do," says Eugenia, who teaches a senior government class at the private Catholic school — a job she's held for the last two decades. "I knew I needed to do whatever I had to in order to remain in the classroom."

SAVED BY A ROUTINE EXAM

After being diagnosed with a heart murmur in her 40s and losing her husband to cardiac arrest, Eugenia knew to never neglect her heart health. For the last several years, she has faithfully seen an internal medicine doctor for an annual exam.

"My heart murmur has been stable for decades, so I was a bit startled when my doctor told me at my annual visit that it was much louder," she says. "I hadn't had a single symptom, but we both agreed that I should see a cardiologist to investigate."

So, at a friend's recommendation, Eugenia sought help from **Nhan Nguyen, MD**, board-certified interventional cardiologist on the medical staff at Methodist Richardson.

Dr. Nguyen ordered a full diagnostic cardiac assessment for Eugenia. The results revealed two of the most common coronary conditions found in older patients: aortic valve disease and coronary artery disease.

"He explained that a severe buildup of calcium was causing my heart valve to narrow. It's called stenosis, and it was reducing the blood flow through my heart," she recalls.

The news took Eugenia by surprise. She hadn't experienced any of the usual symptoms, such as dizziness, shortness of breath, chest pains, fatigue, and heart palpitations. But she decided to seek treatment before symptoms appeared — or worse.

"I knew that I wanted to be able to focus on teaching and my students and not have this lingering in the back of my mind," she says.

ONE-NIGHT HOSPITAL STAY

To ensure Eugenia had the best chance of recovery, Dr. Nguyen consulted a colleague from Methodist Richardson's Heart and Lung Center. At his behest, **Derek Williams, MD**, cardiothoracic surgeon on the hospital's medical staff, explained to Eugenia how a TAVR could solve her problem.

"Aortic valve replacement can be performed with open heart surgery or with a TAVR," Dr. Williams explains. "Given her age and condition, a TAVR was a great option as it is less invasive and offers a simpler recovery."

Eugenia quickly agreed, and on Dec. 14, 2023, she went to Methodist Richardson for surgery. Working through an incision in her leg, Drs. Nguyen and Williams threaded a catheter through her femoral artery and used advanced imaging to guide it to her heart. Once the new valve was in place, the catheter was retracted, and the procedure was done.

"I spent one night in the hospital and then recovered at home over the weekend and was back to work on Monday," Eugenia recalls.

Dr. Williams says that a speedy recovery is one of the top reasons he offers TAVR to qualifying patients.

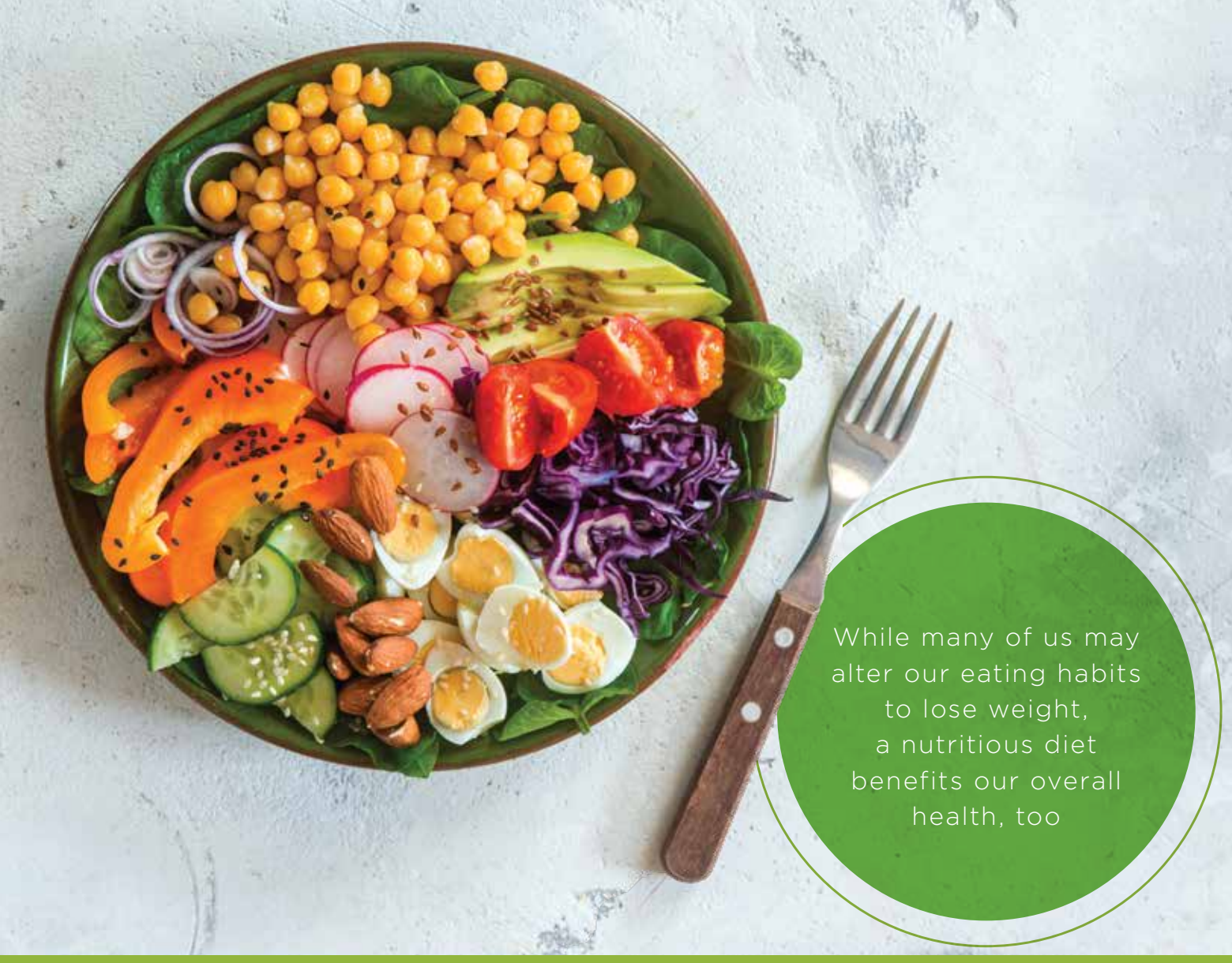
"At Methodist Richardson, we know people have lives they want to get back to, and we pride ourselves on providing patients a high standard of care and return to their lives quickly," he says. "Eugenia told me how grateful she was to have received such personalized care that got her back to what she loves most — teaching — so efficiently."

And Eugenia wasn't the only one to celebrate her fast return.

"My students were excited to see me back so quickly," she reports.

Did you know a heart attack can mimic indigestion or even a toothache? Learn more at ShineOnlineHealth.com.





While many of us may alter our eating habits to lose weight, a nutritious diet benefits our overall health, too

'EATING THE RAINBOW'

CAN GIVE BRAIN, HEART, AND IMMUNITY **A BOOST**

A general rule touted by nutritionists is to "eat the rainbow," which boils down to trying a range of colorful fruits and vegetables since each offers specific nutrients that nourish the body.

"There's no cure-all when it comes to nutrition, but having the right nutrients in your diet can help reduce the risk of hypertension, heart disease, colds, the flu, and possibly even dementia," says **Lisa Maehara, DO**, family medicine specialist on the medical staff at Methodist Southlake Medical Center. "We can either get it from the foods we eat or supplements."

Overhauling bad habits and establishing healthy one can be overwhelming, Dr. Maehara says, so starting wit small, manageable steps will be more effective in the lo run. Anyone looking to make a dietary change will have easier time incorporating more nutritious foods into me than cutting out entire food groups altogether.

"Eating a well-balanced diet will give you nutritional support," Dr. Maehara says. "It'll help your heart health, brain health, and everything that we're talking about here. That's so much easier than sticking with a specific restrictive diet."



Eat an abundance of fresh vegetables and fruit for nutritional support.

Here are some of the best sources of vitamins and minerals that she and other experts suggest for a healthy brain, heart, and immune system.

BRAIN BOOST

There's a reason why Mom and Dad insisted on serving leafy greens at dinnertime: Vegetables like spinach, kale, and collard greens have been linked to better cognition.

"Green, leafy vegetables are great," Dr. Maehara says. "They're a good source of vitamin K, which is important for brain function."

There are also some studies that suggest vitamins E and D play a minor role in slowing dementia or cognitive decline.

"Vitamin E might have a modest effect in slowing Alzheimer's disease for those who have already been diagnosed," Dr. Maehara adds. "And there is some slight evidence that vitamin D deficiency is associated with cognitive impairment in older adults."

While dietary experts suggest trying plant-based oils, nuts, seeds, fruits, and vegetables for vitamin E, getting enough vitamin D from diet alone can be trickier. If you can't drink milk or eat dairy, Dr. Maehara suggests turning to the sunshine vitamin's namesake: UV rays.

"Supplements are an option, but they're not regulated, and there is such a thing as vitamin toxicity," she says. "It's just better and more nutritious to get them from whole foods."

Omega-3 fatty acids are another great nutrient for better brain function. Research suggests that omega-3 fatty acids can help improve learning, memory, and cognitive well-being. Avocado, almonds, walnuts, salmon, and olive oil are excellent sources of healthy fat.



Snack on green veggies for brain function.



Boost protein and fiber with healthy nuts.

HEART HEALTH

Heart disease is the leading cause of death in the U.S., and millions of people struggle with high blood pressure or cholesterol, according to the Centers for Disease Control and Prevention (CDC). While some causes are beyond our control, one tried-and-true method of reducing our risk is through diet.

The American Heart Association recommends limiting the amount of saturated fats you eat — namely butter, cheese, red meat, and other animal-based foods — because they can raise your level of low-density lipoproteins (LDL), or "bad" cholesterol. In contrast, eating plant-based foods has several heart-healthy benefits, Dr. Maehara says.

"Foods with certain soluble fibers can actually reduce your LDL and total cholesterol levels," she explains. "Those include pinto and black beans, lentils, and nuts."

High-fiber foods slow gastric emptying, make you feel full more quickly, inhibit cholesterol production in the liver, and cause more cholesterol and bile salts to pass through your system.

The only caveat, Dr. Maehara adds, is for patients diagnosed with certain gastrointestinal disorders. A high-fiber diet would not be suitable for people with Crohn's disease or irritable bowel syndrome.

Plants also contain compounds called sterols and stanols, which can block the absorption of cholesterol.

"There are naturally occurring sterols and stanols in nuts, legumes, whole grains, fruits, vegetables, and plant oils," Dr. Maehara says.



And just as they help boost brain function, omega-3 fatty acids also provide cardiovascular benefits by helping lower blood pressure. All the data, Dr. Maehara says, point to a specific diet.

"The Mediterranean diet is the only one that has observationally been determined as reducing cardiovascular disease risk," Dr. Maehara says. "But others that have an effect on imbalanced cholesterol are the DASH diet, vegetarianism, and a low-carb lifestyle."

IMMUNE SUPPORT

Good nutrition alone can't ward off viruses and other infections, but there are vitamins and minerals that can boost the immune system and strengthen our bodies.

Vitamin C, found in most citrus fruits like oranges and grapefruits, is an antioxidant that stimulates a type of white blood cells to help fight off infections. Antioxidants are also said to help counter the damaging effects of free radicals and improve recovery times for fatigued athletes, Dr. Maehara says.

"Tart cherry juice is becoming popular among endurance athletes," she adds.

On top of strengthening your bones and aiding brain function, vitamin D is essential for fighting off viruses and bacteria, the CDC says. There's also evidence supporting the link between vitamin D deficiencies and various immune-related disorders, including autoimmune diseases.



Find more nutrition tips and recipes at ShineOnlineHealth.com.

Make it Mediterranean

Here are some easy ways to add more of the Mediterranean to your diet:

- Add an additional serving of fresh, simply prepared vegetables to your meals.
- Choose poultry, fish, and plant-based protein rather than red meat.
- Cook with olive oil rather than butter.
- Limit your sugar intake by making desserts with fresh fruit.
- Snack on nuts and fresh vegetables with hummus rather than chips or crackers.
- Try whole grains, such as brown rice or quinoa.

Finally, take time to exercise—physical activity will help boost the effectiveness of eating a Mediterranean diet.





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- **Family and patient resources**
- **Cancer support groups**
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- **Nutritional counseling**
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BACK SURGERY ALLOWS NAVY VET TO WALK HER GREAT DANE **WITHOUT PAIN**

When a former service member started experiencing unbearable back pain and limited mobility, she thought there was no path forward until she found the relief she needed



Navy veteran Kim Rybka has put decades of back pain behind her after finding the relief she needed at Methodist Dallas Medical Center.

A series of disappointing spinal surgeries had left the 55-year-old Chicago native wondering whether her stooped posture, shooting leg pain, and limited mobility were her new normal. There were times she had to lean on her Great Dane for support. He would even pick up items for her.

"By 2021, I'd had two major back surgeries which had caused serious infections and left me partially paralyzed," says Kim, who now lives in Burleson. "I wasn't confident there was a path forward, but decided to pursue a referral anyway."

That referral — to **Randall Graham, MD**, neurosurgeon on the medical staff at Methodist Dallas — would prove to be crucial to finding the help she desperately needed.

A few days after her revision surgery in fall 2023, nurses helped Kim stand straight for the first time in years — bringing tears to her eyes. She had regained a quality of life she never thought possible.

"Since my surgeries in October, I've regained feeling," Kim says. "I can walk without crutches or a cane, and I can stand up straight for the first time in years".

STARTED WITH A BAD FALL

Kim first injured her back in the 1990s when she suffered a bad fall while working as a firefighter for the U.S. Navy.

"After being honorably discharged, I soon found myself as a single mother of two young boys living in Chicago," she says. "I was working full-time as a paramedic and didn't have time to find a doctor and figure out why I had lingering pain."

By 2006, Kim had left her career as a first responder to become a medical assistant. She and her boys moved to Burleson, south of Fort Worth, to be near her family — all while she endured significant back pain.

"A few years after moving to Texas, I opted to get a pain pump implant, hoping it would help manage my pain," she says. "But over time, I had to go back on oral pain meds to get relief."

> SINCE MY SURGERIES IN OCTOBER, I'VE REGAINED FEELING, I CAN WALK WITHOUT CRUTCHES OR A CANE, AND **I CAN STAND UP STRAIGHT FOR THE FIRST TIME IN FIVE YEARS. I AM PROFOUNDLY GRATEFUL.**
>
> — KIM RYBKA

Years later, Kim decided she could no longer continue living this way and found a new primary care doctor, who discovered a surprising development in her back.

ADULT-ONSET SCOLIOSIS

Until her diagnosis, Kim had never heard of degenerative scoliosis, but she was relieved to have a name for her pain.

Also known as adult-onset scoliosis, this sideways curvature of the spine differs from the disease normally associated with adolescent patients. The condition tends to affect the lower, or lumbar, spine and occurs when the facet joints and disks degenerate faster on one side of the spine than the other.

This can cause pinched nerves, herniated disks, and stenosis, a narrowing of the spinal canal. The solution for Kim involved two spinal fusion surgeries with another surgeon. One of these surgeries brought immediate relief — but the second left her with no feeling from the waist down.

"I was told the partial paralysis 'wasn't unexpected' and that it would take time for the feeling to come back," she says. "Four months later, I'd only regained a little feeling back in my right leg."

LIFE-CHANGING REFERRAL

After a year of relentless physical therapy returned most of the feeling to her right leg, but little to her left, Kim again sought help. That's when a pain specialist referred her to Dr. Graham.

"When I met Kim in June 2023, I was surprised she wasn't in a wheelchair given what I knew of her condition," Dr. Graham says. "Our first visit included a lengthy review of her medical history."



Kim and her Great Dane, Bentley Addison, are inseparable. He helped her when the pain was at its worst.

Kim also underwent an advanced imaging scan with the EOS imaging system, an X-ray device that a patient stands up inside to create full-body, weight-bearing scans from the front and the side.

"EOS gives me a 360-degree view of a patient's spine in a standing position, which is incredibly useful in developing a treatment plan," Dr. Graham says.

QUICKER RECOVERY TIME

Kim had never had such a thorough discussion about her back, the proposed surgery, and possible outcomes. After three visits, Kim was ready to say yes to a complex revision and reconstruction surgery that would take place over the course of two days.

Kim spent a week at Methodist Dallas after her surgery and says the entire staff was caring and attentive throughout her stay. Afterward, she returned to the same rehabilitation facility where she had recovered from her earlier surgeries. The staff was amazed at how quickly she recovered this time.

"I am profoundly grateful," Kim says.

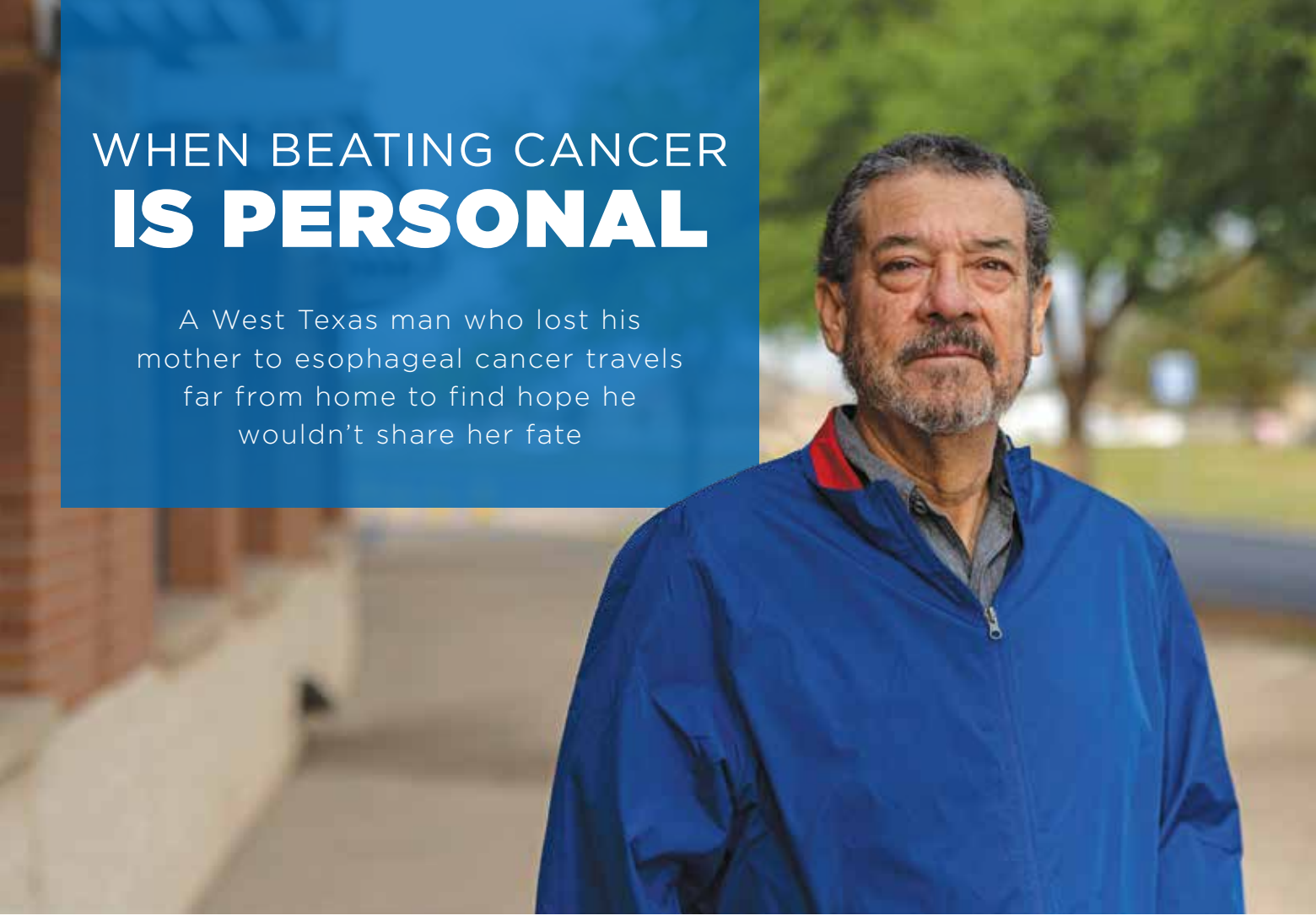
Dr. Graham says Kim deserves plenty of credit for placing her faith in his staff and Methodist Dallas.

"She took a leap of faith," he says, "and we exceeded even our highest expectations."

Back and spine conditions are often complex, and that's why Methodist provides precise, expert care that fits your specific needs. Learn more.

WHEN BEATING CANCER IS PERSONAL

A West Texas man who lost his mother to esophageal cancer travels far from home to find hope he wouldn't share her fate



Hilario Fuentes traveled far from his West Texas home to find hope that he could beat stage IV esophageal cancer, the same disease that took his mother's life.

Now cancer-free, Hilario returned to work full-time last fall, two years after being forced to retire early so he could undergo chemotherapy and, ultimately, surgery at Methodist Richardson Medical Center.

"I couldn't walk or swallow food," says the 64-year-old, who works as a maintenance supervisor at a private school in Midland. "The staff at Methodist Richardson gave me hope. They worked magic."

Not every hospital would have welcomed a patient like Hilario at the height of the pandemic, when so many beds were full with COVID-19 patients. That's what sets Methodist apart, says **D. Rohan Jeyarajah, MD, FACS**, medical director of gastrointestinal surgical services at Methodist Richardson.

"We were able to say yes and create space for a patient despite our challenges and needs at that point," Dr. Jeyarajah says.

SICK DURING COVID-19 SURGE

Hilario has made a dramatic recovery since paramedics delivered him to a hospital in the fall of 2021 in desperate need of a blood transfusion.

"My blood level had dropped so low," he recalls. "The guy in the ambulance looked at me and said, 'Man, I don't know how you're still alive.'"

Hilario first began feeling the effects of his tumor in 2018, shortly after losing his mother to cancer. Like her, he had trouble swallowing, but an exam showed nothing in his upper esophagus.

"They were looking in the wrong place," he says. "What I had was down closer to my stomach."

By October 2020, the fatigue had gotten worse, and Hilario's colleagues at the school where he worked had to call an ambulance.

"I was trying to deliver packages to teachers," he recalls. "After five minutes, I had to stop and sit down. I realized then there was something not right."

FINDING A LIFELINE TO DFW

At the time, there was no room for Hilario in the Midland hospital because COVID-19 was at its height, so he was taken to Odessa. Once there, a doctor delivered the news he was dreading.

"The doctor sat in front of me and just said: 'You've got cancer," Hilario says. "There was no sugar-coating. There would be no cure, he told me, just chemo to contain it."

Back in Midland, Hilario was reunited with the oncologist

who treated his mother. That doctor suggested Hilario seek help from a hospital 350 miles away: Methodist Richardson.

"By then, I couldn't work anymore, so I had to retire," Hilario says. "I started making arrangements because I didn't think I was going to live past 2021. But God and his grace had other plans for me."

PUSHING THE ENVELOPE

So in October 2021, Hilario was transferred to Methodist Richardson. By then the cancer and chemo had taken a toll on his body.

"I dropped from 260 pounds to 170," he says. "I was having episodes of weakness and fatigue and lost so much blood I needed multiple transfusions."

He found hope in Dr. Jeyarajah and his team, who were focused on what could be done to help their new patient overcome his situation.

"In cancer work, we've gone from following algorithms to a more nuanced, personalized approach to treatment," Dr. Jeyarajah says. "That allows us to look at a case like Mr. Fuentes and say, 'Let's push the envelope.'"

That fall, Hilario underwent a surgery, known as an esophagectomy, to remove the tumor from his esophagus and reconnect what was left to his stomach. Unlike his mother's disease, Hilario's cancer had only spread to a single lymph node, which was treated with radiation.

"Each patient is different," Dr. Jeyarajah says. "Even at the same stage, it can be different. So we try to explain to patients who have lost a loved one to the same disease that the outcome also can be different. That's why we offer such personalized care."

IT TAKES A TEAM TO SAVE A LIFE

For the next three months, Hilario would recover at Methodist Richardson, under the care of Dr. Jeyarajah and his staff at the Methodist Richardson Cancer Center.

"As a high-volume center for hepatobiliary and foregut disease, we depend on every single member of the team to treat complex patients like Mr. Fuentes," Dr. Jeyarajah says. "That includes the intensive care doctors, radiologists, anesthesiologists, and our highly skilled nursing staff, as well as the environmental services team who keeps the rooms clean."

At the end of 2021, Hilario was cleared to return home to Midland after being declared cancer-free. By then, he says, he had earned a nickname from his doctor and the staff: "Miracle Man."

"All that time, Dr. Jeyarajah and his staff encouraged us," Hilario says. "My wife and I grew very fond of them all."

Now, back to working full time and eating whatever he wants, Hilario says he's a walking and talking testament to the cancer care offered at Methodist Richardson.

"I share my story and adventure with other cancer victims to give them hope, too," he says.

At Methodist, we don't just focus on your cancer. We care for you as a whole person. Learn more.

Excellence in Comprehensive Cancer Care

Compassionate cancer care is close to home at Methodist Richardson Cancer Center. Our team offers advanced treatments like chemotherapy, da Vinci® robotic surgery, and radiation, supported by our accreditation from the American College of Surgeons Commission on Cancer. We are dedicated to high-quality care and provide access to the latest treatments and support services. Nationally recognized for excellence in pancreatic/hepatic/biliary cancer care, we focus on treating cancer and supporting you and your family with tailored education and care.





PHOTOGRAPHER SNAPS BACK FROM ROBOTIC CANCER SURGERY

A cancer survivor is back on his feet soon after his kidney tumor was removed by minimally invasive robotic surgery

For Cesar Zapata, a case of kidney stones led to a shocking cancer diagnosis and robotic surgery at Methodist Charlton Medical Center — followed by a picture-perfect recovery for this 44-year-old Dallas photographer.

"The cancer is now out of my system, and I have a good feeling it won't come back," Cesar says. "I'm glad everything went well. My recovery went really fast, and I feel great."

Cesar was back on his feet the day of his surgery thanks to his skilled medical team and their use of robotics, a minimally invasive approach that allows surgeons to access hard-to-reach areas with a high degree of precision.

"Robotics is not for every single case," says his doctor, **Srinath Kotamarti, MD**, urologist and urologic oncologist on the medical staff at Methodist Charlton. "However, for the right case, it does change the game."

FINDING PEACE OF MIND

Cesar's ordeal began late last year with abdominal pain, multiple trips to the emergency department, and an initial diagnosis of kidney stones. He was later referred to Dr. Kotamarti after CT scans ultimately revealed a small cancerous mass on Cesar's left kidney.

"The symptoms of kidney cancer — blood in the urine, weight loss, bone pain — we typically don't see them until it's advanced enough where it's a real problem," says Dr. Kotamarti, who notes the importance of scans such as ultrasounds, CT, or MRIs to detect problems before symptoms can appear.

The urologist ordered additional tests, including an MRI to get a full picture of what was going on, before presenting Cesar's options.

"When I first talked to Dr. Kotamarti, he already knew everything," Cesar says. "He gave me a lot of peace of mind, so I was very calm after talking to him."

Following his surgeon's recommendation, Cesar had the tumor removed on Jan. 9. The procedure was the first robotic surgery of its kind performed at Methodist Charlton.

"Kidney surgery has radically changed over the past several years, and the future is so bright for this program," Dr. Kotamarti says. "It's got the potential to provide a huge service to our community and beyond. It's going to help our patients at Methodist Charlton tremendously."

OPTING FOR ROBOTIC SURGERY

During the procedure, known as a partial nephrectomy, the surgeon used the da Vinci Xi Surgical System through several small incisions in a laparoscopic approach to cut out the tumor and leave the remaining kidney in place.

"We're able to manipulate things in a more elegant fashion." Dr. Kotamarti says. "Patients don't need to stay several days in the hospital after a big surgery."

Dr. Kotamarti further explained that identifying which candidates with kidney tumors are ideal for robotic partial nephrectomy depends on many factors, such as size, tumor location, overall kidney function, and other medical problems.

"For the right patient, the outcomes are optimized with the robotic approach," Dr. Kotamarti says.

Two weeks after surgery, Dr. Kotamarti told Cesar that the base of his kidney was clear of cancer. He plans on following up with him every three months.

For his part, Cesar was pleased to be a candidate for the robotic approach, even more so when the promise of a quick recovery became a reality.

"I'm glad everything went well," he says. "I am happy about the surgery. I'm at peace right now."

The Oncology Unit at Methodist Charlton offers comprehensive, compassionate cancer care to its neighbors in southwest Dallas County. Learn more.



COMMUNITY

METHODIST DALLAS

KIDS RIDE TO PROMOTE BICYCLE SAFETY

Methodist Dallas Medical Center employees promoted helmet safety at the annual iBike Rosemont event in Oak Cliff.

Rosemont Elementary School students rode to and from school all week in late April and wrapped up with a Friday ride to the Bishop Arts District.

At the end of the ride, children enjoyed Methodist Dallas swag and root beer floats.



CANCER SURVIVORS MARK AWARENESS MONTH

Patients and families shared smiles and tears of happiness at the annual colorectal cancer awareness event hosted by Methodist Dallas.

Survivors brought along their loved ones to enjoy the groovy-themed "Peace Out Colorectal Cancer" event. **Anand Lodha, MD**, colorectal surgeon on Methodist Dallas' medical staff, chatted with current and former patients who entered the event by walking through the popular inflatable colon.

Many members of the colorectal support group met in person for the first time, making it an extra special gathering.







METHODIST RICHARDSON

COMMUNITY LEARNS LIFESAVING TECHNIQUES

Methodist Richardson Medical Center partnered with The University of Texas at Dallas and the Richardson Fire Department to offer free community CPR classes.

The February training included bystander CPR to treat both adults and infants and basic automated external defibrillator (AED) training.

Methodist Richardson has been designated as a HEARTSafe Community by the Citizen CPR Foundation.

CHAMBER MEETING FEATURES DALLAS MAVS CEO

Methodist Richardson sponsored the Richardson Chamber of Commerce's Annual Meeting.

Celebrating the successes of area businesses, the March 20 event featured keynote speaker Cynt Marshall, CEO of the Dallas Mavericks.

The event also featured the passing of the gavel from outgoing 2023 Chair of the Board, **Jan Arrant**, Methodist Richardson director of community and public relations.

HIGHLIGHTS

METHODIST CHARLTON

COMMUNITY LEARNS BLOOD PRESSURE BASICS

Community members learned how to monitor their blood pressure and diets to prevent or manage hypertension during a four-month-long program.

Class instructor **Alicia Bell, LMSW**, a patient navigator in the emergency department, delivered a presentation on sodium before measuring the blood pressure of participants during the April 10 class.

"The attendees are eager to learn better eating habits and are learning how to make significant lifestyle changes," Bell says.



MEN'S HEALTH FAIR FEATURES DOCTORS, PASTORS

The hospital's first Men's Health Fair was held on March 23.

The event featured three area pastors who have been treated in the hospital's emergency department: Reverend Oscar Epps of Community Missionary Baptist Church in DeSoto, Pastor Leonard Johnson of Progressive Baptist Church in South Dallas, and Pastor Arturo Malacara of South Euless Baptist Church in Euless.

The church leaders, along with their wives, spoke about the world-class care and follow-up surgeries they received at Methodist Charlton Medical Center. Their stories can be found at ShineOnlineHealth.com.

An informative panel discussion also featured several physicians on the medical staff: colorectal surgeon **Paul Hackett, MD**, urologist **Srinath Kotamarti, MD**, emergency medicine physician **Rosalyn Reades, MD**, and cardiologist **Roberto Wayhs, MD**.



METHODIST MANSFIELD

HOSPITAL SPONSORS PICKLE 5K AND PARADE

Staff members made caring for the community a big "dill" by volunteering at the annual Pickle Parade and Pickle 5K.

The event on St. Patrick's Day brought together community members of all ages to celebrate Mansfield as the pickle capital.





HOSPITAL CELEBRATES HEROES FROM PANDEMIC

A wreath was placed at the base of the Wings of Hope statue to honor healthcare heroes and remember those lost in the COVID-19 pandemic.

The COVID-19 Heroes and Memorial Day was marked on March 4 with songs by the Willie Brown Elementary School Choir followed by a blessing from Chaplain Andrew Dowden.

METHODIST MIDLOTHIAN

A LOOK INSIDE THE OPERATING ROOM

Community members got to look inside an operating room at Methodist Midlothian Medical Center to learn about the surgical robot and other technology.

Participants of the Leadership Midlothian program got a close-up look at the city's only hospital. The program, offered by the Midlothian Chamber of Commerce, promotes community engagement and gives participants a greater understanding of the community's various sectors.



STUDENT ATHLETES LINE UP FOR SPORTS PHYSICALS

Physicians on the medical staff at Methodist Midlothian and Methodist Mansfield joined nurses and non-clinical staff who volunteered to get athletes game ready by conducting sports physicals.

More than 50 volunteers from Methodist Midlothian offered sports physicals and heart screenings to student athletes in April. Working with the school district, the hospital completed a record 460 sports physicals and 87 echocardiograms.

Methodist Mansfield staff also provided more than 560 UIL sports physicals and 110 echocardiograms to young athletes in the Mansfield and Grand Prairie areas.







METHODIST SOUTHLAKE

STAFF TREATS OLDER ADULTS TO LUNCH

Methodist Southlake Medical Center gave older adults a Valentine's Day surprise by purchasing meals for them in collaboration with Metroport Meals on Wheels.

During the meal, hospital staff also had the opportunity to share information about patient experience scores, insurance options, and emergency department wait times, and pass out hospital-branded keychains.

Metroport Meals on Wheels serves lunch weekly at local senior centers for a discounted rate.

EMPLOYEES ATTEND THE GREAT GALA

Several Methodist Southlake employees had an unforgettable night at The Great Gala.

Staff members were immersed in the world of Moulin Rouge crafted by the Grapevine-Colleyville-Southlake Moms League in support of Christ's Haven for Children.

The hospital is an annual sponsor of the event.

Methodist
RICHARDSON MEDICAL CENTER

We're in your neighborhood

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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 300
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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